Clinical notes: ?PROSTATITIS

Clinical Notes : ?PROSTATITIS

URINE EXAMINATION

Specimen	Midstream				
CHEMISTRY		MICROSCOPY			
pH	7.5	Leucocytes	0	x10^6 /L	(< 10)
Protein	nil	Erythrocytes	1	x10^6 /L	(< 10)
Glucose	nil	Epithelial cells	0	x10^6 /L	(< 10)
Blood	nil				

sept 20
- clear

A urine with these results is not usually infected. Although culture has been performed, a further report will only be issued if the culture is positive.

Requested Tests : UMM

JACOBS, FREDERIK
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 0249668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00293971 **Lab Reference:** 20-24557423-MBA-0^
Laboratory: Laverty Pathology
Addressee: DR SARAH SORYAL **Referred by:** DR SARAH SORYAL

Name of Test: SERUM CHEMISTRY (MBA-0)
Requested: 24/09/2020 **Collected:** 24/09/2020 **Reported:** 25/09/2020 02:14

Clinical notes: ?prostatitis.

Clinical Notes : ?prostatitis.

SERUM CHEMISTRY

Request Number			17572307	21064593	22567761	24557423
Date Collected			23 Feb 19	1 Feb 20	15 Aug 20	24 Sep 20
Time Collected			10:55	09:08	10:31	00:00
Specimen Type: Serum						
Haemolysis			Nil	Nil	Nil	Nil
Icterus			Nil	Nil	Nil	Nil
Lipaemia			Nil	Nil	Nil	Nil
Na	(135-145)	mmol/L	141	142	142	141
K	(3.6-5.4)	mmol/L	4.4	4.2	4.7	4.1
Cl	(95-110)	mmol/L	108	109	106	104
HCO3	(22-32)	mmol/L	26	20	26	27
An Gap	(10-20)	mmol/L	11	17	15	14
Urea	(2.5-8.5)	mmol/L	5.8	6.4	6.4	6.1
Creat	(60-110)	umol/L	95	100	100	105
eGFR		mL/min/1.73m^2	81	76	77	74
Bili	(< 20)	umol/L	8			
AST	(< 40)	U/L	17			
ALT	(< 40)	U/L	16			
GGT	(< 50)	U/L	14			
Alk Phos	(35-110)	U/L	68			
Protein	(60-82)	g/L	66			
Albumin	(38-50)	g/L	43			
Glob	(20-38)		23			
Ca	(2.10-2.60)	mmol/L	2.27			
Corr Ca	(2.10-2.60)		2.27			
PO4	(0.75-1.50)	mmol/L	1.03			
Mg	(0.70-1.10)	mmol/L	0.84			

eGFR values between 60 and 89 mL/min/1.73m2 should be interpreted with caution. These results are only consistent with CKD in the presence of other evidence such as microalbuminuria, proteinuria or haematuria.
Ref:Lamb EJ etal in Ann Clin Biochem 2005; 42:321-345.

Requested Tests : CRP, MBA, FBE

JACOBS, FREDERIK
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 0249668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00293971 **Lab Reference:** 20-24557423-CRP-0^
Laboratory: Laverty Pathology
Addressee: DR SARAH SORYAL **Referred by:** DR SARAH SORYAL

Name of Test: C-REACTIVE PROTEIN (CRP-0)
Requested: 24/09/2020 **Collected:** 24/09/2020 **Reported:** 25/09/2020 02:14

Clinical notes: ?prostatitis.

Clinical Notes : ?prostatitis.

Sept 20

C-REACTIVE PROTEIN			
Request Number		22567761	24557423
Date Collected		15 Aug 20	24 Sep 20
Time Collected		10:31	00:00
Specimen Type: Serum			
CRP (< 6.0)	mg/L	< 4.0	< 4.0

Requested Tests : CRP, MBA, FBE

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00324148 **Lab Reference:** 21-16261122-FBE-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: HAEMATOLOGY (FBE-0)
Requested: 11/10/2021 **Collected:** 12/10/2021 **Reported:** 12/10/2021 17:38

