

Maitland Street Medical Centre

139 Maitland Street
Narrabri 2390 NSW
Ph: 02 9059 0711
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maitland_medical@hotmail.com

13/09/2022

Dr Keith Power 157 Mann St Armidale. 2350

Phone: 6772 5228 Fax: 6772 5243

Email:

RE: Miss Victoria Joy Irwin

DOB: 12/11/2012 10801 Newell Highway Bohena Creek NSW 2408

Ph: 0497859936

Dear Keith,

Thank you for seeing Victoria Irwin for an opinion and management.

Victoria has been complaing of abdominal pain for the last three weeks and did not have have abdominal pain prior to that.

Please find attached X-ray, USS abdomen and blood tests results.

DX

? feacla loading? mesenteric adenitis

Her current medications are: No regular medications.

Allergies:

Amoxicillin

Rash, Moderate

Past Medical History:

2013

Chronic Constipation, chronic

Yours faithfully,

Dr Navin Erathnage

MBBS FRACGP FARGP DRANZCOG Adv, Dip Derm, Dip Paed

272118XB

P O BOX 632 313 JACKS CREEK , NARRABRI, NSW. 2390

Birthdate: 12/11/2012 Sex: F Medicare Number: 2703866716

Your Reference: Lab Reference: 6330895

Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Copy to:

NARRABRI ACC. AND EMERGENCY

Name of Test: Routine Chemistry

Requested: 07/09/2022 Collected: 07/09/2022 Reported: 07/09/2022

16:41

Requested tests: UEC, CMP, BLF, AMY, LAS

Laboratory: SYDPATH

Date: Reference Time:	Current Result 07/09/22	Previous	results	for	comparison	only	(for
this Request No.: collection)	6330895					Units	
Electrolytes (se	rum/plasma)						
Sodium	138					mmol/L	135-145
Potassium	3.9					mmol/L	3.6-5.3
Chloride	105					mmol/L	95-110
Bicarbonate	28					mmol/L	17-30
Urea	5.2					mmol/L	3.0-7.0
Creatinine	36					umol/L	30-70
Calcium	2.44					mmol/L	
2.10-2.60							
Magnesium 0.65-1.10	0.73					mmol/L	
Inorganic Phosph 0.90-2.00	a 1.69					mmol/L	
	SUPPLIA DORA						
Liver Function T		/plasma)				~/T	60-80
Total protein	67					g/L g/L	33-48
Albumin	39					umol/L	0-20
Bilirubin total	3					U/L	50-400
Alkaline phospha	at 90					U/L	0-35
ALT	25					U/L	0-33
AST	36					U/L	0-35
GGT	12					U/L	0-33
Amylase	99					U/L	0-60
Lipase	40					U/L	0-430
LDH	209					0/1	0-430

Tests Pending: TFT, HLA-DQ2/DQ8, Immunoglobulin A, Coeliac Disease Auto Ab., Coeliac Disease Auto Ab.

P O BOX 632 313 JACKS CREEK , NARRABRI, NSW. 2390

Birthdate: 12/11/2012 Sex: F Medicare Number: 2703866716

Your Reference: Lab Reference: 6330895

Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Copy to:

NARRABRI ACC. AND EMERGENCY Name of Test: CRP (barwon)

Requested: 07/09/2022 Collected: 07/09/2022 Reported: 07/09/2022

16:41

Requested tests: CRB Laboratory: SYDPATH

Current

Result Previous results for comparison only

Date: 07/09/22

Reference

Time: 15:35 (for

this

Request No.: 6330895 Units

collection)

Acute Phase Reactants (serum/plasma)

CRP <5.0 mg/L <5.0

CRP Comment CRPBCOM

Comments: (07/09/2022 15:35 Episode No. 6330895)

CRPBCOM: CRP Note: CRP was noted by standard assay. High sensitivity CRP

results, for

cardiovascular risk assessment, must be specifically requested and testing will

be performed in the Sydney Laboratory.

