

SEGAIL, JENNIFER LEE
 30 FARM GROVE ROAD, BEECHMONT. 4211
 Phone: 0410568416
 Birthdate: 14/09/1965 Sex: F Medicare Number: 27173532041
 Your Reference: Lab Reference: 25-81770340-HPM-0
 Laboratory: 4Cyte Pathology
 Addressee: Dr JENNIFER POWER Referred by: Dr JENNIFER POWER
 Name of Test: Full Blood Count
 Requested: 03/06/2025 Collected: 11/06/2025 Reported: 11/06/2025
 16:42

Clinical Notes: follow up recurrent infections

Full Blood Count (Whole Blood)

Coll Date:	19/02/24	28/03/25	11/06/25		
Coll Time:	08:15	12:00	08:48		
Lab Number:	12382337	81482989	81770340		
HAEMOGLOBIN	146	145	148	(115-165)	g/L
RBC	5.1	5.1	5.1	(3.8-5.8)	10 ¹² /L
HCT	0.44	0.44	0.45	(0.32-0.46)	
MCV	86.9	86.2	87.1	(80.0-100.0)	fL
MCH	29	29	29	(26-32)	pg
MCHC	330	333	333	(300-360)	g/L
RDW	11.9	11.9	11.9	(< 15.1)	%
WCC	4.9	5.2	6.1	(4.0-11.0)	
Neutrophils	2.0	2.7	3.4	(2.0-8.0)	
Lymphocytes	2.3	2.0	1.9	(1.0-4.0)	
Monocytes	0.4	0.4	0.6	(0.2-1.0)	
Eosinophils	0.1	0.1	0.2	(< 0.8)	
Basophils	0.0	0.0	0.0	(< 0.2)	
PLATELETS	234	272	273	(150-400)	10 ⁹ /L
MPV	10.4	9.4	9.2	(6.5-14.9)	fL

FBC parameters normal.

Tests to follow: BSL, CHEM, FE, VD/PTH, CRP, ESR, TCELLS, UMCS

SEGAIL, JENNIFER LEE
30 FARM GROVE ROAD, BEECHMONT. 4211
Phone: 0410568416
Birthdate: 14/09/1965 Sex: F Medicare Number: 27173532041
Your Reference: Lab Reference: 25-81770340-FEM-0
Laboratory: 4Cyte Pathology
Addressee: Dr JENNIFER POWER Referred by: Dr JENNIFER POWER
Name of Test: Iron Studies
Requested: 03/06/2025 Collected: 11/06/2025 Reported: 12/06/2025
07:03

Clinical Notes: follow up recurrent infections
Pathologist: A/Prof P. Stewart

Iron Studies (Serum)

Coll Date:	03/01/24	28/03/25	11/06/25		
Coll Time:	08:25	12:00	08:48		
Lab Number:	80102488	81482989	81770340		
Ferritin	129	145	215	(30-300)	ug/L
Iron			16	(9-30)	umol/L
Transferrin			2.5	(2.0-3.6)	g/L
Transferrin Sat.			26	(15-50)	%

Tests to follow: CHEM,VD/PTH,ESR,TCELLS,UMCS

SEGAIL, JENNIFER LEE
30 FARM GROVE ROAD, BEECHMONT. 4211
Phone: 0410568416
Birthdate: 14/09/1965 Sex: F Medicare Number: 27173532041
Your Reference: Lab Reference: 25-81770340-GLM-0
Laboratory: 4Cyte Pathology
Addressee: Dr JENNIFER POWER Referred by: Dr JENNIFER POWER
Name of Test: Glucose
Requested: 03/06/2025 Collected: 11/06/2025 Reported: 12/06/2025
07:03

Clinical Notes: follow up recurrent infections
Pathologist: A/Prof P. Stewart

Glucose (Serum)

Coll Date:	19/02/24	28/03/25	11/06/25
Coll Time:	08:15	12:00	08:48
Lab Number:	12382337	81482989	81770340

Glucose Random	5.1	5.1	(3.0-7.7)	mmol/L
Glucose Fasting			5.2	(3.0-5.4) mmol/L

Diabetes unlikely (no documented laboratory history of diabetes). Retest every 3 years if low risk.

