Whitsunday Family Practice

Shop B6, 8 Galbraith Park Drive
Cannonvale, QLD, 4802
Ph:07 4948 3323
Fax: 07 4948 3536

16th July 2024

A/Prof Christopher Neil
58A Whitehorse Road
Deepdene 3103
Phone: 1300 870 772
Fax: (03) 8679 0579
Email: info@heartwise.me

Dear Christopher,

Re: Ms Carol LINDELL
DOB: 18/11/1958
2 Dashwood Close
Wamberal 2260
Home Phone:
Mobile: 0438762228
Medicare: 2718622993 1

Many thanks for seeing this 65 year old university lecturer for exertional palpitations and dyspnoea.

I saw Carol for the first time today when she travelled here after visiting some family in Queensland, due to my special interest in Covid 19 vaccine adverse events.

On 5th August 2021 Carol had her first and only Covid 19 vaccine, AstraZeneca, and within 5 days developed muscle weakness and pain, chest pain and dyspnoea, tinnitus, visual disturbance and dizziness/ balance difficulty. Carol has kindly provided detailed specialist letters and other investigations since that time and she remains under the care of her neurologist and regular GP, please find these attached.

With respect the cardiac symptoms, Carol noticed progressive worsening of the chest pain and dyspnoea and within 2 months after vaccination she was having episodes of chest pain that she described as 'crushing, like someone was standing on my chest'. Around this time she was developing more noticeable breathlessness and the symptoms were much worse on exertion. This was initially thought to be anxiety, and Carol says she purchased a pulse oximeter so that she could reassure herself her O2 levels were normal and that the symptoms were panic related, however she found that her SaO2 levels were consistently in the low 90's and sometimes as low as 89 and she was largely bed bound during this period- not only due to the breathlessness and chest pain but also the debilitating muscle weakness and pain. Around 18 months later Carol was seen by a cardiologist who arranged for a holter monitor and it sounds as though this was reported as normal and symptoms thought to be likely anxiety.

Prior to her vaccine Carol was very fit and active. She would run on the beach every morning, 1.5-2km daily and would go to the gym 3-4 times a week. Currently she is unable to run at all, limited completely by breathless, pain and fatigue. She will develop palpitations and breathlessness if she tries to walk up stairs. She does not get the chest heaviness or pain when she exerts herself to the limits of her current capacity.

During consultation Carol had a moment of feeling very dizzy and needing to pause speaking, and her heart rate and oxygen levels remained within normal range - SaO2 98 and HR 89 without significant fluctuation.

Carol's most problematic symptoms currently for her are the nerve and muscle burning pain and brain fog, and so I have suggested today a trial of low dose Naltrexone, but I hoped you could see her for your expert opinion on further investigation and management of the exertional breathlessness, palpitations and reduced exertional ability.

Kind regards,

Allergies:

Penicllin	swollen tougue

Current Medications:

Naltrexone Liquid Solution ()	Take 0.1mL orally at night and increase by 0.1mL every 5 days as tolerated to 0.9mL.

Current Medical Conditions:
Not recorded.

Past Medical History:
Not recorded.

Family History:

Mother:	Deceased Age 63	Breast cancer
Father:	Alive	

Kind Regards,

Dr Melissa McCann
BPharm,MBBS,FRACGP, Grad Cert of Allergy
410813TX

cc Dr Marlin Dawod

IMAGING REQUEST - MRI

CENTRAL COAST
RADIOLOGY & NUCLEAR MEDICINE

Dr A Hunt | Dr P Herald | Dr C Wong | Dr T Sachinwalla | Dr R Lees | Dr A Mckenzie

19/10 5.40

☑ Erina 3T MRI (Medicare Rebate) 4365 1866 ☐ Kanwal 1.5T MRI 4393 0200

29/10 2.50

Region

☐ MRI Head	☐ MRA
☑ MRI Cervical Spine	☐ MRCP
☑ MRI Thoracic Spine	☐ MRI Other - (specify region)
☑ MRI Lumbar Spine	☐ Orbital Xray required if "yes" answered to question 5 of questionnaire
☐ MRI Musculoskeletal - (specify region) +/- plain xray	

For Medicare Rebate it is essential that appropriate clinical information is provided.

Specific Region: MRI full spine

Patient Name: Carol Lindell D.O.B. 18/11/58

Medicare No.: Contact Number: 0438 762 228

Clinical Notes: post-vaccination? neuromyopathy
brisk reflexes ? myelopathy
also ? (L) L5 radiculopathy

DR ROBERT HEARD
55 Hill Street
Gosford NSW 2250
Ph: 4323 6077
Prov: 027553JB

please bulk bill

Signature:

Date: 28/9/11

ERINA
194 The Entrance Road
Erina NSW 2250
Tel: 4365 1866 Fax: 4363 7744

KANWAL
Block B, Kanwal Medical Centre
654 Pacific Highway, Kanwal NSW 2259
Tel: 4393 0200 Fax: 4393 0201

PLEASE BRING PREVIOUS FILMS OR CD FOR COMPARISON

COMPLETE QUESTIONNAIRE ON REVERSE

☐ Phone Report ☐ Email Report
☐ Fax Report ☐ More Request Pads
☐ CD
☑ cc Doctor M-Dawood

Central Coast Radiology & Nuclear Medicine
A Member of the I-MED Network

I-MED NETWORK Leaders in Diagnostic Imaging

centralcoastradiology.com.au
ABN: 45 095 617 244

CCR124 10/11

Prof Robert Heard
Coastal Neuro Physiology
55 Hill Street
Gosford 2250
Tel: 0243236077

16th February 2022

Patient ID: 46.17086511
Accession Number: 77.35902124
UR Number: 1185155-1/GOSFORD

Reported: 16 February 2022

Dear Prof Heard

Re: **Mrs Carol LINDELL-INNES - DOB: 18/11/1958**
2 Dashwood Close WAMBERAL 2260

MRI BRAIN:

CLINICAL NOTES:

Presumed cystic reaction to a Astra Zeneca vaccine. Florid rash. Possible sensory/smooth neuropathy. Exclude demyelination

TECHNIQUE:

Axial T2, axial FLAIR, sagittal T1, axial DWI and SWI sagittal T2 FLAIR time-of-flight MR venogram.

FINDINGS:

There is no normality on DWI or SWI imaging to suggest an acute ischaemic ligament or intracranial blood products. The brainstem and cerebellum are unremarkable. There is no intracranial mass.

The vestibulocochlear nerve complexes and CP angles appear normal.

There is no sellar or parasellar abnormality. The ventricles are of normal size and configuration. The visualised major intracranial vessels return normal flow voids. No evidence of sinus venous thrombosis on the MR venogram.

A few high signals in the subcortical and periventricular white matter of the cerebrum may be related to demyelinating plaque or microangiopathic white matter ischaemia.

IMPRESSION:

No acute brain abnormality or space-occupying lesion.

A few FLAIR hyperintense signals in the cerebral white matter are non-specific. Differential includes demyelinating plaques versus micro angiopathic white matter ischaemia

Dr Madiha Batool

Electronically signed at 9:19 am Wed, 16th Feb 2022

cc: Dr Dawod

Carol Lindell - For Dr Heard 25th February 2022

8th Dec - relapsed – all original symptoms returned. Confined to bed for 8 days, followed by slow recovery with many lingering symptoms.

