Pathology Report

Laverty PATHOLOGY

Specialist Diagnostic Services Pty Ltd ABN 84 007 190 043
APA trading as Laverty Pathology
www.laverty.com.au

RESULTS ENQUIRIES
13 39 36

RCPA The Royal College of Pathologists of Australasia

NATA ACCREDITED FOR TECHNICAL COMPETENCE

Report to:	Name: SUMAR, NARMEEN	D.O.B.: 31/08/90
DR AMER AL TAHAWI Isra Medical Services 102a Haldon St LAKEMBA 2195 Ref. by DR.AMER AL TAHAWI 13/103 GEORGE STREET PARRAMATTA, 2150 Phone: 0290984545	Addr: 2606B/45 MACQUARIE ST PARRAMATTA 2150 Phone: 0460883744 Your Ref: 918275130376 *** URGENT ***	Sex F Lab Ref: 25-96375345 Collected: 21/02/25 Time Coll: 10:03 Reported: 05/09/25

Tests listed below * equals waiting

TESTS: Final report. Thank you for your referral.
CLINICAL NOTES:

LUPUS ANTICOAGULANT TESTING

Collection Date: 21 Feb 25
Collection Time: 10:03
Specimen Type : Citrated Plasma

				Ref.Range
RVV Screen	:	42.3	sec	(26.0-44.0)
APTT screen	:	27.4	sec	(23.0-32.0)

Lupus anticoagulant NOT DETECTED by RVV and APTT screening tests.

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Isra Medical Services
102a Haldon St
LAKEMBA 2195

Ref. by DR.AMER AL TAHAWI
13/103 GEORGE STREET
PARRAMATTA, 2150
Phone: 0290984545

Name: SUMAR, NARMEEN
Addr: 2606B/45 MACQUARIE ST
PARRAMATTA 2150
Phone: 0460883744
Your Ref: 918275130376
*** URGENT ***

D.O.B.: 31/08/90
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Lab Ref: 25-96375345
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Time Coll: 10:03
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CLINICAL NOTES:

THROMBOPHILIA SCREEN (Plasma)

Collection Date: 21 Feb 25
Collection Time: 10:03
Specimen Type : Citrated Plasma

				Ref.Range
Protein C (Functional)	:	137	%	(70-180)
Protein S (Free Antigen)	:	**120**	%	(65-115)
Prothrombin Time	:	11.7	secs	(10.0-15.0)
APTT	:	27.9		(23.0-32.0)
Thrombin time	:	**21.1**	secs	(13.0-20.0)

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Ref. by DR.AMER AL TAHAWI 13/103 GEORGE STREET PARRAMATTA, 2150 Phone: 0290984545		

Tests listed below * equals waiting

TESTS: Final report. Thank you for your referral.
CLINICAL NOTES:

THROMBOPHILIA GENE SCREEN

Specimen type:
Blood

Test Description:
A multiplexed PCR assay that detects both the Factor V Leiden and Prothrombin G20210A mutations. Note: the charge raised for testing two mutations is the same as for testing only one.

Result:
Factor V Leiden Mutation: Not Detected
Prothrombin G20210A Mutation: Not Detected

Comments:

Dr Abhijit Kulkarni MBBS, MD, FRCPath (UK), FRCPA

Genomic Diagnostics

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CLINICAL NOTES:

PLASMA HOMOCYSTEINE

Plasma Homocysteine	10.2	umol/L	(4.0-14.0)

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CLINICAL NOTES:

EBV SEROLOGY

Epstein-Barr virus	(VCA)	IgG	**POSITIVE**
Epstein-Barr virus	(VCA)	IgM	Negative
EBV Nuclear Antigen	(EBNA)	IgG	**POSITIVE**

Consistent with past exposure to Epstein Barr virus. Please note that antibodies to EBV nuclear antigen (EBNA) are usually detected 2- 3 months after infection and usually persist for life.

All testing performed on serum or plasma unless otherwise specified.

