

Reference: 00133235

WADDELL-WOOD, PENNY ELAINE Ph: 0423515505
1 CLISBY CLOSE
COOK ACT 2614

Lab Number : 942070377

Referral Date : 09/12/21

Collection Date : 03/02/22

Service Date : 03/02/22

Report Printed: 08/02/22 04:55

Report to:

PENNY ELAINE WADDELL-WOOD
1 CLISBY CLOSE
COOK ACT 2614

DOB: 08/07/1987 F 34Y

Clin Note: FH of Coeliac Referred by DR JANE TAYLOR

THYROID FUNCTION TESTS

Free T4	11.6	pmol/L	(9.0-19.0)
TSH	<0.008 L	mIU/L	(0.40-3.5)
Free T3	3.4	pmol/L	(2.6-6.0)

SPECIFIC PROTEINS

IgA	2.42	g/L	(0.70-4.00)
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THYROID ANTIBODIES

Anti-thyroglobulin Ab	2	IU/mL	(<5)
Anti-thyroid peroxidase Ab	17 H	IU/mL	(<6)

Low levels of antibodies can occur in normal individuals (mainly elderly) and may also occur in non-thyroid autoimmune and chromosomal disorders.

VITAMIN B12 AND FOLATE STUDIES

Vit. B12	536	pmol/L	(>170)
Active B12	>128	pmol/L	(>35)
Serum Folate	21.0	nmol/L	(>5.9)

Normal active Vitamin B12 (Holo-transcobalamin) and total Vitamin B12 levels indicate normal Vitamin B12 status.

GENOTYPING FOR COELIAC DISEASE

Specimen Type	EDTA blood
Method	Real-time PCR
Result:	Coeliac susceptibility genotype DETECTED (DQA1*05+, DQA1*02-, DQB1*02+, DQB1*03:02/05-)

Interpretation: Genotype consistent with the presence of HLA-DQ2.5 antigen. This result is associated with increased risk of coeliac disease.

However, >50% of the general population has an at-risk genotype, and <1% of these individuals will develop biopsy-confirmed coeliac disease. Supportive evidence from coeliac serology and smallintestinal biopsy is therefore necessary to make a diagnosis of coeliac disease.

Test information:

Qualitative detection of HLA-DQA1*02:01, HLA-DQA1*05:XX, HLA-DQB1*02:XX, HLA-DQB1*03:02/03:05 and HLA-DRB1*04:XX alleles is performed using the GeneFinder HLA-DQ2/DQ8 RealAmp kit (Osang Healthcare). This assay is designed to identify DQ2 (2.2 and 2.5) and DQ8 antigens that are present in more than 95% of individuals with coeliac disease. Some additional rare genotypes consistent with HLA-DQ8 antigen may be detectable by this assay though indistinguishable from HLA-DQB1*03:02/05. False positive results due to cross-reactivity with rare subtypes are possible. Rare subtypes, the presence of additional heterodimers, and zygosity of detected alleles

Report: TF,SP,TAB,B12F,COH

Tests Completed: IGA,T3,TA,B12,FOL,AB12,TSH,T4,FT4,TFTD,FT3,COH,FBC,AGL,TTG.

Service Date : 03/02/22 PEW

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FOLLOW-UP: ☐ File ☐ Contact Patient ☐ Notes ☐ Make Appointment..... ☐ Repeat

Dr Jason Gluch M.B.B.S., F.R.C.P.A., B.Med.Sci.
Dr Paul Whiting M.B.B.S., F.R.C.P.A., M.A.S.M.
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Dr Melissa Robbie M.B.B.S., F.R.C.P.A.
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cannot be determined by this assay. A full list of alleles to 4-digit HLA nomenclature detectable by this assay is available on request. References: PMID 25827511; 23981538.

HAEMATOLOGY

HAEMOGLOBIN	127	g/L	(115-165)
Haematocrit	0.40		(0.35-0.47)
Red cell count	4.6	x 10 ¹² /L	(3.8-5.8)
Mean cell volume	86	fL	(80-100)
Mean cell haemoglobin	27.4	pg	(27.0-33.0)
Mean cell haemoglobin conc.	317	g/L	(310-360)
WHITE CELL COUNT	5.1	x 10 ⁹ /L	(4.0-11.0)
Neutrophils	45.1	%	(2.0-7.5)
Lymphocytes	43.1	%	(1.0-4.0)
Monocytes	9.8	%	(< 1.1)
Eosinophils	0.0	%	(< 0.6)
Basophils	0.0	%	(< 0.3)
Nucleated red cells	0	per hundred white cells	
PLATELETS	162	x 10 ⁹ /L	(150-400)

Haematological parameters show no significant abnormality.

COELIAC SEROLOGY

IgA	2.42	g/L	(0.70-4.00)
Glutadin IgG Abs	<1	U/mL	(<7)
tTG	1	U/mL	(<7)

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

Report: COH,HEM-ED,COE FINAL REPORT

Service Date : 03/02/22 PEW

Tests Completed: IGA,T3,TA,B12,FOL,AB12,TSH,T4,FT4,TFTD,FT3,COH,FBC,AGL,TTG.

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