

ST. MARY'S UNIVERSITY HOSPITAL

Department of Obstetrics & Gynaecology
Gynaecological Endocrinology Outpatient Clinic

OUTPATIENT CLINICAL LETTER

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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
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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. No visual, sensory, or motor prodromal symptoms reported or documented. 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.

4. Depressive Disorder with Anxiety Features	On Escitalopram 10 mg/day since April 2023. PHQ-9 score today: 12/27 (moderate depression) . 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:	Active smoker — approx. 5–6 cigarettes/day for 6 years
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/m²	Mildly overweight
Blood Pressure (right arm, 10 min rest)	136/87 mmHg	Pre-hypertension
Heart Rate	78 bpm	Regular sinus rhythm
SpO2	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 — appendicectomy sequela
Pain Score (NRS)	2/10	Not a pain-predominant day

LABORATORY RESULTS — 14 FEBRUARY 2026

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

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:

- Referral to AI-assisted clinical decision support system for personalised contraceptive recommendation
- 24h ambulatory blood pressure monitoring (ABPM) — appointment booked for 03/03/2026
- Smoking cessation referral — NHS Stop Smoking Service
- Continue Inositol supplementation for ongoing PCOS management
- 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.

<p>Physician Signature</p> <hr/> <p>Dr. Frances Martin, MD</p> <p>Specialist in Gynaecology & Obstetrics</p> <p>GMC Registration No.: 7482310</p> <p>St. Mary's University Hospital</p>	<p>Date of Report</p> <p>London, 14 February 2026</p> <p>Department</p> <p>Obstetrics & Gynaecology</p> <p>Gynaecological Endocrinology</p>
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