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CLINICAL NOTES:

SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Request Number			96375345
Date Collected			21 Feb 25
Time Collected			10:03
hsCRP	(< 4.91)	mg/L	**7.00**

The CDC / AHA recommend the following hsCRP cut-off points (tertiles) for cardiovascular disease risk assessment:

hsCRP level (mg/L)	Relative Risk
<1.0	Low
1.0 - 3.0	Average
>3.0	High

The average of two CRP tests, ideally taken two weeks apart, produces a more stable estimate of this marker.

A CRP greater than 10mg/L should prompt a search for a source of infection or inflammation.

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Isra Medical Services	PARRAMATTA 2150	Lab Ref: 25-96375345
102a Haldon St	Phone: 0460883744	Collected: 21/02/25
LAKEMBA 2195	Your Ref: 918275130376	Time Coll: 10:03
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Ref. by DR.AMER AL TAHAWI 13/103 GEORGE STREET PARRAMATTA, 2150 Phone: 0290984545		

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CLINICAL NOTES:

ANTI PHOSPHOLIPID ANTIBODIES

Cardiolipin IgG	Negative	< 20	GPL (< 20)
Cardiolipin IgM	Negative	< 20	MPL (< 20)
Beta 2 Glycoprotein I IgG	Negative	< 20	U/mL (< 20)

Anti-cardiolipin antibodies were not detected. A proportion of patients with the anti-phospholipid syndrome are negative for anti-cardiolipin antibodies. Further testing for lupus anticoagulant and beta2-glycoprotein 1 antibodies is recommended.

Anti-beta 2 glycoprotein I antibodies were not detected by multiplex immunoassay. 40-50% patients with the antiphospholipid syndrome will be antibody-negative, and a negative result does not exclude the diagnosis in a patient with clinical features of disease if anti- cardiolipin antibodies or lupus anticoagulant are detectable.

All testing performed on serum or plasma unless otherwise specified.

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102a Haldon St	Phone: 0460883744	Collected: 21/02/25
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	*** URGENT ***	Reported: 05/09/25
Ref. by DR.AMER AL TAHAWI 13/103 GEORGE STREET PARRAMATTA, 2150 Phone: 0290984545		

Tests listed below * equals waiting

TESTS: Final report. Thank you for your referral.
CLINICAL NOTES:

SERUM CHEMISTRY

Request Number			10733822	96039342	96375345
Date Collected			23 Nov 24	8 Jan 25	21 Feb 25
Time Collected			11:49	11:35	10:03
Specimen Type: Serum					
Haemolysis			Nil	Nil	Nil
Icterus			Nil	Nil	Nil
Lipaemia			Nil	Nil	Nil
Na	(135-145)	mmol/L	141		139
K	(3.6-5.4)	mmol/L	4.8		4.1
Cl	(95-110)	mmol/L	103		100
HCO3	(22-32)	mmol/L	23		25
An Gap	(10-20)	mmol/L	20		18
Urea	(2.5-8.0)	mmol/L	3.9		4.5
Creat	(45-90)	umol/L	60		60
eGFR	mL/min/1.73sqM		> 90		> 90
Bili	(< 15)	umol/L	8		11
AST	(< 30)	U/L	19		18
ALT	(< 30)	U/L	17		17
GGT	(< 30)	U/L	18		19
Alk Phos	(20-105)	U/L	54		73
Protein	(60-82)	g/L	75		80
Albumin	(38-50)	g/L	45	45	47
Glob	(20-39)	g/L	30		33

eGFR >=90 mL/min/1.73m^2 usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

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CLINICAL NOTES:

SERUM/PLASMA GLUCOSE

Request Number			10733822	96375345
Date Collected			23 Nov 24	21 Feb 25
Time Collected			11:49	10:03
Fasting status			Fasting	Fasting
Serum	(3.4-5.4)	mmol/L	4.5	5.3

Normal glucose concentration.

