

From: leesa webb leesa@miamimassage.com.au
Subject: Re: Pete Andronikos RESULTS - Fwd: Healthy Body Integrative Medicine
Date: 10 June 2021 at 8:38 am
To: narelle marjanovic mnarelle77@hotmail.com

OK

its tricky looking over bloods blind as there may be more to the clinical picture
Cortisol - this looks like serum cortisol - usually when looking at fatigue cordial overdrive etc cortisol is taken 4 times over a 24 hour period - saliva swab - this gives an indication of when cortisol is rising and when it is low and can give a more complete picture
339 is right in the mid range
IGF-1 - low is an indicator of decreased insulin sensitivity

Oestradiol <43
Progesterone 1.5
DHEAS 8.7
Testosterone 5.5 L
SHBG 25
PROLACTIN 161
BIOAV testo 2.6
FAI 22

Low testosterone - can affect fatigue sex drive exercise recovery muscle bulk retention the first thing I would think of would be liver function needs work -

Zinc
Vitamin D
Vitamin K
Magnesium
Low carb diet
B vitamins- take a good quality b complex -
Arginine
Tributes herb can be useful, but also garlic shatavari, maritine pine bark saw palette (some of these are also useful for cholesterol)

Tumour markers are all low

Fat profile
Cholesterol 6.6 h
Trig 1.1
Hdl 1
Ldl 5.1 h
Tchdl 6.6 h
Non hdl 5.6

Fat profiles are awful need to look at increasing omega 3s in diet more avo, fish nuts, kangaroo, game meats
Limit beef pork chicken - always free range organic when having
Free range organic or omega eggs
REDUCE CARBOHYDRATES daily intake needs to be between 20-50 grams of carbs per day lower is ok but difficult to sustain - this is quiet low and will require diligence to sustain

Vitamin D 95 - I would like to see this around 150 - will send you an borne script and suggest a supplement - but really need liver work! And low carb diet

Serum biochemistry - non comment is indicative of within optimal range

Sodium/potassium ratio
139/4.5 = 30.88
Calcium/phosphorus ratio
2.54/1.2 = 2.12 ratio less than 2.2 and phosphorus more than 1 indicates calcium lack
Urea/creatinine 7.8/1.06 = 73.58

PMI
(.106 x 43) / (7.8 x .44) = 4.558 / 3.432 = 1.32 excessive protein breakdown normal syntheses - hormone status?
s. albumin 43
G.GGT 11 low suggests lack of vitamin B6

Bio activated B
Bico Zinc
Ultraiv. Biomedic
Phyad spray
Omega base capsules
Mag Fx

Narelle
Mgyanaric
Quest Test
Coenzyme
4209

cholesterol
garlic forte & Hawthorne
2 per day

S. ALT 34 - high suggested hepatocyte damage liver - viral? Alcohol drugs, fatty liver can be too many carbs in diet - supplements
can also overload liver
s.urate .44 high gout?? Need more Vitamin C Folate
High AST - toxic liver
Bilirubin 19
Alk phos 63

High cholesterol - vit c E B3 S amino acids fibre omega 3s
High triglycerides excess CHO intake insulin resistance - need more fibre chromium, vanadium, antioxidants
TSH 2.3 - though in normal range this is a little on the high side might be worth further tests?
Blood profile
Hb 173 in the higher side of range but ok may be due to the poor liver status
HCT .53 - was Pete fasting for this test is it possible he was dehydrated may need to retest
MCV 87.2 low indicates lack zinc B6 protein -
Neutrophil 3.6
Lymphocytes 2.9
Basophils 0 low lack B3, B12 folate
Eosinophils .1
Platelet 292

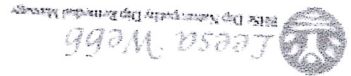
Serum B12 472 optimal is 500-1300
Serum folate 34 - I would like to see this between 50 and 100 low levels of b12 and folate can be indicative of cardiac risk
PSA .48
Iron ferritin 168 - this is a little high
Iron 22 optimal
Transferrin 2.7
Transferrin sat 32

Stored iron is a little high tough serum iron is ok - again look at liver function B vitamins, antioxidants
Shoot me your address and phone number and I can organise a possible script has Pete seen Ping? He probably should

Kind regards

Leesa Webb
M: 0412 215 484

E: leesa@miamimassage.com.au
W: www.miamimassage.com.au



On 9 Jun 2021, at 1:32 pm, narelle marjanovic <narelle77@hotmail.com> wrote:

