

Patient Details

Patient name:	Mrs Sophie Halkias	DOB:	03/05/1995	Gender:	
Address:	105 Prince Edward Avenue EARLWOOD NSW, 2206	Medicare Number:	2887392812		

Testosterone	0.5	nmol/L	0.2-1.8
SHBG	66	nmol/L	30-110
Free Androgen Index	0.8	%	0.3-4.0
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_Testo,SHBG,FAI	Tests Completed: LH(s),FSH(s),Oest(s),Prog(s),Glu(p),Testosterone(s),Insulin(s),.SHBG/FAI		
_Testo,SHBG,FAI	Tests Pending : Commenting		
_Testo,SHBG,FAI	Sample Pending :		
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IMAGE	Start of Report:		false
	Clinical Notes : day 21 ovulation		
	Androgens		
	Testosterone	0.5 nmol/L	(0.2 - 1.8)
	SHBG	66 nmol/L	(30 - 110)
	Free Androgen Index	0.8 %	(0.3 - 4.0)
	Comment on Lab ID 835484678		
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	Tests Completed: LH(s),FSH(s),Oest(s),Prog(s),Glu(p),Testosterone(s), Insulin(s),.SHBG/FAI(s)		
	Tests Pending : Commenting		
	Sample Pending :		
	<hr/>		
	End of Report :		

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NSW, 2206

Medicare Number: 2887392812

FSH	2.2	IU/L	
LH	5.6	IU/L	
Oestradiol	214	pmol/L	
Progesterone	14.2	nmol/L	
Reproductive Hormones	Comment: Reproductive Hormones		
	FSH	Basal	1.5 - 10
		Mid cycle peak	7.0 - 22
		Post-menopausal	25 - 130
	LH	Basal	2.0 - 12
		Mid cycle peak	8.0 - 90
		Post-menopausal	5.0 - 62
	Oestradiol	Follicular phase	<320
		Preovulatory phase	450 - 2000
		Luteal phase	125 - 1300
		Post-menopausal	<170
	Progesterone	Follicular phase	0.3 - 4.0
		Luteal phase	5.5 - 90.0
		Midluteal	8.5 - 110.0
Reproductive Hormones	Tests Completed: LH(s) , FSH(s) , Oest(s) , Prog(s) , Commenting, Glu(p) , Testosterone(s) , Insu		
Reproductive Hormones	Tests Pending :		
Reproductive Hormones	Sample Pending :		
IMAGE	Start of Report:		false
	Clinical Notes : day 21 ovulation		
	Reproductive Hormones (Abbott Method)		
	FSH	2.2	IU/L
	LH	5.6	IU/L
	Oestradiol	214	pmol/L
	Progesterone	14.2	nmol/L
	Comment on Lab ID 835484678		
	FSH	Basal	1.5 - 10
		Mid cycle peak	7.0 - 22
		Post-menopausal	25 - 130
	LH	Basal	2.0 - 12
		Mid cycle peak	8.0 - 90
		Post-menopausal	5.0 - 62
	Oestradiol	Follicular phase	<320
		Preovulatory phase	450 - 2000
		Luteal phase	125 - 1300
		Post-menopausal	<170

Progesterone	Follicular phase	0.3 - 4.0
	Luteal phase	5.5 - 90.0
	Midluteal	8.5 - 110.0

Tests Completed: LH(s), FSH(s), Oest(s), Prog(s), Commenting, Glu(p),
Testosterone(s), Insulin(s), .SHBG/FAI(s)

Tests Pending :

Sample Pending :

End of Report :

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NSW, 2206**Medicare Number:** 2887392812

Glucose Fasting	4.2	mmol/L	3.6-6.0
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_Glucose. Comment: Glucose.
Diabetes is unlikely if fasting glucose levels are less than 5.5 mmol/L but an OGTT could be indicated in the presence of risk factors such as metabolic syndrome, past gestational diabetes, polycystic ovary or family history of type 2 diabetes.

_Glucose. Tests Completed: Glu(p)

_Glucose. Tests Pending : LH(s),FSH(s),Oest(s),Prog(s),Commenting,Testosterone(s),Insulin(s),.SHBG

_Glucose. Sample Pending :

IMAGE Start of Report: false

Clinical Notes : day 21 ovulation

Glucose

Glucose Fasting 4.2 mmol/L (3.6 - 6.0)

Comment on Lab ID 835484678

Diabetes is unlikely if fasting glucose levels are less than 5.5 mmol/L but an OGTT could be indicated in the presence of risk factors such as metabolic syndrome, past gestational diabetes, polycystic ovary or family history of type 2 diabetes.

