

DHM - Reference No: 849766964 Status: F

Patient: Kylie CASSIN **Linked by:** Alice Cuthbert
DOB: 06/06/1979 **Message:** **Action Required**
Address: 408/156 Terrigal Drive TERRIGAL 2260
Ordered by: Assoc Prof Glenn REEVES on 20/08/2020
Copy to: Dr Carol Weber
Collected: 09/01/2021 - 9:31 AM **Notified by:** on 00/00/0000
Reported: 12/01/2021 **Message:**

S.... RX NO BLODD THINNER

Clinical Notes : S.... RX NO BLODD THINNER

Leucocyte Surface Antigen Characterisation

Specimen type Peripheral blood
 Antibody Panel CD3, CD4+CD20, CD5, CD8+Kappa, CD10, CD19, CD23, CD56+Lambda, CD38, CD45

White Cell Count		4.0	x10 ⁹ /L	(4.0 - 11.0)
Lymphocytes	34 %	1.4	x10 ⁹ /L	(1.0 - 4.0)
CD3 T Cells	80 %	1.12	x10 ⁹ /L	(0.7 - 2.1)
CD4 T Cells	58 %	0.81	x10 ⁹ /L	(0.4 - 1.4)
CD8 T Cells	17 %	0.24	x10 ⁹ /L	(0.2 - 0.9)
CD4/CD8 Ratio		H 3.41		(1.0 - 3.0)
CD16/56 NK Cells	14 %	0.20	x10 ⁹ /L	(0.05 - 0.6)
CD19 B Cells	6 %	0.08	x10 ⁹ /L	(0.05 - 0.5)
CD20 B Cells	6 %	0.08	x10 ⁹ /L	
Kappa Light Chains	3.2%	0.04	x10 ⁹ /L	
Lambda Light Chains	2.2%	0.03	x10 ⁹ /L	
Kappa/Lambda Ratio		1.5		

Comment on Lab ID 849766964

The total lymphocyte count and distribution of the T-cells, B-cells and natural killer cells are within normal limits.
 The B-cells appear polyclonal and show no obvious aberrant antigen expression.

CONCLUSION:

There is no phenotypic evidence of a lymphoproliferative disorder by flow cytometry.

Supervising Pathologist: FH

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),
 Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
 HbA1c Diag(e), CortR(s), INR(c), Lupus report, FBC(e),
 LSM-BL(e), MSU

Tests Pending :

Sample Pending :

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CORTISOL

Date	25/06/16	09/01/21		
Time	0950	0931		
Lab ID	275238596	849766964	Units	Reference
Cortisol	171	306	nmol/L	(70-650)
Collection Time		0931	Hrs	

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),
 Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
 HbA1c Diag(e), CortR(s), INR(c), Lupus report, FBC(e), MSU

Tests Pending : LSM-BL(e)

Sample Pending :

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Urine

pH	7	Protein	Nil	Glucose	Nil
Blood	Trace	Ketones	Nil		
Specific gravity	1.014	(1.005 - 1.030)			

Microscopy

Leucocytes	H 28	x10*6/L	(	<10	)
Erythrocytes	0	x10*6/L	(	<10	)
Epithelial cells	37	x10*6/L			

Culture Mixed growth of bowel and/or perineal flora

Comment on Lab ID 849766964

While a predominant pathogen has not been identified urinary tract
 infection has not been excluded. A repeat collection is recommended.

Supervising Pathologist: MW

FINAL REPORT - Updated on 11/01/2021 at 10:40

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),

Iron(s),Ca(s),CK(s),CRP(s),Mg(s),Vit D(s),TSH(s),
HbA1c Diag(e),INR(c),Lupus report,FBC(e),MSU

Tests Pending : CortR(s),LSM-BL(e)

Sample Pending :

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Lupus Anticoagulant

Lupus Anticoagulant-Dilute Russell Viper Venom Time (DRVVT)

Patient DRVVT	37	s	(32 - 46)
Control DRVVT	37	s	
Ratio	1.0		
APTT Ratio	0.94		(<1.12)

Comment on Lab ID 849766964

Lupus anticoagulant not detected

Supervising Pathologist: FH

NATA Accreditation No 2178

Tests Completed: B12(s),Fol(s),LFT(s),Lipids(s),C(s),UCreat(s),E(s),
 Iron(s),Ca(s),CK(s),CRP(s),Mg(s),Vit D(s),TSH(s),
 HbA1c Diag(e),INR(c),Lupus report,FBC(e),MSU