Tests Pending: TFT, HLA-DQ2/DQ8, Immunoglobulin A, Coeliac Disease Auto Ab., Coeliac Disease Auto Ab.

P O BOX 632 313 JACKS CREEK , NARRABRI, NSW. 2390

Birthdate: 12/11/2012 Sex: F Medicare Number: 2703866716

Your Reference: Lab Reference: 6330895

Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: Haematology

Requested: 07/09/2022 Collected: 07/09/2022 Reported: 07/09/2022

16:37

Requested tests: FBC, MOR

Laboratory: SYDPATH

	Current		1				
Date:	Result 07/09/22	Previous results for comparison only					
Reference							
Time: this	15:35			(for			
Request No.: collection)	6330895		Units				
Full Blood Count			10^9/L				
White Cell Count 4.5-13.0	10.5		10 9/1				
Red Cell Count	4.1		10^12/L	3.9-5.2			
Haemoglobin	119		g/L	110-145			
Haematocrit	0.35						
0.30-0.45				75 00			
MCV	86		fL	75-90			
MCH	29.0		pg				
26.0-31.0	227		a/I.	320-360			
MCHC	337		g/L %	320 300			
RDW	14.0						
11.5-14.5 Platelet Count	402		10^9/L	150-450			
Flacelet Counc							
Neutrophils	4.3		10^9/L	1.5-8.0			
Lymphocytes	4.4		10^9/L	1.5-4.5			
Monocytes	0.7		10^9/L	0.2-1.0			
Eosinophils	1.1 H		10^9/L	0.0-1.0			
Basophils	0.0		10^9/L	0.0-0.1			
Elliptocytes	++						
FBC Comment	Comments						

Comments: (07/09/2022 15:35 Episode No. 6330895) Note eosinophilia.

Tests Pending: Amylase, Ca Mg INP, Lipase, TFT, UEC, LFT, HLA-DQ2/DQ8, Immunoglobulin A, Coeliac Disease Auto Ab., Coeliac Disease Auto Ab., CRP (barwon)

P O BOX 632 313 JACKS CREEK , NARRABRI, NSW. 2390

Birthdate: 12/11/2012 Sex: F Medicare Number: 2703866716

Your Reference: Lab Reference: 6330895

Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Copy to:

NARRABRI ACC. AND EMERGENCY

Name of Test: Serum Immunoglobulins

Requested: 07/09/2022 Collected: 07/09/2022 Reported: 08/09/2022

23:06

Requested tests: IGA Laboratory: SYDPATH

Serum Immunoglobulins

IgA 1.29 g/L [0.50-2.20]

Tests Pending: TFT, HLA-DQ2/DQ8, Coeliac Disease Auto Ab., Coeliac Disease Auto Ab.

P O BOX 632 313 JACKS CREEK , NARRABRI, NSW. 2390

Birthdate: 12/11/2012 Sex: F Medicare Number: 2703866716

Your Reference: Lab Reference: 6330895

Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Copy to:

NARRABRI ACC. AND EMERGENCY

Name of Test: Thyroid Function Tests

Requested: 07/09/2022 Collected: 07/09/2022 Reported: 08/09/2022

23:23

Requested tests: TFT Laboratory: SYDPATH

Current

Result Previous results for comparison only

Date: 07/09/22

Reference

Time: 15:35 (for

this

Request No.: 6330895 Units

collection)

Thyroid Testing (serum/plasma)

TSH 2.67 mIU/L

0.50-5.80

Free T4 11.4 pmol/L

8.0-16.0

TFT com. TFTCOM1

Comments: (07/09/2022 15:35 Episode No. 6330895)

TFTCOM1: THYROID FUNCTION TESTS: TSH, free T4 and free T3 measured using

Beckman-Coulter

method (Dr Graham Jones).