Tests Completed: Glu(p)

Tests Pending : LH(s),FSH(s),Oest(s),Prog(s),Commenting,Testosterone(s),
Insulin(s),.SHBG/FAI(s)

Sample Pending :

End of Report :

Patient Details**Patient name:** Mrs Sophie Halkias**DOB:** 03/05/1995**Gender:****Address:** 105 Prince Edward Avenue EARLWOOD
NSW, 2206**Medicare Number:** 2887392812

Insulin, Fasting	6	mU/L	0-20
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INSULIN	In a non-pregnant patient, serum insulin(s) >80 mU/L following a 75g oral glucose load and/or fasting insulin(s) >14 mU/L (in the absence of insulinoma) are consistent with insulin resistance. Post-load insulin(s) of 60 - 80 mU/L and/or fasting insulin(s) of 10 - 14 mU/L are suggestive of insulin resistance and follow-up may be indicated in the presence of risk factors such as obesity or a positive family history.
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INSULIN	Tests Completed: LH(s),FSH(s),Oest(s),Prog(s),Glu(p),Insulin(s)
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INSULIN	Tests Pending : Commenting,Testosterone(s),.SHBG/FAI(s)
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INSULIN	Sample Pending :
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IMAGE	Start of Report:	false
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Clinical Notes : day 21 ovulation

Insulin
(Abbott Architect Method)

Insulin, Fasting	6	mU/L	(0 - 20)
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Comment on Lab ID 835484678

In a non-pregnant patient, serum insulin(s) >80 mU/L following a 75g oral glucose load and/or fasting insulin(s) >14 mU/L (in the absence of insulinoma) are consistent with insulin resistance. Post-load insulin(s) of 60 - 80 mU/L and/or fasting insulin(s) of 10 - 14 mU/L are suggestive of insulin resistance and follow-up may be indicated in the presence of risk factors such as obesity or a positive family history.

Tests Completed: LH(s),FSH(s),Oest(s),Prog(s),Glu(p),Insulin(s)

Tests Pending : Commenting,Testosterone(s),.SHBG/FAI(s)

Sample Pending :

End of Report :

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Gender:

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RISK CATEGORY	SYMPTOMATIC
SPECIMEN	Cervical - ThinPrep
TEST RESULTS	PCR for Oncogenic HPV and Genotype
HPV16	Not Detected
HPV18	Not Detected
HPV (not 16/18)	Not Detected
TEST RESULTS	Liquid Based Cytology (LBC) - Image Assisted
Cytology Category	There is no evidence of a squamous intraepithelial lesion or malignancy
Specific Findings	Endocervical component is present
Recommendation	This patient has been classified as LOW RISK for cervical\br\cancer. Specialist management of the signs is noted The cervical screening test should be repeated\br\in 5 years
CST TEXT	Tests Completed: CST TEXT
CST TEXT	Tests Pending :
CST TEXT	Sample Pending :
IMAGE	Start of Report: false Clinical Notes : SITE:CERVIX LMP 2/9/23 POST COITAL BLEEDING RECURRENT , CERVICAL SCREENING TEST (CST) RISK CATEGORY SYMPTOMATIC SPECIMEN Cervical - ThinPrep TEST RESULTS PCR for Oncogenic HPV and Genotype HPV16 Not Detected HPV18 Not Detected HPV (not 16/18) Not Detected Liquid Based Cytology (LBC) - Image Assisted There is no evidence of a squamous intraepithelial Endocervical component is present Recommendation This patient has been classified as LOW RISK for cervical cancer. Specialist management of the symptoms and signs is noted The cervical screening test should be repeated in 5 years Tests Completed: CST TEXT Tests Pending : Sample Pending :

Dr Sarah Chwah
Suite 2, Level 1 - Hurstville Private Hospital
37 Gloucester Road
HURSTVILLE NSW 2220

File ID: A03897690

9/09/2023
Kogarah

Dear Dr Chwah,

Patient: HALKI AS, Sophie
DOB: 3/ 05/ 1995
Address: 105 Prince Edward Avenue EARLWOOD NSW 2206

