Patient Name:	KHOUDAIR, MARY MARY		
Patient Address:	468 MERRYLANDS RD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109360259	**IHI No.:**	
Lab. Reference:	25-90216840-TAA-0	**Provider:**	Laverty Pathology
Addressee:	DR THERESA WONG	**Referred by:**	DR. THERESA WONG
Date Requested:	27/05/2025	**Date Performed:**	28/05/2025
Date Collected:	28/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	THYROID AUTOANTIBODIES (TAA-0)		
Clinical Information:			

Clinical Notes : hair loss.

THYROID AUTOANTIBODIES

Specimen Type: Serum

Anti-Thyroglobulin Abs (aTGII)	< 1.3	IU/mL	(< 4.5)
Anti-Thyroidal Peroxidase Abs	< 6.6	IU/mL	(< 13.8)

Over 90% of patients with autoimmune thyroiditis show moderate to high levels of Anti-Thyroidal Peroxidase Abs (anti-TPO) with Anti-Thyroglobulin Abs (anti-Tg) also present in about 90% of such patients. Up to 75% of patients with Graves' hyperthyroidism show increased anti-TPO with anti-Tg present in 50-60%. Low levels of both anti-TPO and anti-Tg may be found in up to 10% of "normal" asymptomatic adults. In most cases of autoimmune thyroid disease increased anti-TPO is the predominant finding although a small proportion of patients show a predominant increase in anti-Tg.

There is no clinical indication to repeat Thyroid antibodies once diagnosis of autoimmune hypothyroidism has been made.

Please note that as of 10/04/25, Laverty Pathology changed to a reformulated Atellica Thyroid Peroxidase Antibody assay with an updated reference interval. Values from the new assay are not directly comparable to the previous method and differences in individual patient results may be observed. For further information, please contact a Chemical Pathologist at 02 9005 7605.

Requested Tests : TFT, TAA, GLU, MBA*, LIP*, FE, FBE*, DVI*

Patient Name:	KHOUDAIR, MARY MARY		
Patient Address:	468 MERRYLANDS RD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109360259	**IHI No.:**	
Lab. Reference:	25-90216840-TFT-0	**Provider:**	Laverty Pathology
Addressee:	DR THERESA WONG	**Referred by:**	DR. THERESA WONG
Date Requested:	27/05/2025	**Date Performed:**	28/05/2025
Date Collected:	28/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	THYROID FUNCTION TEST (TFT-0)		
Clinical Information:			

Clinical Notes : hair loss.

THYROID PROFILE

Request Number			26733282	10242806	96457493	90216840
Date Collected			15 Feb 24	2 Aug 24	4 Mar 25	28 May 25
Time Collected			10:56	08:46	11:55	08:36
Specimen Type: Serum						
TSH	(0.5-4.0)	mIU/L	3.2	4.1	2.6	3.4
FT4	(10-20)	pmol/L		12		
FT3	(3.5-6.5)	pmol/L		4.7		

Result(s) consistent with euthyroidism.

Requested Tests : TFT, TAA, GLU, MBA*, LIP*, FE, FBE*, DVI*

Patient Name:	KHOUDAIR, MARY MARY		
Patient Address:	468 MERRYLANDS RD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109360259	**IHI No.:**	
Lab. Reference:	25-90216840-GLU-0	**Provider:**	Laverty Pathology
Addressee:	DR THERESA WONG	**Referred by:**	DR. THERESA WONG
Date Requested:	27/05/2025	**Date Performed:**	28/05/2025
Date Collected:	28/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	GLUCOSE (GLU-0)		
Clinical Information:			

Clinical Notes : hair loss.

SERUM/PLASMA GLUCOSE

Request Number		19824482	24150145	10242806	90216840
Date Collected		16 Jun 22	21 Jul 23	2 Aug 24	28 May 25
Time Collected		08:27	08:32	08:46	08:36
Fasting status		Fasting	Fasting	Fasting	Fasting
Serum (3.4-5.4)	mmol/L	4.5	4.7	5.1	4.5

Normal glucose concentration.

Requested Tests : TFT, TAA, GLU, MBA*, LIP*, FE, FBE*, DVI*

Patient Name:	KHOUDAIR, MARY MARY		
Patient Address:	468 MERRYLANDS RD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109360259	**IHI No.:**	
Lab. Reference:	25-90216840-MBA-0	**Provider:**	Laverty Pathology
Addressee:	DR THERESA WONG	**Referred by:**	DR. THERESA WONG
Date Requested:	27/05/2025	**Date Performed:**	28/05/2025
Date Collected:	28/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	SERUM CHEMISTRY (MBA-0)		
Clinical Information:			

Clinical Notes : hair loss.