Clinical notes: unexplained bilateral axillary pain

Clinical Notes : unexplained bilateral axillary pain

HAEMATOLOGY					
Request Number		21064593	22567761	24557423	16261122
Date Collected		1 Feb 20	15 Aug 20	24 Sep 20	12 Oct 21
Time Collected		09:08	10:31	00:00	07:49
Specimen Type: EDTA					
Hb (130-180)	g/L	161	159	157	149
Hct (0.40-0.54)		0.47	0.48	0.46	0.44
RCC (4.5-6.5)	x10^12 /L	5.1	5.1	5.0	4.8
MCV (79-99)	fL	91	94	93	91
MCH (27-34)	pg	32	31	32	31
MCHC (320-360)	g/L	345	331	339	343
RDW (10.0-17.0)	%	11.9	12.1	11.8	11.9
WBC (4.0-11.0)	x10^9 /L	6.2	6.5	6.6	5.8
Neut (2.0-7.5)	x10^9 /L	4.1	4.2	4.2	3.7
Lymph (1.0-4.0)	x10^9 /L	1.6	1.9	2.0	1.6
Mono (0.2-1.0)	x10^9 /L	0.5	0.4	0.4	0.5
Eos (< 0.7)	x10^9 /L	0.0	0.0	0.0	0.1
Baso (< 0.2)	x10^9 /L	0.0	0.0	0.0	0.0
Plat (150-400)	x10^9 /L	204	215	206	200

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF*, TFT*, GLU*, ESR*, CRP*, MBA*, LIP*, FE*, FBE

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00324148 **Lab Reference:** 21-16261122-TFT-0^

Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 11/10/2021 **Collected:** 12/10/2021 **Reported:** 12/10/2021 17:48

Clinical notes: unexplained bilateral axillary pain

Clinical Notes : unexplained bilateral axillary pain

12 Oct 21

			THYROID PROFILE		
Request Number			17572307	17724813	16261122
Date Collected			23 Feb 19	11 Mar 19	12 Oct 21
Time Collected			10:55	16:05	07:49
Specimen Type: Serum					
TSH	(0.5-4.0)	mIU/L	0.49	0.71	0.79
FT4	(10-20)	pmol/L		13	
FT3	(3.5-6.0)	pmol/L		5.2	

Result(s) consistent with euthyroidism.

Requested Tests : VBF*, TFT, GLU*, ESR*, CRP*, MBA*, LIP*, FE*, FBE

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00324148 **Lab Reference:** 21-16261122-CRP-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: C-REACTIVE PROTEIN (CRP-0)
Requested: 11/10/2021 **Collected:** 12/10/2021 **Reported:** 12/10/2021 17:52

Clinical notes: unexplained bilateral axillary pain

Clinical Notes : unexplained bilateral axillary pain

12 Oct 21

			C-REACTIVE PROTEIN		
Request Number			22567761	24557423	16261122
Date Collected			15 Aug 20	24 Sep 20	12 Oct 21
Time Collected			10:31	00:00	07:49
Specimen Type: Serum					
CRP	(< 6.0)	mg/L	< 4.0	< 4.0	10.1

C-reactive protein is an acute phase reactant which rapidly increases in response to tissue injury, such as inflammation or infection, and may remain elevated if tissue damage persists.

Requested Tests : VBF*, TFT, GLU, ESR*, CRP, MBA*, LIP, FE*, FBE

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00324148 **Lab Reference:** 21-16261122-GLU-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: GLUCOSE (GLU-0)
Requested: 11/10/2021 **Collected:** 12/10/2021 **Reported:** 12/10/2021 17:52

Clinical notes: unexplained bilateral axillary pain

Clinical Notes : unexplained bilateral axillary pain

			SERUM/PLASMA GLUCOSE		
Request Number			17572307	21064593	16261122
Date Collected			23 Feb 19	1 Feb 20	12 Oct 21
Time Collected			10:55	09:08	07:49

Oct 21 glucose

Fasting status					
Serum	(3.4-5.4)	mmol/L	Fasting 4.9	Fasting 4.9	Fasting 5.2

Normal glucose concentration.