20th Dec (4 days after starting Plaquenil from Dr Reeves)

I woke with facial weakness. GP determined it was related to cranial nerves 5 & 7 but assured me it wasn't Bell's Palsy. This has since resolved but over Christmas my right eye was intermittently blurry and couldn't focus. As I couldn't get in touch with Dr Reeves, I stopped the plaquenil (as he had mentioned it could cause eye issues). The eye problem is ongoing, and I have since been referred to an ophthalmologist.

5 Feb - Admitted to hospital - Kidney Stones

8th Feb - relapsed – Confined to bed for 4 days. Ongoing slow recovery with ongoing symptoms below

Ongoing symptoms

Tinnitus and ear pressure
Heavy/painful legs (only when standing still) I can stand only for a few minutes before I have to sit down. Heaviness is not there whilst moving around.
Eye blurry (like looking though Vaseline)
Headaches/temple pain/brain fog
Burning/painful muscles in arms/legs/buttocks
Chronic fatigue
Pain in right kidney
Painful thighs (feels like the muscle is torn)
Weak right foot (trouble holding on slippers)
Feeling of tight socks on ankles
Twitching muscles
Pins and needles in hands, arms and feet
Internal vibrations (worst on waking in the morning)
Hand and neck tremors
Dizziness when standing up
Skin on forearms and shins has become thin and shiny (like parchment paper)
Veins on hands and arms more prominent
Panic attacks
Often feels like narcolepsy, muscles go weak and I can't stay awake

The symptoms below come on together (feels like a fight or flight response) but I can be sitting quietly when it happens, or on awakening in the morning.

Heart rate spikes, and short of breath
Sweating
Butterflies in tummy
Diarrhoea
This sometimes precedes panic attacks, but not always

In desperation (and thinking I was alone in this) I started searching the internet. What I found was both comforting and disconcerting. Comforting in as much as I am not alone, there are thousands of people out there suffering EXACTLY the same symptoms, but simultaneously disconcerting as there seems to be no diagnosis, treatment plan, or prognosis for recovery.

I found lots of social media support groups (Reddit, Facebook, Telegram, Twitter) where people who had been adversely affected by Covid 19 vaccines were discussing their symptoms, the various diagnostic tests being done, the outcomes of these diagnostics, and trial treatments. I also searched for any research, and although sparse, and as you are undoubtably aware, I found a few articles/papers on the adverse effects of Covid19 vaccines, some of these are peer reviewed. Interestingly, the consensus seems to be that the adverse effects of ALL the vaccines (AZ, Pfizer, J&J, Moderna) often result in similar symptoms. Also interesting is that the adverse effects of the vaccines seem to mirror Long Covid symptoms. Hopefully therefore, if a successful treatment is found for Long Covid, it might benefit me too.

Questions

Report? Only the initial livedo rash/weakness, which was before the onset of debilitating symptoms, has been reported.

Compensation for lost earnings and medical costs?

Adding insult to injury, despite being ill for 7 months, and unable to work for almost 5 months, I am excluded from government compensation as I didn't go to hospital. I am sure there are many people, like me, who were fearful of going to hospital at the height of the first wave in case they caught covid. Is there anything I can do about this?

A/Prof Glenn Reeves MBBS (Syd) FRACP FRCPA

Immunology and Allergy Specialist
Provider No 027256DT
ABN 30 073 340 977

COASTAL IMMUNOLOGY and allergy clinic

BOOKS ARE OPEN - EXTREMELY LIMITED AVAILABILITY

20 May 2022

Dr Marlin DAWOD
Shop Med 1 Erina Fair
Terrigal Drive
Erina NSW 2250

Dear Marlin

RE: Carol LINDELL - DOB: 18/11/58
2 Dashwood Cl, Wamberal NSW 2260

Current Issues (kindly encapsulated by Carol in written form):

- Persistent problems with polysymptomatic state dating back to the time of AstraZeneca vaccination 1 on the 4th of August and including neuropathic pain affecting arms, legs and buttocks varying from a burning to a toothache-like pain with aggravation by pressure applied to the back of the right thigh, such as that experienced while sitting in a chair and also sense of pressure under the right arm all with activities such as holding a phone to the ear which will also trigger a numbness in the arm extending to the hand and little finger. Buttocks are constantly painful with the right foot unable to grip slippers or open-back shoes. There is muscular weakness to the degree where any movements must be limited and restricted. Fatigue varies in severity, sometimes to the point of being bed-bound and not only tremor, but also sense of internal vibration is experienced plus tinnitus worse in the right ear, blurring of vision worse in the morning and more pronounced on the right side. Headaches with pressure sensations in the temples and some dizziness and a thin parchment-like character to the skin.
- Sleep occurs easily with extreme somnolence, although arguably this may have improved with Endep withdrawal. As you know we tried Plaquenil previously, but the use of this agent coincided with the development of Bell's palsy which, possibly in retrospect, may have been a phenomenon relating to the vaccination (a well reported association), hence our decision to retrial Hydroxychloroquine, noting that Endep and Mestinon have not been helpful.
- Other associated features, which have resolved encouragingly, have been the breathlessness, tachycardia and some of the cognitive clouding as well as insomnia, anorexia, sweating and panic attacks.
- The availability of support groups online has been helpful in providing some positive messages about an expectation of gradual improvement, but the pace of improvement is often frustrating and the lack of validation often creates a sense of being judged or misconstrued as having a psychosomatic or factitious process. The involvement of psychological carers has been useful in providing tools for managing the stress associated with this situation where a specific diagnostic label is not possible. We acknowledge there may be 12 months or more involved in total recovery.
- Current issues that dominate the picture include pain of a neuropathic character, a tinnitus and of course the lack of a label, which is not unusual in these settings and should not be dwelt upon excessively. The isolated home existence and house-bound state of course adds to these issues.

Medications: Vitamins B, C, D; magnesium; zinc; Omega-3; St John's Wort; healthy diet.

Due to current COVID pandemic circumstances, telehealth conferencing occurred today. The decision today was made to retrial cautious introduction of Plaquenil starting at a quarter of a tablet and moving up fortnightly by a quarter on each occasion, aiming for a total dose of one tablet = 200mg, whilst at the same time targeting

central pain sensations through the use of PEA (Palmitoylethanolamide), a novel agent working through cannabinoid pathways, but free of side-effects with respect to psychotropic or other adverse reactions. The dose will be compounded starting at 200mg daily, moving up by 200mg every three days and with a ceiling of 600mg TDS. Meanwhile, thank you for having coordinated review by the Pain Clinic.

I hope that the supportive and encouraging messages that are being received will help to bear fruit and further review is planned in 3-4 months. Thank you for your ongoing, supportive care.

