Email to Debbie

LEAFE, DEBORAH
208/319 BRADMAN AVENUE, MAROOCHYDORE. 4558
Phone: 0421245269
Birthdate: 08/04/1957 **Sex:** F **Medicare Number:** 4167579299
Your Reference: **Lab Reference:** 664709080-I-I062
Laboratory: SNP
Addressee: DR SARAH J WILLIAMS **Referred by:** DR KAREN A BAYNON
Copy to:
DR SARAH WILLIAMS

Name of Test: CALPROTECTIN FAECAL
Requested: 11/01/2022 **Collected:** 11/01/2022 **Reported:** 17/01/2022 20:22

Clinical notes: INFLAMMATORY BOWEL DISEASE? 2/12 OF DIARRHOEA & BLOATING.

Clinical Notes : INFLAMMATORY BOWEL DISEASE? 2/12 OF DIARRHOEA & BLOATING.

Faecal Calprotectin

Faecal Calprotectin	25	mg/kg	(<50)

Comments on Lab Id: 664709080

Elevated faecal calprotectin indicates a high probability of intestinal inflammation. Levels of faecal calprotectin above 250 mg/kg have greater positive predictive value especially in children. For patients with known inflammatory bowel disease in remission, faecal calprotectin above 50 mg/kg is associated with an increased risk of relapse over the next 12 months. In patients with faecal calprotectin levels below 50 mg/kg with strong clinical indications of intestinal inflammation, a repeat sample may be useful. In small bowel Crohn's the faecal calprotectin may be within the normal range. Many conditions including bowel cancer, NSAID ulceration, coeliac disease, diverticulitis and chronic inflammation may cause elevated faecal calprotectin. This test has not been validated in in children under two years of age. Testing performed by FEIA.
Please be advised that as of November 1st 2021 the medicare schedule for faecal calprotectin testing will be changed. The testing for patients under 50 years old will now be rebateable (Item number 66522) where there are clinical indications of ongoing gastrointestinal symptoms suggestive of inflammatory or functional bowel disease. In patients with a known diagnosis of IBD faecal calprotectin is non-rebateable. In these cases a non-rebateable fee will be charged (Item number 99424). All patients over the age of 50 will be charged the non-rebateable fee.

IA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Faecal Calprotectin
Tests Pending :
Sample Pending :

LEAFE, DEBORAH
208/319 BRADMAN AVENUE, MAROOCHYDORE. 4558
Phone: 0421245269
Birthdate: 08/04/1957 **Sex:** F **Medicare Number:** 4167579299
Your Reference: 110D9932BC **Lab Reference:** 666279730-H-H900
Laboratory: SNP
Addressee: DR SARAH J WILLIAMS **Referred by:** DR SARAH J WILLIAMS

Name of Test: .BLOOD COUNT
Requested: 19/01/2022 **Collected:** 01/02/2022 **Reported:** 01/02/2022 20:22

Clinical notes: chronic abdo pain

Clinical Notes : chronic abdo pain

Haematology

Date	28/01/21	26/03/21	30/11/21	01/02/22		
Time F-Fast	1125	1030	0909 F	1155		
Lab Id.	656210940	659155271	664165145	666279730	Units	Reference
Haemoglobin	129	128	131	132	g/L	(115-165)
Haematocrit	0.38	0.40	0.40	0.39		(0.35-0.47)
RCC	3.9	4.0	3.9	4.0	10*12/L	(3.9-5.6)
MCV	98	98	100	97	fL	(80-100)
WCC	8.2	9.7	9.5	12.5 H	10*9/L	(3.5-10.0)
Neutrophils	5.22	6.47	5.03	8.09 H	10*9/L	(1.5-6.5)
Lymphocytes	2.34	2.49	3.57	3.42	10*9/L	(0.8-4.0)
Monocytes	0.55	0.61	0.64	0.84	10*9/L	(0-0.9)
Eosinophils	0.05	0.08	0.13	0.09	10*9/L	(0-0.6)
Basophils	0.06	0.08	0.08	0.06	10*9/L	(0-0.15)
Platelets	342	462 H	356	382	10*9/L	(150-400)

HA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: FBE
Tests Pending : Iron Studies,CRP,E/LFT,Liver Function Tests,TTG Abs, Gliadin Abs,IgA
Sample Pending :

