

**DR ROSEMARY A HACKWORTHY**  
**CARDIOLOGIST MB, BS, FRACP, FCSANZ, FACC**

Provider No. 032571BY

Suite 11 Health Square, 20-22 Smith Street, Charlestown, NSW, 2290

Phone: (02) 4920 8600 Fax: (02) 4920 8700

ABN 25 515 512 250

20 June 2023

Tracy Nield  
24 Kogil Street  
NARRABRI NSW 2390

Dear Tracy,

This letter is to follow through the telephone conversation I had with you on 19 June about the further tests that I arranged for you.

You had further blood tests on 17 May under strict conditions that included fasting and lying in a quiet room for 30 minutes before the blood test. This blood test was to measure the level of an adrenal hormone that was mildly elevated on the previous blood test in April this year. The repeat blood test on 17 May was normal.

You had a CT scan of your abdomen on 23 May to image your adrenal glands. This scan was normal. There was no evidence of a tumour or abnormality of the adrenal glands.

From the tests done over the last few months there was therefore no evidence of an hormonal problem that could be contributing to your episodes of palpitations. The palpitations presumably are solely a heart rhythm problem. As you had difficulty tolerating a low dose of medication for this, the Verapamil, and due to the frequency of your palpitations I have now chosen to refer you to the cardiac electrophysiologist, Dr Gwil Morris, at the John Hunter Hospital for an opinion about this. I have forwarded a referral to him. I have requested that, if possible, he initially arrange a telehealth consultation with you. However I am not sure if this is possible. Dr Morris' secretary at the John Hunter Hospital will contact you with the appointment. There may be a delay of at least several weeks before you hear from them.

At present I have made arrangements to review you in late October. I may change this appointment depending on when you are seeing Dr Morris. I will reassess this closer to the time. I do not want you to travel down to Newcastle unnecessarily.

I have written to your GP, Dr Rohana Wanasinghe, with this information and have forwarded copies of the test results to his surgery.

Yours Sincerely,



**Dr Rosemary A Hackworthy**  
MB, BS, FRACP, FCSANZ, FACC

rh/rh  
tni-2006

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Narrabri Radiology

Ref Dr: Dr Rosemary Hackworthy  
Suite 11 20-22 Smith Street  
Charlestown NSW 2290  
Fax: 02 4920 8700 Delivery Method: EDI

MRN: 2400568/N0287018 Ward/Clinic: NDH Outside Referral  
Patient: TRACY NIELD  
DOB: 14/10/1992 Reported By: Dr Andrew Solomons (Lumus)  
Address: 3/10 GOOBAR STREET  
NARRABRI 2390

Exam Date: 23/05/2023 01:00 PM

## CT SCAN OF THE ABDOMEN AND PELVIS

### CLINICAL NOTES

Young hypertensive with episodes of rapid palpitations.? Pheochromocytoma.

### FINDINGS:

Post contrast images of the abdomen demonstrate a normal appearing liver, spleen, pancreas, bile ducts, gallbladder and adrenal glands. Both kidneys have a normal appearance. There is no evidence of a retro peritoneal enhancing mass. The uterus and adnexal structures are normal. No bladder wall mass has been demonstrated.

Large and small bowel loops are normal in calibre. There is no evidence of a focal colonic mural lesion.

Reviewing bony images demonstrates no evidence of a focal lytic or sclerotic bony lesion. The lung bases are clear.

### CONCLUSION:

No intra-abdominal abnormality has been demonstrated to suggest a pheochromocytoma.

Electronically Signed by: Dr Andrew Solomons  
Alternate Patient ID2400568HNE

GP: Dr Navin Erathnage 139 Maitland Street Narrabri NSW 2390 02 8003 9085 (EDI)

Signed by: Dr Andrew Solomons (Lumus) 23/05/2023 04:07 PM





ST VINCENT'S PATHOLOGY

**St Vincent's Pathology**  
 St Vincent's Hospital Sydney Limited APA  
 Victoria Street, Darlinghurst NSW 2010  
 All Enquiries 02 8382 9100



To: DR ROSEMARY HACKWORTHY  
 SUITE 11, 20-22 SMITH ST  
 CHARLESTOWN, NSW, 2290

MIRN: A02634174  
 Name: TRACY NIELD  
 24 KOGIL STREET NARRABRI, NCSNSW,  
 TC211762390

Ref:  
 Collected: 17/05/23 09:50  
 Received: 17/05/23 11:18  
 Request: 6356179

Ph:  
 Age: 30 Yrs DOB: 14/10/92 Sex: Female

**CHEMISTRY**

	Current Result	Previous results for comparison only		Reference (for this collection)
Date:	17/05/23			
Time:	09:50			
Request No.:	6356179		Units	
Metanephrines-p1				
3-Methoxytyramine	<25		pmol/L	[<100]
Metanephrine	165		pmol/L	[<447]
Normetanephrine	573		pmol/L	[<600]
Metaneph. Comment	NEWCOM			

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To: DR ROSEMARY HACKWORTHY  
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Request No.:	6356179		
		Units	

Comments: (17/05/2023 09:50 Episode No. 6356179)

NEWCOM: Where normetanephrine and metanephrine and 3-methoxytyramine results are below the upper limit of the reference interval a pheochromocytoma is unlikely.

Results which are two or more times the reference limit indicate a high probability of pheochromocytoma.

This reference interval is based on fasting supine collection. Sampling in the seated position and certain medications (including Tricyclic antidepressants, MAO inhibitors, phenoxylbenzamine, stimulants and sympathomimetics) can result in false positive results. In such cases suggest repeat collection after 30 mins in the supine position and after discontinuation of interfering medications.

Stress may activate the sympathoadrenal system resulting in increased production of metanephrine/normetanephrine.

For further information please see the plasma metanephrine/normetanephrine fact sheet available at:

<http://tinyurl.com/randwickplasmamets>

Test performed by SEALS,  
Prince of Wales Hospital.

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**Chemical Pathology**  
A/Prof Graham Jones  
(02) 8382 9160

**Clinical Pharmacology**  
A/Prof Graham Jones  
(02) 8382 9184

Printed: 16/06/23 11:29

**Haematology**  
Dr Joanne Joseph  
Prof David Ma  
A/Prof John Moore  
Dr Kevin Fay  
Dr Nade Humad  
Dr Sam Milliken  
(02) 9355 3657

Final Report, please file

**Immunology**  
Prof Samuel Breit  
Prof Andrew Carr  
Dr Alina Kane  
A/Prof William Sewell  
(02) 8382 9169

**Microbiology**  
A/Prof Jack Harkness  
A/Prof Debbie Marriot  
(02) 8382 9196

**Anatomical Pathology**  
Pathologists  
(02) 8382 9219

**Rural Laboratories**  
Moree  
(02) 6757 6057  
Narrabri  
(02) 6792 3705