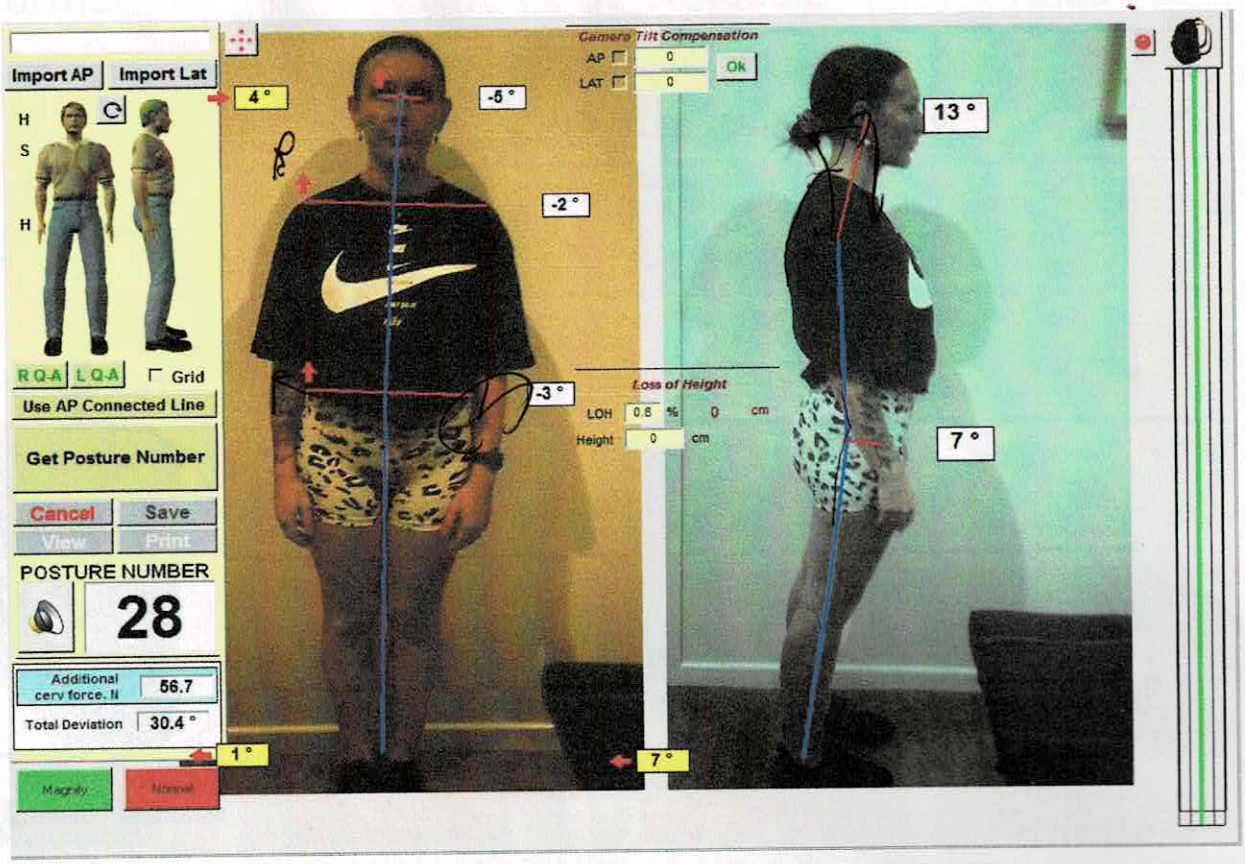
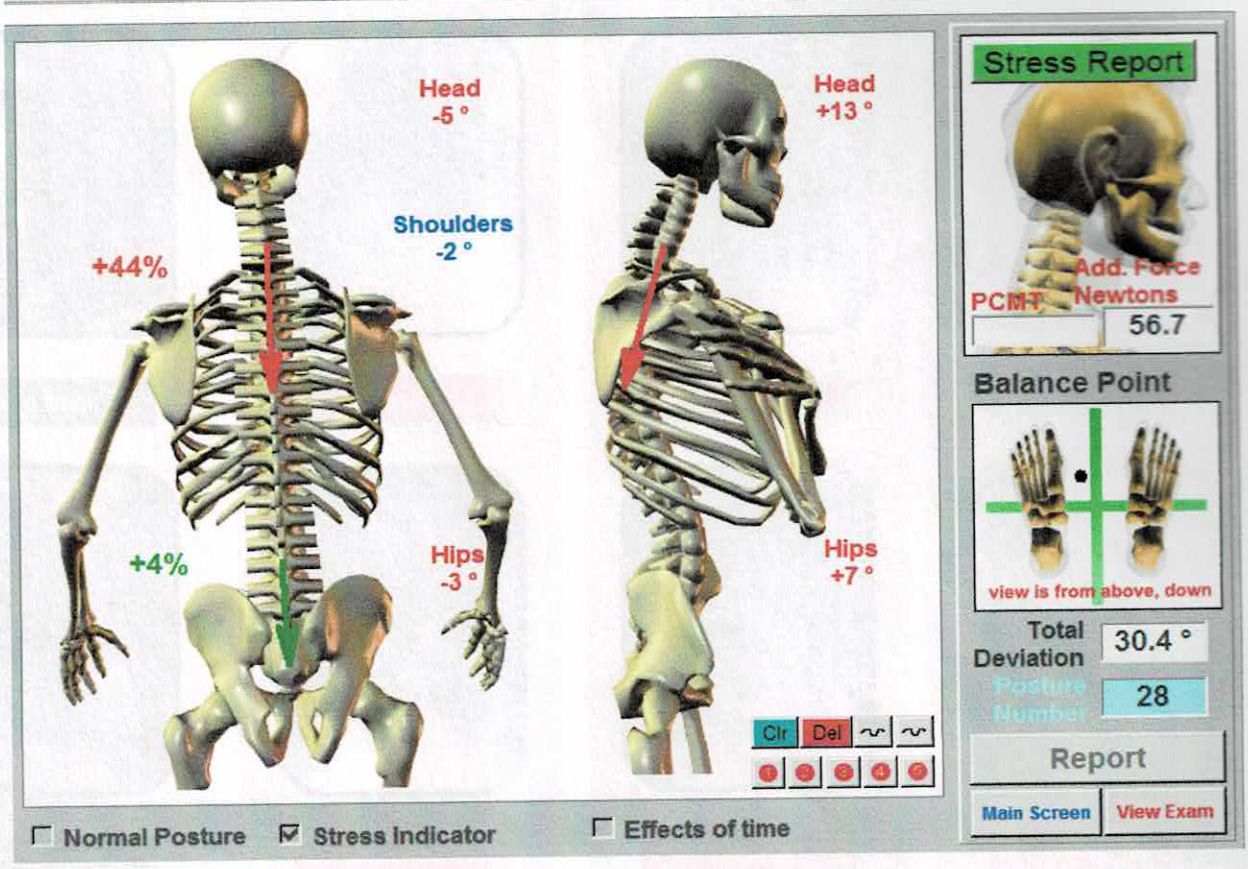
A posture exam was performed on Becc Girdler on 05/16/23 16:27 using the Posture Pro posture analysis system. Anatomical landmarks were selected bilaterally on the head, torso, hips (ankles and knees if indicated) on the AP view, and head, shoulder and hip, on the lateral view. Lines were drawn through these landmarks to create angles. Normal posture profile would be zero degrees for all indicators. The results follow.

