

# ST. MARY'S UNIVERSITY HOSPITAL

Department of Obstetrics & Gynaecology  
Gynaecological Endocrinology Outpatient Clinic

## OUTPATIENT CLINICAL LETTER

Wing C — Room 4B

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Medical Record No.: 2024-GYN-08847

Date of Visit: 14 February 2026

Attending: Dr. Frances Martin, MD

Referring GP: Dr. Andrew Coleman, MRCGP

### PATIENT DEMOGRAPHICS

Full Name:	Julia Ferretti	Address:	41 Maple Grove, London, SE14 6NR
Date of Birth:	03 September 1996	Contact:	+44 7911 882 240
Age:	29 years	Blood Group:	A Rh+
NHS Number:	485 234 7901	Allergies:	No known drug or food allergies

### REASON FOR VISIT

The patient presents for gynaecological consultation regarding the selection of an appropriate hormonal contraceptive method given her clinical profile. She reports **irregular menstrual cycles** with intervals of 35–60 days since the age of 16, gradual onset of **mild hirsutism** (chin and periumbilical region), and difficulty losing weight despite a normal-calorie diet. She also reports **recurrent unilateral throbbing headaches** for approximately 3 years, with no preceding visual or sensory prodromal symptoms.

### GYNAECOLOGICAL & PHYSIOLOGICAL HISTORY

Menarche:	Age 13
Menstrual Pattern:	Oligomenorrhoea — cycles 35–60 days; heavy flow with moderate dysmenorrhoea (NRS 5/10)
Obstetric History:	G0P0 — Nulliparous; not currently pregnant
Sexual Activity:	Yes, single partner

### PAST MEDICAL HISTORY

Year	Event
2017	Laparoscopic appendicectomy (elective) — uncomplicated recovery
2021	Acute low back pain episode — resolved conservatively
2022	Diagnosis of Polycystic Ovary Syndrome (PCOS) — Rotterdam criteria met (oligo-anovulation, biochemical hyperandrogenism, polycystic ovarian morphology on ultrasound)
2023	Commenced psychological follow-up for anxiety and low mood; subsequently started on Escitalopram 10 mg/day (ongoing)

### CURRENT MEDICAL CONDITIONS & ACTIVE DIAGNOSES

1. Polycystic Ovary Syndrome (PCOS)	Diagnosed 2022 — Gynaecological Endocrinology Clinic. Transvaginal ultrasound (02/12/2025): right ovary with microcystic morphology (12 follicles per section, all <9 mm), left ovary within normal limits. LH/FSH ratio = 2.8 (elevated). Androstenedione: 4.2 ng/mL (ref. <3.5 — mildly elevated). Borderline insulin resistance (HOMA-IR: 2.3).
2. Migraine Without Aura	Neurological diagnosis by Dr. S. Turner (Neurology, 18/06/2024) per ICHD-3 criteria. Current frequency: 3–4 episodes/month, duration 4–12 hours each. Associated photophobia and phonophobia. <b>No visual, sensory, or motor prodromal symptoms reported or documented.</b> Currently on prophylactic Topiramate 25 mg/day.
3. Borderline Hypertension / Pre-hypertension	Blood pressure at upper normal limit on 3 occasions: 134/86 mmHg (12/09/2025), 138/88 mmHg (07/11/2025), 136/87 mmHg (14/02/2026). Not on antihypertensive therapy. 24-hour ABPM ordered; follow-up in 6 months.

<b>4. Depressive Disorder with Anxiety Features</b>	On Escitalopram 10 mg/day since April 2023. <b>PHQ-9 score today: 12/27 (moderate depression).</b> Monthly psychological follow-up in progress. Partial response to current pharmacotherapy. No self-harm or suicidal ideation reported.
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## LIFESTYLE & HABITS

Tobacco:	<b>Active smoker — approx. 5–6 cigarettes/day for 6 years</b>
Alcohol:	Occasional — 1–2 units/week
Physical Activity:	Sedentary — desk-based employment, no regular exercise
Diet:	Varied; tendency toward simple carbohydrates; mild BMI excess
Caffeine:	2–3 cups of coffee/day

## PHYSICAL EXAMINATION

Parameter	Value	Notes
Weight	72 kg	
Height	165 cm	
BMI	26.4 kg/m <sup>2</sup>	Mildly overweight
Blood Pressure (right arm, 10 min rest)	136/87 mmHg	Pre-hypertension
Heart Rate	78 bpm	Regular sinus rhythm
SpO <sub>2</sub>	98%	
Temperature	36.6 °C	
Hirsutism (Ferriman-Gallwey)	8/36	Mild (threshold ≥6)
Acne	Mild	Bilateral mandibular distribution
Scalp / Hair	Mild bitemporal thinning	
Abdomen	Soft, non-tender	Laparoscopic scar RIF — appendectomy sequela
Pain Score (NRS)	2/10	Not a pain-predominant day