SERUM CHEMISTRY

Request Number		26733282	10242806	96457493	90216840
Date Collected		15 Feb 24	2 Aug 24	4 Mar 25	28 May 25
Time Collected		10:56	08:46	11:55	08:36
Specimen Type: Serum					
Haemolysis		Nil	Nil	Nil	Nil
Icterus		Nil	Nil	Nil	Nil
Lipaemia		Nil	Nil	Nil	Nil
Na (135-145)	mmol/L	141	141	141	143
K (3.6-5.4)	mmol/L	4.7	4.5	4.3	4.4
Cl (95-110)	mmol/L	105	106	103	105
HCO3 (22-32)	mmol/L	25	26	25	26
An Gap (10-20)	mmol/L	16	14	17	16
Urea (2.5-9.0)	mmol/L	2.7	3.9	3.0	4.2
Creat (45-90)	umol/L	55	50	50	50
eGFR	mL/min/1.73sqM	> 90	> 90	> 90	> 90
Bili (< 15)	umol/L	8	7	8	7
AST (< 35)	U/L	22	22	24	24
ALT (< 30)	U/L	15	17	21	18
GGT (< 35)	U/L	17	15	24	14
Alk Phos (30-115)	U/L	71	74	80	70
Protein (60-82)	g/L	72	69	70	71
Albumin (36-48)	g/L	42	40	44	42
Glob (20-39)	g/L	30	29	26	29
Ca (2.10-2.60)	mmol/L	2.41			
Corr Ca (2.10-2.60)		2.43			
PO4 (0.75-1.50)	mmol/L	1.23			
Mg (0.70-1.10)	mmol/L	0.78			

eGFR >=90 mL/min/1.73m2 usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

Requested Tests : TFT, TAA, GLU, MBA, LIP, FE, FBE*, DVI*

Patient Name:	KHOUDAIR, MARY MARY		
Patient Address:	468 MERRYLANDS RD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109360259	**IHI No.:**	
Lab. Reference:	25-90216840-LIP-0	**Provider:**	Laverty Pathology
Addressee:	DR THERESA WONG	**Referred by:**	DR. THERESA WONG
Date Requested:	27/05/2025	**Date Performed:**	28/05/2025
Date Collected:	28/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	LIPID STUDIES (LIP-0)		
Clinical Information:			

Clinical Notes : hair loss.

LIPID STUDIES

Request Number		24150145	26733282	10242806	90216840
Date Collected		21 Jul 23	15 Feb 24	2 Aug 24	28 May 25
Time Collected		08:32	10:56	08:46	08:36
Specimen Type: Serum					

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis			Nil	Nil	Nil	Nil
Icterus			Nil	Nil	Nil	Nil
Lipaemia			Nil	Nil	Nil	Nil
Fasting status			Fasting	Fasting	Fasting	Fasting
Chol	(3.9-5.2)	mmol/L	5.7	5.4	5.5	6.3
Trig	(0.5-1.7)	mmol/L	0.6	0.6	0.7	0.8
HDL	(1.0-2.0)	mmol/L	1.9		1.6	1.7
LDL	(1.5-3.4)	mmol/L	3.5		3.6	4.2
Non-HDL	(< 3.4)	mmol/L	3.8		3.9	4.6
Chol/HDL	(< 4.5)		3.0		3.4	3.7

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

Increased LDL-C can be seen in hypothyroidism and nephrotic syndrome. Primary causes include polygenic hypercholesterolaemia, Familial Hypercholesterolaemia, Familial Defective ApoB-100 and Familial Combined Hyperlipoproteinaemia. Increased LDL-C is a risk factor for CVD. Assess overall risk and consider treatment.

Lipoprotein X may be seen in patients with cholestatic liver disease and lecithin-cholesterol acyl transferase deficiency.

Requested Tests : TFT, TAA, GLU, MBA, LIP, FE, FBE*, DVI*

Patient Name:	KHOUDAIR, MARY MARY		
Patient Address:	468 MERRYLANDS RD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109360259	**IHI No.:**	
Lab. Reference:	25-90216840-DVI-0	**Provider:**	Laverty Pathology
Addressee:	DR THERESA WONG	**Referred by:**	DR. THERESA WONG
Date Requested:	27/05/2025	**Date Performed:**	28/05/2025
Date Collected:	28/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	VITAMIN D (DVI-0)		
Clinical Information:			

Clinical Notes : hair loss.