Tests Pending: HLA-DQ2/DQ8, Coeliac Disease Auto Ab., Coeliac Disease Auto Ab.

P O BOX 632 313 JACKS CREEK , NARRABRI, NSW. 2390

Birthdate: 12/11/2012 Sex: F Medicare Number: 2703866716

Your Reference: Lab Reference: 6330895

Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Copy to:

NARRABRI ACC. AND EMERGENCY

Name of Test: Coeliac Screen
Requested: 07/09/2022 Collected: 07/09/2022 Reported: 09/09/2022

12:24

Requested tests: TTG,GLI

Laboratory: SYDPATH

Coeliac Disease Autoantibodies

TTG IgA Ab. <2 CU [0-19]

Coeliac Disease Autoantibodies

Deamidated Gliadin IgG Ab <3 CU [0-19]

Negative results for both TTG IgA Ab and deamidated Gliadin IgG Ab, are likely to exclude active coeliac disease, provided serum IgA levels and gluten intake are normal.

Tests Pending: HLA-DQ2/DQ8

VICTORIA IRWIN,

P O BOX 632 313 JACKS CREEK , NARRABRI, NSW. 2390

Birthdate: 12/11/2012 Sex: F Medicare Number: 2703866716

Your Reference: Lab Reference: 6330895

Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

copy to:

NARRABRI ACC. AND EMERGENCY

Name of Test: HLA-DQ2/DQ8

Reported: 09/09/2022 18:16 Requested: 07/09/2022 Collected: 07/09/2022

Requested tests: DQ2 Laboratory: SYDPATH

HLA-DQ2/DQ8

EUROImmun HLA-DQ2/DQ8 MicroArray (PCR) Note that because of the high prevalence of these HLA genes within the population, the main value of this test is to exclude the diagnosis of coeliac disease. It is of very limited value in predicting the presence of this disease.

Specimen: Whole Blood

Result HLA-Allele

Not detected HLA-DQ2.2 Not detected HLA-DQ2.5 DETECTED HLA-DQ8 HLA-DQ2.2/DQ2.5 (DQB1*02) Not detected

Interpretation:

At least one HLA DQ genotype conferring susceptibility for coeliac disease was detected. Because of the high prevalence of these genes, this result is of very limited value in predicting the presence of coeliac disease.

A coeliac disease risk allele is not excluded.

WIN, VICTORIA JOY

174 Couradda Road Couradda 2390

Phone:

Birthdate:

12/11/2012

Sex:

Medicare Number:

Your Reference:

4005194425

Lab Reference: 5005386702

Laboratory:

RIS.HNEI

Addressee:

Dr. NAVIN ERATHNAGE Referred by:

Dr. NAVIN ERATHNAGE

Name of test:

XRAY Abdomen

Requested

05/09/2022

Collected:

05/09/2022 Reported:

05/09/2022 08:43:00

To view full multimedia report and images please click here

For GENIE users to view full multimedia report and images please click here

Referring Dr: Navin Erathnage

Address: 139 Maitland Street Narrabri NSW 2390

Fax: 02 8003 9085 Delivery Method: EDI

MRN: 2758309 Ward/Clinic: NDH Outside Referral

Patient: Victoria Joy Irwin

DOB: 12/11/2012 Reported by: Dr Andrew Solomons

Address: PO BOX 632 NARRABRI 2390

Exam Date: 5/09/2022 8:17 AM

XRAY Abdomen

Clinical History: constipation

The ascending colon and rectum are quite loaded with faeces but there is only a scattered amount of the remainder of the colon. Small bowel loops are normal in calibre. The lung bases are clear.