Tests Pending : CortR(s),LSM-BL(e)

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HAEMATOLOGY

Date	29/04/19	27/05/20	27/05/20	09/01/21	
Time F-Fast	1354	0800 F	0810 F	0931	
Lab ID	296167756	844931781	844931780	849766964	Units Reference

Haemoglobin	134	142	142	134	g/L	(119-160)
RCC	4.6	4.7	4.7	4.5	x10*12/L	(3.8-5.8)
Haematocrit	0.42	0.41	0.41	0.41		(0.35-0.48)
MCV	90	86	86	91	fL	(80-100)
MCH	29.2	30.3	30.3	29.6	pg	(27.0-32.0)
MCHC	323	351	351	326	g/L	(310-360)
RDW	12.5	12.3	12.3	12.3		(10.0-15.0)
WCC	8.1	4.6	4.6	4.0	x10*9/L	(4.0-11.0)
Neutrophils	5.49	2.30	2.30	2.03	x10*9/L	(2.0-7.5)
Lymphocytes	1.60	1.62	1.62	1.36	x10*9/L	(1.0-4.0)
Monocytes	0.68	0.35	0.35	0.34	x10*9/L	(0.0-1.0)
Eosinophils	0.29	0.26	0.26	0.28	x10*9/L	(0.0-0.5)
Basophils	0.03	0.02	0.02	0.03	x10*9/L	(0.0-0.3)
NRBC	<1.0	<1.0	<1.0	<1.0	/100 WBC	(<1)
Platelets	275	171	171	182	x10*9/L	(150-450)
ESR		4			mm/h	(1-25)

Comments on Collection 09/01/21 0931:
Full blood count is within reference limits

Supervising Pathologist: FH

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),
Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
HbA1c Diag(e), INR(c), FBC(e)

Tests Pending : CortR(s), Lupus report, LSM-BL(e), MSU

Sample Pending :

DHM - Reference No: 849766964 Status: P

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Clinical Notes : S.... RX NO BLODD THINNER

Urine

pH	7	Protein	Nil	Glucose	Nil
Blood	Trace	Ketones	Nil		
Specific gravity	1.014		(1.005 - 1.030)		

Microscopy

Leucocytes	H 28	x10*6/L	(	<10	)
Erythrocytes	0	x10*6/L	(	<10	)
Epithelial cells	37	x10*6/L			

Culture Culture proceeding

Comment on Lab ID 849766964

Further report to follow.

Supervising Pathologist: MW

*** The above result is provisional. Finalised report to follow. ***

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),
Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
HbA1c Diag(e), INR(c)

Tests Pending : CortR(s), Lupus report, FBC(e), LSM-BL(e), MSU

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International Normalised Ratio

PT 13 s (9 - 13)
 INR 1.1

Comment on Lab ID 849766964

The INR is derived from the prothrombin time and is applicable to patients on warfarin.

For patients not on warfarin the INR reference range is 0.9 - 1.2.

Supervising Pathologist: FH

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),
Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
HbA1c Diag(e), INR(c)

Tests Pending : CortR(s), Lupus report, FBC(e), LSM-BL(e), MSU

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HbA1c

Date 28/06/10 20/11/12 09/01/21

Time F-Fast	0714	0715 F	0931		
Lab ID	203983108	238827955	849766964	Units	Reference
HbA1c (IFCC)			28	mmol/mol	(20-38)
HbA1c	4.7	4.5	4.7	%	(4.0-5.6)

Comments on Collection 09/01/21 0931:

HbA1c less than 48 mmol/mol (6.5%) does not exclude a diagnosis of diabetes mellitus based upon elevated glucose results. The existing diagnostic criteria for fasting and random glucose levels and for oral glucose tolerance testing remain valid, and are the diagnostic tests of choice for gestational diabetes, type 1 diabetes and in the presence of conditions that interfere with HbA1c measurement. Conditions which may affect the measured HbA1c value include any of the haemolytic anaemias, anaemia of chronic disease, severe liver disease, vitamin B12 and/or folate deficiency, the haemoglobinopathies and regular phlebotomy performed for medical indications or for blood donation.

