

Pathology Report  
12 Nov 2024

REBECCA MONAGHAN      DoB 8 Jan 1990 (34 years\*)      SEX Female      IHI 8003 6011 7827 7732      MRN 005894761

Start of Document

QML Pathology

Author      Dr Renu VOHRA (Pathologist)



Pathology

| Report DateTime        | Report Name                         | Reporting Pathologist         | Report Status  |
|------------------------|-------------------------------------|-------------------------------|--|
| 12 Nov 2024 14:50+1100 | <a href="#">THYROID TEST MASTER</a> | Dr Renu VOHRA (QML Pathology) | Final results; results stored and verified. Can only be changed with a corrected result. |

Pathology Test Result

Reporting Pathologist: Dr Renu Vohra

Pathology Test Result

| Collection Date        | Observation Date       | Test Result Name    | Diagnostic Service | Status   |
|------------------------|------------------------|---------------------|--------------------|--|
| 12 Nov 2024 09:05+1100 | 12 Nov 2024 09:05+1100 | THYROID TEST MASTER | Chemistry          | Final results; results stored and verified. Can only be changed with a corrected result. |

Administrative Observations

This section contains no entries.

Administrative Details

|   |   |   |  |
|---|---|---|--|
| <b>Patient Details</b><br>Name<br>Sex<br>Indigenous Status<br>Date of Birth<br><br>IHI<br>Entitlements<br>Local Identifiers | <b>Value</b><br>REBECCA MONAGHAN<br>Female<br>Not stated/inadequately described<br>8 Jan 1990 (34 years)<br>* Age is calculated from DoB<br>8003 6011 7827 7732<br>43317414561 (Medicare Benefits)<br>005894761 (QML Pathology) | <b>Author Details</b><br>Name<br>Organisation<br>Address<br>Contact Details<br><br><b>Clinical Document Details</b><br>Document Type<br>Creation Date<br>Date Attested<br>Document ID<br><br>Document Set ID<br><br>Document Version<br>Completion Code | <b>Value</b><br>Dr Renu VOHRA (Pathologist)<br>QML Pathology<br>Not Provided<br>Not Provided<br><br>Pathology Report<br>12 Nov 2024 14:50+1100<br>12 Nov 2024 14:50+1100<br>37701250 (HIPS QML Pathology Doc)<br>42600790 (HIPS QML Pathology Set)<br>1<br>Final |
| <b>Requester Details</b><br>Request Creation Date<br>Name<br>Address<br>Contact Details                                     | <b>Value</b><br>12 Nov 2024<br>DR CLAIRE STEWART<br>Not Provided<br>Not Provided  |   |  |

End of Document

DR STEWART, CLAIRE

 **QML Pathology**

For Surgery Use

Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐Patient **MONAGHAN, REBECCA**

U 17 TANTANI ST, MANLY WEST QLD

Sex Female Age 34 Years DOB 08/01/90

**Requested** 12/11/24

Report For CC Drs: Nil

**Collected** 12/11/24 09:05 AM**Reported** 12/11/24 02:50 PM  
00053127

\R\SUND\R\CUMULATIVE SERUM THYROID FUNCTION TESTS\R\EUND\R\

|        |          |          |                        |
|--------|----------|----------|------------------------|
| Date   | 23/07/18 | 01/10/19 | 12/11/24               |
| Time   | 14:51    | 13:08    | 09:05                  |
| Lab No | 69517569 | 71091078 | 77581755               |
| TSH    | 0.66     | 0.84     | 0.35 mIU/L (0.50-4.00) |

The TFT reference intervals for pregnancy are as follows:

|                  | TSH (mIU/L) | FT4 (pmol/L) |
|------------------|-------------|--------------|
| First trimester  | 0.03-2.5    | 10-21        |
| Second trimester | 0.05-3.0    | 11-18        |
| Third trimester  | 0.30-3.5    | 9-17         |

Low TSH.

? on Thyroxine therapy.

If suspicious of an acutely-developing Hyperthyroidism, suggest a repeat in 2 weeks when further fall in TSH should be evident.

However, if a slower developing hyperthyroidism is suspected, a repeat in 6 weeks would allow enough change for detection.

This pattern may also be seen in Hypopituitarism (rare)

Free T4 and free T3 are recommended to determine the degree of hyperthyroidism. If these assays are required, please contact the laboratory within seven days of this test.

Alternatively the low TSH may be a transient phenomenon sometimes seen in early pregnancy. HCG, at its highest levels between the 8th and 12th week of pregnancy, has a stimulatory effect on the Thyroid, and in extreme cases may cause a transient Hyperthyroidism, often associated with Hyperemesis.

Pathology Report

24-77581755

QML RTE001-AV1