Tests to follow: CHEM, VD/PTH, ESR, TCELLS, UMCS

SEGAIL, JENNIFER LEE
30 FARM GROVE ROAD, BEECHMONT. 4211
Phone: 0410568416
Birthdate: 14/09/1965 Sex: F Medicare Number: 27173532041
Your Reference: Lab Reference: 25-81770340-ESR-0
Laboratory: 4Cyte Pathology
Addressee: Dr JENNIFER POWER Referred by: Dr JENNIFER POWER

Name of Test: Esr
Requested: 03/06/2025 Collected: 11/06/2025 Reported: 12/06/2025
08:13

Clinical Notes: follow up recurrent infections

Erythrocyte Sedimentation Rate (Whole Blood)

Coll Date:	03/01/24	11/06/25
Coll Time:	08:25	08:48
Lab Number:	80102488	81770340

ESR 2 (< 21) mm/Hr

Tests to follow: CHEM,VD/PTH,TCELLS,UMCS

SEGAIL, JENNIFER LEE
30 FARM GROVE ROAD, BEECHMONT. 4211
Phone: 0410568416
Birthdate: 14/09/1965 Sex: F Medicare Number: 27173532041
Your Reference: Lab Reference: 25-81770340-MBM-0
Laboratory: 4Cyte Pathology
Addressee: Dr JENNIFER POWER Referred by: Dr JENNIFER POWER
Name of Test: Vitd/Pth
Requested: 03/06/2025 Collected: 11/06/2025 Reported: 12/06/2025
10:53

Clinical Notes: follow up recurrent infections
Pathologist: A/Prof P. Stewart

Vitamin D and Metabolic Bone Markers (Serum)

Coll Date: 28/03/25 11/06/25
Coll Time: 12:00 08:48
Lab Number: 81482989 81770340

25-OH Vit D 49 L 152 (50-200) nmol/L

Tests to follow: CHEM, TCELLS, UMCS

SEGAIL, JENNIFER LEE
 30 FARM GROVE ROAD, BEECHMONT. 4211
 Phone: 0410568416
 Birthdate: 14/09/1965 Sex: F Medicare Number: 27173532041
 Your Reference: Lab Reference: 25-81770340-RCM-0
 Laboratory: 4Cyte Pathology
 Addressee: Dr JENNIFER POWER Referred by: Dr JENNIFER POWER

Name of Test: Biochemistry, Serum
 Requested: 03/06/2025 Collected: 11/06/2025 Reported: 12/06/2025
 12:17

Clinical Notes: follow up recurrent infections
 Pathologist: A/Prof P. Stewart

Biochemistry (Serum)

Coll Date:	19/02/24	28/03/25	11/06/25	
Coll Time:	08:15	12:00	08:48	
Lab Number:	12382337	81482989	81770340	
Sodium	141	141	138	(135-145) mmol/L
Potassium	3.9	4.1	4.3	(3.5-5.3) mmol/L
Chloride	105	107	104	(95-110) mmol/L
Bicarbonate	29	27	27	(22-32) mmol/L
Anion Gap	11	11	11	(8-19) mmol/L
Urea	5.2	6.4	4.8	(3.2-8.2) mmol/L
Creatinine	66	59	59	(45-90) umol/L
eGFR	88	> 90	> 90	(> 59)
Urate	0.26	0.29	0.27	(0.15-0.40) mmol/L
Total Protein	71	72	70	(60-80) g/L
Globulin	31	30	33	(23-39) g/L
Albumin	40	42	37	(34-50) g/L
Bilirubin	9	7	5	(< 21) umol/L
Alk. Phosphatase	65	64	69	(30-110) U/L
Gamma GT	13	18	25	(< 36) U/L
ALT	27	33	41	H (< 35) U/L
AST	21	25	29	(< 30) U/L
LD	179	216	181	(120-250) U/L
Calcium	2.35	2.49	2.32	(2.10-2.60) mmol/L
Adj. Calcium	2.35	2.45	2.38	(2.10-2.60) mmol/L
Phosphate	1.34	1.21	1.15	(0.75-1.50) mmol/L
Status	Random	Random	Fasting	
Cholesterol	5.0	6.2	5.7	H (< 5.6) mmol/L
Triglyceride	0.9	1.7	1.6	(< 2.1) mmol/L

Tests to follow: TCELLS,UMCS

SEGAIL, JENNIFER LEE
30 FARM GROVE ROAD, BEECHMONT. 4211
Phone: 0410568416
Birthdate: 14/09/1965 Sex: F Medicare Number: 27173532041
Your Reference: Lab Reference: 25--81770340-FTC-0
Laboratory: 4Cyte Pathology
Addressee: Dr JENNIFER POWER Referred by: Dr JENNIFER POWER
Name of Test: T Cell Subsets
Requested: 03/06/2025 Collected: 11/06/2025 Reported: 12/06/2025
14:22

Clinical Notes: follow up recurrent infections
Pathologist: Prof D. Fulcher

Lymphocyte Subsets (Whole Blood)

