

Patient Health Summary

Name: Ms Katherine Gargan
Address: 307 Algoma Road
Mutchilba 4880
D.O.B.: 13/02/1971
Record No.:
Home Phone: 40931112
Work Phone: 40484135
Mobile Phone: 0447934474

MJ Services Pty Ltd ATF Amaroo Service Trust
10 Karobean Drive
Mareeba 4880
0740925900

Printed on 17th April 2025

Investigations:

GARGAN, KATHERINE
307 ALGOMA RD, MUTCHILBA. 4872
Phone: 0447934474
Birthdate: 13/02/1971 Sex: F Medicare Number: 4190578572
Your Reference: EDF4091E0E Lab Reference: 532717706-H-H900
Laboratory: SNP
Addressee: DR SIAN A MOORE Referred by: DR SIAN A MOORE

Name of Test: .BLOOD COUNT
Requested: 04/02/2025 Collected: 05/02/2025 Reported: 06/02/2025 10:08

Clinical notes: acute onset of severe polyarthralgia

Clinical Notes : acute onset of severe polyarthralgia

Haematology

Date	Latest Results				Reference	Units
	25-Mar-21	18-Feb-22	17-May-23	05-Feb-25		
Time F-Fast	0749 F	1011	1008	0848		
Lab Id.	659779460	658257551	682087317	532717706		
Haemoglobin	141	149	138	141	(115-165)	g/L
Haematocrit	0.42	0.44	0.42	0.43	(0.35-0.47)	
RCC	4.5	4.6	4.3	4.6	(3.9-5.6)	10*12/L
MCV	93	96	97	93	(80-100)	fL
WCC	5.9	7.7	6.8	10.5	(3.5-12.0)	10*9/L
Neutrophils	3.03	4.66	3.71	6.25	(1.5-8.0)	10*9/L
Lymphocytes	2.16	2.38	2.39	3.12	(1.0-4.0)	10*9/L
Monocytes	0.53	0.58	0.51	0.92 H	(0-0.9)	10*9/L
Eosinophils	0.13	0.04	0.14	0.13	(0-0.6)	10*9/L
Basophils	0.08	0.07	0.08	0.12	(0-0.15)	10*9/L
Platelets	320	294	288	372	(150-400)	10*9/L

Comments on Collection 05-Feb-25 0848:

Mild monocytosis.

This may be of little clinical significance; or due to intercurrent infection, inflammation or less likely early bone marrow disorder in the elderly. A progress FBE in 3-6 months could be considered to define any chronicity.

HA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: FBE

Tests Pending : CRP,R-U-Alb/Creat,RF,E/LFT,ESR,ANA,CCP Ab,BFV ELISA,RRV ELISA

Sample Pending :

GARGAN, KATHERINE
 307 ALGOMA RD, MUTCHILBA. 4872
Phone: 0447934474
Birthdate: 13/02/1971 **Sex:** F **Medicare Number:** 4190578572
Your Reference: EDF4091E0E **Lab Reference:** 532717706-C-C290
Laboratory: SNP
Addressee: DR SIAN A MOORE **Referred by:** DR SIAN A MOORE

Name of Test: S-C REACTIVE PROTEIN
Requested: 04/02/2025 **Collected:** 05/02/2025 **Reported:** 06/02/2025 11:08

Clinical notes: acute onset of severe polyarthralgia

Clinical Notes : acute onset of severe polyarthralgia

	Latest Results			
Date	16-Mar-18	05-Feb-25		
Time	1054	0848		
Lab Id.	641209206	532717706	Reference	Units
CRP	<1	8 H	(<5)	mg/L

Comments on Collection 05-Feb-25 0848:

C Reactive Protein

CRP is a more sensitive early indicator of an acute phase response than is ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

If CRP is elevated, it can indicate disease activity of an inflammatory, infective or neoplastic nature.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

CA

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Tests Completed: CRP,RF,E/LFT,FBE,ESR

Tests Pending : R-U-Alb/Creat,ANA,CCP Ab,BFV ELISA,RRV ELISA

Sample Pending :