It also should be noted that further investigation is required for any inexplicably low HbA1c level or significant discrepancy between HbA1c and glucose results.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),
Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
HbA1c Diag(e), INR(c)

Tests Pending : CortR(s), Lupus report, FBC(e), LSM-BL(e), MSU

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TFT

Date	29/04/19	27/05/20	27/05/20	09/01/21		
Time F-Fast	1354	0800 F	0810 F	0931		
Lab ID	296167756	844931781	844931780	849766964	Units	Reference
TSH	1.29	1.49	1.49	1.73	mIU/L	(0.40-3.50)
Free T4	15.4				pmol/L	(9.0-19.0)
Free T3	4.0				pmol/L	(2.6-6.0)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),
Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
HbA1c Diag(e), INR(c)

Tests Pending : CortR(s), Lupus report, FBC(e), LSM-BL(e), MSU

Sample Pending :

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Date	30/06/18	29/04/19	27/05/20	09/01/21		
Time F-Fast	0924	1354	0800 F	0931		
Lab ID	278518405	296167756	844931781	849766964	Units	Reference
Vitamin D	L 33	126	71	65	nmol/L	(50-140)

Comments on Collection 09/01/21 0931:

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):686-687, 2012, Vitamin D status is defined as:

Mild Deficiency	30	-	49 nmol/L
Moderate Deficiency	12.5	-	29 nmol/L
Severe Deficiency	<12.5		nmol/L

Vitamin D adequacy can be defined as a level >49 nmol/L at the end of winter - the level may need to be 10 - 20 nmol/L higher at the end of summer, to allow for seasonal decrease.

From 1st November 2014, Medicare rebates for vitamin D testing will apply to patients at risk of Vitamin D deficiency such as chronic lack of sun exposure.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),
 Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
 HbA1c Diag(e), INR(c)

Tests Pending : CortR(s), Lupus report, FBC(e), LSM-BL(e), MSU

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IRON

Date	30/06/18	29/04/19	27/05/20	09/01/21		
Time F-Fast	0924	1354	0800 F	0931		
Lab ID	278518405	296167756	844931781	849766964	Units	Reference
Iron	10.8	10.1	16.8	17.1	umol/L	(5.0-30.0)
Transferrin	2.7	2.3	2.5	3.1	g/L	(2.0-3.6)
TIBC (Calc)	60	52	56	68	umol/L	(46-77)
Saturation	18	19	30	25	%	(10-45)
Ferritin	20	60	53	15	ug/L	(15-200)

Comments on Collection 09/01/21 0931:

Serum ferritin levels between 15-30 ug/L may reflect depleted iron stores and iron therapy may be indicated.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

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Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
HbA1c Diag(e), INR(c)

Tests Pending : CortR(s), Lupus report, FBC(e), LSM-BL(e), MSU

Sample Pending :

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BIOCHEMISTRY

Date	29/04/19	27/05/20	27/05/20	09/01/21		
Time F-Fast	1354	0800 F	0810 F	0931		
Lab ID	296167756	844931781	844931780	849766964	Units	Reference
Status		Fasting	Fasting	Random		
Sodium	141	142	142	139	mmol/L	(135-145)
Potassium	3.8	4.0	4.0	3.8	mmol/L	(3.5-5.5)
Chloride	103	105	105	104	mmol/L	(95-110)
Bicarbonate	29	24	24	26	mmol/L	(20-32)
Urea	3.8	4.8	4.8	6.1	mmol/L	(2.5-7.0)
Creatinine	80	65	65	70	umol/L	(45-85)
eGFR	83	>90	>90	>90	mL/min/1.73m2	(>59)
Calcium		2.24	2.24	2.21	mmol/L	(2.15-2.55)
Corr Calcium		2.18	2.18	2.19	mmol/L	(2.15-2.55)
Magnesium.		0.84	0.84	0.79	mmol/L	(0.65-1.00)
Bili.Total	4	9	9	10	umol/L	(3-15)
ALP	70	59	59	72	U/L	(20-105)
GGT	21	12	12	14	U/L	(5-35)
LD	168	149	149	150	U/L	(120-250)
AST	24	22	22	21	U/L	(10-35)
ALT	30	15	15	26	U/L	(5-30)
Total Protein	72	75	75	72	g/L	(68-85)
Albumin	42	46	46	44	g/L	(37-48)
Globulin	30	29	29	28	g/L	(23-39)
Cholesterol			H 5.7	4.9	mmol/L	(3.9-5.5)