Lymphocyte Count	1890	(1000-4000)	cells/uL
CD3 (T cells)	1490	(540-1880)	cells/uL
CD4 (T-helper)	794	(370-1390)	cells/uL
CD8 (Cytotoxic T)	605	(130-740)	cells/uL
CD19 (B cells)	267	(85-540)	cells/uL
NK (CD3-/16+/56+)	130	(70-490)	cells/uL
CD3 (T cells)	79	(60-85)	%
CD4 (T-helper)	42	(35-66)	%
CD8 (Cytotoxic T)	32	(11-38)	%
CD19 (B cells)	14.1	(6.0-27.0)	%
NK (CD3-/16+/56+)	7	(6-29)	%
CD4/CD8 Ratio	1.3	(1.1-6.0)	

Normal lymphocyte subsets.

Tests to follow: UMCS

SEGAIL, JENNIFER LEE
30 FARM GROVE ROAD, BEECHMONT. 4211
Phone: 0410568416
Birthdate: 14/09/1965 Sex: F Medicare Number: 27173532041
Your Reference: Lab Reference: 25-81770340-UMC-0
Laboratory: 4Cyte Pathology
Addressee: Dr JENNIFER POWER Referred by: Dr JENNIFER POWER

Name of Test: Urine Culture
Requested: 03/06/2025 Collected: 11/06/2025 Reported: 12/06/2025
17:09

Clinical Notes: follow up recurrent infections
Pathologist: Dr P. James

Urine Culture

Coll Date: 11/06/25
Coll Time: 08:48
Lab Number: 81770340

Microscopy:			
White cells	12	(<10)	10 ⁶ /L
Red cells	< 10	(<10)	10 ⁶ /L
Epithelial	< 10	(<10)	10 ⁶ /L

Chemistry:		
pH	6.0	(4.0-9.0)
Protein	Neg	
Glucose	Neg	
Ketones	Neg	
Blood(Hb)	Neg	

Organism: pending

Current Request: 81770340
Culture: pending

INTERIM REPORT
A Final Report will be issued when the Culture results are available.

Preliminary Report

Tests to follow: UMCS

SEGAIL, JENNIFER LEE
30 FARM GROVE ROAD, BEECHMONT. 4211
Phone: 0410568416
Birthdate: 14/09/1965 Sex: F Medicare Number: 27173532041
Your Reference: Lab Reference: 25-81770340-CRP-0
Laboratory: 4Cyte Pathology
Addressee: Dr JENNIFER POWER Referred by: Dr JENNIFER POWER
Name of Test: C-Reactive Protein
Requested: 03/06/2025 Collected: 11/06/2025 Reported: 12/06/2025
07:03

Clinical Notes: follow up recurrent infections
Pathologist: A/Prof P. Stewart

C-Reactive Protein (Serum)

Coll Date: 11/06/25
Coll Time: 08:48
Lab Number: 81770340

C-Reactive Prot. 6.6 H (< 3.3) mg/L

Minor elevations in CRP levels (3.3-10.0 mg/L) are associated with inflammation, however may reflect sub-clinical inflammation/low-grade inflammatory states (eg. metabolic dysfunction).

Please note change of Reference Range from 06/6/2025.

Tests to follow: CHEM,VD/PTH,ESR,TCELLS,UMCS

SEGAIL, JENNIFER LEE
30 FARM GROVE ROAD, BEECHMONT. 4211
Phone: 0410568416
Birthdate: 14/09/1965 Sex: F Medicare Number: 27173532041
Your Reference: Lab Reference: 25-81770340-UMC-0
Laboratory: 4Cyte Pathology
Addressee: Dr JENNIFER POWER Referred by: Dr JENNIFER POWER

Name of Test: Urine Culture
Requested: 03/06/2025 Collected: 11/06/2025 Reported: 14/06/2025
07:36

Clinical Notes: follow up recurrent infections
Pathologist: Dr P. James

Urine Culture

Coll Date: 11/06/25
Coll Time: 08:48
Lab Number: 81770340

Microscopy:			
White cells	12	(<10)	10 ⁶ /L
Red cells	< 10	(<10)	10 ⁶ /L
Epithelial	< 10	(<10)	10 ⁶ /L

Chemistry:		
pH	6.0	(4.0-9.0)
Protein	Neg	
Glucose	Neg	
Ketones	Neg	
Blood(Hb)	Neg	

Organism: Enter sp

Current Request: 81770340
Culture: Moderate predominant growth (10⁷-8CFU/L) of
Enterococcus species

Susceptibility:	Enterococcus sp
Amoxicillin	Susceptible
Cephalexin	Resistant
Nitrofurantoin	Susceptible
Trimethoprim	Resistant

Tests to follow: All Tests now completed