LEAFE, DEBORAH
208/319 BRADMAN AVENUE, MAROOCHYDORE. 4558
Phone: 0421245269
Birthdate: 08/04/1957 **Sex:** F **Medicare Number:** 4167579299
Your Reference: 110D9932BC **Lab Reference:** 666279730-C-H245
Laboratory: SNP
Addressee: DR SARAH J WILLIAMS **Referred by:** DR SARAH J WILLIAMS

Name of Test: .ANAEMIA
Requested: 19/01/2022 **Collected:** 01/02/2022 **Reported:** 02/02/2022 05:24

Clinical notes: chronic abdo pain

Clinical Notes : chronic abdo pain

Haematinics

Date	28/01/21	26/03/21	30/11/21	01/02/22		
Time F-Fast	1125	1030	0909 F	1155		
Lab Id.	656210940	659155271	664165145	666279730	Units	Reference
Iron				22	umol/L	(5-30)
Transferrin				2.7	g/L	(1.9-3.1)
TIBC				67	umol/L	(47-77)
Trans Sat				33	%	(20-45)
Ferritin	600 H	452 H	443 H	555 H	ug/L	(30-300)
CRP				1.2	mg/L	(<5)
Vitamin B12			158		pmol/L	(>150)
Active B12	71	92	71		pmol/L	(>35)

Comments on Collection 01/02/22 1155:
Iron Studies
Ferritin elevation where transferrin saturation is <=45% may be due to liver or renal disease or other inflammatory conditions due to infections, malignancy or autoimmune diseases. Suggest repeat iron studies with serum CRP at 3-6 month intervals if nature of abnormality remains unexplained.

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Iron Studies,CRP,E/LFT,Liver Function Tests,FBE,IgA
Tests Pending : TTG Abs,Gliadin Abs
Sample Pending :

LEAFE, DEBORAH
208/319 BRADMAN AVENUE, MAROOCHYDORE. 4558
Phone: 0421245269
Birthdate: 08/04/1957 **Sex:** F **Medicare Number:** 4167579299
Your Reference: 110D9932BC **Lab Reference:** 666279730-C-C290
Laboratory: SNP
Addressee: DR SARAH J WILLIAMS **Referred by:** DR SARAH J WILLIAMS

Name of Test: S-C REACTIVE PROTEIN
Requested: 19/01/2022 **Collected:** 01/02/2022 **Reported:** 02/02/2022 05:24

Clinical notes: chronic abdo pain

Clinical Notes : chronic abdo pain

Date	17/05/17	03/04/19	10/06/20	01/02/22		
Time F-Fast	0854 F	1050	1214 F	1155		
Lab Id.	637205774	646339989	653028806	666279730	Units	Reference
CRP	1	2	2.0	1.2	mg/L	(<5)

Comments on Collection 01/02/22 1155:
C Reactive Protein
Interpretation: Elevation in CRP indicates disease activity of an inflammatory, infective or neoplastic nature. CRP is a more sensitive early indicator of an acute phase response than is the ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Iron Studies,CRP,E/LFT,Liver Function Tests,FBE,IgA
Tests Pending : TTG Abs,Gliadin Abs
Sample Pending :

LEAFE, DEBORAH
208/319 BRADMAN AVENUE, MAROOCHYDORE. 4558
Phone: 0421245269
Birthdate: 08/04/1957 **Sex:** F **Medicare Number:** 4167579299
Your Reference: 110D9932BC **Lab Reference:** 666279730-I-I907
Laboratory: SNP
Addressee: DR SARAH J WILLIAMS **Referred by:** DR SARAH J WILLIAMS

Name of Test: S-Coeliac Autoabs
Requested: 19/01/2022 **Collected:** 01/02/2022 **Reported:** 02/02/2022 07:22

Clinical notes: chronic abdo pain

Clinical Notes : chronic abdo pain

Coeliac Disease Autoantibodies

Tissue Transglutaminase IgA Abs	1	U/mL	(<7)
Gliadin (deamidated) IgG Abs	<1	U/mL	(<7)
Immunoglobulin A (Total IgA)	2.80	g/L	(1.24 - 4.16)

Comments on Lab Id: 666279730

With a normal or near normal IgA, the presence of CD is very unlikely (<5%). If suggestive symptoms, signs or family history, coeliac tissue typing or endoscopy may help exclude the disease further.