Kind regards

A/Prof Glenn Reeves

PS: We extensively assessed neurological antibodies and organ markers, as well as nutrient levels and the isolated finding of no relevance to the current syndrome is hyperlipidaemia, with a cholesterol of 7. Otherwise, the blood tests are pristine.

cc: Prof Robert HEARD, Neurologist, 55 Hills Street, Gosford NSW 2250
cc: Miss Carol LINDELL, 2 Dashwood Cl, Wamberal NSW 2260

PO Box 3757, Erina NSW 2250
Elizabeth Court, Suite 8/30 Karalta Road, Erina NSW 2250
✆ 02 4321 0666 🖷 02 4321 0669
✉ reception@coastalimmunology.com.au argus@coastalimmunology.com (for medical correspondence)
www.coastalimmunology.com.au

A/Prof Glenn Reeves MBBS (Syd) FRACP FRCPA

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cc: Prof Robert HEARD, Neurologist, 55 Hills Street, Gosford NSW 2250
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PO Box 3757, Erina NSW 2250
Elizabeth Court, Suite 8/30 Karalta Road, Erina NSW 2250
✆ 02 4321 0666 🖷 02 4321 0669
✉ reception@coastalimmunology.com.au argus@coastalimmunology.com (for medical correspondence)
www.coastalimmunology.com.au

ASSESS MEDICAL GROUP

CAROL LINDELL

DOB: 18/11/1958

Customer:	**Taylor & Scott Lawyers**
Department:	**NSW IRO**
Team:	**Ray McClenahan**
Requester:	**Colette Grundy**

#M15522907-1

Matter Number	**621304**
ILARS Reference	**G/23/08082**
Number	**N/A**
Date of Injury	**IRO**

IRO Independent Medical Examination (IME)

Provider:	**Browne, Christopher - Dr. Christopher Browne - Sydney**
Completed Date:	**23/04/2024**
Page Count:	

Powered by medEbridge

Dr Chris Browne
MBBS FRACP
Rheumatologist

ASSESS MEDICAL GROUP

17 April 2024

Mr David Hartstetin
Accredted Specialist
Taylor & Scott Lawyers
Gough Whitlam Plaza
Suite 4, Level 4
20-24 Wentworth Street
Parramatta NSW 2150

Dear Mr Hartstein,

Re	**: Ms Carol LINDELL**
Address	**: 2 Dashwood Close, Wamberal NSW 2260**
Date of Birth	**: 18 November 1958**
Claim/Ref No	**: RJM:621304**
Date of Consult	**: 18 March 2024**

Thank you for requesting Independent Medical Examination of Ms Carol Lindell who attended the City office on 18 March 2024.

Relevant medical reports, results of investigations were noted in the course of preparation of this assessment.

CODE OF CONDUCT

I acknowledge that I have read the Expert Witness Code of Conduct contained in the (amended) Schedule 7 of the Uniform Civil Procedures Rules 2005. I agree to be bound by the Code. I also acknowledge that I have read the PIC4 Procedural Directions for Expert Witness Evidence and I agree to be bound by these Directions. To the best of my ability this report has been prepared in accordance with these Directions.

INTRODUCTION

At the commencement of the interview I explained the purposes of an independent medico-legal examination. I indicated I was not a treating doctor and that I was not able to provide any advice. My report is based on the history provided by Ms Lindell, the appropriate clinical examination and the documentation provided.

HISTORY

Ms Lindell had been employed by the University of Newcastle on a part time basis initially in 2009 and completed her PhD in education. She became a learning advisor at the University of Newcastle and was then employed full time until 2021 and later permanent part time seven hours per day three days a week.

At the time of onset of the COVID pandemic she was working at home and commented that she was well except for some perimenopausal fatigue, but had no history of joint symptoms.

Up until the time of her initial COVID vaccination on 5 August 2021, she was in good health and was jogging and attending a gym and played tennis.

She received the Astra-Zeneca COVID vaccine at Erina Fair Medical Centre which was administered to her right upper arm.

Two to three days later she became aware of aching of her anterior thighs and subsequently a livedo reticularis rash (photos provided). The aching was constant and also disturbed sleep. She experienced right upper arm pain in addition and paraesthesia and burning of both arms and thighs and the right buttock area.

She developed weakness of her right lower leg and ankle. She felt numbness of the right arm radiating to the fifth finger and also a degree of numbness involving the right leg.

She consulted her GP Dr Dawod one week after the vaccination, who arranged pathology and bone density screening. Ms Lindell became breathless with exertion and also at night and she noted the development of a tremor of her right hand.

She was referred to Professor Heard, neurologist, as she was developing other symptoms including blurring of vision of her right eye, tinnitus, and palpitations. Extensive investigation revealed no clear cardiac or respiratory disease. Her blood pressure was labile.

The neurological disorder such as Guillain-Barre syndrome was excluded and she was referred also to Professor Reeves, immunologist. He commenced her on Plaquenil therapy which resulted in some nausea and dizziness and was ceased.

By 29 September 2021, she was unable to continue working and was certified unfit to return to work for at least six months. At this stage, she has not been able to return to work.

Currently, she continues to experience pain and numbness in the region of the right buttock with radiation to her right leg. She has difficulty driving as she has less control over the foot pedals of the vehicle. Her legs feel weak. Her walking distance has improved, but if she goes for a prolonged walk she has difficulty managing walking the following day.

Fatigue has been a problem. She states that she can wake with palpitations. There is further right visual blurring but her eye specialist states no abnormality is obvious.

She has noted some cognitive loss in terms of reading and comprehension, but she feels there is some improvement.

She continues to have some breathlessness when walking. She states that her right leg is sensitive to the bed clothes.

Her job was terminated in late 2023.

SOCIAL HISTORY

Ms Lindell is living with her daughter.

INVESTIGATIONS

Pathology results have been negative including screening for rheumatoid arthritis and lupus. Her CRP was less than 5 and screening for diabetes was negative. Nerve conduction studies are reported normal. An MRI scan of her spine was reported normal. A cerebral MRI showed no significant abnormality.

COVID 19 serology performed on 28 July 2022 confirmed that she had COVID 19 vaccination without previous COVID-19 infection.

PHYSICAL EXAMINATION

Weight 63 kg. Musculoskeletal examination revealed normal range of movement of the shoulders and upper limb joints and normal reflexes. Grip strength of the hands was approximately equal.

The lumbar spine was mobile. Her hips and knees were clinically normal. Straight leg raising of the right leg evoked pain in a radicular distribution at 50° while straight leg raising of left leg was relatively normal. Lower limb reflexes were present involving the knees, but absent in both ankles. There was altered sensation of the right calf and lateral foot compared to the left lower limb.

RESPONSE TO QUESTIONS

History, Findings and Diagnosis

1. ***History of our client's symptoms obtained.***

   The history is detailed above.

2. ***Your findings on examination.***

   The examination findings are noted above.

3. ***What is your diagnosis of the condition(s) causing our client's symptoms?***

   Post COVID vaccination multisystem inflammatory syndrome.

Causation

4. ***In your opinion is it more likely than not that the AstraZeneca vaccination in August 2021 was a substantial contributing factor to the development of Ms Lindell's symptoms described above?***

   In my view it is more likely than not that the Astra-Zeneca vaccination in August 2021 was a substantial contributing factor to the development of Ms Lindell's symptoms.

5. ***In relation to your diagnosis is it your opinion that our client's symptoms could be described as:***

   a. an occupational disease of gradual onset, or
   b. an aggravation, exacerbation, acceleration or deterioration of a disease.

   No. I consider that the diagnosis is causally linked to the A-Z COVID vaccination performed in August 2021 and not aggravation or exacerbation of an underlying disease.