Triglycerides	0.7	1.0	mmol/L	(0.5-1.7)
CK		67	U/L	(30-150)

Comments on Collection 09/01/21 0931:

eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see [Click here](#)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),
Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
HbA1c Diag(e), INR(c)

Tests Pending : CortR(s), Lupus report, FBC(e), LSM-BL(e), MSU

Sample Pending :

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VIT B12 & FOLATE

Date	29/04/19	27/05/20	27/05/20	09/01/21		
Time F-Fast	1354	0800 F	0800	0931		
Lab ID	296167756	844931781	844931782	849766964	Units	Reference
Vitamin B12	H 2446	H 1617	H 1617	H 1143	pmol/L	(135-650)
S.Fol (Abbott)		36.2	36.2	38.8	nmol/L	(>7.0)
RBC Fol (Abbott)			1005		nmol/L	(>150)

Comments on Collection 09/01/21 0931:

From 8 March 2014, active B12 (holotranscobalamin) testing will be performed on all patients with low or equivocal (at or below 340 pmol/L) total B12 results. Both tests are eligible for a Medicare rebate under these circumstances.

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: B12(s), Fol(s), LFT(s), Lipids(s), C(s), UCreat(s), E(s),
Iron(s), Ca(s), CK(s), CRP(s), Mg(s), Vit D(s), TSH(s),
HbA1c Diag(e), INR(c)

Tests Pending : CortR(s), Lupus report, FBC(e), LSM-BL(e), MSU

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Copy to: Dr Carol Weber**Collected:** 09/01/2021 - 9:31 AM**Notified by:** on 00/00/0000**Reported:** 09/01/2021**Message:**

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Clinical Notes : S.... RX NO BLODD THINNER

Date	08/12/18	27/05/20	27/05/20	09/01/21		
Time F-Fast	0843	0800 F	0810 F	0931		
Lab ID	294698098	844931781	844931780	849766964	Units	Reference
CRP	1.7	0.9	0.9	1.1	mg/L	(0.0-5.0)

Supervising Pathologist: GC, NT

NATA Accreditation No 2178

Tests Completed: LFT(s), Lipids(s), C(s), UCreat(s), E(s), Ca(s), CK(s), CRP(s)

Tests Pending : B12(s), Fol(s), Iron(s), Mg(s), Vit D(s), TSH(s),
HbA1c Diag(e), CortR(s), INR(c), Lupus report, FBC(e),
LSM-BL(e), MSU

Sample Pending :

NSW HEALTH PATHOLOGY - NORTH - Reference No: 401282845 Status: F

Patient: Kylie Louise CASSIN**Linked by:** Alice Cuthbert**DOB:** 06/06/1979**Message:** Action Required**Address:** 408/156 Terrigal Drive TERRIGAL 2260**Ordered by:** DR GLENN REEVES on 08/01/2021**Collected:** 08/01/2021 - 2:45 PM**Notified by:** on 00/00/0000**Reported:** 15/02/2021**Message:**

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:

Not provided

Away comment

Neuronal Ab PCA1:Not Detected
 Neuronal Ab PCA2:Not Detected
 Neuronal Ab ANNA-1 (Hu):Not Detected
 Neuronal Ab ANNA-2 (Ri):Not Detected
 Neuronal Ab Ma 1:Not Detected
 Neuronal Ab Ma 2:Not Detected
 Neuronal Ab CV2 (CRMP5):Not Detected
 Neuronal Ab Amphiphysin:Not Detected
 Neuronal Ab Tr:Not Detected
 Neuronal Ab Sox-1:Not Detected

The specificity of antibodies detected by immunofluorescence against neuronal antigens is confirmed using a Nitrocellulose Immunoblot, consisting of the following recombinant antigens: GAD65, HuD, Yo, Ri, CV-2(CRMP5), Sox-1, Amphiphysin, Ma-1 and Ma-2.