Locations:

Examination:	Ultrasound of the Pelvis
Indication for examination:	Fertility assessment / Hx endometrioma

Suite 6.02, Level 6
309 Kent Street
Sydney 2000
TEL 02 9290 2122
FAX 02 9290 2399

Suite 114, Level 1
10 Norbrik Drive
Bella Vista 2153
TEL 02 9629 2011
FAX 02 9629 3011

Suite 1705, 17th Floor
Westfield Tower 1
520 Oxford Street
Bondi Junction 2022
TEL 02 9388 0955
FAX 02 9388 0933

Suite 203
21-23 Burwood Road
Burwood 2134
TEL 02 9745 4054
FAX 02 9744 8854

1st Floor
56 Neridah Street
Chatswood 2067
TEL 02 9413 9196
FAX 02 9413 3863

Suite 4203, Level 2
The Grand
834 Pittwater Road
Dee Why 2099
TEL 1300 557 226
FAX 02 9982 0211

Suite 1A, Level 1
4 Belgrave Street
Kogarah 2217
TEL 02 9553 9611
FAX 02 9587-4880

Suite 205, 2nd Floor
161 Bigge Street
Liverpool 2170
TEL 02 9822 8447
FAX 02 9822 7761

Level 5
22 Darley Road
Manly 2095
TEL 1300 557 226
FAX 02 9976 3406

RPAH Medical Centre
404/100 Carillon Ave

Day 8 of menstrual cycle.

The uterus is retroverted, retroflexed and midline. It is of normal dimensions and measures 70 x 57 x 39 mm (uterine volume 82 ml).

There is limited uterine mobility at the fundus; to gentle transducer pressure.

There is no site-specific tenderness.

The serosal contour is normal.

The myometrium is asymmetrical and heterogenous in nature.

It shows features of mild diffuse adenomyosis.

The cervix measures 31 mm in length.

The total distance from the external os to the fundus of the cavity is 57 mm.

3D reconstruction of the coronal plane demonstrates a normal cavity shape.

The endometrium measures 3.9 mm in thickness and is proliferative in appearance.

It is regular in outline with uniform echogenicity. No focal abnormalities are identified.

The right ovary measures 39 x 27 x 21 mm (volume 12 ml).

The follicle count includes 16 follicles which measure 2-9 mm in diameter, and 1 follicles \geq 10 mm in diameter. The largest follicle measures 10 mm in diameter.

The previously noted; suspected, endometrioma measures 8 x 7 x 8 mm today.

Colour Doppler imaging shows normal high resistance blood flow with a RI of 0.7.

The right ovary is tender to probe pressure and not mobile; in relation to the lateral uterine wall and pelvic side walls. It is accessible transvaginally.

The left ovary measures 35 x 24 x 26 mm (volume 12 ml).

The follicle count includes 11 follicles which measure 2-9 mm in diameter, and 0 follicles \geq 10 mm in diameter.

There is an avascular cyst measuring 20 x 16 x 19 mm (3 ml), with a fluid level; which may represent the previously noted endometrioma.

Colour Doppler imaging shows normal high resistance blood flow with a RI of 0.6.

The left ovary is not tender to probe pressure but not mobile in relation to the lateral uterine and pelvic side walls. It is accessible transvaginally.

In the right adnexa, lateral to the right ovary; there is a multiloculated fluid collection measuring 61 x 18 x 40 mm (23 ml).

There are no other pelvic or adnexal masses seen.

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DOB: 3/05/1995

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There is 21 ml of free fluid in the pouch of Douglas / right adnexa; which also contains multiple avascular cyst measuring up to 5 mm in diameter.

No hydronephrosis is seen.

Conclusion:	Adenomyosis. Bilateral ovarian endometrioma. Loculate fluid noted in the right adnexa and POD.
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Kind regards,



Ritu Mogra
FRANZCOG DDU COGU

Imaging Link - Pelvic Ultrasound Colour Doppler

<https://images.sufv.com.au/ContrastViewer?study=%40%2B08PIHM%2%5BPA%238%3B%40Z%2A%3ABH%2D%27S%2D%2BH%24B%3EPYV%3DIR%2D2%3D008%60#main>

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