BWR: BWL: CT Comp. - Off;
Nonzero offsets: AP-Hd=-5 °; AP-S=-2 °; AP-H=-3 °; LAT-Hd=13 °; LAT-P=7 °;
CF=56.7 ; PDv=30.4 °; BP=0.018 0.025; Q-Angles N/A; LOH=0 cm (0.8 %)





Redcliffe Hospital
Emergency Department
Anzac Avenue Redcliffe QLD 4020
DISCHARGE LETTER
CONFIDENTIAL

16-Jun-2025 14:01:23
GIRDLER, REBECCA
7 CALCA COURT
DECEPTION BAY QLD
4508
DOB: 20-Apr-2001
URN: RDH 5010265

Dear Doctor,

GIRDLER, REBECCA attended the Emergency Department at Redcliffe Hospital on the 16-Jun-2025 10:31:54.

The diagnosis was 1:Lethargy; 2:Abdominal pain; 3:Lightheadedness.

Hospital Course:
24 Years FEMALE
- Presents with intermittent waves of lethargy, nausea and lightheadedness on a background of similar symptoms for the last 3 months

S:
Presents with 3 days of increased frequency and intensity of symptoms
- Reports intermittent waves of lethargy and generalised weakness with associated nausea and intermittent hunger stabbing abdominal pain
- Patient reports similar symptoms over the last 3 months, but reports increased frequency and intensity of symptoms
- reports has been invetigating with GP with bloods and referral to Endocrinology who also performed extended bloods which were generally unremarkable, denies any recent imaging
- Reports has been monitoring her BSLs, during the morning, post meals and when having these symptoms, reports all within normal range, reports not consistenly on the low range of normal when having these symptoms
- Denies postural symptoms, denies syncope
- Reports intermittent palpitations, denies provolking factors (postural), reports recent Holter monitor which only showed mild sinus bradycardia when sleeping, denies any SVT, denies any arrhythmias

Reports mild dry cough over the last few days
Denies fevers
Denies significant rhinorrhea, denies sore throat
Reports stools slightly looser than normal over the last few days, ?in keeping with escalation of symptoms
Reports normal PO intake
Denies vomits, reports intermittent dry retching when symptoms come on
Denies LUTS

Reports an episode last night of constant stabbing upper abdominal pain, denies any associated symptoms, reports lasted for ~1/2 hr and was able to fall asleep, denies abdominal pain on waking

A:
Temperature 36.5 (11:55)
Systolic Blood Pressure 109 (11:55)
Diastolic Blood Pressure 79 (11:55)
Pulse 71 on presentation, up to 106 posturally
SpO2 98 (11:55)
Respiratory Rate 20 (11:55)

Exam
GCS 15, alert and oriented
Peripheries warm and well perfused
Cap refill <2 secs, pulses regular and good volume, MM moist
Heart sounds dual, nil appreciable murmurs
Chest sounds clear, air entry equal bilaterally
Abdomen soft and non-tender, BS +

Upper limb
- tone: NAD
- power: grossly equal and 5/5 bilaterally through shoulder flex/extend, elbow flex/extend, grip strength
- coordination: finger-nose normal bilaterally, nil DDK

Lower limb
- tone: NAD
- power: grossly equal and 5/5 bilaterally through hip flex/extend, knee flex/extend, toe extend

Cerebellar:
- speech: NAD
- upper limb: finger-nose NAD, nil DDK
- Gait: not observed

Ix
FBC: Hb 129, WCC 12.1, plt 326, Neut 10.31
UEC: Na 139, K 4.2, Cr 59, eGFR >90
LFT: Bili 9/<4, ALP90, GGT 24, ALT 38 (normal range <34), AST 27
CMP: Mg 0.81

BSL 5.6, Ketones 0.3

ECG: Sinus arrhythmia with nil PR or QTc abnormalities, nil ischaemic changes

Urine dipstick: negative for blood, leuks, nitrates and glucose

Imp
Unclear cause of symptoms, nil sinister pathology found on investigations, remained well in the department
?Early presentation of viral illness with mildly raised WCC and increased loose stools with dry cough

