

PYE, CHARLIE
38 GEORGE ST, MAYFIELD EAST. 2304
Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00026138 Lab Reference: 21-10472483-TOF-0
Laboratory: Lavery Pathology
Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD
Name of Test: TO FOLLOW TESTS (TOF-0)
Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021
12:13

To Follow -

Please be advised that the following test(s) listed below will follow with a new episode number. The patient was unable to provide sample(s) at the initial referral and has been advised to return to complete the tests.

Thank you for your referral.

CAL - FAECAL CALPROTECTIN

Requested Tests : VBF*, TOF, TFT*, GLU*, ESR*, CRP*, MBA*, IMM*, FE*, FBE*, COE*

PYE, CHARLIE
38 GEORGE ST, MAYFIELD EAST. 2304
Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00015466 Lab Reference: 20-25104307-FMC-0
Laboratory: Laverty Pathology
Addressee: DR BIANCA SHERIDAN Referred by: DR BIANCA SHERIDAN

Name of Test: FAECES MICROBIOLOGY (FMC-0)
Requested: 30/12/2020 Collected: 31/12/2020 Reported: 02/01/2021
10:02

Clinical notes: vomiting, Abdo pain.

Clinical Notes : vomiting, Abdo pain.

	<u>FAECES EXAMINATION</u>
Specimen	1
Appearance	Unformed
MICROSCOPY	
Concentrate Microscopy	Blastocystis hominis

CULTURE Salmonella, Shigella and Campylobacter NOT isolated.

Blastocystis hominis : Pathogenicity has not been established.
Antimicrobial treatment often does not clear the organism but may disrupt
gut flora. If symptomatic, other causes should be excluded before
considering treatment (for example with metronidazole). Asymptomatic
screening is not recommended.

Requested Tests : FMP*, FMC

PYE, CHARLIE
38 GEORGE ST, MAYFIELD EAST. 2304
Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00015466 Lab Reference: 20-25104307-FMP-0
Laboratory: Laverty Pathology
Addressee: DR BIANCA SHERIDAN Referred by: DR BIANCA SHERIDAN

Name of Test: FAECAL MULTIPLEX PCR (FMP-0)
Requested: 30/12/2020 Collected: 31/12/2020 Reported: 02/01/2021
13:27

Clinical notes: vomiting, Abdo pain.

Clinical Notes : vomiting, Abdo pain.

FAECAL MULTIPLEX PCR

Parasites

Entamoeba histolytica DNA	Not Detected
Giardia species DNA	Not Detected
Dientamoeba species DNA	DETECTED *
Cryptosporidium species DNA	Not Detected
Blastocystis species DNA	DETECTED *

Bacteria

Yersinia enterocolitica DNA	Not Detected
Campylobacter species DNA	Not Detected
Shigella / Enteroinvasive E. Coli	Not Detected
Salmonella species DNA	Not Detected
Aeromonas species DNA	Not Detected

Dientamoeba fragilis: Pathogenicity has not been established.
Antimicrobial treatment often does not clear the organism but may disrupt gut flora. If symptomatic, other causes should be excluded before considering treatment (for example with metronidazole). Asymptomatic screening is not recommended.

Blastocystis hominis : Pathogenicity has not been established.
Antimicrobial treatment often does not clear the organism but may disrupt gut flora. If symptomatic, other causes should be excluded before considering treatment (for example with metronidazole). Asymptomatic screening is not recommended.

Requested Tests : FMP, FMC

PYE, CHARLIE
38 GEORGE ST, MAYFIELD EAST. 2304
Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00016202 Lab Reference: 21-25273957-HPA-0
Laboratory: Laverty Pathology
Addressee: DR EMMA MATHER Referred by: DR EMMA MATHER

Name of Test: HELICO PYLORI FAECES AG (HPA-0)
Requested: 20/01/2021 Collected: 04/02/2021 Reported: 09/02/2021
12:53

HELICOBACTER PYLORI FAECES ANTIGEN

Specimen: Faeces

Helicobacter pylori Antigen (Liaison XL): Not detected

Comment: Antibiotics and proton pump inhibitors (and bismuth preparations) suppress H. pylori and their ingestion may cause a false negative result. Therefore H. pylori faecal antigen testing should be performed 2 weeks after cessation of proton pump inhibitors and 4 weeks after cessation of antibiotics.