Neuronal antibody testing is performed at Westmead Hospital, Sydney.
 R.RANGE

Neuronal cell Antibody See comment below

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Ordered by: DR GLENN REEVES on 08/01/2021
Collected: 08/01/2021 - 2:45 PM **Notified by:** on 00/00/0000
Reported: 12/01/2021 **Message:**

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
 Not provided

Gluten comment

Transglutaminase IgA	5	CU	R.RANGE < 20
Gliadin IgG (deamidated)	< 3	CU	< 20

NSW HEALTH PATHOLOGY - NORTH - Reference No: 401282845 Status: F
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Reported: 13/01/2021 **Message:**

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
 Not provided

Endo comment

Anti-GAD antibody - JHH	< 5	IU/ml	R.RANGE < 10
Anti-IA2 Ab (JHH site)	< 10	IU/ml	< 10
Islet cell Antibody	Negative		

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Reported: 12/01/2021 **Message:**

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

Rheumatoid factor (RF)	< 15	IU/ml	R.RANGE < 30
Auto comment			
Ribosomal p	Negative		
CCP antibodies	< 1	U/ml	< 5

NSW HEALTH PATHOLOGY - NORTH - Reference No: 401282845 Status: F

Patient: Kylie Louise CASSIN **Linked by:** Alice Cuthbert

DOB: 06/06/1979 **Message:** **Action Required**

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Reported: 13/01/2021 **Message:**

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

ANA/Autoantibodies

Specimen Type: Blood

Collected: 14:45 08-Jan-21 MRN: CC0496171

Lab Number:

Deamid. Gliadin IgG (CIA)	< 3	CU	(< 20)
Transglutaminase IgA (CIA)	5	CU	(< 20)
Anti-CCP IgG Ab	< 1	U/ml	(< 5)
Anti-GAD antibody (EIA)	< 5	IU/ml	(< 10)

ANA DETECTED

ANA Titre 1 1:80

ANA pattern 1 Nucleolar

dsDNA (ELISA) Negative

ENA screen (11 antigens) Negative

RIBOP Negative

Myeloperoxidase < 1

Proteinase 3 < 1

ANCA Result Negative

Cardiolipin IgG-CIA	3	U/ml	(< 20)
Cardiolipin IgG	Negative		
Anti-B2GP1	< 6	U/ml	(< 20)

COMMENT

ANA comment - A Nucleolar pattern is associated with Systemic Sclerosis, Myositis or Systemic Lupus Erythematosus, but is not specific for these. Clinical features and other pathology (such as ENA, dsDNA) may clarify the significance of this result.

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NSWHP - Pathology Report

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Clinical Notes:
Not provided

Gluten comment

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Gliadin IgG (deamidated)	< 3	CU	< 20

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NSWHP - Pathology Report

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Clinical Notes:
Not provided

			R.RANGE
Rheumatoid factor (RF)	< 15	IU/ml	< 30
Auto comment			
Ribosomal p	Negative		
CCP antibodies	< 1	U/ml	< 5

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NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

R.RANGE

IgA	3.3	g/L	0.70 - 4.0
IgM	1.4	g/L	0.40 - 2.3

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Reported: 11/01/2021 **Message:**

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
IgG1	6.63	g/L	4.05 - 10.11
IgG2	2.75	g/L	1.69 - 7.86
IgG3	0.24	g/L	0.11 - 0.85
IgG4	0.53	g/L	0.03 - 2.01

Igs COMMENT

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Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

Gluten comment

			R.RANGE
Transglutaminase IgA	5	CU	< 20
Gliadin IgG (deamidated)	< 3	CU	< 20

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NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

Electrophoresis

Specimen Type:	Blood		
Collected:	14:45 08-Jan-21	MRN:	CC0496171
Lab Number:			
Total Protein	72	g/L	(60 - 83)
Albumin (CZE)	46	g/L	(36 - 53)
Alpha-1 globulins	2	g/L	(2 - 4)
Alpha-2 globulins	6	g/L	(5 - 9)
Beta globulins	8	g/L	(5 - 11)
Gamma globulins	10	g/L	(7 - 15)
Abn.band 1 (Gel)		g/L	(< 0)
Abn.band 1		g/L	
Abn.band 2 (Gel)		g/L	(< 0)
Abn.band 2		g/L	
Abn.band 3		g/L	
Abn.band 3 (Gel)		g/L	(< 0)
Paraprotein 1		g/L	
Paraprotein 2		g/L	
Paraprotein 3		g/L	
Kappa FLC (N-latex)	11.60	mg/L	(6.70 - 22.40)
Lambda FLC (N-latex)	13.40	mg/L	(8.30 - 27.00)
FLC Kap/Lam ratio	0.87	Ratio	(0.31 - 1.56)
IgA	3.3	g/L	(0.70 - 4.0)
IgG	10.7	g/L	(7.0 - 16.0)
IgM	1.4	g/L	(0.40 - 2.3)
IgE (Total)	123	kU/L	(2 - 214)
IgG1	6.63	g/L	(4.05 - 10.11)
IgG2	2.75	g/L	(1.69 - 7.86)
IgG3	0.24	g/L	(0.11 - 0.85)
IgG4	0.53	g/L	(0.03 - 2.01)
Complement C3	1.15	g/L	(0.83 - 1.93)
Complement C4	0.35	g/L	(0.15 - 0.57)
Rheumatoid factor	< 15	IU/ml	(< 30)

