

DR. PETER F. JOSE, MD

Medicine Professional Corporation

Family Physician

2201 Kingston Road

Scarborough, Ontario M1N 1T7

(p) 416-269-2121 (f) 416-269-4854

2025-Oct-24

Dr. A. Boright

Patient: Mrs. Nikoleta Stavarakis
PHN: 8638 768 211NG
Birthdate: 1963-May-18
Address: 46 Jeanette Street Scarborough ON M1M 3G1
Phone: **H:** (416) 265-7314 **C:** (416) 938-5124

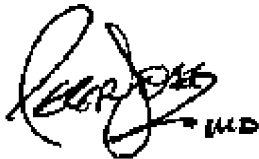
Dear Dr. Boright,

Please see this pleasant 62 Yr old female with longstanding hx of obesity and hirsutism. Recent hormone panel revealed slightly elevated testosterone levels and she would like to discuss further management options with you.

Problem History: Obstructive Sleep Apnea, CYST OF THYROID, ESSENTIAL HYPERTENSION
Active Medications: CIPRALEX 10 MG TABLET [1 Tablet(s) Every evening X 30 Day(s)] [Take immediately following supper.], hydrocortisone 1 % Topical Cream (Gram) [1 Application(s) Two times daily X 15 Day(s)], COVERSYL 4 MG TABLET [1 Tablet(s) Once daily X 90 Day(s)], SYMBICORT 200 TURBUHALER [2-4 Spray(s) Two times daily As Needed X 30 Day(s)], SHINGRIX 50 MCG/0.5 ML VIAL [Bring to MD for injection.], PROCTOSEDYL OINTMENT [Apply as directed following each BM.], FUCIDIN 2 % CREAM [1 Application(s) Three times daily X 15 Day(s)], azithromycin 250 mg Oral Capsule [Take 1 Zpak as directed.], PATANOL 0.1 % EYE DROPS [1 Drops Two times daily X 30 Day(s)], LYDERM 0.05 % CREAM [1 Application(s) Two times daily X 30 Day(s)], VIMOVO 500 MG-20 MG TABLET [1 Tablet(s) Two times daily As Needed X 5 Day(s)]

Surgical/Medical History: Colonoscopy - mild hemorrhoids/ skin tags., childbirth— C-section - 2005; 2007

Sincerely,



Peter Jose, MD (Billing #078451)

Electronically Reviewed to Expedite Delivery

Enclosures

2025-Sep-15: Ultrasound; Thyroid US, KingMar - Fax00000085.TIF

2023-Oct-16: Assessment Report; Assessment Report w/ Dr. Yadav, FACET - Fax000010ab.
TIF

2025-Sep-16 - Complete Blood Count

2025-Sep-16 - Vitamin B12

2025-Sep-16 - Ferritin

2025-Sep-16 - Glucose Fasting

2025-Sep-16 - Alanine Aminotransferase

2025-Sep-16 - Hemoglobin A1c

2025-Sep-16 - Creatinine/GFR

2025-Sep-16 - Lipid Assessment

2025-Sep-16 - Thyroid Stimulating Hormone (TSH)

2025-Sep-16 - FSH (Follicle Stimulating Hormone)

2025-Sep-16 - LH (Luteinizing Hormone)

2025-Sep-16 - Prolactin

2025-Sep-16 - DHEA-S

2025-Sep-16 - Testosterone

2025-Sep-16 - Androstenedione

2025-Sep-16 - 17-Hydroxyprogesterone



3227 EGLINTON AVENUE EAST, UNIT 148, SCARBOROUGH, ON M1J 3M5(BEHIND METRO) PH: (416) 264-4343 FAX: (416) 264-4342

Patient Name: Stavarakis, Nikoleta (8638768211)

DOB: 18 May 1963

Address: ON

Phone Number: (416) 938 5124

Referred Phys.: Dr. Peter F. Jose (fax: (416) 269 4854)

Service Date: 15 Sep 2025

Investigation: Thyroid

THYROID ULTRASOUND

INDICATION: Follow-up nodules.

COMPARISON: None

FINDINGS:

Right lobe measures 1.8 x 4.7 x 2.0 cm.