6. ***If the answer to question 5 is yes, please provide your opinion as to whether it is more likely than not that the AstraZeneca vaccination in August was the main contributing factor to the disease of gradual onset or to the aggravation, acceleration, exacerbation or deterioration of a disease.***

   The answer to question 5 is no.

Capacity

7. ***In your opinion, in light of her symptoms is it reasonable that our client has been totally unfit for work since September 2021?***

   In my view, in the light of her symptoms, I consider it reasonable that she has been totally unfit for work since September 2021.

Lump Sum

8. ***Have our client's injuries stabilised and reached maximum medical improvement. If so please provide your assessment of whole person impairment, in accordance with the SIRA Guides for the evaluation of permanent impairment.***

   Ms Lindell's injuries have in fact been steadily improving in terms of symptoms and reversibility and as such I do not consider that she has reached maximum medical improvement. I, therefore, cannot find a Whole Person Impairment rating in accordance with the SIRA guides.

9. ***Paragraph 1.32 of the Guidelines provides that "(w)here the effective long-term treatment of an illness or injury results in apparent substantial or total elimination of the claimant's permanent impairment, but the claimant is likely to revert to the original degree of impairment if treatment is withdrawn, the assessor may increase the percentage of WPI by 1%, 2% or 3%. This percentage should be combined with any other impairment percentage, using the Combined Values Chart...". We instruct you that the word "substantial" in this context means no more than "not insubstantial". In assessing the permanent impairment of our client would you please consider whether paragraph 1.32 has any operation and, if in your opinion it does, please set out your reasons for so concluding and your reasons for increasing the percentage of WPI by either 1%, 2% or 3%.***

   No.

10. ***Please advise if you consider an assessment by a specialist in any other field is necessary in order to fully assessment our client's permanent impairment.***

    I do not consider that assessments by other specialists in other fields would be likely to arrive at a Permanent Impairment Assessment at this stage.

Prognosis

11. ***What is the prognosis of our client's condition?***

    Prognosis for recovery is looking favourable in view of the progress that she has made to date, but it may well be that she will not have full recovery in view of the time elapsed since the injury.

Miscellaneous

12. ***Please confirm that you are a specialist medical practitioner with qualifications relevant to the treatment of our client's injuries.***

    I confirm that I am a Specialist Physician in Rheumatology and a Fellow of the Royal Australasian College of Physicians and member of the Australian Rheumatology Association.

Please do not hesitate to contact me should you require further information or interpretation of this report.

Yours faithfully

Dr Chris Browne
MBBS FRACP
Rheumatologist

Australian Government

Department of Health
Therapeutic Goods Administration

Dr Carol Lindell
Unknown
2 Dashwood Close

Wamberal NSW 2260
Email Address: carollindelll@gmail.com

Dear Sir/Madam

Re: TGA AE Reference: AU-TGA-0000736240
Drug: Astra Zeneca
Your Reference: CL

Thank you for submitting your adverse event report, which was entered into the Therapeutic Goods Administration's (TGA)'s Adverse Event Management System (AEMS) on 4/7/2022. If you submit any further information, please quote the TGA AE reference number allocated. This will lessen the possibility of duplication.

Please refer to the Privacy Statement at the end of this letter for information about how the TGA handles information of this kind. The TGA does not include any personal information in our database that may have been inadvertently provided in the report, such as patient names but does keep information on the Sender of the report in case any clarification is needed.

The TGA is unable to provide you with individual clinical advice. If you have concerns about an adverse event you have experienced, we encourage you to discuss issues with a health professional. They will be able to support you with appropriate advice and information.

The TGA undertakes regular analysis of the AEMS to identify new and emerging safety issues (signals) that may be related to medicines in use in Australia. When a signal is detected, further review is undertaken by the TGA to determine whether any action is required - such as changes to Product Information (PI), labelling or packaging, recall of a product or provision of information on the issue to prescribers and consumers of a medicine, including the issuing of Alerts.

Further information about medicines, such as Product Information, Consumer Medicine Information and Alerts can be found on the TGA website at http://www.tga.gov.au

If you wish to receive regular updates about Safety Information on medicines and devices you can subscribe to our notification system. Information about subscribing can be found at http://www.tga.gov.au/newsroom/subscribe-rss.htmThank you in anticipation of your ongoing assistance.

TGA Health Safety Regulation

This is an automatically generated acknowledgment letter. There is no need to respond to this correspondence. Any enquiries about this report should be directed to adr.reports@health.gov.au

Yours sincerely,

The Adverse Event & Medicine Defect Section
on behalf of the Head
Pharmacovigilance Branch
4/7/2022

PRIVACY STATEMENT

For general privacy information, go to www.tga.gov.au/about/website-privacy.htm

Information provided in your report is collected to assist in the post market monitoring of the safety of therapeutic goods under the *Therapeutic Goods Act 1989* (the Act). All reports are assessed and entered into the Therapeutic Goods Administration's (TGA's) Australian Adverse Event Management System. Further information about how the TGA uses adverse event information that is reported to it is available at https://www.tga.gov.au/reporting-adverse-events

The TGA collects personal information in this report to:

- Assess the safety of medicines and vaccines under the Act.
- Contact the reporter of the adverse event if further information is required.
- Contact representatives of entities that supply therapeutic goods, to discuss reported adverse events.
- Check that the same information has not been received multiple times for the same adverse event.

At times, adverse event information is collected from someone other than the individual to whom the personal information relates. This can occur when an adverse event is reported to a person or an entity other than the TGA (such as a health professional or a hospital or a sponsor), and that person or entity passes the information on to the TGA. In those cases, the TGA will not collect the name and contact details of patients. However, the TGA may collect other information relating to patients including the date of birth or age, gender, weight, initials and information about the relevant adverse event.

Personal information collected in your report may be used or disclosed as permitted under the Privacy Act 1988, including by consent or where the disclosure is required by, or authorised under, a law (for example, under section 61 of the Act). Where a report relates to vaccine events, any personal information in the adverse event report may be disclosed to State and Territory health agencies under section 61(3) of the Act.

Australian Government

Department of Health
Therapeutic Goods Administration

Dr Carol Lindell
Unknown
2 Dashwood Close

Wamberal NSW 2260
Email Address: carollindelll@gmail.com

Dear Sir/Madam

Re: TGA AE Reference: AU-TGA-0000736240
Drug: Astra Zeneca
Your Reference: CL

Thank you for submitting your adverse event report, which was entered into the Therapeutic Goods Administration's (TGA)'s Adverse Event Management System (AEMS) on 4/7/2022. If you submit any further information, please quote the TGA AE reference number allocated. This will lessen the possibility of duplication.

Please refer to the Privacy Statement at the end of this letter for information about how the TGA handles information of this kind. The TGA does not include any personal information in our database that may have been inadvertently provided in the report, such as patient names but does keep information on the Sender of the report in case any clarification is needed.

The TGA is unable to provide you with individual clinical advice. If you have concerns about an adverse event you have experienced, we encourage you to discuss issues with a health professional. They will be able to support you with appropriate advice and information.