COMMENT

EPG Comment: No obvious paraprotein band detected on EPG. FLC comment: Serum free light chain levels within normal limits.

NSW HEALTH PATHOLOGY - NORTH - Reference No: 401282845		Status: F
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Collected:	08/01/2021 - 2:45 PM	Notified by: on 00/00/0000
Reported:	12/01/2021	Message:

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:

Not provided

Rheumatoid factor (RF)	< 15	IU/ml	R.RANGE < 30
Auto comment			
Ribosomal p	Negative		
CCP antibodies	< 1	U/ml	< 5

NSW HEALTH PATHOLOGY - NORTH - Reference No: 401282845 Status: F
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NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
Complement C3	1.15	g/L	0.83 - 1.93
Complement C4	0.35	g/L	0.15 - 0.57
Comment			

NSW HEALTH PATHOLOGY - NORTH - Reference No: 401282845 Status: F
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NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

Routine Comment

			R.RANGE
Alpha-1-Antitrypsin	1.66	g/L	0.90 - 2.00

NSW HEALTH PATHOLOGY - NORTH - Reference No: 401282845 Status: F
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NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
IgE (Total)	123	kU/L	2 - 214
CAP - D.pteronys	9.0	kUA/L	< 0.3
CAP - Mould mix	0.8	kUA/L	< 0.3
CAP - Staple food mix	< 0.1	kUA/L	< 0.3
Tryptase	5.6	ug/L	< 11.0
CAP comment			

Reactivity to a carbohydrate epitope, galactose-alpha-1-3-galactose (alpha-gal) has been reported to be associated with tick anaphylaxis as well as reactions to various red meats. Symptoms may be delayed compared with typical IgE mediated reactions. Studies in the US identified that 1-3% of the population in tick prone areas may have IgE antibodies to alpha-gal. Correlation with an allergy focused history is required.

CAP - Aust. Pollen mix	1.4	kUA/L	< 0.3
CAP - Gal-alpha-1,3-Gal	<0.1	kUA/L	< 0.3

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Reported: 12/01/2021 **Message:**

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
IgA	3.3	g/L	0.70 - 4.0
IgM	1.4	g/L	0.40 - 2.3

NSW HEALTH PATHOLOGY - NORTH - Reference No: 401282845 Status: F
Patient: Kylie Louise CASSIN **Linked by:** Alice Cuthbert
DOB: 06/06/1979 **Message:** **Action Required**
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Collected: 08/01/2021 - 2:45 PM **Notified by:** on 00/00/0000
Reported: 11/01/2021 **Message:**

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
IgG1	6.63	g/L	4.05 - 10.11
IgG2	2.75	g/L	1.69 - 7.86
IgG3	0.24	g/L	0.11 - 0.85
IgG4	0.53	g/L	0.03 - 2.01
Igs	COMMENT		

NSW HEALTH PATHOLOGY - NORTH - Reference No: 401282845 Status: F
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NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
Rheumatoid factor (RF)	< 15	IU/ml	< 30
Auto comment			
Ribosomal p	Negative		
CCP antibodies	< 1	U/ml	< 5

NSW HEALTH PATHOLOGY - NORTH - Reference No: 401282845 Status: F
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NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
Complement C3	1.15	g/L	0.83 - 1.93
Complement C4	0.35	g/L	0.15 - 0.57
Comment			

NSW HEALTH PATHOLOGY - NORTH - Reference No: 400034919 Status: F

Patient: Kylie Louise CASSIN **Linked by:** Alice Cuthbert

DOB: 06/06/1979 **Message:** **Action Required**

Address: 408/156 Terrigal Drive TERRIGAL 2260

Ordered by: DR GLENN REEVES on 08/01/2021

Collected: 08/01/2021 - 2:45 PM **Notified by:** on 00/00/0000

Reported: 12/01/2021 **Message:**

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Urine

Clinical Notes:
Not provided

R.RANGE

Duration of collection	Spot	Hrs
Urine EPG	See comment below	
Urine protein comment		
Urine EPG: No abnormality detected.		
Immunoelectrophoresis (Urine)	See comment below	
IEPG (Urine)		
Urine IFE (IEPG): No monoclonal bands detected.		