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CLINICAL NOTES:

IRON STUDIES

Request Number			96635862	10733822	96375345
Date Collected			11 Nov 24	23 Nov 24	21 Feb 25
Time Collected			12:15	11:49	10:03
Specimen Type: Serum					
Iron	(10-30)	umol/L	17	16	24
T'ferrin	(32-48)	umol/L	37	37	40
T. Sat.	(13-45)	%	23	22	31
Ferritin	(30-165)	ug/L	38	45	53

In the context of inflammation (as indicated by this patient's raised CRP) this ferritin result may indicate iron deficiency.

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Isra Medical Services	PARRAMATTA 2150	Lab Ref: 25-96375345
102a Haldon St	Phone: 0460883744	Collected: 21/02/25
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	*** URGENT ***	Reported: 05/09/25
Ref. by DR.AMER AL TAHAWI 13/103 GEORGE STREET PARRAMATTA, 2150 Phone: 0290984545		

Tests listed below * equals waiting

TESTS: Final report. Thank you for your referral.
CLINICAL NOTES:

THYROID PROFILE

Request Number	28616017	96635862	10733822	96375345
Date Collected	6 Jul 24	11 Nov 24	23 Nov 24	21 Feb 25
Time Collected	09:45	12:15	11:49	10:03
Specimen Type: Serum				
TSH (0.5-4.0) mIU/L	2.0	3.7	1.9	2.6

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

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CLINICAL NOTES:

SERUM HORMONE PROFILE

Specimen Type: Serum

Request Number	Date Collected	FSH IU/L	LH IU/L	PROG nmol/L	E2(ATEL) pmol/L	E2(BECK) pmol/L	LH/FSH Ratio
96236253	21 Aug 24			1			
96587613	4 Nov 24			31			
10733822	23 Nov 24		9.7				
96784683	2 Dec 24			2			
96030952	7 Jan 25			1			
96375345	21 Feb 25	6	16.3		145		

Reference Ranges	FSH	LH	PROG	OESTRADIOL
Follicular	2-12	2-12	0.5-4.5	100-530
Midcycle	12-30	>15		235-1300
Luteal	2-12	2-15	10.6-89.1	205-790
Menopausal	>25	>10		<100
Prepubertal	<6	<4		

PLEASE NOTE:
'E2 (ATEL)' - Oestradiol by Siemens Atellica assay
'E2 (BECK)' - Oestradiol by Beckman Access assay

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CLINICAL NOTES:

RUBELLA SEROLOGY

Rubella IgG	14	IU/mL

Consistent with past infection/vaccination and immunity to Rubella. If a recent infection (or contact during pregnancy) is suspected, suggest Rubella IgM testing.

Please note: Method changed to Abbott Alinity Rubella IgG assay effective 11/11/2024.

All testing performed on serum or plasma unless otherwise specified.

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HEPATITIS SEROLOGY

Hepatitis C Antibody	Not Detected
Hepatitis B Surface Antigen	Not Detected

No evidence of current or past Hepatitis C virus (HCV) infection. HCV antibodies may not be detected up to 6 months post exposure. Suggest sending a further sample after an appropriate interval if indicated.

No evidence of current or chronic Hepatitis B virus infection. For investigation of past infection or possible occult infection, please request hepatitis B core antibody. For investigation of immune status please request hepatitis B surface antibody.

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CLINICAL NOTES:

METHYLENETETRAHYDROFOLATE REDUCTASE (MTHFR) GENOTYPING

Specimen:
Blood

Result:
MTHFR C677T Mutation: DETECTED HETEROZYGOUS
MTHFR A1298C Mutation: DETECTED HETEROZYGOUS

Comments:
Hyperhomocysteinaemia is a risk factor for atherosclerotic arterial disease and venous thromboembolism. It is a multifactorial condition with genetic and environmental factors involved; the latter include vitamin deficiencies (B6, B12, folic acid).
Methylene tetrahydrofolate reductase (MTHFR) is an important enzyme in homocysteine metabolism for which homozygotes for the mutation C677T (Ala>Val) in MTHFR typically have elevated plasma homocysteine when folate deplete, although normal when folate replete.
Homocysteine levels in heterozygotes for the C677T mutation are indistinguishable from the normal population.
The evidence for any effect of MTHFR polymorphism is not conclusive, and testing for these genetic variants has minimal clinical utility.
Current American College of Medical Genetics and Genomics guidelines (Hickey S.E et al, Genet Med 2013: 15 (2): 153-156) recommend that MTHFR polymorphisms genotyping should not be ordered in clinical evaluation of thrombophilia, recurrent pregnancy loss or in other family members.