Left lobe measures 5.3 x 4.5 x 2.0 cm.

Isthmus measures 0.5 cm.

Thyroid parenchyma is diffusely heterogeneous.

Right midpole isoechoic solid nodule measuring 8 x 9 x 13 mm. TR 3.

Left upper pole isoechoic solid nodule measuring 24 x 23 x 19 mm. TR3.

Left lower pole isoechoic solid nodule measuring 22 x 22 x 18 mm. TR 3.

No cervical lymphadenopathy.

IMPRESSION:

Bilateral low suspicion nodules. No previous is available for comparison however no nodules meet criteria for biopsy at this time.

Follow-up ultrasound is recommended in one year.

J. Peltz MD.F.R.C.P.(C)

D&T 15 Sep 2025

www.kingmardiagnostic.ca

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Thank you for your cooperation.



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 T: 416-698-5521
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Oct 16, 2023

Dr. Peter F. Jose
 2273 Kingston Rd
 Scarborough, ON
 M1N 1T8
 Phone: 416-269-2121 Fax: 416-269-4854

Dear Dr. Jose,

Re: Nikoleta (Niky) Stavarakis May 18, 1963 Age: 60 yr HN: 8638 768 211 NG
 416-938-5124 (H) 416-938-5124 (M preferred)

Thank you for referring Nikoleta Stavarakis.

Reason for Referral to Dermatology: Increased Facial Hair (Peri-Oral)

Impression:

1 - Primary Hirsutism: Male pattern of secondary or post-pubertal hair growth in the face. No evidence of acanthosis nigricans, striae or virilization.

Treatment(s)

1 - Hirsutism is a male pattern of secondary or post-pubertal hair growth occurring in women. A hirsute pattern of hair growth is usually genetically determined, confirmed by male and female family members also having more hair than average. Late onset hirsutism may be due to hyperandrogenism but most often it is related to androgen sensitivity. I discussed the clinical approach to hirsutism and the ultimate treatment options with the patient today. I have suggested she follow up with you to complete some baseline bloodwork if it has not been done already including DHEAS, Androstenedione, 17-hydroxyprogesterone, LH, FSH and Prolactin (in addition to general tests such as TSH, glucose, and lipids).

We also discussed spironolactone and vaniqua as treatment options. The patient was keen on topical treatment.

Past medical history, medications and medication allergies are documented in the chart.

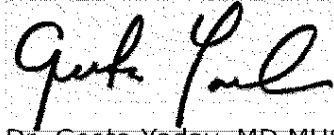
- Relevant positives include: none

I am discharging this patient to your continuing care. I remain available to reassess at your discretion.

Re: Nikoleta (Niky) Stavarakis May 18, 1963 Age: 60 yr HN: 8638 768 211 NG
416-938-5124 (H) 416-938-5124 (M preferred)

Thank you for involving me in the care of this patient.

Yours truly,

A handwritten signature in black ink, appearing to read "Geeta Yadav", enclosed within a rectangular dotted border.

Dr. Geeta Yadav, MD MHS FRCPC - 034063

Lab Results: LIFELABS ONTARIO

Generated On 2025-Oct-24

Patient	STAVARAKIS, NIKOLETA	Home Phone	(416) 265-7314	Work Phone	
Health #	8638768211NG	Sex	F	Patient ID	13361
DOB	1963-May-18				

Lab Id: 2025-6K2590053
 Ordered By: F. JOSE PETER Reported By: LIFELABS ONTARIO
 Collection Date: 2025-Sep-16 8:10 AM Reviewed: 2025-Sep-23 by peterjose
 Reported Date: 2025-Sep-17 2:23 AM
 Updated On: 2025-Sep-23 8:56 AM