The TGA undertakes regular analysis of the AEMS to identify new and emerging safety issues (signals) that may be related to medicines in use in Australia. When a signal is detected, further review is undertaken by the TGA to determine whether any action is required - such as changes to Product Information (PI), labelling or packaging, recall of a product or provision of information on the issue to prescribers and consumers of a medicine, including the issuing of Alerts.

Further information about medicines, such as Product Information, Consumer Medicine Information and Alerts can be found on the TGA website at http://www.tga.gov.au

If you wish to receive regular updates about Safety Information on medicines and devices you can subscribe to our notification system. Information about subscribing can be found at http://www.tga.gov.au/newsroom/subscribe-rss.htmThank you in anticipation of your ongoing assistance.

PO Box 100 Woden ACT 2606 ABN 40 939 406 804
Phone: 02 6232 8444 Fax: 02 6203 1605 Email: info@tga.gov.au
http://www.tga.gov.au

TGA Health Safety Regulation

TGA Health Safety Regulation

This is an automatically generated acknowledgment letter. There is no need to respond to this correspondence. Any enquiries about this report should be directed to adr.reports@health.gov.au

Yours sincerely,

The Adverse Event & Medicine Defect Section
on behalf of the Head
Pharmacovigilance Branch
4/7/2022

PRIVACY STATEMENT

For general privacy information, go to www.tga.gov.au/about/website-privacy.htm

Information provided in your report is collected to assist in the post market monitoring of the safety of therapeutic goods under the *Therapeutic Goods Act 1989* (the Act). All reports are assessed and entered into the Therapeutic Goods Administration's (TGA's) Australian Adverse Event Management System. Further information about how the TGA uses adverse event information that is reported to it is available at https://www.tga.gov.au/reporting-adverse-events

The TGA collects personal information in this report to:

- Assess the safety of medicines and vaccines under the Act.
- Contact the reporter of the adverse event if further information is required.
- Contact representatives of entities that supply therapeutic goods, to discuss reported adverse events.
- Check that the same information has not been received multiple times for the same adverse event.

At times, adverse event information is collected from someone other than the individual to whom the personal information relates. This can occur when an adverse event is reported to a person or an entity other than the TGA (such as a health professional or a hospital or a sponsor), and that person or entity passes the information on to the TGA. In those cases, the TGA will not collect the name and contact details of patients. However, the TGA may collect other information relating to patients including the date of birth or age, gender, weight, initials and information about the relevant adverse event.

Personal information collected in your report may be used or disclosed as permitted under the Privacy Act 1988, including by consent or where the disclosure is required by, or authorised under, a law (for example, under section 61 of the Act). Where a report relates to vaccine events, any personal information in the adverse event report may be disclosed to State and Territory health agencies under section 61(3) of the Act.

Carol Lindell Astra Zeneca 5th August

History of Doctor appointments & ailment/symptom up until 2nd November

Appointment Date (attended Dr at Erina Fair)	Symptoms	outcome
11th August	Pains in both legs Joints sore to touch	Bone density scan Rheumatologist referral
2 September	Leg rash (livedo reticularis) Ongoing leg pain Arms sore	Blood tests
6 September	All of above + back pain and weakness in left foot	Kidney tests
14 September	Tremor Fatigue Arms & legs weak and burning Waking at night short of breath	Thyroid scan Sleep study referral
16 September	Nerve pain – ongoing tremor Leg & arms weak Asked about Guillan Barre?	Neurologist referral
24 September	Blood pressure and pulse rate erratic Sweating Mood – crying for no reason	Endocrinologist referral
30 September	Blood pressure Fatigue Nerve pain	24 hour BP monitor Cardiologist referral
1st October	Get results of tests	Told its not Guillian Barre, but not sure what it is
7th October	Fatigue debilitating Waking at night hallucinating and breathless – confined to bed	Asked for Certificate for work to cover me until end of month. Only given 10 days.
12 October	Fatigue debilitating and pain – still confined to bed	
22 October	Still confined to bed	
2 November	General update of symptoms	Update 24 hour monitor referral

Symptoms during worst period 5th October to 24th October -

Buzzing in legs/feet (like phone vibrating)
Blood pressure & pulse erratic
nerve pain in legs/buttocks/hands & arms
debilitating fatigue in legs and arms
chin/lip quiver & nerves feel like dentist anaesthetic wearing off
feel tremor in whole body, can see in it in hands
skin on legs feels burnt (especially thighs)
pulse fluctuates 58 -130 at rest, and BP erratic fluctuating 150/105; 90/60 in minutes
no appetite

lungs feel fibrous when breathing deep
sweating and nauseous on waking in morning
waking through the night shouting, hallucinating, and feeling like I'm suffocating
chest muscles/lymph nodes (not sure which) really sore
lumps/sore spots on thighs
tinnitus – noises seem very loud
muscle cramps and foot pain/numbness
debilitating weakness

24th October a little better

All of above symptoms ongoing but intermittent and weakness not as bad
Hips sore when walking
Foot dragging (right)
Arms feel like funny bone been knocked and very weak
Still no appetite

Questions?

Waking at night breathless/suffocating
Dizziness – blood pressure sometimes high
weakness and tremor – non linear recovery – seems slightly better then get worse again?
muscle pain/burning - non linear recovery? Keeps coming back
anxiety part of this – panic attacks?
leg lumps & tenderness – blood clot? Scan?
Time off work – need certificate
Vaccination exemption? Where does this leave me?

Using

BP monitor
oxygen saturation monitor
pain relief – ibuprofen and paracetamol
inhaler

A/Prof Glenn Reeves MBBS (Syd) FRACP FRCPA

Immunology and Allergy Specialist
Provider No 027256DT
ABN 30 073 340 977

COASTAL
IMMUNOLOGY
and allergy clinic

30 September 2022

To Whom It May Concern

RE: Carol LINDELL - DOB: 18/11/58
2 Dashwood Cl, Wamberal NSW 2260

This letter is to advocate on behalf of Carol Lindell regarding her application for flexibility and financial assistance in light of her extreme functional limitations associated with medical problems, including those falling under my field of immunology.

As you know, Carol reported the onset of diffuse somatic symptoms within two days of receiving her COVID-19 AstraZeneca vaccination on the 5th of August last year. The vaccination procedures was followed by the development of weakness of the arms and thighs with complaints of muscle and joint pain, as well as headaches which progressively worsened, going on to involve visual disturbance with hazy visual fields, tinnitus, balance problems, breathlessness and palpitations. The symptoms were reported on the 8th of August, three days after the vaccination.

Carol has been attending our practice since 2015, when she was first reviewed by another colleague at Coastal Immunology for her presentation with a possibility of autoimmunity which, at that stage, was not thought to exist. My involvement in her management began on the 17th of December last year, again appearing to date back to a vaccination, administered on August 5th 2021. She developed a leg rash, corroborated by her son, a haematologist, and this went on to be complicated by worsening fatigue, weakness in the left foot, severe back pain and myalgia with tremulousness and a sense of anxiety. There was a neuritic-type pain affecting the legs and neurological assessment occurred, with investigations including nerve conduction studies failing to define overt pathology, although such studies as well as MRI, are prone to some limitations. My impression was that there may well have been a post-vaccination immune complex-related episode of systemic inflammation for which supportive therapy was recommended, involving management of symptoms as they arose. Her polysymptomatic state has persisted thereafter, with complaints of fatigue, reduced exercise tolerance and generalised arthralgia and myalgia with headaches and feelings of numbness in the arms and legs. She is receiving marginal benefit from immune modulation with Plaquenil and PEA.