IA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Iron Studies,CRP,E/LFT,Liver Function Tests,FBE, TTG Abs,Gliadin Abs,IgA
Tests Pending :
Sample Pending :

LEAFE, DEBORAH
208/319 BRADMAN AVENUE, MAROOCHYDORE. 4558
Phone: 0421245269
Birthdate: 08/04/1957 **Sex:** F **Medicare Number:** 4167579299
Your Reference: 110D9932BC **Lab Reference:** 666279730-C-C140
Laboratory: SNP
Addressee: DR SARAH J WILLIAMS **Referred by:** DR SARAH J WILLIAMS

Name of Test: S-_ROUTINE CHEMISTRY
Requested: 19/01/2022 **Collected:** 01/02/2022 **Reported:** 02/02/2022 05:24

Clinical notes: chronic abdo pain

Clinical Notes : chronic abdo pain

Chemistry (serum)

Date	28/01/21	26/03/21	30/11/21	01/02/22		
Time F-Fast	1125	1030	0909 F	1155		
Lab Id.	656210940	659155271	664165145	666279730	Units	Reference
Sodium	136	135	140	137	mmol/L	(135-145)
Potassium	4.3	4.2	4.5	4.8	mmol/L	(3.5-5.5)
Chloride	102	101	105	102	mmol/L	(95-110)
Bicarbonate	22	26	26	24	mmol/L	(20-32)
Anion Gap	12	8	9	11	mmol/L	(<16)
Calcium (Corr.) (2.10-2.60)	2.49	2.44	2.40	2.50	mmol/L	
Phosphate (0.80-1.50)	1.06	0.98	1.21	1.15	mmol/L	
Urea	4.0	4.1	4.4	4.6	mmol/L	(3.0-8.5)
Urate (0.150-0.400)	0.258	0.258	0.273	0.280	mmol/L	
Creatinine	71	65	63	74	umol/L	(45-85)
eGFR	78	87	90	74		(>59)
Fast. Glucose			4.8		mmol/L	(3.6-6.0)
Random Glucose	6.1	7.7		6.6	mmol/L	(3.6-7.7)
Total Protein	78	74	72	77	g/L	(63-80)
Albumin	40	40	38	41	g/L	(32-44)
Globulin	38	34	34	36	g/L	(23-43)
T Bilirubin	11	9	9	14	umol/L	(<16)
ALP	104	102	102	121 H	U/L	(30-115)
AST	39 H	27	30	33	U/L	(10-35)
ALT	30	25	23	26	U/L	(5-30)
GGT	113 H	70 H	72 H	78 H	U/L	(5-35)
LDH	166	152	156	173	U/L	(120-250)
Cholesterol	6.2 H	6.0 H	6.3 H	6.7 H	mmol/L	(<5.6)
Triglyceride	3.8 H		2.8 H		mmol/L	(<2.1)
Haemolysis Index	4	3	3	4		(<40)

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Iron Studies,CRP,E/LFT,Liver Function Tests,FBE,IgA
Tests Pending : TTG Abs,Gliadin Abs

Sample Pending :

theradiologyclinic

Patient Details:			
Patient:	LEAFE, DEBORAH	**Gender:**	F
DOB:	08/04/1957		
Address:	208/319 BRADMAN AVENUE, , QLD, 4558		
Date of Service:	04/02/2022		
Medicare:	41675792991	**Reference:**	277804
Report recipients:			
Receiver:	Dr Sarah Williams		
Referrer:	DR Sarah Williams		
Other:			

Examination Performed: CT ABDOMEN AND PELVIS C-

Indication:

Chronic diarrhoea. Raised white cell count. Diverticulitis?

Technique:

CT imaging of the abdomen and pelvis.

Findings:

The liver and gallbladder demonstrate normal appearances. Punctate calcification in segment 4B a 4 mm calculus in the left likely represent granulomata..

9 mm calcified gallstone noted.

The pancreas, adrenals and spleen are normal .

No focal renal lesion identified . The kidneys are normal in size . No pelvicalyceal dilatation .

The aorta is normal calibre .

There are no enlarged abdominal or pelvic lymph nodes .

Both the large and small bowel demonstrate normal appearances with no bowel wall thickening or mass identified . No evidence of diverticulitis. The ileocecal valve lipoma is noted.

The lung bases clear .

No destructive osseous lesion .

Conclusion:

No cause seen to account for the patient's symptoms.

Radiologist: Dr M. Bateman

The Radiology Clinic can proudly announce a NEW 3T MRI coming soon in 2022

Click here to view this patient's Radiology imaging

End of report.