Requested Tests : VBF*, TFT, GLU, ESR*, CRP, MBA*, LIP, FE*, FBE

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00324148 **Lab Reference:** 21-16261122-LIP-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: LIPID STUDIES (LIP-0)
Requested: 11/10/2021 **Collected:** 12/10/2021 **Reported:** 12/10/2021 17:54

Clinical notes: unexplained bilateral axillary pain

Clinical Notes : unexplained bilateral axillary pain

diet
lymph congestion?
Oct 21

	LIPID STUDIES			
Request Number	17572307	21064593	22567760	16261122
Date Collected	23 Feb 19	1 Feb 20	15 Aug 20	12 Oct 21
Time Collected	10:55	09:08	10:31	07:49
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	6.0	6.7	6.2	6.1
Trig	(0.5-1.7)	mmol/L	0.6	1.6	0.7	1.0
HDL	(1.0-2.0)	mmol/L	1.0	1.0	1.2	1.1
LDL	(1.5-3.4)	mmol/L	4.7	5.0	4.7	4.5
Non-HDL	(< 3.4)	mmol/L	5.0	5.7	5.0	5.0
Chol/HDL	(< 5.0)		6.0	6.7	5.2	5.5

thyroid, IR, fatty liver, pre diabetes
oxidative stress, refined carbs

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 : VBF*, TFT, GLU, ESR*, CRP, MBA*, LIP, FE*, FBE

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00324148 **Lab Reference:** 21-16261122-MBA-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: SERUM CHEMISTRY (MBA-0)
Requested: 11/10/2021 **Collected:** 12/10/2021 **Reported:** 12/10/2021 17:56

Clinical notes: unexplained bilateral axillary pain

Oct 21
fluids for kidney
diabetes in family?
(pancreatic problems + ↑LDL)

Clinical Notes : unexplained bilateral axillary pain

SERUM CHEMISTRY

Request Number			21064593	22567761	24557423	16261122
Date Collected			1 Feb 20	15 Aug 20	24 Sep 20	12 Oct 21
Time Collected			09:08	10:31	00:00	07:49
Specimen Type: Serum						
Haemolysis			Nil	Nil	Nil	Nil
Icterus			Nil	Nil	Nil	Nil
Lipaemia			Nil	Nil	Nil	Nil
Na	(135-145)	mmol/L	142	142	141	142 ✓
K	(3.6-5.4)	mmol/L	4.2	4.7	4.1	4.3 ✓
Cl	(95-110)	mmol/L	109	106	104	103 ✓
HCO3	(22-32)	mmol/L	20	26	27	26 ✓
An Gap	(10-20)	mmol/L	17	15	14	17 H dehydrate
Urea	(2.5-8.5)	mmol/L	6.4	6.4	6.1	7.6
Creat	(60-110)	umol/L	100	100	105	105
eGFR	mL/min/1.73m^2		76	77	74	73
Urate	(0.20-0.42)	mmol/L				0.35
Bili	(< 20)	umol/L				11 ✓
AST	(< 40)	U/L				19 ✓
ALT	(< 40)	U/L				30 ✓
GGT	(< 50)	U/L				56 oxidative stress, gallbladder, liver, pancreatic problems
Alk Phos	(35-110)	U/L				82 ✓
Protein	(60-82)	g/L				68
Albumin	(38-50)	g/L				44 ✓
Glob	(20-38)	g/L				24 ✓

How long like this?

eGFR values between 60 and 89 mL/min/1.73m2 should be interpreted with caution. These results are only consistent with CKD in the presence of other evidence such as microalbuminuria, proteinuria or haematuria.
Ref:Lamb EJ etal in Ann Clin Biochem 2005; 42:321-345.

Requested Tests : VBF*, TFT, GLU, ESR*, CRP, MBA, LIP, FE, FBE

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00324148 **Lab Reference:** 21-16261122-FE-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: IRON STUDIES (FE-0)
Requested: 11/10/2021 **Collected:** 12/10/2021 **Reported:** 12/10/2021 17:56

Clinical notes: unexplained bilateral axillary pain

Clinical Notes : unexplained bilateral axillary pain

IRON STUDIES

Request Number			17572307	16261122	
Date Collected			23 Feb 19	12 Oct 21	
Time Collected			10:55	07:49	
Specimen Type: Serum					
Iron	(10-30)	umol/L	19	23 ✓	
T'ferrin	(27-46)	umol/L	31	30	low for a male
T. Sat.	(13-45)	%	31	39	

Ferritin(30-300) ug/L 44 → 72 low for a male? protein intake

In the context of inflammation (as indicated by the patient's raised CRP) this ferritin result cannot exclude iron deficiency. Suggest measurement of iron studies when the inflammation has subsided.