PO Box 3757, Erina NSW 2250
Elizabeth Court, Suite 8/30 Karalta Road, Erina NSW 2250
ɔ 02 4321 0666 🖷 02 4321 0669
✉ reception@coastalimmunology.com.au argus@coastalimmunology.com (for medical correspondence)
www.coastalimmunology.com.au

A/Prof Glenn Reeves MBBS (Syd) FRACP FRCPA

Immunology and Allergy Specialist
Provider No 027256DT
ABN 30 073 340 977

I would support her application for disability support payments, given she has now developed significant limitation of function including the capacity to lift no more than half a kilogram in weight, a standing tolerance of no more than 10 minutes at a time, a sitting tolerance that is similarly limited, an inability to push or pull with any strength and difficulty with general movement such as bending and squatting due to dizziness. The problems have been sufficiently severe as to preclude her from driving. She has received support through psychology manoeuvres to provide cognitive approaches to the frustration and limitation that has ensued.

At her current functional level, which I see no strong evidence of a major prospect for improvement of, I would suggest she can work no more than one hour a day, sitting at a computer, alternating with standing as tolerated, and this would involve work from home.

She, therefore, qualifies for a disability support application.

Kind regards

A/Prof Glenn Reeves

PO Box 3757, Erina NSW 2250
Elizabeth Court, Suite 8/30 Karalta Road, Erina NSW 2250
02 4321 0666 02 4321 0669
reception@coastalimmunology.com.au argus@coastalimmunology.com (for medical correspondence)
www.coastalimmunology.com.au

Patient Summary

02/02/2023

Miss Carol LINDELL
2 Dashwood Cl
Wamberal NSW 2260

DOB: 18/11/1958
Medicare No: 2718622993 1 **Expiry:** 01/05/2026
Health Fund: **Membership No:**
Occupation: Teacher

Past History:
Nil significant

Current Problems:
Nil significant

Current Medications:

- Amitriptyline hydrochloride 10mg Tablets10mg 1-2/day As directed
- Betahistine dihydrochloride 16mg Tablets1/4 tab bd to 1/2 tab tds as directed As directed
- PEA - Palmitoylethanolamide 300mg (3 caps tds) compounded3 caps tds [100caps] tds As directed

Smoking History:
Not recorded

Alcohol Intake:
Alcohol Unticked

Social & Family History:

Prescription History between 19/01/2023 and 19/01/2023:

PATHOLOGY & RADIOLOGY RESULTS between 19/01/2023 and 19/01/2023:

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487779 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Copy to:	DR M DAWOD		
Collected:	19/01/2023 - 2:11 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:11 19-Jan-23 MRN: CC0741916 Specimen Type: Urine mid stream

Clinical Notes:
Not provided

Urine Microbiology

Lab No:	484487779
Collected:	14:11 19-Jan-23
Received:	16:14 19-Jan-23
Ward of Collection:	External Referrals (EXT)
Specimen:	Urine mid stream

REPORT NAME: Microbiology Urine Report
REPORT STATUS: ** VALIDATED **

MICROSCOPY		Units	Ref Range
White cells	<10	x10^6/L	(<10)
Red Cells	<10	x10^6/L	(<10)
Squamous cells	<10	x10^6/L	(<10)

BACTERIAL COLONY COUNT:
10^6 - 10^7 cfu/L

CULTURE:
No significant growth

==========

END OF REPORT

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487786 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Collected:	19/01/2023 - 2:10 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:10 19-Jan-23 MRN: CC0741916 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
White Cells	7.8	10^9/L	4.0 - 11.0
Red Cell Count	4.95	10^12/L	3.80 - 5.80
Hb (Haemoglobin)	143	g/L	115 - 165
Haematocrit	0.428	L/L	0.320 - 0.460
MCV	86	fl	80 - 100
MCH	29	pg	27 - 32
MCHC	334	g/L	310 - 360
RDW	13.4	%	< 15.0
Platelets	227	10^9/L	150 - 400
MPV	9.1	fl	7.2 - 11.1
Neutrophils	5.6	10^9/L	2.0 - 8.0
Lymphocytes	1.5	10^9/L	1.0 - 4.0
Monocytes	0.6	10^9/L	0.2 - 1.0
Eosinophils	0.0	10^9/L	< 0.5
Basophils	0.0	10^9/L	< 0.1
Band Forms		10^9/L	< 0.7
Metamyelocytes		10^9/L	
Myelocytes		10^9/L	
Promyelocytes		10^9/L	
Blasts		10^9/L	
Nuc. RBC		/100 WBC	
Film Comment:			
Uncorrected WBC	7.8	x10^9/L	

--- Previous Results ---

Test Name	14-Apr-22	04-Mar-22	05-Feb-22
White Cells	4.7	7.5	9.9
Red Cell Count	4.84	4.84	4.75
Haemoglobin	136	138	136
Haematocrit	0.405	0.408	0.391
MCV	84	84	82
MCH	28	28	29
MCHC	336	337	347
Platelets	208	239	212
MPV	8.9	8.6	8.2
Neutrophils	1.9 L	4.4	8.0
Lymphocytes	2.1	2.3	1.3
Monocytes	0.6	0.7	0.6
Eosinophils	0.1	0.1	0.0
Basophils	0.0	0.0	0.0

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487786 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Collected:	19/01/2023 - 2:10 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:10 19-Jan-23 MRN: CC0741916 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
White Cells	7.8	10^9/L	4.0 - 11.0
Red Cell Count	4.95	10^12/L	3.80 - 5.80
Hb (Haemoglobin)	143	g/L	115 - 165
Haematocrit	0.428	L/L	0.320 - 0.460
MCV	86	fl	80 - 100
MCH	29	pg	27 - 32
MCHC	334	g/L	310 - 360
RDW	13.4	%	< 15.0
Platelets	227	10^9/L	150 - 400
MPV	9.1	fl	7.2 - 11.1
Neutrophils	5.6	10^9/L	2.0 - 8.0
Lymphocytes	1.5	10^9/L	1.0 - 4.0
Monocytes	0.6	10^9/L	0.2 - 1.0
Eosinophils	0.0	10^9/L	< 0.5
Basophils	0.0	10^9/L	< 0.1
Band Forms		10^9/L	< 0.7
Metamyelocytes		10^9/L	
Myelocytes		10^9/L	
Promyelocytes		10^9/L	
Blasts		10^9/L	
Nuc. RBC		/100 WBC	
Film Comment:			
Uncorrected WBC	7.8	x10^9/L	

--- Previous Results ---

Test Name	14-Apr-22	04-Mar-22	05-Feb-22
White Cells	4.7	7.5	9.9
Red Cell Count	4.84	4.84	4.75
Haemoglobin	136	138	136
Haematocrit	0.405	0.408	0.391
MCV	84	84	82
MCH	28	28	29
MCHC	336	337	347
Platelets	208	239	212
MPV	8.9	8.6	8.2
Neutrophils	1.9 L	4.4	8.0
Lymphocytes	2.1	2.3	1.3
Monocytes	0.6	0.7	0.6
Eosinophils	0.1	0.1	0.0
Basophils	0.0	0.0	0.0