VITAMIN D

Haemolysis	Nil	
Serum 25(OH) Vitamin D	83	nmol/L

Suggested decision limits for Vitamin D status:

Sufficiency	51 -200	nmol/L
Mild deficiency	25 - 50	nmol/L
Marked deficiency	< 25	nmol/L
Toxicity	>250	nmol/L

References: Vitamin D and health in adults in Australia and New Zealand: Position Statement. MJA 2012 June 18; 196(11),686-687.

Requested Tests : TFT, TAA, GLU, MBA, LIP, FE, FBE*, DVI

Patient Name:	KHOUDAIR, MARY MARY		
Patient Address:	468 MERRYLANDS RD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109360259	**IHI No.:**	
Lab. Reference:	25-90216840-FE-0	**Provider:**	Laverty Pathology
Addressee:	DR THERESA WONG	**Referred by:**	DR. THERESA WONG
Date Requested:	27/05/2025	**Date Performed:**	28/05/2025
Date Collected:	28/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	IRON STUDIES (FE-0)		
Clinical Information:			

Clinical Notes : hair loss.

IRON STUDIES

Request Number		26733282	10242806	96457493	90216840
Date Collected		15 Feb 24	2 Aug 24	4 Mar 25	28 May 25
Time Collected		10:56	08:46	11:55	08:36
Specimen Type: Serum					
Iron (10-30)	umol/L		11	19	10
T'ferrin(32-48)	umol/L		27	29	28
T. Sat. (13-45)	%		21	33	18
Ferritin(30-400)	ug/L	36	31	74	30

Transferrin may be decreased by inflammation (acute or chronic) or protein deficiency or loss. Although the ferritin is normal, its levels may be increased in iron deficient patients by the acute-phase response. Suggest measurement of CRP to assist with interpreting these results, if not performed recently.

Requested Tests : TFT, TAA, GLU, MBA*, LIP*, FE, FBE*, DVI*

Patient Name:	KHOUDAIR, MARY MARY		
Patient Address:	468 MERRYLANDS RD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109360259	**IHI No.:**	
Lab. Reference:	25-90216840-FBE-0	**Provider:**	Laverty Pathology
Addressee:	DR THERESA WONG	**Referred by:**	DR. THERESA WONG
Date Requested:	27/05/2025	**Date Performed:**	28/05/2025
Date Collected:	28/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	HAEMATOLOGY (FBE-0)		
Clinical Information:			

Clinical Notes : hair loss.

HAEMATOLOGY

Request Number			26953385	10242806	96457493	90216840
Date Collected			2 Mar 24	2 Aug 24	4 Mar 25	28 May 25
Time Collected			10:15	08:46	11:55	08:36
Specimen Type: EDTA						
Hb	(115-165)	g/L	110	113	106	110
Hct	(0.34-0.47)		0.37	0.37	0.36	0.37
RCC	(3.9-5.8)	x10^12 /L	5.2	5.4	5.0	5.2
MCV	(79-99)	fL	71	70	71	71
MCH	(27-34)	pg	21	21	21	21
MCHC	(320-360)	g/L	300	302	299	301
RDW	(10.0-17.0)	%	14.4	14.3	15.0	13.8
WBC	(4.0-11.0)	x10^9 /L	5.1	4.5	4.3	4.8
Neut	(2.0-7.5)	x10^9 /L	2.2	1.8	1.8	1.9
Lymph	(1.0-4.0)	x10^9 /L	2.0	1.8	1.9	1.9
Mono	(0.2-1.0)	x10^9 /L	0.4	0.4	0.4	0.5
Eos	(< 0.7)	x10^9 /L	0.5	0.4	0.2	0.5
Baso	(< 0.2)	x10^9 /L	0.1	0.0	0.0	0.0
Plat	(150-400)	x10^9 /L	152	135	105	143

CURRENT FILM COMMENT
Red cells : Microcytosis +, Hypochromia +, Ovalocytosis +.
White cells : Borderline neutropenia.
Platelets : Thrombocytopenia +.
HAEMATOLOGY: Microcytic, hypochromic anaemia. Borderline neutropenia noted. Thrombocytopenia noted.

Requested Tests : TFT, TAA, GLU, MBA, LIP, FE, FBE, DVI

Patient Name:	KHOUDAIR, MARY MARY		
Patient Address:	468 MERRYLANDS RD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109360259	**IHI No.:**	
Lab. Reference:	25-13809663-HBE-0	**Provider:**	Laverty Pathology
Addressee:	DR THERESA WONG	**Referred by:**	DR. THERESA WONG
Date Requested:	29/05/2025	**Date Performed:**	30/05/2025
Date Collected:	30/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	HAEMOGLOBIN EPG (HBE-0)		
Clinical Information:			

Clinical Notes : Microcytic hypochromic anemia.

