

From: leesa webb leesa@miamimassage.com.au  
Subject: Re: Pete Andronicos 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, maritime 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  
Tc/hdl 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 quite 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/phosphorous 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) / (.78 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

cholesterol ↓  
Garlic forte  
2 per day

Narelle Marjanovic

16 Quest Test  
Coenzyme Q10

Bioactivated B  
Bico Zinc  
Ultraliv Biomedic  
Phytad Spray  
Omega Ease  
Capsules  
Mag Fx

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 triglyegrudes 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

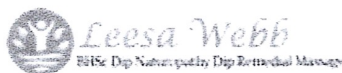
Serum B12 472 optimal is 500-1300  
Serum folate 34 - I would like to see this between 50 and 100 low levels of b12 and folate can be indicative of cardiac risk

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 though 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](mailto:leesa@miamimassage.com.au)  
W: [www.miamimassage.com.au](http://www.miamimassage.com.au)



On 9 Jun 2021, at 1:32 pm, narelle marjanovic <[mnarelle77@hotmail.com](mailto:mnarelle77@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](mailto:peterandronicos@outlook.com)>  
Date: 8 June 2021 at 2:31:04 pm AEST  
To: narelle marjanovic <[mnarelle77@hotmail.com](mailto:mnarelle77@hotmail.com)>  
Subject: Fwd: Healthy Body Integrative Medicine

Regards,

Peter Andronicos

Begin forwarded message:

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

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

----- Forwarded message -----

From: healthybody medicine  
<[healthybodyintegrativemedicine@gmail.com](mailto:healthybodyintegrativemedicine@gmail.com)><<mailto:healthybodyintegrativemedicine@gmail.com>>>  
Date: Tue, 8 Jun 2021 at 11:46  
Subject: Healthy Body Integrative Medicine  
To: <[PETERANDERONICOS@outlook.com](mailto:PETERANDERONICOS@outlook.com)><<mailto: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 CJC1295/1PAMORELIN 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.healthybodyintegrativemedicine.com.au/>  
Healthy Body Integrative Medicine  
0452 279 911

<PETER ANDERONICOS.pdf>





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Dr Amir Abbas

Suite 2  
35 Township Drive  
Burleigh Heads QLD 4220

CC to: Pending Dr Tba

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*

**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	(95-619)	nmol/L
IGF-1	6.7 L	(14.2-36.9)	nmol/L

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, HCY, VC

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





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*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	(< 146)	pmol/L
Progesterone	1.5	(0.9-3.9)	nmol/L
DHEAS	8.7	(1.0-15.0)	umol/L
Testosterone	5.5 L	(6.9-23.2)	nmol/L
SHBG	25	(15-95)	nmol/L
Prolactin	161	(45-375)	mIU/L
Bioav. Testo.	2.6	(2.5-12.0)	nmol/L
FAI	22.0	(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



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Ref:  
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*Clinical Notes: hormone review*

**Tumour Markers (Serum)**

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

CA-125	12	(< 30)	U/mL
CA 15-3	7	(< 33)	U/mL
CA 19-9	6	(< 37)	U/mL

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

Printed: 23/04/21 09:40  
Page: 3 of 3



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Tel: 0400570331  
Ref:  
Lab No: 21-2943020

*Clinical Notes: hormone review*

**Lipid Studies (Serum)**

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

Status	Fasting		
Cholesterol	6.6 H	(< 5.6)	mmol/L
Triglyceride	1.1	(< 2.1)	mmol/L
HDL-c	1.0	(> 0.9)	mmol/L
LDL-c	5.1 H	(< 3.1)	mmol/L
TC/HDL-c	6.6 H	(< 4.5)	
Non-HDL-c	5.6 H	(< 4.1)	mmol/L

National Heart Foundation treatment targets for high risk patients:

Cholesterol	<4.0
Triglyceride	<2.0
HDL-c	>1.0
LDL-c	<2.5(<1.8 mmol/L for very high risk)
Non-HDL-c	<3.3(<2.5 mmol/L for very high risk)

**Vitamin D and Metabolic Bone Markers (Serum)**

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

25-OH Vit D	95	(50-200)	nmol/L
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Collected: 22/04/21 09:45  
Tests to follow: HOR, HOR, VA/VE, HCY, VC

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Tel: 0400570331  
Ref:  
Lab No: 21-2943020

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

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

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Tel: 0400570331  
Ref:  
Lab No: 21-2943020

Clinical Notes: hormone review

**CHEMISTRY**

Pathologist: Dr Ghee Wong M: 0481 905 661

**Thyroid (Serum)**

Coll Date: 22/04/21  
Coll Time: 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, +++

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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	(130-180)	g/L
RBC	6.1	(4.5-6.5)	10 <sup>12</sup> /L
HCT	8.53 H	(0.38-0.52)	
MCV	87.2	(80.0-100.0)	fL
MCH	28	(26-32)	pg
MCHC	324	(300-360)	g/L
RDW	13.3	(< 15.1)	%
WCC	7.1	(4.0-11.0)	10 <sup>9</sup> /L
Neutrophils	3.6	(2.0-8.0)	10 <sup>9</sup> /L
Lymphocytes	2.9	(1.0-4.0)	10 <sup>9</sup> /L
Monocytes	0.4	(0.2-1.0)	10 <sup>9</sup> /L
Eosinophils	0.1	(< 0.8)	10 <sup>9</sup> /L
Basophils	0.0	(< 0.2)	10 <sup>9</sup> /L
PLATELETS	292	(150-400)	10 <sup>9</sup> /L
MPV	7.5	(6.5-11.0)	fL

No significant abnormality.

Collected: 22/04/21 09:45

Printed: 23/04/21 08:40

Tests to follow: HOR, HOR, FATS, VD/PTH, CHEM, TFT, TUMR, +++

Page: 1 of 1





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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

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

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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, +++

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Lab No: 21-2943020

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, +++

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