RoodlaneMedical

part of HCAHealthcare UK

# Your personalised health screen

## Confidential - for addressee only

Mrs Marzieh Saeidi

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part of HCAHealthcare UK

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Marzieh Saeidi

24/03/1980

17 July 2018 / 11:15

Medical Screen

It was our pleasure to carry out your health screen at Roodlane Medical.

The report that follows will cover various aspects of the examination. There is an important summary and personalised health plan at the end as well as some information you may find helpful.

Please do not hesitate to contact the doctor who carried out your examination if you wish to discuss the results further:

# Background and relevant history

## History/Family History

We discussed your background and relevant history.

In terms of past medical history you are suffering from Gastro-oesophageal Reflux Disease and persistent vaginal thrush for which you are on long term Fluconazole.

In terms of family history you said your maternal grandfather had prostate cancer at 80. Your paternal grandmother had leukaemia in her 50s and your maternal aunt had a brain tumour in her 70s.

Medication: you take omeprazole and fluconazole.

# Specific medical concerns

## Medical concerns

In terms of specific medical concerns you mentioned that you felt you were getting ill a bit more often and we discussed how a healthy lifestyle can help with immunity and especially in your case trying to manage/reduce stress would be helpful for this.

You also mentioned sometimes forgetting some words and you said you will see your own GP about this.

# Lifestyle

## Diet, exercise, alcohol, smoking

We discussed your diet in which you say you get five portions of fruit and vegetables a day and a good amount of oily fats. You drink one coffee a day and you have about two snacks a day which are sugary and/or fatty.

For exercise you go to the gym twice a week where you do cardio and weights and you also cycle to work daily.

You said you drink very little alcohol, about one unit a week.

You do not smoke.

# Stress management and sleep

## Stress management and sleep

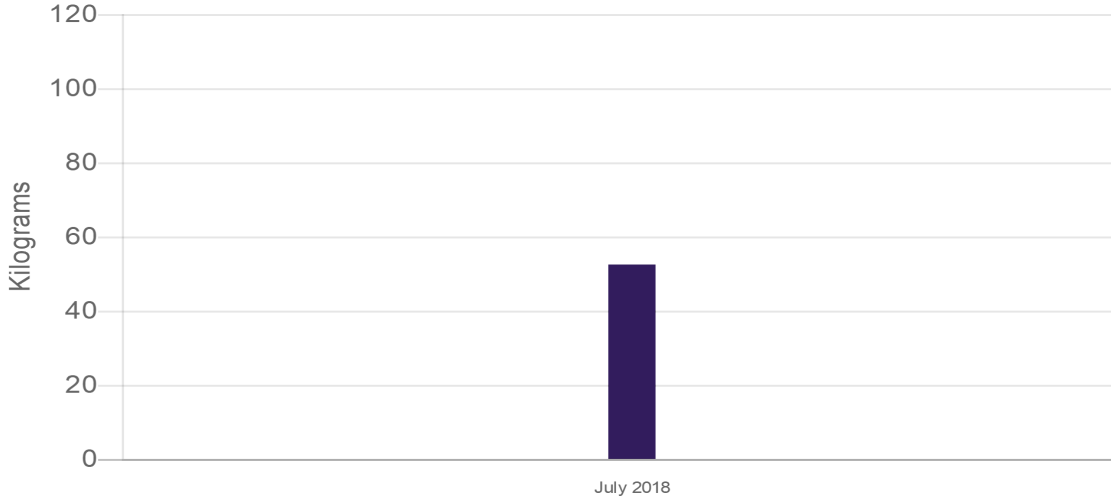
In terms of stress you say you have a little bit of stress at the moment and you sometimes manage that well but sometimes you do not manage it well.

In terms of sleep you said you sleep about seven to eight hours and this is good quality sleep.