HAEMOGLOBIN ELECTROPHORESIS

Date Collected 30 May 25
Time Collected 09:43
Specimen Type: EDTA

Haemoglobin A	97.1	%		
Haemoglobin A2	2.5	%	(< 3.5)	
Haemoglobin F	0.4	%	(< 1.1)	if adult
Hb Barts/ Hb H (strip)	Negative			

Low red cell indices with a normal Hb EPG Screen. Thalassaemia trait (most likely alpha) cannot be excluded.
DNA analysis may be of value.
Family studies may be helpful.

. . . . For queries contact Dr Koon Lee.

Requested Tests : HBE, FBE

Patient Name:	KHOUDAIR, MARY MARY		
Patient Address:	468 MERRYLANDS RD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109360259	**IHI No.:**	
Lab. Reference:	25-13809663-FBE-0	**Provider:**	Laverty Pathology
Addressee:	DR THERESA WONG	**Referred by:**	DR. THERESA WONG
Date Requested:	29/05/2025	**Date Performed:**	30/05/2025
Date Collected:	30/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	HAEMATOLOGY (FBE-0)		
Clinical Information:			

Clinical Notes : Microcytic hypochromic anemia.

HAEMATOLOGY

Request Number			10242806	96457493	90216840	13809663
Date Collected			2 Aug 24	4 Mar 25	28 May 25	30 May 25
Time Collected			08:46	11:55	08:36	09:43
Specimen Type: EDTA						
Hb	(115-165)	g/L	**113**	**106**	**110**	117
Hct	(0.34-0.47)		0.37	0.36	0.37	0.39
RCC	(3.9-5.8)	x10^12 /L	5.4	5.0	5.2	5.5
MCV	(79-99)	fL	**70**	**71**	**71**	**71**
MCH	(27-34)	pg	**21**	**21**	**21**	**21**
MCHC	(320-360)	g/L	**302**	**299**	**301**	**302**
RDW	(10.0-17.0)	%	14.3	15.0	13.8	14.1
WBC	(4.0-11.0)	x10^9 /L	4.5	4.3	4.8	4.9
Neut	(2.0-7.5)	x10^9 /L	**1.8**	**1.8**	**1.9**	2.0
Lymph	(1.0-4.0)	x10^9 /L	1.8	1.9	1.9	2.0
Mono	(0.2-1.0)	x10^9 /L	0.4	0.4	0.5	0.4
Eos	(< 0.7)	x10^9 /L	0.4	0.2	0.5	0.5
Baso	(< 0.2)	x10^9 /L	0.0	0.0	0.0	0.0
Plat	(150-400)	x10^9 /L	**135**	**105**	**143**	**141**

HAEMATOLOGY: Hypochromic microcytic blood picture.
Thrombocytopenia noted.

Requested Tests : HBE*, FBE

Patient Name:	KHOUDAIR, MARY		
Patient Address:	468 MERRYLANDS ROAD, MERRYLANDS 2160		
D.O.B:	1/05/1963	**Sex at Birth:**	F
Medicare No.:	2109 36025 9-	**IHI No.:**	
Lab. Reference:	2025M0024736-1	**Provider:**	Medscan Merrylands
Addressee:	DR THERESA WONG	**Referred by:**	DR THERESA WONG
Date Requested:	27/05/2025	**Date Performed:**	31/05/2025
Date Collected:	31/05/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	CT FACIAL BONES/SINUSES		
Clinical Information:			

medscan

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CT PARANASAL SINUSES

Clinical notes: Hx/o sinusitis and chronic headaches.

Technique: Low dose acquisition through the paranasal sinuses with imaging reformatted in 3 planes on a bone window algorithm.

Findings:

Despite bilaterally maxillary antrostomies and polypectomies there is extensive mucosal thickening demonstrated throughout the maxillary sinuses and also extensively through the remnant ethmoidal sinuses and the dependent aspect of the left > right frontal and to a lesser extent sphenoidal sinuses. The nasal septum is essentially midline. Moderate mucosal thickening about it and the remnant turbinates.

Interpretation:

Extensive bilateral pansinusitis changes despite bilateral maxillary antrostomies and turbinectomies.

Thank you for referring this patient.
Yours Sincerely,

[Image "pasted.bmp-20150416101641"]
Dr John O'Rourke

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