	Flags	Results	Reference Range	Lab Lic #
Complete Blood Count (Final)				
WBC		7.5	4.0 - 11.0	x E9/L 5687
RBC		4.23	4.00 - 5.10	x E12/L
Hemoglobin		127	120 - 160	g/L
Hematocrit		0.393	0.350 - 0.450	L/L
MCV		93	80 - 100	fL
MCH		30.0	27.5 - 33.0	pg
MCHC		323	305 - 360	g/L
RDW		12.6	11.5 - 14.5	%
Platelets		349	150 - 400	x E9/L
Neutrophils		3.0	2.0 - 7.5	x E9/L
Lymphocytes	H	3.8	1.0 - 3.5	x E9/L
Monocytes		0.6	0.2 - 1.0	x E9/L
Eosinophils		0.1	0.0 - 0.5	x E9/L
Basophils		0.0	0.0 - 0.2	x E9/L
Immature Granulocytes		0.0	0.0 - 0.1	x E9/L
Nucleated RBC		0		/100 WBC

Lab - 5687: LifeLabs, 100 International Blvd., Toronto, Ontario

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 Reported Date: 2025-Sep-17 4:01 AM
 Updated On: 2025-Sep-23 8:56 AM

	Flags	Results	Reference Range	Lab Lic #
Vitamin B12 (Final)				
Vitamin B12		360	> 220	pmol/L 5687
		>220 pmol/L: Normal, deficiency unlikely		
		150-220 pmol/L: Borderline, deficiency is possible		
		<150 pmol/L: Low, consistent with deficiency		

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	Flags	Results	Reference Range	Lab Lic #
Ferritin (Final)				
Ferritin		122		ug/L 5687
		In absence of concomitant inflammation, Ferritin levels can be interpreted as follows:		
		30-50 ug/L: Probable iron deficiency		
		51-100 ug/L: Possible iron deficiency, if risk factors are present		
		101-300 ug/L: Iron deficiency unlikely		
		=>600 ug/L: Consider test for iron overload		

In patients with concomitant inflammation, use Iron Studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status.

For guidance, see www.hemequity.com/raise-the-bar

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 Requisition Date: 2025-Jun-27
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	Flags	Results	Reference Range	Lab Lic #
Glucose Fasting (Final)				
Glucose Fasting		4.7	3.6 - 6.0 mmol/L	5687

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	Flags	Results	Reference Range	Lab Lic #
Alanine Aminotransferase (Final)				
Alanine Aminotransferase		15	< 36 U/L	5687

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 Collection Date: 2025-Sep-16 8:10 AM Reviewed: 2025-Sep-23 by peterjose
 Reported Date: 2025-Sep-17 4:44 AM
 Updated On: 2025-Sep-23 8:56 AM

	Flags	Results	Reference Range	Lab Lic #
Hemoglobin A1c (Final)				
Hemoglobin A1C/Total Hemoglobin		5.7	< 6.0 %	5687

Diabetes Canada 2018 Guidelines:

Screening and Diagnosis:

< 5.5 % Normal

5.5% - 5.9 % At risk

6.0% - 6.4 % Prediabetes

>OR= 6.5 % Diabetes Mellitus***

***Regarding diagnosis: in the absence of symptomatic hyperglycemia, if a single laboratory test result is in the diabetes range, a repeat confirmatory laboratory test (FPG, A1C, 2hPG in a 75 g OGTT) must be done on another day for diagnosis confirmation.

Monitoring: <OR= 7.0 %

Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities.

Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.

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Creatinine/GFR (Final)					
Creatinine		60	50 - 100	umol/L	5687
Glomerular Filtration Rate (eGFR)		98	See below		
<p>Results rule out CKD stage 3-5. Assessment of urine ACR is required to definitively rule out or confirm CKD diagnosis. The KidneyWise toolkit (kidneywise.ca) recommends remeasuring eGFR and urine ACR annually for people with diabetes mellitus and less frequently in others unless clinical circumstances dictate otherwise.</p> <p>Reference interval: ≥ 60 mL/min/1.73m²</p> <p>eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.</p>					