Plan:
Discharged home when safe to do so

GRIFFIN
Medical Centre

228 Brays Road, Griffin Qld 4503
07 3465 0660 07 3886 4485
info@griffinmedicalcentre.com.au
www.griffinmedicalcentre.com.au

20/09/2023

Dr Ryan Sommerville (brisbanereception@ent-clinics.com.au)
1 Winn Street
Attune Hearing Centre
North Lakes 4509
Phone: (07) 3831 1448
Fax: (07) 3831 1441

re:Miss Rebecca Jenny Girdler
58 Elderflower Circuit
Griffin 4503

Dear Ryan
please see this young girl who reports a swaying sensation for almost 3yrs .mri brain and hearing test is normal
symptoms are worsening now with dizziness,tinnitis b/l and pressure headaches.
vestibular assesment report shows significant wkness on rt side.please advise regarding further management.

regards,

Dr Sana Kiyani
4995068K
FRACGP, MBBS

Dr Sana Kiyani
FRACGP, MBBS
Provider No. 4995068K
Griffin Medical Centre
228 Brays Road, Griffin, QLD 4503
Tel: (07) 3465 0660 Fax: (07) 3886 4485

Girdler, Rebecca
58 Elderflower Circuit ., GRIFFIN QLD. 4503
Birthdate: 20/04/2001 Sex: F Medicare Number: 2755260213
Your Reference: 77.10478179 Lab Reference: QLSTRATH
Addressee: Dr Sana Kiyani Referred by: Dr Sana Kiyani
Name of Test: MRI GP BRAIN
Requested: 19/07/2023 Collected: 09/08/2023 Reported: 09/08/2023 10:33
Laboratory: I-MED Radiology Network

Dr Sana Kiyani
Griffin Medical Centre
Shop 1, 228 Brays Road
Griffin 4503
Tel: 0734650660

Patient ID: 77.10478179
Accession Number: 77.44572756

9th August 2023

Reported: 9 August 2023

Dear Dr Kiyani

Re: **Ms Rebecca Girdler - DOB: 20/04/2001**
58 Elderflower Circuit . GRIFFIN 4503

MRI BRAIN AND IAM

Clinical history
Unexplained chronic headaches with dizziness.

Technique
Non-contrast examination of the brain was performed with IAM protocol.

Findings
The cerebral parenchyma appears normal. No abnormal signal intensity, mass lesion or mass-effect. Small FLAIR hyperintensity in the left frontal lobe is most likely a prominent perivascular space.
The ventricles and basal cisterns are normal.
The midline structures including the corpus callosum and the pituitary is normal.
The major vascular flow voids are preserved.
The brainstem and the cerebellum is normal.
Both orbits and contents are normal. The paranasal sinuses and mastoid air cells are clear.
The vestibulocochlear nerve complexes, cochlea and the semicircular canals are normal. No masses in the CP angle cistern.

Impression
Normal MRI brain.
Normal IAM.

Dr Anubhav Sarikwal
Electronically signed at 10:34 am Wed, 9th Aug 2023

Images for 77.44572756\par \par\par

Specsavers Audiology North Lakes
Shop 1086 Westfield North Lakes
Lot 101 North Lakes Drive
North Lakes QLD 4509
T 07 3491 3981 F 07 3886 4346
E natalie.molyneux.7305@specsavers.com
W specsavers.com.au/hearing

Dr Sana Kiyani
Griffin Medical Centre
228 Brays Road
Griffin QLD 4503

9 June 2023

Dear Dr Kiyani

Re: Becc Girdler, DOB: 20/04/2001

Becc was seen today for a hearing assessment at Specsavers Audiology North Lakes. Becc reported a 2 year history of dizziness which she described as disembarkment syndrome or feeling like she's swaying or falling, which occurs on and off. The most recent episode onset March this year until now. Around the same timeframe onset of low pitched crackling tinnitus, possibly pulsatile, worse in right ear, mild in left but of the same pitch. No issues reported with hearing. No vertigo. Did report an incident 4WD'ing a few years ago where they hit a big pothole, she didn't hit her head, but was thrown about, and felt a bit off for 24 hours and took a day off work.

