



Kate Lavender

Your test results Well Woman Check

Summary

Congratulations on taking the Well Woman Check which puts you in control of your health data!



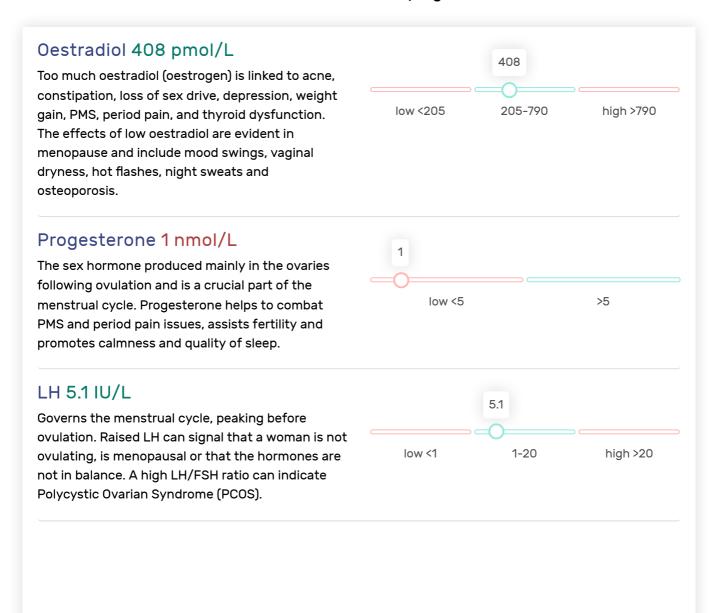
Collection Date: 25 Jun 2022

Female Hormone Panel

For the purposes of interpreting this test result, it is assumed that your sample was collected between 6 to 8 days after you ovulate (about day 21 of a 28 day cycle, or 17 of a 24 day cycle), and that you are not taking the contraceptive pill.

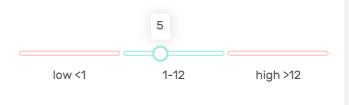
Progesterone levels typically rise following ovulation, peaking five to nine days later. If your progesterone level is greater than 25 nmol/L it typically means you ovulated this cycle. If your progesterone levels are less than 6 nmol/L (as is your situation) it means you are unlikely to have ovulated this cycle.

Obesity, insulin resistance, high levels of stress, poor diet and lack of exercise can all contribute to low progesterone levels.





Stimulates the ovary to mature an egg. High levels indicate poor ovarian reserves which means the quality and quantity of eggs may be low. This doesn't necessarily mean that pregnancy is impossible, but it may be more difficult to achieve.



LH to FSH Ratio 1.0

Normally this ratio is about 1:1 meaning FSH and LH levels in the blood are similar. In women with polycystic ovaries the LH to FSH ratio is often higher e.g. 2:1 or even 3:1



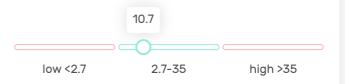
Testosterone 0.62 nmol/L

High levels commonly seen in polycystic ovarian syndrome (PCOS) which can lead to difficulties in conceiving. Symptoms can include irregular periods, loss of hair from the head, excess facial and body hair, unexplained weight gain and acne.



Free Testosterone 10.7 pmol/L

Most testosterone is strongly bound to sex hormone binding globulin (SHBG). This test measures the proportion of unbound testosterone which is available to the body's tissues.



SHBG 35 nmol/L

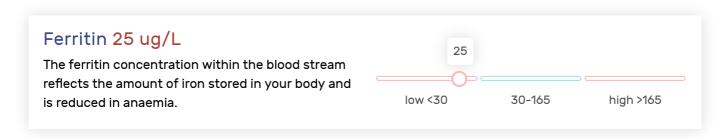
Sex Hormone Binding Globulin (SHBG) is a protein that binds tightly to testosterone and oestradiol. Changes in SHBG levels can affect the amount of hormone that is available to be used by the body's tissues.



Iron Stores

Your ferritin levels are borderline, which may indicate iron deficiency.