GARGAN, KATHERINE
 307 ALGOMA RD, MUTCHILBA. 4872
Phone: 0447934474
Birthdate: 13/02/1971 **Sex:** F **Medicare Number:** 4190578572
Your Reference: EDF4091E0E **Lab Reference:** 532717706-C-C140
Laboratory: SNP
Addressee: DR SIAN A MOORE **Referred by:** DR SIAN A MOORE

Name of Test: S- ROUTINE CHEMISTRY
Requested: 04/02/2025 **Collected:** 05/02/2025 **Reported:** 06/02/2025 11:08

Clinical notes: acute onset of severe polyarthralgia

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Chemistry (serum)

	Latest Results				
Date	08-Jul-21	18-Feb-22	17-May-23	05-Feb-25	
Time F-Fast	0719 F	1011	1008	0848	
Lab Id.	658257063	658257551	682087317	532717706	Reference Units
Sodium		139	140	137	(135-145) mmol/L
Potassium		4.3	4.5	4.9	(3.5-5.5) mmol/L
Chloride		104	107	104	(95-110) mmol/L
Bicarbonate		26	27	23	(20-32) mmol/L
Anion Gap		9	6	10	(<16) mmol/L
Calcium (Corr.)		2.51	2.42	2.55	(2.10-2.60) mmol/L

Phosphate		1.23	1.30	1.40	(0.80-1.50)	mmol/L
Urea		4.8	3.6	8.2 H	(3.0-8.0)	mmol/L
Urate		0.256	0.242	0.323	(0.150-0.400)	mmol/L
Creatinine		60	60	58	(45-85)	umol/L
eGFR		>90	>90	>90	(>59)	
Random Glucose		5.9	5.7	6.1	(3.6-7.7)	mmol/L
Total Protein	71	73	69	74	(63-80)	g/L
Albumin	43	44	45 H	44	(32-44)	g/L
Globulin	28	29	24	30	(23-43)	g/L
T Bilirubin	8	7	6	<5	(<16)	umol/L
ALP	49	51	43	52	(30-115)	U/L
AST	28	25	28	26	(10-35)	U/L
ALT	37 H	36 H	38 H	34 H	(5-30)	U/L
GGT	22	16	20	27	(5-35)	U/L
LD		165	180	202	(<250)	U/L
Cholesterol		5.8 H	5.6 H	5.6 H	(<5.6)	mmol/L
Triglyceride			1.6		(<2.1)	mmol/L
Haemolysis Index	6	5	6	<1	(<40)	mg/dL

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Tests Completed: CRP,RF,E/LFT,FBE,ESR

Tests Pending : R-U-Alb/Creat,ANA,CCP Ab,BFV ELISA,RRV ELISA

Sample Pending :

GARGAN, KATHERINE
 307 ALGOMA RD, MUTCHILBA. 4872
Phone: 0447934474
Birthdate: 13/02/1971 **Sex:** F **Medicare Number:** 4190578572
Your Reference: EDF4091E0E **Lab Reference:** 532717706-H-H050
Laboratory: SNP
Addressee: DR SIAN A MOORE **Referred by:** DR SIAN A MOORE

Name of Test: ESR
Requested: 04/02/2025 **Collected:** 05/02/2025 **Reported:** 06/02/2025 11:08

Clinical notes: acute onset of severe polyarthralgia

Clinical Notes : acute onset of severe polyarthralgia

				Latest Results		
Date	28-Feb-05	21-Apr-05	28-Apr-09	05-Feb-25		
Time	1610	1420	0830	0848		
Lab Id.	555689416	558964697	573347662	532717706	Reference	Units
ESR	9	11	7	10	(1-30)	mm/h

HA

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Tests Completed: CRP,RF,E/LFT,FBE,ESR

Tests Pending : R-U-Alb/Creat,ANA,CCP Ab,BFV ELISA,RRV ELISA

Sample Pending :

GARGAN, KATHERINE
 307 ALGOMA RD, MUTCHILBA. 4872
Phone: 0447934474
Birthdate: 13/02/1971 **Sex:** F **Medicare Number:** 4190578572
Your Reference: EDF4091E0E **Lab Reference:** 532717706-C-I925
Laboratory: SNP
Addressee: DR SIAN A MOORE **Referred by:** DR SIAN A MOORE