Hi Leesa,

Thanks for taking time out to look over Pete's results. I have attached the results and the email of recommendations below:

Regards,

Narelle Marjanovic
Ph: 0431 588 838

Begin forwarded message:

From: Peter andronicos <peterandronicos@outlook.com>
Date: 8 June 2021 at 2:31:04 pm AEST
To: narelle marjanovic <narelle77@hotmail.com>
Subject: Fwd: Healthy Body Integrative Medicine

Regards,

Peter Andronicos

Begin forwarded message:

From: healthybody medicine <healthybodyintegrativemedicine@gmail.com>
Date: 8 June 2021 at 12:57:33 pm AEST
To: peterandronicos@outlook.com
Subject: Fwd: Healthy Body Integrative Medicine

Sonya
New Website to book online:
<https://www.healthbodyintegrativemedicine.com.au/>
Healthy Body Integrative Medicine
0452 279 911

----- Forwarded message -----
From: healthbody medicine
<healthbodyintegrativemedicine@gmail.com>
Date: Tue, 8 Jun 2021 at 11:46
Subject: Healthy Body Integrative Medicine
To: <PETERANDERONICOS@outlook.com>
<PETERANDERONICOS@outlook.com>

Hi Peter,

It was really lovely speaking with you today

I have attached a copy of your blood results and gone over the recommendations we discussed on the phone. :

TO NATURALLY INCREASE TESTOSTERONE AND DECREASE AROMATASE ENZYME: INCREASE ZINC 20 MG
DAILY (SO IMPORTANT FOR TESTOSTERONE PRODUCTION AND TAKE AWAY FROM OTHER SUPPLEMENTS),
AND TAKE DAILY SELENIUM (60MCG).
HERBS-TRIBULUS, FENUGREEK, NETTLES, AND KOREAN GINSENG. THESE HERBS ARE WORKING TO
INCREASE LH AND FSH, INCREASE ANTIOXIDANT AND ANTI-INFLAMMATORY PATHWAYS, AND PROMOTE
OVERALL HEALTH: A GOOD ALL IN ONE FOR HERBS INCREASING TESTOSTERONE (BE SPONKI- REBOOT, CAN
ORDER ONLINE, BUT YOUR CURRENT ONE MIGHT BE GREAT AS WELL).
TO DECREASE SEX HORMONE BINDING GLOBULIN TO FREE UP TESTOSTERONE: 3332 IU'S OF VITAMIN D3
DAILY, AND MANGENSIUM AND TRACE MINERAL BORON DAILY
INCREASE MONOUNSATURATED AND OMEGA 3(AVOCADO, OIL FISH, NUTS, OLIVE OIL) DECREASE TRANS FAT
(PROCESSED FOOD) AND INCREASE FIBRE (VEGGIES, PSYLLIUM HUSK, AND CHIA SEEDS) TO HELP BALANCE
HEALTHY CHOLESTEROL. DAILY QUERCETIN SUPPLEMENTATION.

SCRIPT:

PEPTIDE CJC1295/PAMORELIN 0.1ML TWICE A DAY MON-FRI
B12 injection once every 3 weeks

The doctor's script fee is \$90, and the script will be delivered to your house.

The compound chemist will be calling you soon, but if you don't hear from them this week, you can call them to put a rush
on it: 07 3862 6000

Feel free to email me if you have any questions.

Hope you have a great week!

Kind Regards,

Shelby

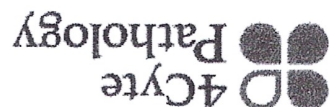
New Website to book online

<https://www.healthbodyintegrativemedicine.com.au/>

Healthy Body Integrative Medicine

0452 279 911

<PETER ANDERONICOS.pdf>



Dr Amir Abbas

Suite 2
35 Township Drive
Burleigh Heads QLD 4220

CC to: Pending Dr Tba

Lab No: 21-2943020

Peter ANDRONICOS
14 Dorsett Circuit
Coomera QLD 4209
DOB: 25/08/83 Sex: M
Tel: 0400570331
Ref:

Tel: 13 4CYTE
13 42983
www.4cyte.com.au

Clinical Notes: hormone review

CHEMISTRY

Pathologist: Dr Ghee Wong M: 0481 905 661

Hormones (Serum)

COLL Date: 22/04/21

COLL Time: 09:45

Lab Number: 2943020

Cortisol

330

IGF-1

6.7 L

(95-619)
nmol/L (14.2-36.9)

Specific Cortisol Ranges: 7-9AM(145 to 619); 3-5PM(95 to 262).
Caution should be used when interpreting results from patient collections outside of these hours due to diurnal variation.