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	Flags	Results	Reference Range		Lab Lic #
Lipid Assessment (Final)					
Hours After Meal		14		Hours	5687
Triglyceride		1.53		mmol/L	
		FASTING: < 1.70 mmol/L			
		NON-FASTING: < 2.00 mmol/L			
Cholesterol	H	5.87	< 5.20	mmol/L	
		Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.			
HDL Cholesterol		1.33	≥ 1.30	mmol/L	
		HDL-C < 1.30 mmol/L indicates risk for metabolic syndrome.			
Non HDL Cholesterol	H	4.54	< 4.20	mmol/L	
		Non HDL-Cholesterol is not affected by the fasting status of the patient.			
		If non-HDL-C ≥ 4.20 mmol/L in primary prevention setting for low risk patients (FRS 5-9.9%) or intermediate risk patients (FRS 10-20%), consider therapy. Therapy also suggested in low risk patients (FRS $< 10\%$) with non-HDL-C ≥ 5.8 mmol/L.			
LDL Cholesterol	H	3.91	< 3.50	mmol/L	
		If LDL-C ≥ 3.50 mmol/L in primary prevention setting for low risk patients (FRS 5-9.9%) or intermediate risk patients (FRS 10-20%), consider therapy. Therapy also suggested in low risk patients (FRS $< 10\%$) with LDL-C > 4.99 mmol/L.			
		LDL-C is calculated using the NIH equation.			
		For additional LDL-C and non-HDL-C thresholds based on risk stratification, refer to 2021 CCS Guidelines. Can J Cardiol. 2021;37(8):1129-1150.			
Cholesterol/HDL		4.4			

Cholesterol

Cholesterol/HDL-C is not included in the 2021 CCS guideline as a lipid initiation or treatment target but is recognized as an indicator of high CVD risk at Cholesterol/HDL-C ratio >6.0

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Flags	Results	Reference Range	Lab Lic #
Thyroid Stimulating Hormone (TSH) (Final)			
Thyroid Stimulating Hormone	1.04	0.32 - 4.00 mIU/L	5687

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Flags	Results	Reference Range	Lab Lic #
FSH (Follicle Stimulating Hormone) (Final)			
FSH	68.4	IU/L	5687
	Follitropin (FSH) female reference intervals		

	Follicular: 3.0-8.0 IU/L		
	Mid-cycle: 3.0-22.0 IU/L		
	Luteal: 1.5-5.5 IU/L		
	Post-menopausal: 27.0-133.0 IU/L		

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Flags	Results	Reference Range	Lab Lic #
LH (Luteinizing Hormone) (Final)			
LH	31.3 Lutropin (LH) female reference intervals ----- Follicular: 2.0-12.0 IU/L Mid-cycle: 8.0-90.0 IU/L Luteal: 1.0-14.0 IU/L Post-menopausal: 5.0-62.0 IU/L	IU/L	5687

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Flags	Results	Reference Range	Lab Lic #
Prolactin (Final)			
Prolactin	9.3	5.0 - 27.0 ug/L	5687

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Flags	Results	Reference Range	Lab Lic #
DHEA-S (Final)			
Dehydroepiandrosterone [DHEA-S]	5.6	< 6.7 umol/L	5687

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Flags	Results	Reference Range	Lab Lic #
Testosterone (Final)			
Testosterone	H 2.2 Reference interval applies to AM collections. Total Testosterone levels may not reflect the biologically-active testosterone when SHBG levels are abnormal.	< 1.5 nmol/L	5687

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Flags	Results	Reference Range	Lab Lic #
Androstenedione (Final)			
Androstenedione	3.4	nmol/L	5687
	Reference Intervals: 19yrs and older (nmol/L): Follicular: 1.2 - 8.7 Midcycle: 2.1 - 10.0 Luteal: 1.1 - 8.2 Post-Menopausal: 0.4 - 2.9		
	This test was developed by LifeLabs. Its performance characteristics have been fully validated and the test has been designated fit for use in routine patient testing. This test has not been submitted to Health Canada for evaluation, and as an in-house validated test, does not require Health Canada approval for diagnostic use.		

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Flags	Results	Reference Range	Lab Lic #
17-Hydroxyprogesterone (Final)			
17-Hydroxyprogesterone	1.4	nmol/L	5687
	Reference Intervals: 19yrs and older (nmol/L): Follicular <5.6 Midcycle <6.8 Luteal <8.6 Post-Menopausal <1.4		
	This test was developed by LifeLabs. Its performance characteristics have been fully validated and the test has been designated fit for use in routine patient testing. This test has not been submitted to Health Canada for evaluation, and as an in-house validated test, does not require Health Canada approval for diagnostic use.		

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