Requested Tests : VBF*, TFT, GLU, ESR*, CRP, MBA, LIP, FE, FBE

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00324148 **Lab Reference:** 21-16261122-ESR-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: E.S.R (ESR-0)
Requested: 11/10/2021 **Collected:** 12/10/2021 **Reported:** 12/10/2021 18:36

Clinical notes: unexplained bilateral axillary pain

Clinical Notes : unexplained bilateral axillary pain

Oct 21

HAEMATOLOGY

Request Number	16261122		
Date Collected	12 Oct 21		
Time Collected	07:49		
Specimen Type: EDTA			
ESR (< 30)	mm/hr 10		ok but not great

Requested Tests : VBF*, TFT, GLU, ESR, CRP, MBA, LIP, FE, FBE

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00324148 **Lab Reference:** 21-16261122-VBF-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
Requested: 11/10/2021 **Collected:** 12/10/2021 **Reported:** 12/10/2021 19:02

Clinical notes: unexplained bilateral axillary pain

Clinical Notes : unexplained bilateral axillary pain

VITAMIN B12 AND FOLATE STUDIES

Oct 21

Vitamin B12	295	pmol/L	(301-740)	normally does get shots
Active B12	87	pmol/L	(> 40)	x1 month.
Serum Folate	15.5	nmol/L	(> 9.0)	

Serum Vitamin B12 Assay:

DEFICIENCY	BORDERLINE	SUFFICIENCY
<150 pmol/L	150 - 300 pmol/L	>300 - 740 pmol/L

For patients with total B12 levels in the low or borderline range, testing for active B12 (holotranscobalamin II) will automatically be performed to resolve B12 status. Active B12 is the biologically active fraction of total serum B12, and a superior indicator of B12 status. Up to 15% of individuals may have a deficiency of the carrier protein haptocorrin, which does not result in clinical B12 deficiency, despite low total B12 levels.

Serum Active B12 Assay:

No vitamin B12 deficiency.

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.)

Please note that as of 23/08/2021, Laverty Pathology changed to the Atellica analyser for Active B12 testing. Results may be slightly higher compared to the previous method. Reference intervals have been adjusted accordingly. If further information is required, please contact a Chemical Pathologist on 9005 7000.

Requested Tests : VBF, TFT, GLU, ESR, CRP, MBA, LIP, FE, FBE

JACOBS, Frederik Antonie
30 Lemonwood Circuit, THORNTON. 2322
Phone: 0428325108
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 27128935961
Your Reference: Dr JOSEPH, Sanoj, 469215JJ; Suite 3, 2 Poynton Place **Lab Reference:** 2021H0011965-1^Alto Imaging
Laboratory: Alto Imaging
Addressee: Dr. SANOJ JOSEPH **Referred by:** Dr. SANOJ JOSEPH
Copy to:
Dr. SANOJ JOSEPH

Name of Test: Ultrasound Breast - Bilateral
Requested: 18/10/2021 **Collected:** 18/10/2021 **Reported:** 19/10/2021 07:26

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00325527 **Lab Reference:** 21-12413983-ESR-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: E.S.R (ESR-0)
Requested: 29/10/2021 **Collected:** 30/10/2021 **Reported:** 30/10/2021 22:25

Clinical notes: Severe fatigue.

Oct 21 ESR

Clinical Notes : Severe fatigue.

HAEMATOLOGY

Request Number	16261122	12413983
Date Collected	12 Oct 21	30 Oct 21
Time Collected	07:49	09:52
Specimen Type: EDTA		
ESR (< 30) mm/hr	10	2

Requested Tests : ESR, CRP*, MBA*, IMM*, FBE*, EBV*, COE*, CML*, ARV*

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00325527 **Lab Reference:** 21-12413983-FBE-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: HAEMATOLOGY (FBE-0)
Requested: 29/10/2021 **Collected:** 30/10/2021 **Reported:** 30/10/2021 23:26

Clinical notes: Severe fatigue.