Collected: 22/04/21 09:45
Tests to follow: VA/VE,HCV,VC

Printed: 23/04/21 11:10
Page: 1 of 1



Dr Amir Abbas

Suite 2
35 Township Drive
Burling Head QLD 4220
CC to: Pending Dr Tba

Clinical Notes: hormone review

CHEMISTRY

Pathologist: Dr Ghee Wong M: 0481 905 661

Reproductive Hormones (Serum)

COLL Date: 22/04/21
COLL Time: 09:45
Lab Number: 2943020

Oestradiol	< 43	pmol/L
Progesterone	1.5	nmol/L
DHEAS	8.7	umol/L
Testosterone	5.5 L	nmol/L
SHBG	25	nmol/L
Prolactin	161	mIU/L
Bioav. Testo.	2.6	nmol/L
FAI	22.0	%
	(0.9-3.9)	
	(1.0-15.0)	
	(6.9-23.2)	
	(15-95)	
	(45-375)	
	(2.5-12.0)	
	(14.5-80.3)	

In patients not undergoing suppression therapy, a low early morning testosterone suggests hypogonadism. No recent laboratory history of low testosterone. Diagnosis requires at least 2 low morning levels. Recommend repeat along with SHBG, LH and FSH.

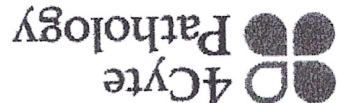
Collected: 22/04/21 09:45
Tests to follow: HOR, VA/VE, HCY, VC

Printed: 23/04/21 10:20
Page: 1 of 1

4Cytte Pathology Pty Ltd, A.C.N. 619 244 852 (APA 1189), No. 1 Lucknow Road, North Ryde 2113

Tel: 13 4CYTE
13 42983
www.4cytte.com.au

Peter ANDERONICOS
14 Dorsett Circuit
Coomera QLD 4209
DOB: 25/08/83 Sex: M
TCL: 0400570331
Ref:
Lab No: 21-2943020



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Tumour Markers (Serum)

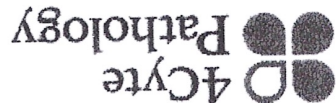
COLL Date: 22/04/21
COLL Time: 09:45
Lab Number: 2943020
CA-125 12
CA 15-3 7
CA 19-9 6

(< 30) U/mL
(< 33) U/mL
(< 37) U/mL

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Lab No: 21-2943020

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www.4cyte.com.au

Collected: 22/04/21 09:45
Tests to follow: HOR, HOR, VA/VE, HCV, VC
Printed: 23/04/21 09:40
Page: 3 of 3
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Clinical Notes: hormone review

CHEMISTRY

Pathologist: Dr Ghee Wong M: 0481 905 661

Biochemistry (Serum)

Coll Date: 22/04/21
Coll Time: 09:45
Lab Number: 2943020

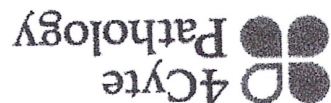
Sodium	139	
Potassium	4.5	
Chloride	107	
Bicarbonate	29	
Anion Gap	8	
Urea	7.8	
Creatinine	106	
CGFR	77	
Urate	0.44	
Total Protein	72	
Globulin	29	
Albumin	43	
Bilirubin	19	
Alk. Phosphatase	63	
Gamma GT	11	
ALT	34	
AST	41	H
LD	193	
Calcium	2.54	
Adj. Calcium	2.48	
Phosphate	1.20	
mmol/L	135-145	
mmol/L	(3.5-5.5)	
mmol/L	(95-110)	
mmol/L	(22-32)	
mmol/L	(8-19)	
mmol/L	(3.2-8.2)	
mmol/L	(60-110)	
mmol/L	(> 59)	
mmol/L	(0.20-0.45)	
g/L	(60-80)	
g/L	(23-39)	
g/L	(34-50)	
umol/L	(< 21)	
umol/L	(30-110)	
U/L	(< 51)	
U/L	(< 40)	
U/L	(< 35)	
U/L	(120-250)	
mmol/L	(2.10-2.60)	
mmol/L	(2.10-2.60)	
mmol/L	(0.75-1.50)	

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Collected: 22/04/21 09:45
Tests to follow: HOR, HOR, VA/VE, HCY, VC
Printed: 23/04/21 09:40
Page: 1 of 3

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CHEMISTRY

Pathologist: Dr Ghee Wong M: 0481 905 661

Thyroid (Serum)

COLL Date: 22/04/21

09:45

Lab Number: 2943020

TSH

2.30

(0.50-4.00) mIU/L

Euthyroid.