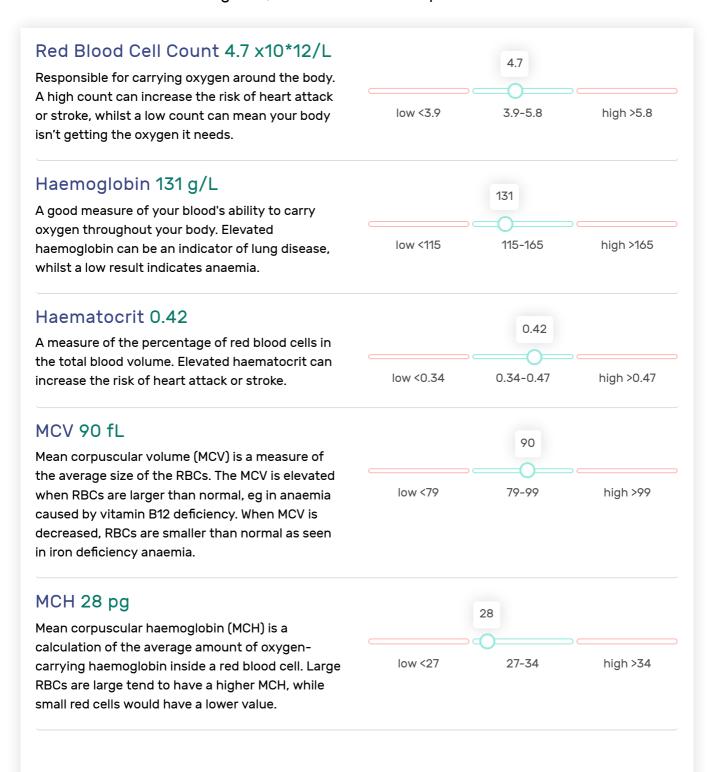
During reproductive years iron deficiency in women is usually due to heavy menstrual losses, though other possible causes may warrant consideration. I would recommend following up on this result with your GP.



Full blood count with differential

Your MCHC levels are lower than normal. This is not necessarily of clinical significance, though may be seen in situations such as iron deficiency.

Your haemoglobin, white cell count and platelets are normal.



MCHC 313 g/L

Mean corpuscular haemoglobin concentration (MCHC) is a calculation of the average concentration of haemoglobin inside a red cell. Decreased MCHC is seen in iron deficiency anaemia and thalassaemia.



RDW 13.8 %

Red cell distribution width (RDW) is a calculation of the variation in the size of your RBCs. In some anaemias, such as pernicious anaemia (due to vitamin B12 deficiency), the amount of variation in RBC size causes an increase in the RDW.



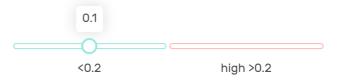
White Blood Cell Count 7.4 x10*9/L

Responsible for fighting infection. A high count can indicate recent infection and even stress, whilst a low count can result from vitamin deficiencies, liver disease and immune diseases.



Basophils 0.1 x10*9/L

Basophils are a type of white blood cell. Basophils can increase in cases of leukaemia, long-standing inflammation and hypersensitivity to food.



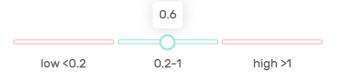
Eosinophils 0.2 x10*9/L

A type of white blood cell. Can increase in response to allergic disorders, inflammation of the skin and parasitic infections. They can also occur in response to some infections or to various bone marrow malignancies.



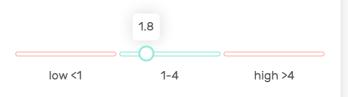
Monocytes 0.6 x10*9/L

A type of white blood cell. Can increase in response to infection as well as inflammatory disorders, and occasionally with some types of leukaemias. Decreased monocyte levels can indicate bone marrow injury or failure and some forms of leukaemia.



Lymphocytes 1.8 x10*9/L

A type of white blood cell. Can increase with bacterial or viral infection, leukaemia, lymphoma, radiation therapy or acute illness. Decreased lymphocyte levels are common in later life but can also indicate steroid medication, stress, lupus and HIV infection.