Clinical Notes : Severe fatigue.

HAEMATOLOGY

Request Number			22567761	24557423	16261122	12413983
Date Collected			15 Aug 20	24 Sep 20	12 Oct 21	30 Oct 21
Time Collected			10:31	00:00	07:49	09:52
Specimen Type: EDTA/SERUM						
Hb (130-180)	g/L		159 H	157 H	149	163 H
Hct (0.40-0.54)			0.48	0.46	0.44	0.49
RCC (4.5-6.5)	x10^12	/L	5.1	5.0	4.8	5.2
MCV (79-99)	fL		94 H	93 H	91 H	95 H
MCH (27-34)	pg		31	32	31	32
MCHC (320-360)	g/L		331	339	343	331
RDW (10.0-17.0)	%		12.1	11.8	11.9	12.1
WBC (4.0-11.0)	x10^9	/L	6.5	6.6	5.8	5.5
Neut (2.0-7.5)	x10^9	/L	4.2	4.2	3.7	3.4
Lymph (1.0-4.0)	x10^9	/L	1.9	2.0	1.6	1.7
Mono (0.2-1.0)	x10^9	/L	0.4	0.4	0.5	0.4
Eos (< 0.7)	x10^9	/L	0.0	0.0	0.1	0.1
Baso (< 0.2)	x10^9	/L	0.0	0.0	0.0	0.0
Plat (150-400)	x10^9	/L	215	206	200	198
IM Screen						Negative

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : ESR, CRP*, MBA*, IMM*, FBE, EBV, COE*, CML*, ARV*

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00325527 **Lab Reference:** 21-12413983-IMM-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: IMMUNOGLOBULINS (IMM-0)
Requested: 29/10/2021 **Collected:** 30/10/2021 **Reported:** 31/10/2021 12:45

Clinical notes: Severe fatigue.

Clinical Notes : Severe fatigue.

SERUM IMMUNOGLOBULINS

IgA	1.63	g/L	(0.40-3.50)

Requested Tests : ESR, CRP*, MBA*, IMM, FBE, EBV, COE*, CML*, ARV*

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00325527 **Lab Reference:** 21-12413983-EBV-0^

Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: EPSTEIN-BARR VIRUS (EBV-0)
Requested: 29/10/2021 **Collected:** 30/10/2021 **Reported:** 30/10/2021 22:43

Clinical notes: Severe fatigue.

could be causing the lymph congestion?

Clinical Notes : Severe fatigue.

Oct 21

EBV SEROLOGY

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

15 years ago with infection

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.

Requested Tests : ESR, CRP*, MBA*, IMM*, FBE*, EBV, COE*, CML*, ARV*

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00325527 **Lab Reference:** 21-12413983-CRP-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: C-REACTIVE PROTEIN (CRP-0)
Requested: 29/10/2021 **Collected:** 30/10/2021 **Reported:** 31/10/2021 14:43

Clinical notes: Severe fatigue.

Clinical Notes : Severe fatigue.

Oct 21

C-REACTIVE PROTEIN

Request Number	22567761	24557423	16261122	12413983
Date Collected	15 Aug 20	24 Sep 20	12 Oct 21	30 Oct 21
Time Collected	10:31	00:00	07:49	09:52
Specimen Type: Serum				
CRP (< 6.0) mg/L	< 4.0	< 4.0	10.1	< 4.0

Requested Tests : ESR, CRP, MBA*, IMM, FBE, EBV, COE*, CML*, ARV*

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00325527 **Lab Reference:** 21-12413983-CML-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: CYTOMEGALOVIRUS (CML-0)
Requested: 29/10/2021 **Collected:** 30/10/2021 **Reported:** 31/10/2021 15:44

Clinical notes: Severe fatigue.

Clinical Notes : Severe fatigue.

Oct 21

CMV SEROLOGY

Cytomegalovirus IgG (CMIA)	DETECTED
Cytomegalovirus IgM (CMIA)	Not Detected

Consistent with past exposure to Cytomegalovirus.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : ESR, CRP, MBA*, IMM, FBE, EBV, COE*, CML, ARV*

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00325527 **Lab Reference:** 21-12413983-MBA-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: SERUM CHEMISTRY (MBA-0)
Requested: 29/10/2021 **Collected:** 30/10/2021 **Reported:** 31/10/2021 21:06

Clinical notes: Severe fatigue.