Otoscopy revealed clear canals and intact tympanic membranes bilaterally.
Tympanometry a test of the middle ear, revealed normal middle ear function bilaterally.
Pure tone audiometry revealed normal hearing bilaterally.
Speech testing showed excellent discrimination at soft conversational levels bilaterally.

Conclusion:
Testing today showed normal hearing with no abnormalities detected.
Becc may benefit from balance testing to assess vestibular system.

Please find results attached. Don't hesitate to contact me should you require anything further.

Yours sincerely

Natalie Molyneux
Audiologist BHSc, MClinAud, MAudA
Specsavers Audiology North Lakes

VESTIBULAR ASSESSMENT REPORT

Name:	Rebecca Girdler	Date:	18/9/2023
Date of Birth:	20/4/2001	Referred By:	Dr Sana Kiyani

CLINICAL HISTORY

Rebecca reported a constant swaying sensation. She reported that it started 3 years ago which used to be intermittent but since March 2023, it became constant. She also reported an intermittent 'pressure headaches'. She reported 'whooshing' tinnitus in both ears, more in the right.

SUMMARY OF RESULTS

Gaze - Within normal range

Saccade – Within normal range

Tracking - Within normal range

Dix-Hallpike – Within normal range (no torsional responses)

Positional - No significant nystagmus was observed throughout any of the positional tests (see attachment for details)

Caloric – UW: 30% on the right side – significant weakness
(Normal range 0 to 25%)

COMMENTS

In view of the reported symptoms and caloric weakness, a further medical investigation by an ENT specialist is recommended.

Yours Sincerely,

Jay Lee | Clinical Audiologist
3/135 Wickham terrace, Brisbane, QLD 4000
T: (07) 3837 0400 | F: (07) 3832 3282

Dr. Andrew Lomas | Supervising ENT

This Report has been completed by an Attune Audiologist, strictly in accordance with Attune's Clinical Protocols (CPs), to ensure consistent quality procedures for data acquisition. The CPs were developed in conjunction with and are regularly reviewed by Attune ENT Specialists. This Report will be personally analysed and signed by the Supervising Otologist (SO). In the unlikely event that changes are made, the final version signed by the SO will be forwarded to you as soon as possible. The Report is being forwarded to you now, in the interests of expedience and prompt patient care.

VESTIBULAR ASSESSMENT REPORT

Name:	Rebecca Girdler	**Date:**	18/9/2023
Date of Birth:	20/4/2001	**Referred By:**	Dr Sana Kiyani

TEST BATTERY PERFORMED AND RESULTS FROM EACH TEST:

Diagnostic Hearing Testing: *Pure Tone Audiogram, tympanometry and acoustic stapedial reflexes, to determine hearing levels across the speech frequency range and help determine the cause of hearing loss.*

RESULT:	**Did not perform today.** **Referral and Rebecca mentioned that the hearing test was done in June and It was normal.**

Gaze Test: *Patient's eye movements are recorded and inspected for the presence of nystagmus.*
- *If abnormal with eyes open indicative of a central lesion*
- *If abnormal with eyes closed indicative of a peripheral lesion.*
- *Central lesion cannot be discounted in some cases.*

DATA	GAZE	WITH VISUAL FIXATION	WITHOUT VISUAL FIXATION
	Central	Nil	Nil
	Right	Nil	Nil
	Left	Nil	Nil
	Upwards	Nil	Nil
	Downwards	Nil	Nil
RESULTS:	No gaze evoked nystagmus was observed with or without fixation was demonstrated throughout the test		

Saccade Test: *Patient's eye movements are recorded as fixate on an unpredictable visual moving target on a horizontal plane. If abnormal consistent with a central lesion.*

RESULT:	Peak velocity, accuracy and latency of horizontal saccades are within normal range.