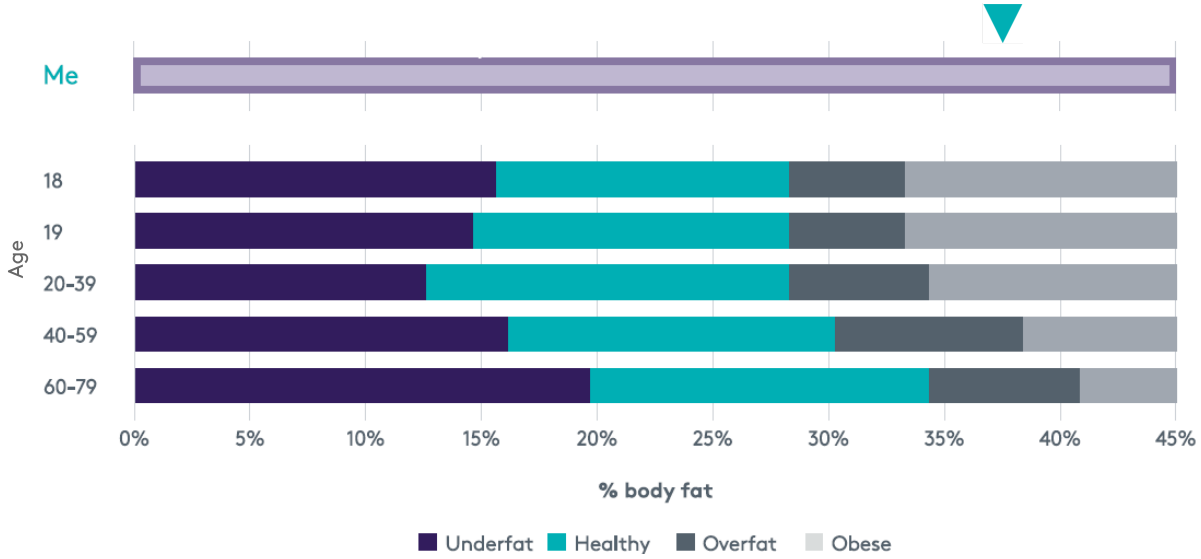
# Physical Examination

Height: 171 (cm)

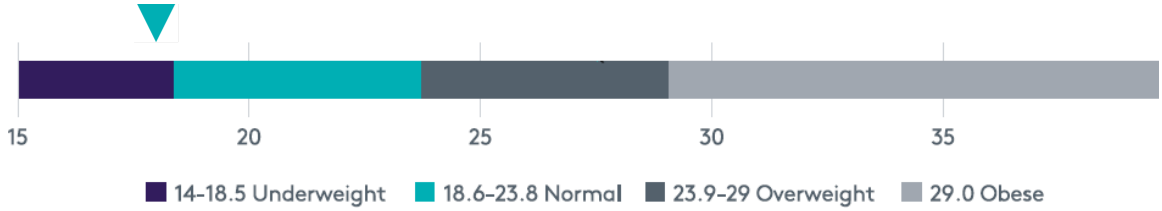
Weight: 52.5 (kg)



## Body fat percentage: 35.9%




## BMI (Body mass index): 17.95 (kg/cm2)




BMI is calculated using a specific formula to indicate if your weight is healthy for your height (kg/ m2). The healthy range is a BMI of 19 – 25. A BMI of over 27.5 is thought to indicate an increased risk for developing heart disease and diabetes. Please note, as BMI does not differentiate muscle mass from fat mass, those who are more muscular can have an elevated BMI which is not necessarily unhealthy. This value needs to be considered in conjunction with body fat percentage and waist/hip ratio.

## Blood pressure: 113 / 68

A healthy blood pressure value should be a top value (systolic) of less than 140mmHg and a bottom value (diastolic) of less than 90mmHg. Persistently high blood pressure can increase the risk of stroke and developing heart and kidney disease. Please note, a one off high reading does not necessarily indicate these risks - if your blood pressure is elevated, sequential readings over time should be taken to establish the trend which you should discuss with your GP or nurse.

# Clinical Opinion - Physical Examination

Your physical examination today was normal.