Collected: 22/04/21 09:45
Tests to follow: HOR, HOR, FATS, VD/PTH, CHEM, TUMR, VA/VE, +++
Printed: 23/04/21 09:10
Page: 1 of 1
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Peter ANDERONICOS
14 Dorretti Circuit
Coomera QLD 4209
DOB: 25/08/83 Sex: M
Tel: 0400570331
Ref:
Lab No: 21-2943020

Clinical Notes: hormone review

HAEMATOLOGY
Pathologist: Dr C. Harris M: 0435 961 191

Full Blood Count (Whole Blood)

COLL Date: 22/04/21
COLL Time: 09:45
Lab Number: 2943020

HAEMOGLOBIN	173		
RBC	6.1		
HCT	8.53	H	
MCV	87.2		
MCH	28		
MCHC	324		
RDW	13.3		
WCC	7.1		
Neutrophils	3.6		
Lymphocytes	2.9		
Monocytes	0.4		
Eosinophils	0.1		
Basophils	0.0		
PLATELETS	292		
MPV	7.5		
No significant abnormality.			
(4.0-11.0)			10 ⁹ /L
(2.0-8.0)			10 ⁹ /L
(1.0-4.0)			10 ⁹ /L
(0.2-1.0)			10 ⁹ /L
(< 0.8)			10 ⁹ /L
(< 0.2)			10 ⁹ /L
(150-400)			10 ⁹ /L
(6.5-11.0)			fL

Collected: 22/04/21 09:45
Printed: 23/04/21 08:40
Page: 1 of 1
Tests to follow: HOR, HOR, FATS, VD/PTH, CHEM, TFT, TUMR, +++
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Dob: 25/08/83 Sex: M
Tel: 0400570331
Ref:
Lab No: 21-2943020*Clinical Notes: hormone review***CHEMISTRY**

Pathologist: Dr Ghee Wong M: 0481 905 661

B12/Folate (Serum)Coll Date: 22/04/21
Coll Time: 09:45
Lab Number: 2943020

Vitamin B12	472	(156-670)	pmol/L
Serum Folate	34.8	(> 12.0)	nmol/L

Collected: 22/04/21 09:45

Printed: 23/04/21 06:50

Tests to follow: H0R,FBC,H0R,FATS,VD/PTH,CHEM,TFT,+++

Page: 1 of 1



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Peter ANDERONICOS

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Coomera QLD 4209
Dob: 25/08/83 Sex: M
Tel: 0400570331
Ref:
Lab No: 21-2943020

Clinical Notes: hormone review

Prostate Specific Antigen (Serum)

Coll Date: 22/04/21
Coll Time: 09:45
Lab Number: 2943020

PSA 0.48 (0.25-2.00) ug/L

In men aged under 50, the median total PSA is 0.6 ug/L.
PSA result is consistent with low risk of prostatic neoplasia. Recommend if patient has other risk factors (e.g. family history) or the patient wishes to undergo regular prostate cancer testing, to offer further review of PSA in 2 years. For other patients (with average other risk factors), offer next PSA review when the patient reaches 50 years of age.

Collected: 22/04/21 09:45
Tests to follow: H0R, FBC, H0R, FATS, VD/PTH, CHEM, TFT, +++

Printed: 23/04/21 06:40
Page: 2 of 2



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Dob: 25/08/83 Sex: M
Tel: 0400570331
Ref:
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Clinical Notes: hormone review

CHEMISTRY

Pathologist: Dr Ghee Wong M: 0481 905 661

Glucose (Serum/Plasma)

Coll Date: 22/04/21
Coll Time: 09:45
Lab Number: 2943020

Glucose Random 5.2 (3.0-7.7) mmol/L

Diabetes unlikely (no documented laboratory history of diabetes). Retest every 3 years if low risk.

Iron Studies (Serum)

Coll Date: 22/04/21
Coll Time: 09:45
Lab Number: 2943020

Ferritin	168	(30-300)	ug/L
Iron	22	(11-30)	umol/L
Transferrin	2.7	(2.0-3.6)	g/L
Transferrin Sat.	32	(20-50)	%

Collected: 22/04/21 09:45

Tests to follow: H0R, FBC, H0R, FATS, VD/PTH, CHEM, TFT, +++

Printed: 23/04/21 06:40

Page: 1 of 2