Name of Test: S-Rheumatology
Requested: 04/02/2025 **Collected:** 05/02/2025 **Reported:** 06/02/2025 12:09

Clinical notes: acute onset of severe polyarthralgia

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Rheumatology Studies

Rheumatoid Factor (RF) Latex	<15	(	<30	)	IU/mL
CCP Abs	<1	(	<5	)	U/mL

Comments on Lab Id: 532717706

80% of rheumatoid arthritis patients have a positive RF, usually in high titre. Positive results, usually in low titre, are also found in patients with chronic or viral infections, liver diseases, hypergammaglobulinaemia, connective tissue diseases, ankylosing spondylitis (10%), and normal people (1-5%, incidence increases with age).

CCP antibodies when combined with RF, give a sensitivity of around 85% for the detection of early rheumatoid arthritis. Please note as of 14/4/2020 the RF reference interval has changed from <15 to <30 IU/mL

Cyclic citrullinated peptide (CCP) antibodies may be positive in some sero negative RA patients and appear earlier than RF in RA. CCP antibodies may predict more erosive disease and are a marker of disease severity. CCP antibodies may be present in some chronic infections eg HIV, HCV and in those conditions are not associated with arthritis. CCP antibodies have not been associated with Cryoglobulinaemia. Testing for CCP antibodies is performed using Abbott CMIA. An elevated CCP can be found in a significant number of patients with rheumatoid arthritis who have a negative RF. CCP antibodies may be detected in about 50-60% of patients with early RA (3-6 months after the beginning of symptoms).

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: CRP,RF,E/LFT,FBE,ESR,CCP Ab
Tests Pending : R-U-Alb/Creat,ANA,BFV ELISA,RRV ELISA
Sample Pending :

GARGAN, KATHERINE
307 ALGOMA RD, MUTCHILBA. 4872
Phone: 0447934474
Birthdate: 13/02/1971 **Sex:** F **Medicare Number:** 4190578572
Your Reference: EDF4091E0E **Lab Reference:** 532717706-C-C485
Laboratory: SNP
Addressee: DR SIAN A MOORE **Referred by:** DR SIAN A MOORE

Name of Test: MICROALBUMIN RANDOM
Requested: 04/02/2025 **Collected:** 05/02/2025 **Reported:** 06/02/2025 13:08

Clinical notes: acute onset of severe polyarthralgia

Clinical Notes : acute onset of severe polyarthralgia

	Latest Results			
Date	17-May-23	05-Feb-25		
Time	1008	0848		
Lab Id.	682087317	532717706	Reference	Units
R-U-Creatinine	1.7	2.2		mmol/L
R-U-Albumin	<5	<5	(<21)	mg/L
Alb/Creat Ratio		<2.3	(0.0-3.6)	mg/mmol

Comments on Collection 05-Feb-25 0848:
R-U-Alb/Creat
The Australian Diabetes Society subcommittee on microalbuminuria

recommends that albumin excretion rates should be performed annually on all diabetic patients. Abnormality is confirmed if two of three samples collected over a six week period are elevated. Specimens other than first morning collections may occasionally be positive in subjects with orthostatic or exercise induced proteinuria.

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: CRP,R-U-Alb/Creat,RF,E/LFT,FBE,ESR,CCP Ab

Tests Pending : ANA,BFV ELISA,RRV ELISA

Sample Pending :

GARGAN, KATHERINE
307 ALGOMA RD, MUTCHILBA. 4872
Phone: 0447934474
Birthdate: 13/02/1971 Sex: F Medicare Number: 4190578572
Your Reference: EDF4091E0E Lab Reference: 532717706-I-I901
Laboratory: SNP
Addressee: DR SIAN A MOORE Referred by: DR SIAN A MOORE

Name of Test: S-Autoantibodies
Requested: 04/02/2025 Collected: 05/02/2025 Reported: 07/02/2025 09:08

Clinical notes: acute onset of severe polyarthralgia

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Autoantibodies

	Latest Results
Date	28-Feb-05 05-Feb-25
Time	1610 0848
Lab Id.	555689416 532717706 Reference Units

ANA (IFA) Neg <40 Neg <80

Comments on Collection 05-Feb-25 0848:

A negative ANA is seen in normal individuals. Occasionally patients with active SLE have a negative ANA.