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CLINICAL NOTES:

C-REACTIVE PROTEIN

Request Number		96635862	10733822	96375345
Date Collected		11 Nov 24	23 Nov 24	21 Feb 25
Time Collected		12:15	11:49	10:03
Specimen Type: Serum				
CRP	(< 6.0) mg/L	5.9	**8.5**	**10.0**

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CLINICAL NOTES:

LIPID STUDIES

Request Number			96635862	10733822	96375345
Date Collected			11 Nov 24	23 Nov 24	21 Feb 25
Time Collected			12:15	11:49	10:03
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
Icterus			Nil	Nil	Nil
Lipaemia			Nil	Nil	Nil
Fasting status			Random	Fasting	Fasting
Chol	(3.6-5.2)	mmol/L	4.7	4.4	5.1
Trig	(0.5-1.7)	mmol/L	**2.1**	0.8	1.4
HDL	(1.0-2.0)	mmol/L	1.0	1.3	1.1
LDL	(1.5-3.4)	mmol/L	2.7	2.7	3.4
Non-HDL	(< 3.4)	mmol/L	**3.7**	3.1	**4.0**
Chol/HDL	(< 4.5)		**4.7**	3.4	**4.6**

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

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

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NATA ACCREDITED FOR TECHNICAL COMPETENCE

Report to:	Name: SUMAR, NARMEEN	D.O.B.: 31/08/90
DR AMER AL TAHAWI	Addr: 2606B/45 MACQUARIE ST	Sex F
Isra Medical Services	PARRAMATTA 2150	Lab Ref: 25-96375345
102a Haldon St	Phone: 0460883744	Collected: 21/02/25
LAKEMBA 2195	Your Ref: 918275130376	Time Coll: 10:03
	*** URGENT ***	Reported: 05/09/25
Ref. by DR.AMER AL TAHAWI 13/103 GEORGE STREET PARRAMATTA, 2150 Phone: 0290984545		

Tests listed below * equals waiting

TESTS: Final report. Thank you for your referral.
CLINICAL NOTES:

HAEMATOLOGY

Request Number			10733822	96375345
Date Collected			23 Nov 24	21 Feb 25
Time Collected			11:49	10:03
Specimen Type: EDTA/SERUM				
Hb	(115-165)	g/L	137	143
Hct	(0.34-0.47)		0.42	0.44
RCC	(3.9-5.8)	$x10^{12}$/L	5.1	5.4
MCV	(79-99)	fL	83	81
MCH	(27-34)	pg	27	27
MCHC	(320-360)	g/L	327	328
RDW	(10.0-17.0)	%	13.1	13.2
WBC	(4.0-11.0)	$x10^9$/L	5.8	6.1
Neut	(2.0-7.5)	$x10^9$/L	2.8	3.4
Lymph	(1.0-4.0)	$x10^9$/L	2.3	2.1
Mono	(0.2-1.0)	$x10^9$/L	0.3	0.4
Eos	(< 0.7)	$x10^9$/L	0.2	0.2
Baso	(< 0.2)	$x10^9$/L	0.1	0.1
Plat	(150-400)	$x10^9$/L	256	269
IM Screen				Negative

HAEMATOLOGY: FBC parameters are within reference range.