## Investigations

# Clinical Opinion - Urinalysis

A chemical test on urine which looks for the presence of red and white blood cells, protein and sugar. This test may indicate disorders, such as urinary tract infection, kidney disease and diabetes. Any abnormal results should be discussed with your doctor

Your urine analysis was normal.

# Laboratory results

Explanatory notes on the names of all the blood results are included at the end of the report.

Histology/Cytology

Gynae Cytology

| Result Value |
| --- |
| - |
| PATHOLOGY REPORT |
| - |
| Saeidi,Marzieh |
| - |
| Medical Record No. : X2806117 |
| Hosp. Account No. : L2951498 |
| D.O.B : 24/03/80 |
| Sample Date : 17/07/18 |
| Report Date : 19/07/18 |
| Specimen ID No. : G18:008743 |
| Outreach Ref. : MMSA-QHLAM-E-QRECU |
| - |
| ---------- |
| - |
| Thinprep Chlamydia |
| - |
| CLINICAL DATA : Routine smear. |
| - |
| SPECIMEN : Cervical Smear. |
| - |
| MICROSCOPIC : There is borderline change with HPV like features |
| amounting to low grade dyskaryosis. |
| No endocervical cells seen. |
| - |
| DIAGNOSIS : CERVICAL SMEAR: BORDERLINE/LOW GRADE DYSKARYOSIS |
| - |
| RECOMMENDATIONS : CONSIDER TESTING FOR HIGH RISK HPV; IF HPV POSITIVE |

| Result Value |
| --- |
| PLEASE ARRANGE COLPOSCOPY. FOLLOW CLINICAL ADVICE. |
| - |
| - |
| CHLAMYDIA PCR TEST |
| - |
| Chlamydia Status : Negative |
| - |
| - |
| Signed By L.MDL.ASC - 19/07/18 |
| - |
| #END |
| ---------- |

Labs

Haematology

| Result Name | Result Value | Result Units | Reference Range | Status |
| --- | --- | --- | --- | --- |
| Haemoglobin | 135 | g/L | ( 120-150 ) | |
| Haematocrit | 0.410 | L/L | (0.360-0.460) | |
| RBC | 4.5 | x10e12/L | ( 3.8-4.8 ) | |
| MCV | 90.3 | fL | ( 80-100 ) | |
| MCH | 29.7 | pg | ( 27-32 ) | |
| MCHC | 329 | g/L | ( 315-345 ) | |
| RDW | 12.5 | % | ( 12.0-16.0 ) | |
| Platelets | 218 | x10e9/L | ( 150-410 ) | |
| **MPV** | **11.2** | **fL** | **( 7.0-11.0 )** | **H** |
| WBC | 7.1 | x10e9/L | ( 4.0-10.0 ) | |
| Neutrophils | 3.9 | x10e9/L | ( 2.0-7.0 ) | |
| Lymphocytes | 2.5 | x10x9/L | ( 1.0-3.0 ) | |
| Monocytes | 0.4 | x10e9/L | ( 0.2-1.0 ) | |
| Eosinophils | 0.30 | x10e9/L | ( 0.02-0.5 ) | |
| Basophils | 0.02 | x10e9/L | ( 0-0.1 ) | |
| ESR | 12 | mm/Hour | ( 0-12 ) | |