The Radiology Clinic

31-33 Plaza Parade Maroochydore, Queensland 4558

T: 07 5391 0366 E: info@theradiologyclinic.com.au

Web: www.theradiologycliniic.com.au

LEAFE , Deborah Anne
208/319 Bradman Avenue MAROOCHYDORE 4558
Phone: 0421245269
Birthdate: 08/04/1957 **Sex:** F **Medicare Number:** 41675792991
Your Reference: 2022Y0001066 **Lab Reference:** 2022Y0001066-CR
Laboratory: Sunshine Coast Radiology Gateway
Addressee: Dr KAREN BAYNON **Referred by:** Dr KAREN BAYNON
Name of test: Xray Abdomen
Requested 14/01/2022 **Collected:** 14/01/2022 **Reported:** 17/01/2022 11:54:00

Mrs Deborah Anne LEAFE
208/319 Bradman Avenue MAROOCHYDORE QLD 4558
Ref: 2022Y0001066-CR
Addressee: Dr KAREN BAYNON
Requested: 14/01/2022 8:40 AM
Reported: 17/01/2022 11:54 AM

DOB: 8/04/1957
Sex: Female
Sunshine Coast Radiology Gateway
Referrer: Dr KAREN BAYNON
Collected: 14/01/2022 8:50 AM

Xray Abdomen

Re: Deborah LEAFE, DOB: 08/04/1957
Radiology UR: 13890
Study: 14/01/2022 08:40
Sunshine Coast Radiology, Site: SCR Maroochydore
Ph: 07 5450 2950

EXAMINATION:
XRAY ABDOMEN
CLINICAL HISTORY:
Blood + diarrhoea.? Constipation.
FINDINGS:
Nonspecific bowel gas pattern.
No faecal loading, abnormal bowel dilatation, pneumatosis intestinalis or features of pneumoperitoneum.

Electronically Validated By
DR ARRIDH SHASHANK DR ANGUS THOMAS
1st Reader 2nd Reader

Please see additional patient information below
Click here for BP Lava version and above: **Radiology Images via IQ Vue Referrer Viewer. No Login Required.**
Click here for BP Summit version and below: **Radiology Images via IQ Vue Referrer Viewer. No Login Required.**
Please see additional patient information below
Click here for BP Lava version and above: **Radiology Images via InteleConnect. Login Required.**
Click here for BP Summit version and below: **Radiology Images via InteleConnect. Login Required.**

Report Author: arridh.shashank Service Provider: Sunshine Coast Radiology Gateway

MAR

LEAFE, DEBORAH
Phone: 0421425269
Birthdate: 08/04/1957 **Sex:** F **Medicare Number:** 41675792991
Your Reference: 3388047 **Lab Reference:** 3388047
Laboratory: X-RAY and Imaging
Addressee: Dr. SARAH WILLIAMS **Referred by:** Dr. SARAH WILLIAMS

Name of Test: ULTRASOUND ABDOMEN
Requested: 07/02/2022 **Collected:** 11/02/2022 **Reported:** 11/02/2022 10:52

THE IMAGES (42) FOR THIS REPORT ARE AVAILABLE TO VIEW ONLINE:
https://dd.medinexus.com.au/web/images.htm?id=IGJFNGL%40LMGOKCHLFHHCGBJFIIHLHLJFKCFHMAIIJFNGFHHCNGKCMJELGCHLHCHDLNHCLAL%40LMMJMJI%40FJLNI%40LNGOIINGI%40MKDOIAHDNHELLA%40B&refid=31656333

This report is for: Dr S. Williams
Referred By:
Dr S. Williams

US ABDOMEN 11/02/2022 Reference: 3388047

Abdominal Ultrasound

Clinical Indications:
abdo pain, raised wcc ?cholelithiasis. (see previous scan)

Findings:
Pancreas: Echogenic.
Aorta: Normal calibre, 14mm.
Liver: Normal in size measuring 12cm. Mild increase in echogenicity. No focal lesion. Calcified granuloma again noted in Seg 8 - 7.5mm this is probably post infectious in aetiology and does not require further followup.
Biliary Tract: Normal. CBD diameter: 4mm.
Gall Bladder: Thin walled. 15mm calculus. Single mobile stone.
Right Kidney: Normal size; length 10cm. No mass, calculus or pelvicalyceal dilatation.
Left Kidney: Normal size; length 10cm. No mass, calculus or pelvicalyceal dilatation.
Spleen: Normal, 7cm.
No free fluid or ascites.

Conclusion:
Cholelithiasis without evidence of cholecystitis. No definite cause for the presentation.

Radiologist: Dr J. Velkovic

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https://dd.medinexus.com.au/web/dicomlink.aspx?accession=XI-3388047-US&version=2&id=Uaz06CsFAWKmrktOu8ZqGQ%3d%3d