

Patient Name: MARJANOVIC, NARELLE
Patient Address: 16 QUEST TCE, COOMERA 4209
D.O.B: 10/07/1977
Medicare No.: 4272734296
Lab. Reference: 663877326-I-1901
Addressee: DR MARIANNE BOTHA
Gender: F
IHI No.:
Provider: SNP
Referred by: Dr Marianne Botha
Date Requested: 25/11/2021
Date Collected: 31/12/2021
Specimen:
Subject(Test Name): S-AUTOANTIBODIES
Clinical Information:

Clinical Notes : Joint pains

Autoantibodies

Anti-Nuclear Abs (ANA) Negative (Titre <1:80)

Comments on Lab Id: 663877326

A negative ANA is seen in normal individuals. Occasionally patients with active SLE have a negative ANA.

JH

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

Tests Completed: Urate, Iron Studies, CRP, RF, E/LFT, TSH, LH, FSH,
Oestradiol, Progesterone, FBE, ANA, CCP Ab, HLA B27

Tests Pending :

Sample Pending :

Patient Name: MARJANOVIC, NARELLE
Patient Address: 16 QUEST TCE, COOMERA 4209
D.O.B: 10/07/1977
Medicare No.: 4272734296
Lab. Reference: 663877326-C-I925
Addressee: DR MARIANNE BOTHA

Gender: F
IHI No.:
Provider: SNP
Referred by: Dr Marianne Botha

Date Requested: 25/11/2021
Date Collected: 31/12/2021

Date Performed: 31/12/2021
Complete: Final

Specimen:
Subject(Test Name): S-RHEUMATOLOGY
Clinical Information:

Clinical Notes : Joint pains

Rheumatology Studies

Rheumatoid Factor (RF) Latex	<15	IU/mL	(	<30	)
CCP Abs	<1	U/mL	(	<5	)
HLA B27 (Flow Cytometry)	Negative				

Comments on Lab Id: 663877326

80% of rheumatoid arthritis patients have a positive RF, usually in high titre. Positive results, usually in low titre, are also found in patients with chronic or viral infections, liver diseases, hypergammaglobulinaemia, connective tissue diseases, ankylosing spondylitis (10%), and normal people (1-5%, incidence increases with age).

CCP antibodies when combined with RF, give a sensitivity of around 85% for the detection of early rheumatoid arthritis. Please note as of 14/4/2020 the RF reference interval has changed from <15 to <30 IU/mL

Cyclic citrullinated peptide (CCP) antibodies may be positive in some sero negative RA patients and appear earlier than RF in RA. CCP antibodies may predict more erosive disease and are a marker of disease severity. CCP antibodies may be present in some chronic infections eg HIV, HCV and in those conditions are not associated with arthritis. CCP antibodies have not been associated with Cryoglobulinaemia. Testing for CCP antibodies is performed using Abbott CMIA. An elevated CCP can be found in a significant number of patients with rheumatoid arthritis who have a negative RF. CCP antibodies may be detected in about 50-60% of patients with early RA (3-6 months after the beginning of symptoms).

HLA B27 is present in 10% of the normal population and does not by itself indicate that the patient has an autoimmune disease. HLA B27 is present in 90% of patients with ankylosing spondylitis and also occurs in patients with reactive arthritis, psoriatic arthritis, anterior uveitis and spondylarthritides associated with inflammatory bowel disease. Flow cytometry does not detect HLA B2706 or B27 Null alleles. These HLA alleles are not associated with ankylosing spondylitis or iritis. Testing performed on peripheral blood.

JL

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

Tests Completed: Urate, Iron Studies, CRP, RF, E/LFT, TSH, LH, FSH, Oestradiol, Progesterone, FBE, CCP Ab, HLA B27

Tests Pending : ANA

Sample Pending :

Patient Name: MARJANOVIC, NARELLE
Patient Address: 16 QUEST TCE, COOMERA 4209
D.O.B: 10/07/1977
Medicare No.: 4272734296
Lab. Reference: 663877326-E-E199
Addressee: DR MARIANNE BOTHA

Gender: F
IHI No.:
Provider: SNP
Referred by: Dr Marianne Botha

Date Requested: 25/11/2021
Date Collected: 31/12/2021

Date Performed: 31/12/2021
Complete: Final

Specimen:
Subject(Test Name): S- FERTILITY HORMONES
Clinical Information:

Clinical Notes : Joint pains

Gonadal Hormones

FSH	7	IU/L
LH	5	IU/L
Oestradiol	344	pmol/L
Progesterone	21	nmol/L

Reference Limits	FSH IU/L	LH IU/L	Oestradiol pmol/L	Progesterone nmol/L
Follicular	2 - 10	2 - 7	110 - 180	<0.5 - 2.5
Mid-Cycle	7 - 24	9 - 74	550 - 1650	2.5 - 12.0
Luteal	1 - 10	1 - 9	180 - 840	12.0 - 90.0
Menopausal	20 - 140	10 - 65	<200	<2.2
OCP	<5	<9	<80	<1.5

Comments on Collection 663877326

Falsely elevated Abbott oestradiol levels may be seen in patients on fulvestrant (FASLODEX) or mifepristone (MIFEGYNE, MIFEPRE) therapies. This elevation can be observed in patients treated with mifepristone for up to two weeks post treatment.