Neutrophils 4.7 x10*9/L

A type of white blood cell. Can increase in response to bacterial infection, inflammatory disease, steroid medication, or more rarely leukaemia. Decreased neutrophil levels may be the result of severe infection or other conditions.



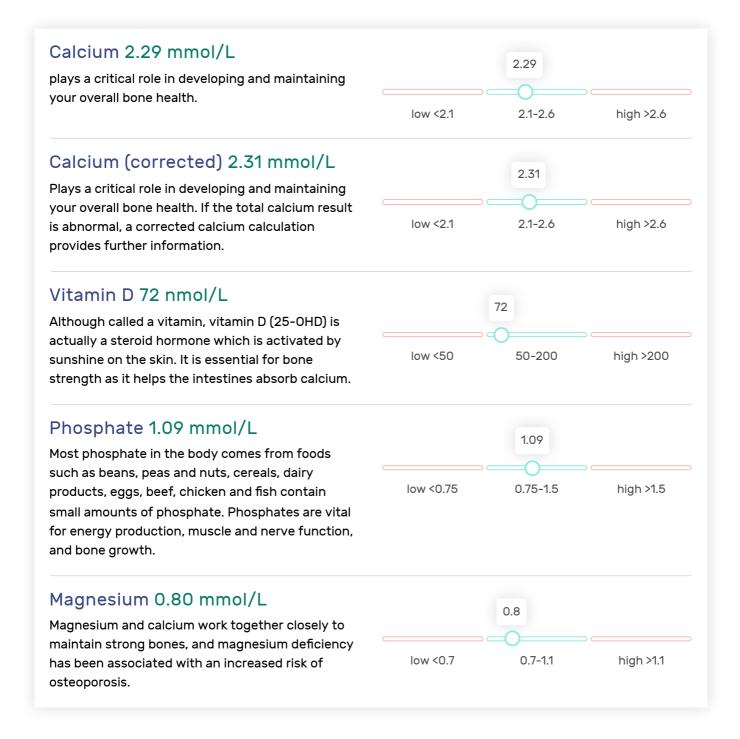
Platelet Count 363 x10*9/L

Responsible for blood clotting and healing. A high count can indicate a risk of thrombosis, whilst a low count can lead to easy bruising.



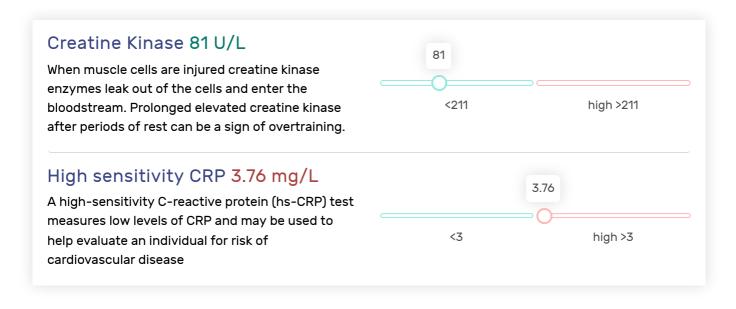
Bone Health

Calcium and phosphate work together to help build strong bones and teeth. Your markers are within the normal range and don't indicate an imbalance that could cause bone weakness.