Biochemistry

| Result Name | Result Value | Result Units | Reference Range | Status |
|---|---|---|---|---|
| Sodium | 139 | mmol/L | ( 133-146 ) | |
| Potassium | 5.0 | mmol/L | ( 3.5-5.3 ) | |
| Urea | 4.8 | mmol/l | ( 2.5-7.8 ) | |
| Creatinine | 63 | umol/L | ( 44-80 ) | |
| eGFR | > 90 | - | - | |
| *Units are mL/min/1.73 m2.*<br>*Multiply eGFR by 1.2 for African/Caribbean subjects.*<br>*Interpret with regard to UK CKD Guidelines.* | | | | |
| Glucose (Non-Fasting) | 4.2 | mmol/L | - | |
| Calcium | 2.54 | mmol/L | ( 2.10-2.55 ) | |
| Calcium (Corrected) | 2.50 | mmol/L | ( 2.10-2.55 ) | |
| Inorganic Phosphate | 1.07 | mmol/L | ( 0.80-1.50 ) | |
| Uric Acid | 224 | umol/L | (140 - 360) | |
| Total Protein | 76 | g/L | ( 60-80 ) | |
| Albumin | 45 | g/L | ( 35-50 ) | |
| Globulin | 31 | g/L | ( 20-40 ) | |
| Total Bilirubin | 10 | umol/L | ( < 21 ) | |
| Alkaline Phosphatase | 67 | IU/L | ( 30-130 ) | |
| AST | 20 | IU/L | ( < 33 ) | |
| ALT | 13 | IU/L | ( < 34 ) | |
| Gamma GT | 20 | IU/L | ( 5-36 ) | |
| Serum Iron | 22.1 | umol/L | ( 5.8-34.5 ) | |
| Cholesterol | 4.5 | mmol/l | ( <5.0 ) | |
| Triglycerides | 1.03 | mmol/L | ( < 1.70 ) | |
| HDL Cholesterol | 1.7 | mmol/L | ( 1.2-1.7 ) | |
| *Please note new method in use from 2/7/18* | | | | |
| LDL (Calculation) | 2.4 | mmol/L | ( < 3.0 ) | |
| HDL/Cholesterol Ratio | 0.38 | - | ( > 0.25 ) | |
| Cholesterol/HDL Ratio | 2.65 | Ratio | - | |
| Non-HDL Cholesterol | 2.8 | mmol/L | - | |
| TSH | 1.32 | mU/L | ( 0.27-4.20 ) | |

# Clinical Opinion - Laboratory Results

Your laboratory blood results were normal.

Your smear test showed: There is borderline change with HPV like features amounting to low grade dyskaryosis.

In order to discuss this with you I tried calling you a few times on the number we had for you. And I also got the contact centre staff to call you a number of times. However it always went straight to voicemail, and messages were left. I also got the contact centre staff to text the number and send an email to the email we have on file for you. But we didn't receive a response

The next stage would be to test for high risk HPV strains to see if any further action is needed. (I don't want to unduly worry you low grade dyskariosis can be caused by other things e.g. your persistent thrush, but its important to check that it isn't HPV causing it. )

We can add on the test to the sample for a fee of £76 that would be invoiced to yourself.
However that can only be done within 21 days of the sample reaching the lab (it reached the lab on the 17/7/18) as the sample is no longer usable after this. Please get in touch asap to arrange this if you would like it.

The only option if this date is missed is to repeat the smear or consider a gynaecology referral

This is a good resource for explaining smear results to patients:
https://www.nhs.uk/conditions/cervical-screening/results/

# Diabetic Risk Analysis

We use the widely accepted QDiabetes® algorithm which uses biometric and blood values to calculate your risk of Type 2 diabetes. This gives a comparison to the general population and is matched for age, gender and ethnicity. Weight loss is the most effective way to help reduce this risk.

## Your risk score is: 0.3

## This compares with the average risk of 1


# Clinical Opinion - Diabetic risk analysis

Your ten year QDiabetes score was 0.3%. A healthy person of the same age, sex and ethnicity would have a 1% risk of getting diabetes in the next ten years.

Your ten year QRISK score was 0.3%. A healthy person with the same age, sex and ethnicity would have a 1% risk of getting cardiovascular disease in the next ten years.

# Cardiac Risk Analysis and ECG

We use the widely accepted QRISK®2 which calculates your risk of cardiovascular disease, including heart attack, stroke or 'mini' stroke. The calculation is based on family history, lifestyle factors such a smoking, biometrics, blood pressure and blood cholesterol and lipid levels. This provides a comparison to the general population and is matched for age, gender and ethnicity. To reduce this risk, advisable measures can include; stopping smoking, losing weight, lowering blood pressure and lowering cholesterol through diet or medication.