BJ

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

Tests Completed: Urate, Iron Studies, CRP, RF, E/LFT, TSH, LH, FSH,
Oestradiol, Progesterone, FBE, CCP Ab
Tests Pending : ANA, HLA B27
Sample Pending :

Patient Name: MARJANOVIC, NARELLE
Patient Address: 16 QUEST TCE, COOMERA 4209
D.O.B: 10/07/1977
Medicare No.: 4272734296
Lab. Reference: 663877326-E-E030
Addressee: DR MARIANNE BOTHA

Gender: F
IHI No.:
Provider: SNP
Referred by: Dr Marianne Botha

Date Requested: 25/11/2021
Date Collected: 31/12/2021

Date Performed: 31/12/2021
Complete: Final

Specimen:
Subject(Test Name): S- THYROID FUNCTION
Clinical Information:

Clinical Notes : Joint pains

Thyroid Function Tests

Date	02/09/20	31/12/21		
Time	1110	1209		
Lab Id.	645121645	663877326	Units	Reference
TSH	1.2	1.3	mIU/L	(0.3-3.5)

Comments on Collection 31/12/21 1209:
Euthyroid

EA

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

Tests Completed: Urate, Iron Studies, CRP, RF, E/LFT, TSH, LH, FSH,
Oestradiol, Progesterone, FBE, CCP Ab

Tests Pending : ANA, HLA B27

Sample Pending :

Patient Name: MARJANOVIC, NARELLE
Patient Address: 16 QUEST TCE, COOMERA 4209
D.O.B: 10/07/1977
Medicare No.: 4272734296
Lab. Reference: 663877326-C-H245
Addressee: DR MARIANNE BOTHA

Gender: F
IHI No.:
Provider: SNP
Referred by: Dr Marianne Botha

Date Requested: 25/11/2021
Date Collected: 31/12/2021
Specimen:
Subject(Test Name): .ANAEMIA
Clinical Information:

Date Performed: 31/12/2021
Complete: Final

Clinical Notes : Joint pains

Haematinics

Date	18/08/20	02/09/20	18/11/20	31/12/21		
Time F-Fast	1443	1110	1001 F	1209		
Lab Id.	654311603	645121645	655232568	663877326	Units	Reference
Iron	19		27	14	umol/L	(5-30)
Transferrin	2.6		2.7	3.0	g/L	(1.9-3.1)
TIBC	66		67	76	umol/L	(47-77)
Trans Sat	29		40	18 L	%	(20-45)
Ferritin	49		110	67	ug/L	(30-250)
CRP			0.7	1.0	mg/L	(<5)
Vitamin B12		368			pmol/L	(>150)
Active B12		125			pmol/L	(>35)
Folate serum		28			nmol/L	(>7.0)

Comments on Collection 31/12/21 1209:

Iron Studies

The normal ferritin implies normal iron stores. However, a normal ferritin level may be seen in iron deficient patients who have recently taken oral iron, or who have an intercurrent illness causing ferritin elevation.

CA

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

Tests Completed: Urate, Iron Studies, CRP, RF, E/LFT, TSH, LH, FSH,
Oestradiol, Progesterone, FBE, CCP Ab

Tests Pending : ANA, HLA B27

Sample Pending :

Patient Name: MARJANOVIC, NARELLE
Patient Address: 16 QUEST TCE, COOMERA 4209
D.O.B: 10/07/1977
Medicare No.: 4272734296
Lab. Reference: 663877326-H-H900
Addressee: DR MARIANNE BOTHA

Gender: F
IHI No.:
Provider: SNP
Referred by: Dr Marianne Botha

Date Requested: 25/11/2021
Date Collected: 31/12/2021

Date Performed: 31/12/2021
Complete: Final

Specimen:
Subject(Test Name): .BLOOD COUNT
Clinical Information:

Clinical Notes : Joint pains

Haematology

Date	18/08/20	02/09/20	18/11/20	31/12/21		
Time F-Fast	1443	1110	1001 F	1209		
Lab Id.	654311603	645121645	655232568	663877326	Units	Reference
Haemoglobin	127	124	132	133	g/L	(115-165)
Haematocrit	0.39	0.37	0.40	0.40		(0.35-0.47)
RCC	4.2	4.1	4.4	4.4	10*12/L	(3.9-5.6)
MCV	93	91	91	91	fL	(80-100)
WCC	8.3	8.3	6.8	8.0	10*9/L	(3.5-12.0)
Neutrophils	4.34	4.85	3.57	4.45	10*9/L	(1.5-8.0)
Lymphocytes	3.06	2.37	2.40	2.67	10*9/L	(1.0-4.0)
Monocytes	0.63	0.81	0.59	0.66	10*9/L	(0-0.9)
Eosinophils	0.23	0.18	0.21	0.16	10*9/L	(0-0.6)
Basophils	0.07	0.06	0.07	0.08	10*9/L	(0-0.15)
Platelets	376	363	386	385	10*9/L	(150-400)

HA

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

Tests Completed: Urate, CRP, RF, E/LFT, FBE

Tests Pending : Iron Studies, TSH, LH, FSH, Oestradiol, Progesterone, ANA,
CCP Ab, HLA B27

Sample Pending :

Patient Name: MARJANOVIC, NARELLE
Patient Address: 16 QUEST TCE, COOMERA 4209
D.O.B: 10/07/1977
Medicare No.: 4272734296
Lab. Reference: 663877326-C-C290
Addressee: DR MARIANNE BOTHA

Gender: F
IHI No.:
Provider: SNP
Referred by: Dr Marianne Botha

Date Requested: 25/11/2021
Date Collected: 31/12/2021

Date Performed: 31/12/2021
Complete: Final

Specimen:
Subject(Test Name): S-C REACTIVE PROTEIN
Clinical Information:

Clinical Notes : Joint pains

Date	14/04/04	18/11/20	31/12/21		
Time F-Fast	1240	1001 F	1209		
Lab Id.	744016923	655232568	663877326	Units	Reference
CRP	<4	0.7	1.0	mg/L	(<5)

Comments on Collection 31/12/21 1209:

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: Urate, CRP, RF, E/LFT, FBE

Tests Pending : Iron Studies, TSH, LH, FSH, Oestradiol, Progesterone, ANA, CCP Ab, HLA B27

Sample Pending :

Patient Name: MARJANOVIC, NARELLE
Patient Address: 16 QUEST TCE, COOMERA 4209
D.O.B: 10/07/1977
Medicare No.: 4272734296
Lab. Reference: 663877326-C-C140
Addressee: DR MARIANNE BOTHA

Gender: F
IHI No.:
Provider: SNP
Referred by: Dr Marianne Botha

Date Requested: 25/11/2021
Date Collected: 31/12/2021

Date Performed: 31/12/2021
Complete: Final

Specimen:
Subject(Test Name): S-_ROUTINE CHEMISTRY
Clinical Information:

Clinical Notes : Joint pains

Chemistry (serum)

Date	18/08/20	02/09/20	18/11/20	31/12/21		
Time F-Fast	1443	1110	1001 F	1209		
Lab Id.	654311603	645121645	655232568	663877326	Units	Reference
Sodium	138	133 L	136	137	mmol/L	(135-145)
Potassium	3.8	4.0	4.7	4.3	mmol/L	(3.5-5.5)
Chloride	104	101	104	105	mmol/L	(95-110)
Bicarbonate	26	25	26	23	mmol/L	(20-32)
Anion Gap	8	7	6	9	mmol/L	(<16)
Calcium (Corr.)	2.29	2.24	2.37	2.39	mmol/L	(2.10-2.60)
Phosphate	1.00	0.89	1.07	1.17	mmol/L	(0.80-1.50)
Urea	4.9	4.2	5.2	5.1	mmol/L	(2.5-7.0)
Urate	0.308	0.280	0.333	0.323	mmol/L	(0.150-0.400)
Creatinine	70	74	79	65	umol/L	(45-85)
eGFR	>90	86	79	>90		(>59)
Fast. Glucose			5.0		mmol/L	(3.6-6.0)
Random Glucose	5.4	4.7		4.7	mmol/L	(3.6-7.7)
Total Protein	70	69	74	74	g/L	(64-81)
Albumin	40	41	43	43	g/L	(33-46)
Globulin	30	28	31	31	g/L	(23-43)
T Bilirubin	7	9	11	6	umol/L	(<16)
ALP	60	58	63	75	U/L	(20-105)
AST	13	14	15	17	U/L	(10-35)
ALT	14	12	18	21	U/L	(5-30)
GGT	18	17	19	23	U/L	(5-35)
LDH	176	172	191	175	U/L	(120-250)
Cholesterol	5.0	4.3	4.4	5.2	mmol/L	(<5.6)
Triglyceride			0.9		mmol/L	(<2.1)
Haemolysis Index	9	2	9	5		(<40)

CA

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Tests Completed: Urate, CRP, RF, E/LFT, FBE

Tests Pending : Iron Studies, TSH, LH, FSH, Oestradiol, Progesterone, ANA, CCP Ab, HLA B27

Sample Pending :