Tracking Test: *Patient's eye movements are recorded as follows a visual target moving back and forth on a horizontal plane known as pursuit. If abnormal consistent with a central lesion.*

RESULT:	Pendular tracking tacks were smooth and within the normal range.

VESTIBULAR ASSESSMENT REPORT

Name:	Rebecca Girdler	**Date:**	18/9/2023
Date of Birth:	20/4/2001	**Referred By:**	Dr Sana Kiyani

Dix-Hallpike Test: This is a test for positional vertigo, the type and duration of nystagmus induced can determine which canal is affected by Benign Paroxysmal Positional Vertigo (BPPV) or if the positional vertigo is likely to be the result of a central lesion. Typically the most common BPPV is of the posterior canal, this causes a rotational nystagmus that typically lasts less than a minute and habituates on repetition of the Dix- Hallpike test. BPPV can be effectively managed with repositioning manoeuvres, such as that described by Epley.

RESULT:	Dix-Hallpike Testing to the left and right side did not provoke a response. No evidence of BPPV today.

Positional Test: This is a test for positional vertigo, the type that is induced and observed in a range of positions with and without visual fixation.

RESULT:	No significant nystagmus was observed throughout any of the positional tests of body right/ body left/ head left with or without fixation. *(Positional tests of body right with vision-denied produced non-significant right beating and body left with vision-denied produced non-significant left beating nystagmus which disappeared with fixation/eyes open).*

Bithermal Caloric Test: *Each ear is stimulated with a warm then cool stimulus (air). The intensity of the provoked nystagmus from each ear is measured and compared. This test is specifically a test of the horizontal semicircular canals and their afferent pathways. A unilateral weakness almost always- weak ear lesion. Bilateral weakness usually peripheral in both ears, occasionally CNS.*

RESULT:		
	Cool air – Right	7 degrees/sec R/L Beating Nystagmus
	Cool air – Left	-12 degrees/sec R/L Beating Nystagmus
	Warm air – Right	-7 degrees/sec R/L Beating Nystagmus
	Warm air – Left	14 degrees/sec R/L Beating Nystagmus
	Caloric Weakness: **30 % on the right side** (normal range 0 to 25%). **Right unilateral caloric weakness**. Caloric response of the right ear are 30% weaker than those of the left ear	
Optic Fixation	Nystagmus proved by caloric stimulation should be reduced by 50% by visual fixation. An optic fixation indices of >50 is indicative of a central pathology	
RESULT:	OFI within normal range	

VESTIBULAR ASSESSMENT REPORT

Name:	Rebecca Girdler	**Date:**	18/9/2023
Date of Birth:	20/4/2001	**Referred By:**	Dr Sana Kiyani

Video Head Impulse Test (vHIT): *The video head impulse test (vHIT) is a test of the vestibulo-ocular reflex (VOR). The eyes should move at the same speed as the head as it moves in each plane. If they are unable to do this catch up saccades occur. These catch up saccades are described as overt, those that occur immediately after the head movement and can be seen by the naked eye and covert, those which cannot be observed as they occur during the head movement. vHIT testing allows analysis of the functional gain of each semi-circular canal separately, as the maximum stimulus is in the direction of movement.*

vHIT DATA	Canal	Gain	Catch-up Saccades	Asymmetry Ratio >30% abnormal
	Right Lateral	0.96 (normal range 0.8-1.2)	Nil	2%
	Left Lateral	0.94 (normal range 0.8-1.2)	Nil	
	Right Anterior	1.02 (normal range 0.7-1.2)	Nil	14%
	Left Anterior	0.88 (normal range 0.7-1.2)	Nil	
	Right Posterior	0.79 (normal range 0.7-1.2)	Nil	10%
	Left Posterior	0.88 (normal range 0.7-1.2)	Nil	

RESULT: vHIT test showed good functional vestibular ocular reflexes bilaterally. Gain and velocity were within normal limits and there was no evidence of saccades.