RP

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: CRP,R-U-Alb/Creat,RF,E/LFT,FBE,ESR,ANA,CCP Ab,RRV ELISA

Tests Pending : BFV ELISA

Sample Pending :

GARGAN, KATHERINE
307 ALGOMA RD, MUTCHILBA. 4872
Phone: 0447934474
Birthdate: 13/02/1971 Sex: F Medicare Number: 4190578572
Your Reference: EDF4091E0E Lab Reference: 532717706-S-S500
Laboratory: SNP
Addressee: DR SIAN A MOORE Referred by: DR SIAN A MOORE

Name of Test: S-RRV
Requested: 04/02/2025 Collected: 05/02/2025 Reported: 07/02/2025 09:08

Clinical notes: acute onset of severe polyarthralgia

Clinical Notes : acute onset of severe polyarthralgia

	Latest Results
Date	16-Mar-18 05-Feb-25
Time	1054 0848
Lab Id.	641209206 532717706 Reference Units

RRV IgG	Negative	Positive
RRV IgM	Negative	Positive
RRV Not		NOTIF *

Code Key

RRV Not : NOTIF = Notifiable result reported to the State Health Department.

Comments on Collection 05-Feb-25 0848:

Result consistent with recent Ross River virus (RRV) infection.

This result may indicate:

1. Recent infection with RRV. IgM antibodies appear from 5 to 14 days after onset of symptoms and usually disappear after 3 to 6 months.
2. Ross River IgM may occasionally persist for many months after onset of infection and does not correlate with clinical symptoms.
3. Occasionally a nonspecific IgM response to another organism e.g. Q fever or EBV. This response is often transient. The result then suggests past RRV infection.
4. Repeat testing to monitor changing antibody levels is recommended in 14 days if clinical uncertainty exists.

Ross River virus testing performed by EIA.

DR

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: CRP, R-U-Alb/Creat, RF, E/LFT, FBE, ESR, ANA, CCP Ab, RRV ELISA

Tests Pending : BFV ELISA

Sample Pending :

To view added info click link or copy to web browser.

Patient Notes: Ross River Virus

<http://protocols.sonichealthcare.com/shared/IP503.pdf>

GARGAN, KATHERINE
307 ALGOMA RD, MUTCHILBA. 4872
Phone: 0447934474
Birthdate: 13/02/1971 **Sex:** F **Medicare Number:** 4190578572
Your Reference: EDF4091E0E **Lab Reference:** 532717706-S-S100
Laboratory: SNP
Addressee: DR SIAN A MOORE **Referred by:** DR SIAN A MOORE

Name of Test: S-BFV

Requested: 04/02/2025 **Collected:** 05/02/2025 **Reported:** 07/02/2025 10:08

Clinical notes: acute onset of severe polyarthralgia

Clinical Notes : acute onset of severe polyarthralgia

	Latest Results	
Date	16-Mar-18	05-Feb-25
Time	1054	0848
Lab Id.	641209206	532717706 Reference Units
BFV IgG	Negative	Negative
BFV IgM	Negative	Negative

Comments on Collection 05-Feb-25 0848:

No antibodies to Barmah Forest virus (BFV) detected.

This result may indicate:

1. Very early infection with BFV. IgM antibodies are first detected 5-14 days after onset of symptoms. If this specimen was collected soon after onset of symptoms and infection with BFV is suspected a further sample should be submitted in 2-3 weeks to test for a rise in antibody levels.
2. No exposure to BFV. If this sample was collected more than 3 weeks after onset of symptoms diagnosis of BFV can be excluded. Barmah Forest IgG and IgM testing performed by EIA.

DR

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: CRP,R-U-Alb/Creat,RF,E/LFT,FBE,ESR,ANA,CCP Ab,
BFV ELISA,RRV ELISA

Tests Pending :

Sample Pending :