Inflammation

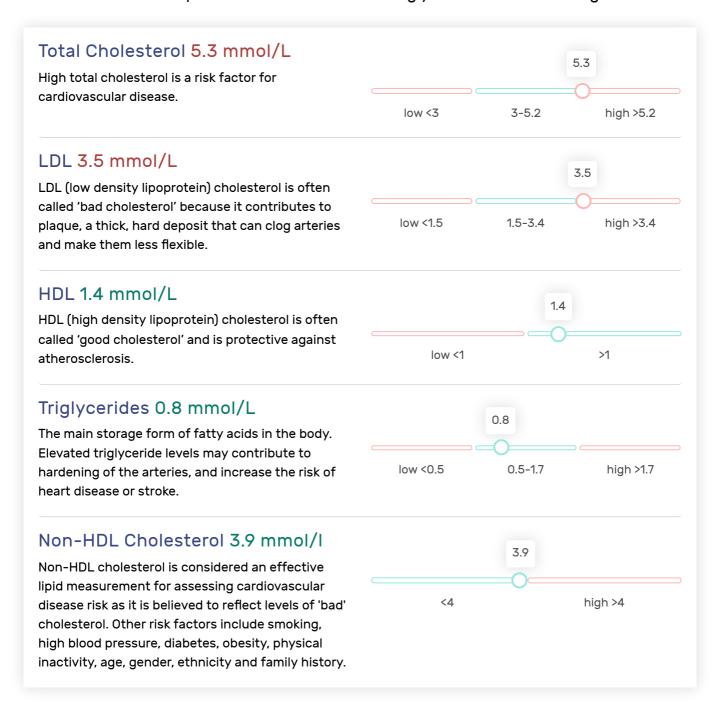
Your hsCRP levels are elevated which can be an indicator of increased cardiovascular disease risk. However note that elevated CRP it is often the first evidence of inflammation or an infection in the body - its concentration increases in the blood within a few hours after the start of infection or other inflammatory injury. The average of two CRP tests, ideally taken two weeks apart, produces a more stable estimate of this marker.



Cholesterol

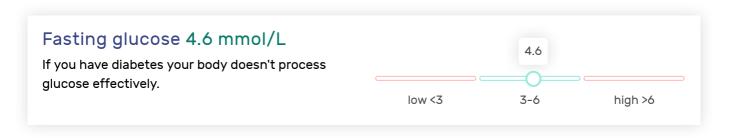
Your lipid profile is outside of the normal range as your LDL "bad" cholesterol is very slightly elevated, which is a risk factor for cardiovascular disease. Simple and sustainable lifestyle/dietary changes may assist in bringing this back down toward normal levels.

Your HDL "protective" cholesterol and triglycerides are within range.



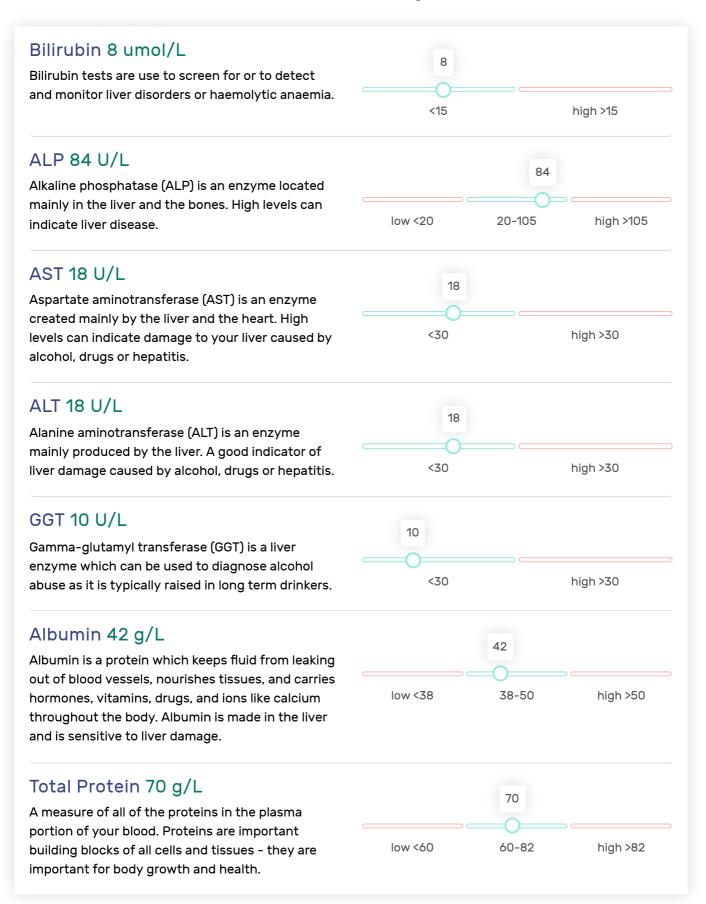
Blood Glucose

Your fasting glucose is within the normal range and doesn't indicate increased risk of diabetes.