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487786 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Collected:	19/01/2023 - 2:10 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:10 19-Jan-23 MRN: CC0741916 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
B12	543	pmol/L	138 - 652
Folate (Serum/Plasma)	42.5	nmol/L	7.0 - 46.4
Ferritin	76	ug/L	30 - 300
Iron	11	umol/L	8 - 30
Transferrin Sat'n	17	%	15 - 45
Transferrin	2.5	g/L	1.8 - 3.5

Comment:

--- Previous Results ---

Test Name	14-Apr-22	04-Mar-22
B12	507	545
Folate (Serum) :	40.2	43.4
Ferritin :	72	68
Iron	8	12
Transferrin Sat'n:	13 L	19
Transferrin :	2.3	2.4

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487786 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Collected:	19/01/2023 - 2:10 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:10 19-Jan-23 MRN: CC0741916 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
TSH	0.64	mIU/L	0.40 - 4.00
TFT Comment			

--- Previous Results ---

Test Name	14-Apr-22	04-Mar-22
TSH	0.97	0.99

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487786 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Collected:	19/01/2023 - 2:10 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:10 19-Jan-23 MRN: CC0741916 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
Cholesterol	8.1	mmol/L	< 5.6
Triglycerides	2.3	mmol/L	< 2.1
LDL Cholesterol	5.4	mmol/L	< 3.1
HDL Cholesterol	1.6	mmol/L	> 1.1
Non-HDL Cholesterol	6.5	mmol/L	< 4.1
Total Chol/HDL Ratio	5.0		

Lipid Comment
Lipid Comment
Lipid Comment
The National Vascular Disease Prevention Alliance, Guidelines for the management of absolute cardiovascular disease risk, 2012 recommends the following treatment targets for those on lipid lowering therapy.
TC <4.0 mmol/L; HDL-C - 1.0 mmol/L; LDL-C <2.0 mmol/L; Non HDL-C <2.5 mmol/L; TG <2.0 mmol/L.

--- Previous Results ---

Test Name	14-Apr-22	
Cholesterol	7.0	H
Triglycerides	1.8	
LDL-Cholesterol (calc)	4.9	H
HDL-Cholesterol	1.3	
Non-HDL Cholesterol	5.7	H
Total Chol/HDL Ratio	5.4	

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487786 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Collected:	19/01/2023 - 2:10 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:10 19-Jan-23 MRN: CC0741916 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
Vitamin D	91	nmol/L	50 - 140

Androgen Hormones Comment
Vitamin D adequacy >= 50 nmol/L, mild Vitamin D deficiency 30-49 nmol/L, moderate to severe deficiency <=29 nmol/L (MJA 2012; 196 (11) 686-687).

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487786 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Collected:	19/01/2023 - 2:10 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:10 19-Jan-23 MRN: CC0741916 Specimen Type: Blood

Clinical Notes:
Not provided

HbAlc/Fructosamine Comment
HbAlc is not reliable for diabetes diagnosis or monitoring in individuals with haemoglobinopathies and/or abnormal RBC survival. This includes iron deficiency, vitamin B12 deficiency, some Hb variants, severe illness, chronic kidney disease, haemolysis and within 3 months of transfusion or acute blood loss. Fructosamine measurement could be considered for diabetes monitoring in these individuals.

			R.RANGE
HbAlc (NGSP)	5.2	%	4.0 - 6.0
HbAlc (IFCC)	33	mmol/mol	20 - 42

--- Previous Results ---

Test Name	14-Apr-22
HbAlc (IFCC)	34
HbAlc (NGSP)	5.3

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487786 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Collected:	19/01/2023 - 2:10 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:10 19-Jan-23 MRN: CC0741916 Specimen Type: Blood

Clinical Notes:
Not provided

Cortisol Comment

			R.RANGE
Cortisol - PM Collection	496	nmol/L	80 - 480

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487786 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Collected:	19/01/2023 - 2:10 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:10 19-Jan-23 MRN: CC0741916 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
Sodium	136	mmol/L	135 - 145
Potassium	3.7	mmol/L	3.5 - 5.2
Chloride	102	mmol/L	95 - 110
Bicarbonate (HCO3)	23	mmol/L	22 - 32
Urea	3.3	mmol/L	3.5 - 8.0
Creatinine	68	umol/L	45 - 90
GFR Estimate	82	mL/min/1.73m	> 60
Anion Gap (Calc)	15	mmol/L	7 - 17
Calcium	2.49	mmol/L	2.10 - 2.60
Corrected Calcium	2.38	mmol/L	2.10 - 2.60
Phosphate	1.05	mmol/L	0.75 - 1.50
Magnesium	0.89	mmol/L	0.70 - 1.10
Protein (Total)	78	g/L	60 - 80
Albumin	46	g/L	30 - 44
Calc.Globulin	32	g/L	22 - 42
Bilirubin (Total)	7	umol/L	< 20
GGT	14	U/L	5 - 35
Alkaline Phosphatase	79	U/L	30 - 110
ALT	15	U/L	10 - 35
AST	24	U/L	10 - 35
LD	183	U/L	120 - 250
Creatine Kinase	71	U/L	30 - 150
CRP - C Reactive Protein	1.5	mg/L	< 5
General Chem Comment			

--- Previous Results ---

Test Name	14-Apr-22	04-Mar-22	05-Feb-22	
Sodium	138	140	139	
Potassium	3.8	3.9	3.3	L
Chloride	105	105	108	
Bicarb.	26	25	20	L
Urea	4.2	4.8	5.3	
Creatinine	68	69	82	
GFR Est.	82	81	66	
Anion Gap	11	14	14	
Calcium	2.29	2.49		
Corr.Calcium	2.27	2.44		
Phosphate	1.09	1.19		
T.Protein	71	75	73	
Albumin	41	43	42	
Calc.Glob.	30	32	31	
Total Bilirubin	5	7	8	
GGT	12	13	11	
Alk.Phos.	75	89	84	
ALT	13	20	15	
AST	22	25	24	
LD	154			
CRP	1.1	1.0	1.6	
Magnesium	0.83	0.90		

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487786 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Collected:	19/01/2023 - 2:10 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:10 19-Jan-23 MRN: CC0741916 Specimen Type: Blood

Clinical Notes:
Not provided

			R.RANGE
Sodium	136	mmol/L	135 - 145
Potassium	3.7	mmol/L	3.5 - 5.2
Chloride	102	mmol/L	95 - 110
Bicarbonate (HCO3)	23	mmol/L	22 - 32
Urea	3.3	mmol/L	3.5 - 8.0
Creatinine	68	umol/L	45 - 90
GFR Estimate	82	mL/min/1.73m	> 60
Anion Gap (Calc)	15	mmol/L	7 - 17
Calcium	2.49	mmol/L	2.10 - 2.60
Corrected Calcium	2.38	mmol/L	2.10 - 2.60
Phosphate	1.05	mmol/L	0.75 - 1.50
Magnesium	0.89	mmol/L	0.70 - 1.10
Protein (Total)	78	g/L	60 - 80
Albumin	46	g/L	30 - 44
Calc.Globulin	32	g/L	22 - 42
Bilirubin (Total)	7	umol/L	< 20
GGT	14	U/L	5 - 35
Alkaline Phosphatase	79	U/L	30 - 110
ALT	15	U/L	10 - 35
AST	24	U/L	10 - 35
LD	183	U/L	120 - 250
Creatine Kinase	71	U/L	30 - 150
CRP - C Reactive Protein	1.5	mg/L	< 5
General Chem Comment			