Clinical Notes : Severe fatigue.

kidneys + liver

SERUM CHEMISTRY					
Request Number		22567761	24557423	16261122	12413983
Date Collected		15 Aug 20	24 Sep 20	12 Oct 21	30 Oct 21
Time Collected		10:31	00:00	07:49	09:52
Specimen Type: Serum					
Haemolysis		Nil	Nil	Nil	Nil
Icterus		Nil	Nil	Nil	Nil
Lipaemia		Nil	Nil	Nil	Nil
Na (135-145)	mmol/L	142	141	142	144
K (3.6-5.4)	mmol/L	4.7	4.1	4.3	5.2 H
Cl (95-110)	mmol/L	106	104	103	107
HCO3 (22-32)	mmol/L	26	27	26	26
An Gap (10-20)	mmol/L	15	14	17 H	16 H
Urea (2.5-8.5)	mmol/L	6.4	6.1	7.6	7.5
Creat (60-110)	umol/L	100 H	105 H	105 H	105 H
eGFR	mL/min/1.73m^2	77	74	73	71
Urate (0.20-0.42)	mmol/L			0.35	
Bili (< 20)	umol/L			11	6
AST (< 40)	U/L			19	44
ALT (< 40)	U/L			30	74
GGT (< 50)	U/L			56	81
Alk Phos (35-110)	U/L			82	96
Protein (60-82)	g/L			68	75
Albumin (38-50)	g/L			44	48
Glob (20-38)	g/L			24	27

alkaline urine

borderline

dehydrated

keeps declining - heavy metals?

oxidative stress, gallbladder, fatty liver, pancreatic problems HEAVY METALS. Alcohol?

Hg, pesticides

GSH, NAC, amines, Se B2, SOD, Zn, C, E

eGFR values between 60 and 89 mL/min/1.73m2 should be interpreted with caution. These results are only consistent with CKD in the presence of other evidence such as microalbuminuria, proteinuria or haematuria.
Ref:Lamb EJ etal in Ann Clin Biochem 2005; 42:321-345.

Requested Tests : ESR, CRP, MBA, IMM, FBE, EBV, COE*, CML, ARV*

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00325527 **Lab Reference:** 21-12413983-COE-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: COELIAC MASTER PANEL (COE-0)
Requested: 29/10/2021 **Collected:** 30/10/2021 **Reported:** 01/11/2021 13:43

Clinical notes: Severe fatigue.

Clinical Notes : Severe fatigue.

COELIAC DISEASE SEROLOGY

Deamidated gliadin peptide IgG	< 1	U/mL	(< 15)
Total IgA	1.63	g/L	(0.40-3.50)
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 : ESR, CRP, MBA, IMM, FBE, EBV, COE, CML, ARV*

JACOBS, FREDERIK ANTONIE
30 LEMONWOOD CCT, THORNTON. 2322
Phone: 49668578
Birthdate: 15/08/1972 **Sex:** M **Medicare Number:** 2712893596
Your Reference: 00325527 **Lab Reference:** 21-12413983-ARV-0^
Laboratory: Laverty Pathology
Addressee: DR SANOJ JOSEPH **Referred by:** DR SANOJ JOSEPH

Name of Test: ARBOVIRUS SEROLOGY (ARV-0)
Requested: 29/10/2021 **Collected:** 30/10/2021 **Reported:** 01/11/2021 15:44

Clinical notes: Severe fatigue.

Clinical Notes : Severe fatigue.

ARBOVIRUS SEROLOGY

	ROSS RIVER SEROLOGY
Ross River virus IgG (EIA)	Not Detected
Ross River virus IgM (EIA)	Not Detected

	BARMAH FOREST SEROLOGY
Barmah Forest IgG (EIA)	Not Detected
Barmah Forest IgM (EIA)	Not Detected

No evidence of exposure to Ross River virus or Barmah Forest virus. However, if history and clinical presentation are suggestive of infection, repeat testing in 2-3 weeks may be considered to exclude delayed seroconversion.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : ESR, CRP, MBA, IMM, FBE, EBV, COE, CML, ARV