Liver Function (LFTs)

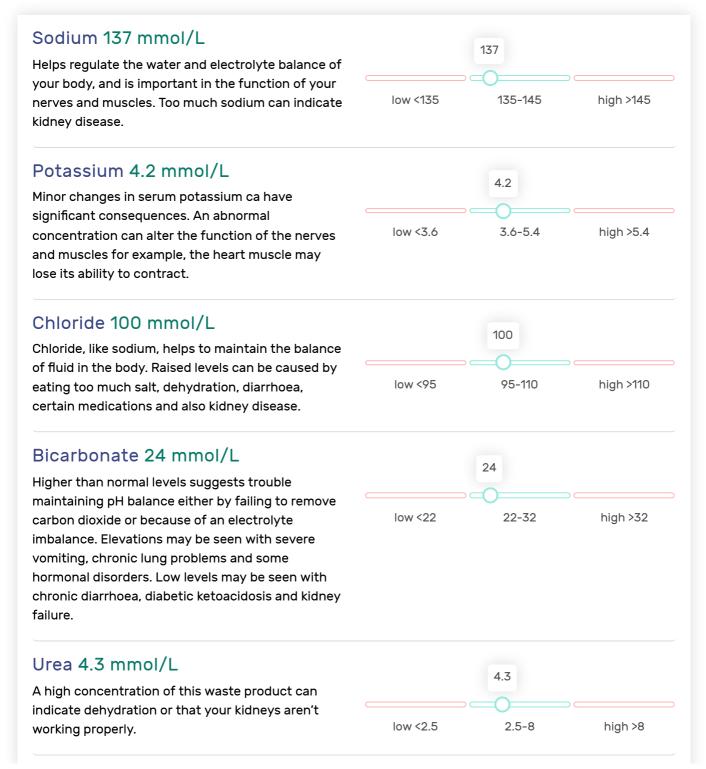
Your liver function results are within normal range which is a good indication that your liver is working as it should be.



Kidney Function

Your kidney function tests are all within normal range and don't show signs of kidney disease.

*Note that testing for kidney disease usually also involves a urine sample - refer to our Kidney Check https://www.i-screen.com.au/tests/kidney-function-test for more information. If you have specific concerns it is recommended that you check in with your GP for a discussion and potentially further investigation.





Recommendations

Take your blood pressure



Blood pressure is an important cardiovascular disease risk factor, and I recommend taking your blood pressure regularly. High blood pressure puts extra strain on your arteries and heart which over time can cause the arteries to become thicker and less flexible (making them more likely to become clogged up), or to become weaker. This can lead to a heart attack, a stroke, kidney disease or dementia.

Manage your cholesterol



Consider reducing your intake of food with 'bad' cholesterol. Cholesterol is an essential fat that is carried in the blood, but too much is a risk factor for coronary artery disease. Managing your cholesterol by maintaining a healthy diet and lifestyle can help reduce your cholesterol levels. Check out our blog for more information on how to manage your cholesterol.

Optimise your iron



Your ferritin levels may indicate an iron deficiency. Some signs that your body is low in iron include feelings of weakness, tiredness and dizziness. Iron deficiency can result in a drop in haemoglobin levels (the protein in your blood that carries oxygen). Consider increasing the amount of iron rich food in your diet. Iron-rich food sources include meats, eggs, green leafy vegetables, (such as spinach, collard greens and kale), wheat germ, whole grain breads, cereals and raisins. Follow up on this result with your GP in the first instance is recommended.

Check in with your GP



As always, please visit your GP to discuss your results. Laboratory investigations are an important aspect of healthcare, however they must be viewed in the wider context of your medical history, current health and concerns, physical examination findings and other investigations. These results do not replace the need for face to face medical consultation or regular visits to your local GP. Please contact us if you would like a copy of your lab report.