## Your risk score is: Q risk: 0.3%

## This compares with the average risk of 1%


## Electrocardiogram (ECG)

A graphical representation of voltage changes across the heart muscle associated with each heartbeat, used to give an impression of heart muscle function and rhythm. An exercise stress test is used to increase the heart rate and oxygen requirements of the heart muscle. ECG changes during this test may indicate abnormalities of function and usually require further investigation.

# Laboratory Information

**This following pages briefly explains your blood tests and what an abnormal result may mean. It is intended to help you understand the report from your health screen, the doctor who saw you will explain any abnormal tests that are relevant.**

**These tests can provide the first clues to illness.**

The **Haematology** section is known as a 'Full Blood Count and ESR'. This tells us whether your bone marrow is making the right cells to carry oxygen, fight infection and help your blood to clot.

**Biochemical** tests will show you how well the liver, kidneys and thyroid gland are working, as well as making certain that blood sugar, fats and electrolytes are in balance.

Some of your results may be outside "normal ranges" but looking at them in context of you as an individual, alongside the rest of your tests, your doctor may be able to assure you that the result is nothing to worry about. This is because "normal ranges" refer to the range for the majority (95%) of people, but 5% of normal people will be outside that range. That last 5% can have quite widely varying results, which are normal for them, so the ranges are to be used for guidance.

## Full blood count and ESR (haematology)

**Haemoglobin:** Gives the red cells their colour and carries oxygen from the lungs to the cells. It can be affected by the level of vitamins and iron in your body. It can be low if you have been bleeding. Less commonly the body makes too much.

**Haematocrit:** Measures the percentage of red blood cells in a standard volume of blood. It is used, together with the haemoglobin and red cell count, to help determine the presence and type of anaemia.

**Red Cell Count (RBC):** Measures the number of red cells in the blood. A low count can be due to anaemia. A high count can happen if you are very dehydrated and in a rare condition called polycythaemia.

**Red cell indices (MCV, MCH, MCHC, RDW):** Provides detailed information on the size and haemoglobin content of red blood cells. It helps the doctor understand what is causing anaemia. Cells may also be too large if your alcohol intake is higher than recommended, you lack certain vitamins or you have a thyroid disorder.

**Platelet count:** Measures the number of platelets in blood. High platelet counts are often seen following strenuous activity, in infections and inflammation. Extremely low platelet counts occur if the bone marrow is not making them normally, this can be a cause of bleeding.

**White Blood Count (WBC):** Measures the number of white blood cells in blood. High counts are seen in infection, after exercise and in diseases such as leukaemia. Low counts may be seen during viral infections.

**Neutrophils, lymphocytes, monocytes, eosinophils, basophils:** Are the different types of white blood cell. They respond differently to bacterial, viral and other infections. If you have an infection these results help us understand what type of infection you have and how best to treat it.

**ESR:** Erythrocyte Sedimentation Rate. This is the speed at which red cells settle on the bottom in a test tube of blood. When raised it can mean the presence of inflammation, infection or other serious illness. Although the test is non-specific, it is a useful indication that there is something wrong and will trigger the doctor to look for the cause.

## Diabetes tests

**Glucose:** Levels vary quite a lot depending on when the blood was taken and whether you had eaten beforehand (and what). The result should still be in the normal range and if raised, it suggests either diabetes or a tendency to diabetes. If it is only a little bit raised we normally suggest a repeat after a "glucose load" (for example a drink of a certain amount of lucozade) to check how your body is dealing with sugar.

## Kidney tests

**Sodium, potassium:** These are known as 'electrolytes' and are involved in maintaining the salt and water balance in the body. They may be affected by dehydration and certain medicines.

**Urea, creatinine and EGFR:** These are used to assess kidney function. The laboratory uses the creatinine test result to calculate the estimation of glomerular filtration rate (eGFR) and takes into account your gender and age. The eGFR can help to detect early chronic kidney disease and is more sensitive that measuring the creatinine alone.