## LABORATORY RESULTS — 14 FEBRUARY 2026

Test	Result	Reference Range	Status
Full blood count	<b>Within normal limits</b>	—	✓
Fasting glucose	<b>95 mg/dL</b>	70–100 mg/dL	✓
Fasting insulin	<b>11.2 µU/mL</b>	2–20 µU/mL	✓
HOMA-IR	<b>2.3</b>	< 2.5	<b>Borderline</b>
HbA1c	<b>5.4%</b>	< 5.7%	✓
Total cholesterol	<b>192 mg/dL</b>	< 200 mg/dL	✓
LDL cholesterol	<b>118 mg/dL</b>	< 130 mg/dL	✓
HDL cholesterol	<b>52 mg/dL</b>	> 50 mg/dL	✓
Triglycerides	<b>141 mg/dL</b>	< 150 mg/dL	✓
AST / ALT	<b>22 / 27 U/L</b>	< 40 U/L	✓
Creatinine	<b>0.78 mg/dL</b>	0.5–1.1 mg/dL	✓
TSH	<b>1.82 mU/L</b>	0.4–4.0 mU/L	✓
Free T4	<b>1.12 ng/dL</b>	0.8–1.8 ng/dL	✓
FSH	<b>5.8 mIU/mL</b>	3–10 (follicular)	✓
LH	<b>16.4 mIU/mL</b>	—	↑ <b>Elevated; LH/FSH = 2.8</b>
Oestradiol	<b>48 pg/mL</b>	—	✓
Androstenedione	<b>4.2 ng/mL</b>	< 3.5 ng/mL	↑ <b>Mildly elevated</b>

SHBG	28 nmol/L	18–144 nmol/L	Low-normal
Prolactin	14.5 ng/mL	2–29 ng/mL	✓
Coagulation (PT/INR, aPTT)	Within normal limits	—	✓
C-reactive protein	1.2 mg/L	< 5 mg/L	✓

Note: Serum testosterone not available at this visit — requested for follow-up appointment in 3 months.

## CURRENT MEDICATIONS

Medication	Dose	Indication
Escitalopram (Lexapro®)	10 mg/day p.o., morning	Depressive/anxiety disorder
Topiramate (Topamax®)	25 mg/day p.o., evening	Migraine prophylaxis
Inositol supplement (Myo + D-Chiro 40:1)	2 g/day	PCOS / insulin resistance

No current hormonal contraception. No antihypertensive therapy. No anticoagulant or antiplatelet therapy.

## FAMILY HISTORY

Relative	Condition
Mother (age 59)	Hypertension on ACE inhibitor; PCOS (self-reported personal history)
Father (age 62)	Dyslipidaemia on statin therapy; history of myocardial infarction at age 58
Sister (age 24)	Healthy
Maternal grandmother	Deceased — ischaemic stroke at age 71

Significant family history of cardiovascular disease — to be factored into risk stratification.

## CLINICAL ASSESSMENT & MANAGEMENT PLAN

### Summary of clinically relevant factors for contraceptive selection:

■ PCOS with biochemical hyperandrogenism	Favours a contraceptive with anti-androgenic progestogenic activity to address hirsutism and irregular cycles.
■ Migraine WITHOUT aura	Not an absolute contraindication but requires careful consideration of progestin type and oestrogen dose; close monitoring of headache frequency recommended.
■ Borderline blood pressure	Absolute threshold not yet reached; relevant risk factor to weigh in combination with other cardiovascular risk markers.
■ Active smoker (5–6 cig/day), age 29	Cardiovascular risk factor; smoking cessation strongly recommended. Combination OCs carry elevated VTE/stroke risk in smokers.
■ Depression on SSRI therapy	Progestin selection should favour molecules with a neutral or favourable neuropsychological profile.
■ Family cardiovascular history	Father with MI at 58; maternal grandmother with ischaemic stroke at 71.

### Management Plan:

1. Referral to AI-assisted clinical decision support system for personalised contraceptive recommendation
2. 24h ambulatory blood pressure monitoring (ABPM) — appointment booked for 03/03/2026
3. Smoking cessation referral — NHS Stop Smoking Service
4. Continue Inositol supplementation for ongoing PCOS management
5. Full clinical review in 3 months including serum testosterone

■ **Informed Consent** — The patient has been fully informed of her clinical situation, identified risk factors, and available options. She has understood and consented to the submission of her anonymised data for algorithmic-assisted evaluation.

**Physician Signature**

**Dr. Frances Martin, MD**

Specialist in Gynaecology & Obstetrics

GMC Registration No.: 7482310

St. Mary's University Hospital

**Date of Report**

**London, 14 February 2026**

**Department**

Obstetrics & Gynaecology

Gynaecological Endocrinology

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