Requested Tests : HPA

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Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00026138 Lab Reference: 21-10472483-CRP-0
Laboratory: Lavery Pathology
Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD
Name of Test: C-REACTIVE PROTEIN (CRP-0)
Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021
12:34

C-REACTIVE PROTEIN

Specimen Type: Serum
Serum CRP

< 4.0 mg/L (< 6.0)

Requested Tests : VBF*, TOF, TFT*, GLU*, ESR*, CRP, MBA, IMM*, FE*, FBE*, COE*

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 Phone: 0419015575
 Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
 Your Reference: 00026138 Lab Reference: 21-10472483-MBA-0
 Laboratory: Laverty Pathology
 Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD

Name of Test: SERUM CHEMISTRY (MBA-0)
 Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021
 12:34

<u>SERUM CHEMISTRY</u>			
Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	138	mmol/L	(134-145)
Potassium	4.0	mmol/L	(3.8-5.5)
Chloride	103	mmol/L	(95-110)
Bicarbonate	25	mmol/L	(22-32)
Anion Gap	14	mmol/L	(10-20)
Urea	5.9	mmol/L	(2.5-5.4)
Creatinine	45	umol/L	(20-60)
Bilirubin	6	umol/L	(< 12)
AST	39	U/L	(< 40)
ALT	26	U/L	(< 30)
GGT	12	U/L	(< 20)
Alkaline Phosphatase	275	U/L	(85-350)
Protein	67	g/L	(63-84)
Albumin	44	g/L	(38-50)
Globulin	23	g/L	(20-38)
Calcium	2.40	mmol/L	(2.20-2.70)
Corrected Calcium	2.38	mmol/L	(2.20-2.70)
Phosphate	1.61	mmol/L	(1.20-1.80)
Magnesium	0.97	mmol/L	(0.70-1.10)

Paediatric reference intervals are guidelines only.

Requested Tests : VBF*, TOF, TFT*, GLU*, ESR*, CRP, MBA, IMM*, FE*, FBE*, COE*

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Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00026138 Lab Reference: 21-10472483-GLU-0
Laboratory: Lavery Pathology
Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD

Name of Test: GLUCOSE (GLU-0)
Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021
12:48

	<u>SERUM/PLASMA GLUCOSE</u>
Fasting status	Random
Serum	5.2 mmol/L (3.4-7.7)

Requested Tests : VBF*, TOF, TFT*, GLU, ESR*, CRP, MBA, IMM*, FE*, FBE*, COE*

PYE, CHARLIE

38 GEORGE ST, MAYFIELD EAST. 2304

Phone: 0419015575

Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189

Your Reference: 00026138 Lab Reference: 21-10472483-FBE-0

Laboratory: Lavery Pathology

Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD

Name of Test: HAEMATOLOGY (FBE-0)

Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021
13:15

HAEMATOLOGY			
Hb	126 g/L	(115-150)	WBC 6.8 x10 ⁹ /L (4.0-12.5)
RCC	4.5 x10 ¹² /L	(3.9-5.6)	Neut 2.9 x10 ⁹ /L (1.5-8.0)
Hct	0.36	(0.33-0.45)	Lymp 3.1 x10 ⁹ /L (1.5-5.5)
MCV	80 fL	(75-90)	Mono 0.5 x10 ⁹ /L (0.2-1.0)
MCH	28 pg	(25.0-31.0)	Eos 0.3 x10 ⁹ /L (< 0.7)
MCHC	349 g/L	(320-360)	Baso 0.1 x10 ⁹ /L (< 0.2)
RDW	12.1 %	(10.0-17.0)	
Plat	476 x10 ⁹ /L	(150-480)	

HAEMATOLOGY: No significant haematological changes seen since the previous FBC

Requested Tests : VBF*, TOF, TFT*, GLU, ESR*, CRP, MBA, IMM*, FE*, FBE, COE*

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Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00026138 Lab Reference: 21-10472483-FE-0
Laboratory: Laverty Pathology
Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD

Name of Test: IRON STUDIES (FE-0)
Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021
17:06

<u>IRON STUDIES</u>			
Specimen Type: Serum			
Serum Iron	20	umol/L	(5-17)
Transferrin	33	umol/L	(27-46)
Transferrin Saturation	31	%	(13-45)
Serum Ferritin	12	ug/L	(20-150)
Paediatric reference intervals are guidelines only.			

Although the transferrin saturation is normal, the mildly reduced ferritin suggests iron deficiency.

Requested Tests : VBF*, TOF, TFT, GLU, ESR*, CRP, MBA, IMM, FE, FBE, COE*

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Phone: 0419015575
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Your Reference: 00026138 Lab Reference: 21-10472483-IMM-0
Laboratory: Lavery Pathology
Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD

Name of Test: IMMUNOGLOBULINS (IMM-0)
Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021
17:06

SERUM IMMUNOGLOBULINS

IgA 0.90 g/L (0.33-2.00)

Requested Tests : VBF*, TOF, TFT, GLU, ESR*, CRP, MBA, IMM, FE, FBE, COE*

PYE, CHARLIE

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Phone: 0419015575

Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189

Your Reference: 00026138 Lab Reference: 21-10472483-TFT-0

Laboratory: Laverty Pathology

Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD

Name of Test: THYROID FUNCTION TEST (TFT-0)

Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021

17:06

THYROID PROFILE

Specimen Type: Serum

TSH

3.0 mIU/L

(0.8-5.4)

Result(s) consistent with euthyroidism.