## Bone tests

**Calcium and phosphate:** Levels may be increased or decreased in a variety of bone diseases and are also useful in assessing kidney function. The calcium concentration is linked to the albumin level.

## Gout test

**Uric acid:** Is the substance which causes gout and increased levels are seen in several illnesses as well as in gout itself. High levels put you at risk of an attack of gout. Low levels are not important.

## Liver and enzyme tests

**Total protein:** Is a measure of several different proteins in the blood plasma, with albumin and globulin being the largest component. Changes in total protein concentration are common.

**Albumin:** Low albumin levels happen when protein is lost from the body or not made properly. Raised levels are often the result of dehydration, or can even happen because the tourniquet was left on too long when your blood sample was taken.

**Globulin:** Increased levels can be seen in a number of conditions, e.g. inflammation and infection.

**Bilirubin:** Is a pigment produced by the liver and found in bile. Too much in the blood will make a person look yellow (jaundice). Mildly increased levels are very common and nothing to worry about but high levels are never normal and the doctor will want to do further tests.

**Alkaline phosphatase:** Is a chemical (enzyme) that mainly comes from the liver and bone. It can be raised in diseases of either but also goes up in normal pregnancy.

**Aspartate Aminotransferase (AST), Alanine Aminotransferase (ALT):** These enzymes are found in the liver and are raised in liver disease. AST is also found in all muscle including the heart, and in red blood cells. Levels go up after exercise.

## Gamma Glutamyl Transferase (GT)

Gamma Glutamyl Transferase is an enzyme found in the liver, kidneys and pancreas. It is mainly used to assess liver function. Some drugs, and also alcohol, cause the liver to produce more of this enzyme. It can also be raised in diseases of the liver.

## Blood fats

**Cholesterol, triglycerides, HDL cholesterol, LDL cholesterol:** This helps us to assess risk for blood vessel disease (the thickening of artery walls) and subsequent risk of heart disease and strokes. LDL cholesterol is linked to the development of heart disease whereas HDL cholesterol may help protect against artery damage.

## Thyroid tests

**Thyroid function tests:** The thyroid gland secretes hormones that regulate metabolism. The main hormone, called Thyroxine, can be measured in the blood. Another blood test measuring the TSH (Thyroid Stimulating Hormone) may detect very early changes in thyroid function, even before the Thyroxine is out of normal range. An under active gland, for example, can make you feel, amongst other symptoms, tired and cold and cause dry skin. We measure your TSH and will check the other levels if it is not normal.

## Chemistry

**Iron:** Deficiency is a common cause of anaemia, although low and high values are indicators of a number of conditions.

## Prostate Specific Antigen (PSA) test

**PSA** is a protein made almost exclusively in the prostate in men. It is normally present in low levels in the blood but the level may be increased in the presence of prostate disorders, including infection, benign enlargement of the prostate and prostate cancer.

## Vitamin D

Vitamin D is important to overall good health and immunity, growth, muscles and strong bones. Vitamin D deficiency is very common in the UK. It is made in the skin by exposure to sunlight and so the level will show seasonal variation.

The blood test measures 25 OH-colecalciferol, which is the chemical formed in the liver during the process that converts sunlight into Vitamin D. A level above 50 nmol/l is acceptable, a level below 25 nmol/l is deficient.

# Summary and personalised plan

## Summary and key risks identified

In summary you live a relatively healthy lifestyle.

In terms of key risks identified: Stress

## Personalised health plan:

**Immediate advice**

Decide on how to follw up on the smear test

**One year plan**

Cardiovascular exercise is very good at relieving and reducing Stress. You might like to look into something called mindfulness meditation. There is a free app you can check out called Smiling Mind and also have a look at the website mindful.org.

Over the next year I would also try with your exercise trying to incorporate some stretching as you are probably sitting down a lot of the day. (Yoga and Pilates are good for this).

**Five year plan**

Ensure you are keeping up with you smear tests.