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PARRAMATTA, 2150		
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TESTS: Final report. Thank you for your referral.
CLINICAL NOTES:

HAEMATOLOGY

Request Number			96375345
Date Collected			21 Feb 25
Time Collected			10:03
Specimen Type: EDTA			
ESR	(< 30)	mm/hr	24

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CLINICAL NOTES:

HIV SEROLOGY

HIV 1 and 2 Ab/Ag: Negative

This result does not exclude infection with HIV virus. If serum was tested within 3 months of exposure please retest after that time.

All testing performed on serum or plasma unless otherwise specified.

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CLINICAL NOTES:

THYROID AUTOANTIBODIES

Specimen Type: Serum

Anti-Thyroglobulin Abs (aTGII)	< 1.3	IU/mL	(< 4.5)
Anti-Thyroidal Peroxidase Abs	< 28	IU/mL	(< 60)

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.

Please note that as of 08/09/2021, Laverty Pathology changed to a reformulated Atellica anti-thyroglobulin antibody (aTGII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on 9005 7000.

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CLINICAL NOTES:

SERUM CANCER ANTIGEN 125

CA 125 (Siemens)	16	U/mL	(< 35)

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CLINICAL NOTES:

AUTOIMMUNE SEROLOGY

Anti-nuclear antibodies	Negative

The ANA was negative at the screening dilution of 1:80. A negative ANA excludes lupus in 95% of cases. Consider ENA screening for patients with features of Sjogren's Syndrome (to detect antibodies to SS-A) and antibodies to cardiolipin, beta-2 glycoprotein 1, and lupus anticoagulant for patients with features of the anti-phospholipid antibody syndrome.

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TESTS: Final report. Thank you for your referral.
CLINICAL NOTES:

SERUM IMMUNOGLOBULINS

IgA	3.02	g/L	(0.40-3.50)

Note: IgA testing was done on the Roche Cobas platform from 11/05/2023 - 13/06/2023. Any testing before and after these dates were/are done on the Siemens Atellica platform. Please review reference ranges accordingly.

Reference range source: Siemens Atellica IgA_2 Instruction for Use.

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CLINICAL NOTES:

SERUM ANDROGENS

Total Testosterone (Siemens)	0.7	nmol/L	(0.5-2.2)
Sex Hormone Binding Globulin	**11**	nmol/L	(20-118)
DHEAS	3.9	umol/L	(1.9-7.3)
Calculated Free Testosterone	19.3	pmol/L	(2.7-35.0)

SHBG result is low. Causes include androgen excess, obesity, Cushings disease and hypothyroidism.

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CLINICAL NOTES:

SERUM INSULIN

Fasting status	Fasting		
Haemolysis	Nil		
Insulin	**15**	mU/L	(< 10)

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

< 10 - normal insulin sensitivity
10-14 - mild insulin resistance
> 14 - insulin resistance

Insulin results from non-fasting samples are difficult to interpret although any result >= 60 mU/L is likely to indicate insulin resistance.

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TESTS: Final report. Thank you for your referral.
CLINICAL NOTES:

VITAMIN D

Haemolysis	Nil	
Serum 25(OH) Vitamin D	96	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.

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CLINICAL NOTES:

SYPHILIS SEROLOGY

Syphilis (CMIA)	Negative

Antibodies to Treponema pallidum NOT detected by chemiluminescent immunoassay (CMIA). This result suggests either no exposure to T. pallidum or very early primary syphilis infection prior to the development of antibodies. If early infection is suspected, please repeat in 14 days.

All testing performed on serum or plasma unless otherwise specified.

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TESTS: Final report. Thank you for your referral.
CLINICAL NOTES:

COELIAC DISEASE SEROLOGY

Deamidated gliadin peptide IgA	< 1.0	FLU	(< 5.0)
Deamidated gliadin peptide IgG	2.9	FLU	(< 5.0)
Total IgA	3.02	g/L	(0.40-3.50)

No serological evidence of coeliac disease or dermatitis herpetiformis. False negative results may occur in affected individuals compliant with a gluten-free diet. Affected children aged under 5 years may also be negative for IgA- tissue transglutaminase antibodies.

All testing performed on serum or plasma unless otherwise specified.