--- Previous Results ---

Test Name	14-Apr-22	04-Mar-22	05-Feb-22	
Sodium	138	140	139	
Potassium	3.8	3.9	3.3	L
Chloride	105	105	108	
Bicarb.	26	25	20	L
Urea	4.2	4.8	5.3	
Creatinine	68	69	82	
GFR Est.	82	81	66	
Anion Gap	11	14	14	
Calcium	2.29	2.49		
Corr.Calcium	2.27	2.44		
Phosphate	1.09	1.19		
T.Protein	71	75	73	
Albumin	41	43	42	
Calc.Glob.	30	32	31	
Total Bilirubin	5	7	8	
GGT	12	13	11	
Alk.Phos.	75	89	84	
ALT	13	20	15	
AST	22	25	24	
LD	154			
CRP	1.1	1.0	1.6	
Magnesium	0.83	0.90		

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487779 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Copy to:	DR M DAWOD		
Collected:	19/01/2023 - 2:11 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:11 19-Jan-23 MRN: CC0741916 Specimen Type: Urine mid stream

Clinical Notes:
Not provided

			R.RANGE
Volume	spot	L	
Creatinine	1.0	mmol/L	
Urine Albumin	6	mg/L	< 30
Albumin/Creat.Ratio	5.4	mg/mmol	< 3.5

Comment (Urine)

NSW HEALTH PATHOLOGY - NORTH - Reference No: 484487779 Status: F

Patient:	Carol Marie LINDELL	**Linked by:**	Ash Power
DOB:	18/11/1958	**Message:**	
Address:	2 Dashwood Cl Wamberal 2260		
Ordered by:	DR GLENN REEVES on 16/09/2022		
Copy to:	DR M DAWOD		
Collected:	19/01/2023 - 2:11 PM	**Notified by:**	on 00/00/0000
Reported:	19/01/2023	**Message:**	

NSWHP - Pathology Report

Collected: 14:11 19-Jan-23 MRN: CC0741916 Specimen Type: Urine mid stream

Clinical Notes:
Not provided

			R.RANGE
Volume	spot	L	
Creatinine	1.0	mmol/L	
Urine Albumin	6	mg/L	< 30
Albumin/Creat.Ratio	5.4	mg/mmol	< 3.5
Comment (Urine)			

PO Box 562 Prahran
VIC 3181 Australia
Ph 1300 558 583
Fax 03 9957 8100

CAROL LINDELL

DOB: 18/11/1958

Customer:	**Taylor & Scott Lawyers**
Department:	**NSW IRO**
Team:	**Ray McClenahan**
Requester:	**Colette Grundy**

#M15300650-2

Matter Number	**621304**
ILARS Reference	**G/23/08082**
Number	**N/A**
Date of Injury	**IRO**

Treating Doctor Report

Provider:	**Heard, Robert - Specialists Rooms**
Completed Date:	**15/04/2024**
Page Count:	**2**

Notes from UHG

Notes on Covering Page:

Robert Heard
MD, FRCP, FRACP
Neurologist
Conjoint Professor

Provider No: 027553PJ

P 02 4323 6077
12 Jarrett St, Gosford NSW 2250
admin@brainandnerve.com.au
www.brainandnerve.com.au

11/04/2024

Unified Healthcare Group Pty Ltd
PO Box 562
Prahran VIC 3181

Dear Ritu Kaur,

RE: Mrs Carol Lindell DOB: 18/11/1958
2 Dashwood Close, WAMBERAL NSW 2260 0438 762 228
UHG number M15300650-2

Thank you for requesting a treating specialist report on Carol Lindell. I note that you originally requested a report in November 2022 but then withdrew this request in December 2022.

I saw her on 3 occasions, in September and November 2021 and in February 2022.

She was referred by her GP. She gave a history of having had her first dose of the AstraZeneca COVID-19 vaccine in August 2021. 10 days after this she developed aching pain in the thighs and a widespread rash especially over the legs. She had photographs which showed a florid livedo Lloyd rash potentially vasculitic. Simultaneously she developed widespread joint pains which had since improved. In week 3 post vaccination she developed aching of the arms, subjective hand weakness and a bilateral hand tremor. By the fourth week she had some back pain. She remembered noticing frothy urine, she had pins-and-needles in the sacral region and over both buttocks, tingling of the toes of both feet, cramps in the shins and intermittent headaches.

On initial examination there was still a fading rash over both legs. Cranial nerve examination was normal. The left ankle reflex was relatively diminished compared to the right. Otherwise the neurological examination was unremarkable.

My initial assessment was that this was not the picture of a post infectious or post vaccination polyneuropathy, or Guillain Barre syndrome. I could not rule out radicular pathology. I felt that she had most likely had a systemic response to vaccination.

At review in November 2021 it was noted that her pathology and an MRI of the full spine were unremarkable.

She told me that shortly after I saw her in September she had deteriorated rapidly. She had developed whole body tingling, fatigue, tremors, burning of the feet and legs, anorexia, shortness of breath, diaphoresis, nausea, insomnia, waking through the night with shouting and feeling as though she was suffocating, tinnitus, cramps and debilitating malaise. She had become intensely anxious and was experiencing panic attacks. She had been referred to a clinical psychologist by her GP.

Lindell UHG number M15300650-2 (Page 2)

I recommended review by Associate Professor Glenn Reeves, immunologist, and received correspondence from him dated 17 December 2021 and 25 February 2022.

On further review on 25 November 2021 Carol reported some improvement. She was feeling less anxious and less breathless. She continued to have intermittent pins-and-needles and numbness in both arms. Repeat examination showed her reflexes to be generally normal/ brisk but with reduced ankle jerks, similar to her previous examination. The remainder of the examination was again unremarkable. Further investigations were recommended. Nerve conduction studies showed a mild focal lesion of the right median nerve at the wrist but were otherwise were unremarkable. MRI brain showed a small number of non-specific T2 FLAIR white matter foci, not typical of primary demyelination and felt to be incidental and non-diagnostic.

In conclusion I was unable to make any neurological diagnosis. I thought it likely that she had suffered some form of systemic immune mediated reaction to COVID-19 vaccination, possibly with systemic or cutaneous vasculitis, but with the subsequent development of numerous neurological symptoms which no organic cause could be identified. I speculated that she may have developed a significant nocebo response and felt it was appropriate that she remain under the care of a clinical psychologist.

I am unable to comment on Carol's current clinical state as I have not seen her since February 2022.

I am unable to comment on her capacity to perform work-related duties, recovery rate or prognosis. No definite neurological diagnosis has been made.

Further information should be obtained from A/Prof Glenn Reeves and from her current medical team.

Yours sincerely,

Robert Heard MD FRCP FRACP
Conjoint Professor, University of Newcastle