NSW HEALTH PATHOLOGY - NORTH - Reference No: 400034919 Status: F

Patient: Kylie Louise CASSIN **Linked by:** Alice Cuthbert

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Reported: 08/01/2021 **Message:**

NSWHP - Pathology Report

Collected: 14:45 08-Jan-21 MRN: CC0496171 Specimen Type: Urine

Clinical Notes:
Not provided

R.RANGE

Volume	spot	L	
Creatinine	1.7	mmol/L	
Protein	< 0.07	g/L	
Prot/Crea Ratio	NR50	mg/mmol	< 15

Comment (Urine)

NR50 = No result: Urine Protein Output and Protein/Creatinine ratio are not reported if Urine Protein level is below the limit of detection.

Urine Prot/Crea Comment

In patients with renal disease and dipstix positive proteinuria, the prognosis for decline in renal function averages as follows:

Urinary protein/creatinine ratio	GFR decline	4-year kidney survival
<200 mg/mmol	4 mL/min/year	97%
200-300 mg/mmol	6 mL/min/year	88%

>300 mg/mmol

11 mL/min/year

79%

PRP DIAGNOSTIC IMAGING - Reference No: 7913695 Status: F

Patient:	Kylie CASSIN	Linked by:	Alice Cuthbert
DOB:	06/06/1979	Message:	Action Required
Address:	408/156 Terrigal Drive TERRIGAL 2260		
Ordered by:	Prof Glenn REEVES on 20/08/2020		
Copy to:	Dr Carol WEBER		
Collected:	05/01/2021 - 10:11 AM	Notified by:	on 00/00/0000
Reported:	05/01/2021	Message:	

CT CHEST +/- UPPER ABDOMEN NO CONT(OD205); CT FACIAL BONES&/OR SINUSES-NOCONT OD035

To view images: [Click here](#)

This report is for: Prof G. REEVES
Referred By:-:
Prof G. REEVES

Copies:
Dr C. WEBER

CT SINUSES HRCT CHEST 05/01/2021 Reference: 7913695

CT PARANASAL SINUSES

HISTORY:
Sinusitis.

FINDINGS:
Mild interval aeration of posterior maxillary sinuses bilaterally.
There is persistent diffuse mucosal thickening/retention cyst formation anteriorly. There appears to have been previous surgery, at least on the right, to the ostiomeatal and adjacent ethmoid air cell regions as well as to the middle turbinate.

Mild inferior frontal sinus mucosal thickening.

Mild mucosal thickening right ethmoid air cells/right ethmoid air cell bed. Mild to moderate mucosal thickening left ethmoid air bed.

Minor mucosal thickening left sphenoid sinus.

Bony nasal septum deviates mildly to the left of midline. There has been considerable reduction in diffuse soft tissue prominence of the nasal cavity, seen on previous study. Middle concha bullosa on the left remains opacified.

COMMENT:
Some interval improvement of multiple maxillary sinuses, although considerable persisting change is present. Considerable reduction in nasal cavity soft tissue prominence from 05/11/2019.

CT CHEST (HIGH RESOLUTION)

TECHNIQUE:
Thin scans/reconstructions at intervals obtained through each lung in the supine and prone positions.

FINDINGS:
Subtle apical lung changes raise the possibility of some

emphysematous change.

No increased reticular lung markings or honeycombing seen.

No air trapping.

No thick walled dilated bronchi.

No confluent alveolar consolidation or focal nodular-like lung change seen.

No dependent pleural fluid or bulky mediastinal lymphadenopathy.

Neither adrenal is enlarged.

Dr Phil Bobby

Electronically verified by: Dr Phil Bobby - 05/01/2021 13:52

First digital PET/CT on the Central Coast now @ PRP .

To view images: [Click here](#)