Requested Tests : VBF*, TOF, TFT, GLU, ESR*, CRP, MBA, IMM, FE, FBE, COE*

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 38 GEORGE ST, MAYFIELD EAST. 2304
 Phone: 0419015575
 Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
 Your Reference: 00026138 Lab Reference: 21-10472483-VBF-0
 Laboratory: Lavery Pathology
 Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD
 Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
 Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021
 17:09

VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	496	pmol/L	(301-740)
Serum Folate	51.5	nmol/L	(> 9.0)

Folate Interpretation:

	DEFICIENCY	BORDERLINE	SUFFICIENCY
Serum Folate:	<4.5 nmol/L	4.5 - 9.0 nmol/L	>9.0 nmol/L
RBC Folate:	<340 nmol/L	340 - 570 nmol/L	>570 nmol/L

Serum Folate Assay:

In the absence of recent oral intake, a serum folate >9.0 nmol/L effectively rules out folate deficiency.

Please note that Medicare requirements for folate testing reflect current best practice. Red cell folate will be reserved for patients with borderline values for serum folate (between 4.5 and 9.0 nmol/L.)

Requested Tests : VBF, TOF, TFT, GLU, ESR*, CRP, MBA, IMM, FE, FBE, COE*

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Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00026138 Lab Reference: 21-10472483-ESR-0
Laboratory: Lavery Pathology
Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD

Name of Test: E.S.R (ESR-0)
Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021
17:44

HAEMATOLOGY
Request Number 10472483
Date Collected 27 Jul 21
Time Collected 00:00
Specimen Type: EDTA
ESR (< 30) mm/hr 2

Requested Tests : VBF, TOF, TFT, GLU, ESR, CRP, MBA, IMM, FE, FBE, COE*

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Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00026138 Lab Reference: 21-10472483-COE-0
Laboratory: Laverty Pathology
Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD
Name of Test: COELIAC MASTER PANEL (COE-0)
Requested: 23/07/2021 Collected: 27/07/2021 Reported: 27/07/2021
21:07

COELIAC DISEASE SEROLOGY

Deamidated gliadin peptide IgG	< 1 U/mL	(< 15)
Total IgA	0.90 g/L	(0.33-2.00)
Transglutaminase IgA	< 1 U/mL	(< 15)

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.

Requested Tests : VBF, TOF, TFT, GLU, ESR, CRP, MBA, IMM, FE, FBE, COE

PYE, CHARLIE
38 GEORGE ST, MAYFIELD EAST. 2304
Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00026142 Lab Reference: 21-11772548-FMP-0
Laboratory: Laverty Pathology
Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD
Name of Test: FAECAL MULTIPLEX PCR (FMP-0)
Requested: 23/07/2021 Collected: 27/07/2021 Reported: 28/07/2021
12:52

FAECAL MULTIPLEX PCR

Parasites

Entamoeba histolytica DNA	Not Detected
Giardia species DNA	Not Detected
Dientamoeba species DNA	DETECTED *
Cryptosporidium species DNA	Not Detected
Blastocystis species DNA	DETECTED *

Bacteria

Yersinia enterocolitica DNA	Not Detected
Campylobacter species DNA	Not Detected
Shigella / Enteroinvasive E. Coli	Not Detected
Salmonella species DNA	Not Detected
Aeromonas species DNA	Not Detected

Dientamoeba fragilis: Pathogenicity has not been established.
Antimicrobial treatment often does not clear the organism but may disrupt gut flora. If symptomatic, other causes should be excluded before considering treatment (for example with metronidazole). Asymptomatic screening is not recommended.

Blastocystis hominis : Pathogenicity has not been established.
Antimicrobial treatment often does not clear the organism but may disrupt gut flora. If symptomatic, other causes should be excluded before considering treatment (for example with metronidazole). Asymptomatic screening is not recommended.

Requested Tests : FMP, FMC*, CDP*

PYE, CHARLIE
38 GEORGE ST, MAYFIELD EAST. 2304
Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00026142 Lab Reference: 21-11772548-CDP-0
Laboratory: Laverty Pathology
Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD

Name of Test: C.DIFFICILE PCR (CDP-0)
Requested: 23/07/2021 Collected: 27/07/2021 Reported: 28/07/2021
12:55

C. difficile PCR

Specimen type	Faeces
Toxigenic C. difficile	Not Detected

Requested Tests : EMP, FMC*, CDP

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Phone: 0419015575
Birthdate: 06/06/2014 Sex: M Medicare Number: 2550926189
Your Reference: 00026142 Lab Reference: 21-11772548-FMC-0
Laboratory: Laverty Pathology
Addressee: DR ROBERT HUNGERFORD Referred by: DR ROBERT HUNGERFORD
Name of Test: FAECES MICROBIOLOGY (FMC-0)
Requested: 23/07/2021 Collected: 27/07/2021 Reported: 29/07/2021
10:45

	<u>FAECES EXAMINATION</u>
Specimen	1
Appearance	Unformed
MICROSCOPY	
Concentrate Microscopy	Blastocystis hominis

CULTURE Salmonella, Shigella and Campylobacter NOT isolated.

Blastocystis hominis : Pathogenicity has not been established.
Antimicrobial treatment often does not clear the organism but may disrupt
gut flora. If symptomatic, other causes should be excluded before
considering treatment (for example with metronidazole). Asymptomatic
screening is not recommended.

Requested Tests : EMP, FMC, CDP