Signed by: Dr Andrew Solomons 5/09/2022 8:37:41 AM

IRWIN, VICTORIA 16 PARK CRES 2390

Phone:

12/11/2012 Birthdate:

Sex:

Medicare

Number:

27038667163

Your

2319963

Lab

by:

2319963

Reference:

Reference:

Laboratory: alpenglo

Addressee:

DR NAVIN

Referred

DR NAVIN ERATHNAGE

Name of

US ABDOMEN

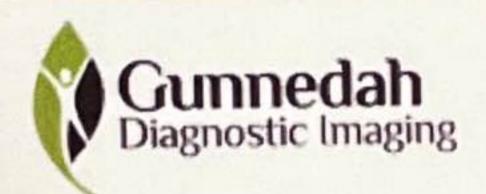
ERATHNAGE

test: 07/09/2022 Requested

Collected: 12/09/2022Reported:

12/09/2022

09:28:00



Patient Name: IRWIN, **VICTORIA**

DOB:12/11/2012

Gender:F

Address: 16 PARK CRES NARRABRI NSW 2390

Phone:

Medicare Number:

Click here to view all images from study.

This report is for: Dr N. Erathnage

Referred By: Dr N. Erathnage

US ABDOMEN 12/09/2022 Reference: 2319963

ULTRASOUND ABDOMEN

Clinical History: Abdominal pain. Chronic constipation.

Findings:

Liver, gallbladder and pancreatic appearances are unremarkable. No biliary ductal dilatation.

Kidneys are appearing within normal limits. Spleen has no enlargement or mass.

Appendix is not seen as a discrete structure. Urinary bladder features are unremarkable.

No ascites evident. Several lymph nodes are seen especially at left upper abdomen however individually subcentimeter.

Conclusion:

No discrete lesion finding or ascites. Note is made of several prominent however individually nonenlarged lymph nodes in the left upper abdomen? adenitis if more localising feature.

(This report and images are available online at https://pacs.alpenglow.com.au/InteleConnect)

Reported by: Dr A. Ko

Sonographer: MULHERIN, LISA

Typist: J.T

Click here to view all images from study.

For any enquiries or problems relating to this report, please contact our reception on 02

6742 7722

Paediatric Clinic Tamworth Rural Referrel Hospital Locked Mail Bog 9783, Tamworth, NSW 2348

Dr Renton L'Heureux Staff Specialist Paedistrician Telephone: 02 87 678740 Facalmile: 02 87 684644

19 December 2013

Dr Ebenezer Ojo 4/159 Maitland St Narrabri N8W 2390 Health

NSW
Hunter New England
Local Health District

LATE: 20 JAN 2014

ACTION - call patient within

no action

patient seen already

Drs Signature:

Dear Dr Ojo

Re:

Miss Victoria Joy Irwin, 313 Jacks Creek Road, Narrabri, NSW, 2390

DOB: 12/11/2012 Patient ID: N2758309

Problems:

Chronic constipation (on Allerpro)

2. Plagiocephaly (with right plnna deviation - mild)

3. Febrile convulsions/reflex anoxic seizures

Medications: Nil

It was a pleasure reviewing Victoria who is now 1 year and 1 month in our Paediatric Outpatient Clinic, accompanied by her mother and father today. Since we last reviewed Victoria she has had no episodes of fever or convulsions. The EEG that was done has not been formally reported, but there were no concerns raised at the time of the test. The CT scan which was done here in Tamworth has shown normal brain growth, with no space-occupying lesion or structural abnormality of the cortex.

Developmentally Victoria continues to do well, and she is currently walking unassisted for a few steps. She continues to say quite a few words and is an extremely social individual.

On examination she was systemically well, and because we had measured her weight and height only a few weeks ago, I did not do it this time. Her head circumference is 46.8cm which is similar to what we measured before.

On assessment therefore Victoria is a lovely 1 year, 1 month old girl who present with a normal neurological investigation as well as CT scan and EEG. She continues to have chronic constipation and we will continue treating that with Movicol intermittently (she hasn't been started on the medication because she has been on antibiotics).

I will review her for one final time in 6 months, but should there be any concern in the interim please do not hesitate to contact me.