

Your Precision Menopause Health Report

Comprehensive Health Analysis & Personalized Menopause Care Strategy

PATIENT

Jane Doe

DATE OF BIRTH

January 1, 1971

CHRONOLOGICAL AGE

55 years

REPORT DATE

February 12, 2026

CLINICIAN

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Menopause Health Optimization

Understanding your unique menopause journey

This report is specifically tailored for women navigating perimenopause and menopause. At age 55, you are in the late menopausal transition, a critical window where hormone optimization, cardiovascular health, and metabolic support can dramatically impact your quality of life and long-term health outcomes.

Your Menopause Health Status

Current Stage: Late Menopausal Transition (STRAW +10 Stage -1). Your menstrual cycles have become irregular over the past two years, varying between 30 to 60 days, with prolonged heavy flow lasting up to 10-12 days. Your last menstrual period was November 11, 2024. These patterns confirm you are in the late perimenopause phase, where estrogen and progesterone levels fluctuate unpredictably.

Key Menopause-Related Findings:

- Significant vasomotor symptoms (hot flashes, night sweats) disrupting sleep and daily function
- Severe sleep fragmentation with hourly awakenings
- Mood dysregulation including irritability and emotional lability beyond baseline anxiety
- Vaginal dryness and decreased libido
- Metabolic changes including weight gain and newly diagnosed dyslipidemia

Care& Advantage: Our Nurse Practitioners specialize in menopause hormone optimization, ensuring your treatment protocol is tailored to your unique symptom profile, risk factors, and personal goals throughout perimenopause and beyond.



Purpose of Today's Visit

Why we're here

Today's consultation focused on comprehensively evaluating your hormonal health during this menopausal transition. You came to Care& seeking support for symptoms that have been meaningfully affecting your quality of life, expressing that you felt as though you were "losing your mind" without adequate support. Your goals center on understanding hormonal changes, exploring safe and effective treatment options, and regaining a sense of control over your physical and mental wellbeing.

Menopause-Specific Goals: Beyond general symptom management, we assessed your eligibility for hormone replacement therapy, evaluated your cardiovascular and metabolic risk profile, and developed a personalized strategy to restore quality of life while supporting long-term bone, cardiovascular, cognitive, and metabolic health.

Our goal is to address your immediate symptom burden while supporting your long-term health through evidence-based interventions. For women in perimenopause, this includes optimizing hormone therapy, managing cardiometabolic risk factors, and preventing the accelerated health risks associated with estrogen decline.



Key Concerns Identified

Priority areas requiring attention

Based on your comprehensive clinical assessment, we identified several areas that require immediate attention and optimization:

Severe Sleep Disruption

You are waking every hour throughout the night, resulting in chronic sleep fragmentation that is eroding your daytime function, cognitive performance, and emotional resilience. This is driven by vasomotor symptoms (night sweats), poor sleep hygiene (phone use before bed), and the hormonal instability of perimenopause. Sleep restoration is your highest priority.

Moderate-to-Severe Vasomotor Symptoms

Frequent hot flashes and night sweats are causing significant sleep disruption and daytime distress. These symptoms directly reflect fluctuating estrogen levels during perimenopause and are highly responsive to appropriate hormone therapy.

Cardiometabolic Risk Profile

Elevated lipids (total cholesterol 5.11, low HDL 0.90, elevated non-HDL 5.41), non-alcoholic fatty liver disease (NAFLD) with elevated ALT (56 U/L), elevated blood pressure, and weight gain represent a cluster of metabolic concerns requiring active lifestyle modification and monitoring. No diabetes present (HbA1c 5.6%).

Mood Dysregulation & Cognitive Concerns

Mood swings, irritability, and feeling of "losing your mind" layered on top of well-controlled baseline anxiety disorder (on escitalopram 10mg). Perimenopausal hormonal fluctuations are intensifying emotional lability and cognitive fog beyond your baseline.

Favorable HRT Safety Profile

No contraindications to hormone therapy identified. Non-smoker, no personal history of breast cancer, VTE, CVD, or migraine with aura. Age-appropriate timing window for HRT initiation. NAFLD does not preclude hormone therapy. You are an optimal candidate for menopausal hormone therapy.



Executive Summary

Your health at a glance

MENOPAUSE STAGE

**Late
Transition**

STRAW Stage -1
Perimenopause

HRT ELIGIBILITY

Favorable

No contraindications
Low-Moderate
Risk

SYMPTOM BURDEN

**Moderate-
Severe**

CSMI completed
Affecting QoL

CANCER SCREENING

Current

All screenings up to
date
Reassuring

TOP CLINICAL PRIORITIES

Sleep Restoration & Vasomotor Symptom Control

Hourly awakenings driven by night sweats, hormonal instability, and poor sleep hygiene are your most debilitating symptoms. Hormone therapy combined with sleep hygiene optimization is the cornerstone of treatment.

Cardiometabolic Health Optimization

Dyslipidemia (low HDL 0.90, elevated non-HDL 5.41), NAFLD, elevated blood pressure, and weight gain require aggressive lifestyle modification. Mediterranean diet and structured exercise are first-line interventions.

HRT Initiated - Duavive for Symptom Relief & Protection

Duavive (conjugated estrogens 0.45mg / bazedoxifene 20mg) initiated for vasomotor symptom relief, bone protection, and endometrial safety in a single daily tablet. Expected improvement in 4-12 weeks.

Important Context on Your Risk Profile

Your metabolic findings (elevated lipids, NAFLD, weight gain) represent modifiable risk factors that respond very well to lifestyle intervention. Importantly, you have no diabetes (HbA1c 5.6%), normal thyroid function (TSH 1.12), and all cancer screenings are current and normal. Your safety profile for HRT is favorable, and hormone therapy may actually provide metabolic and cardiovascular benefits when initiated during this perimenopausal window.

The good news: You've already achieved a 10-pound weight loss through lifestyle modification, demonstrating remarkable commitment. This trajectory, combined with appropriate hormone therapy, positions you well for significant health improvement.



Complete Laboratory Analysis

Key markers from your clinical assessment

🧠 Cardiovascular Health & Lipid Profile

BIOMARKER	YOUR VALUE	OPTIMAL RANGE	STATUS	INTERPRETATION
Total Cholesterol	5.11 mmol/L	<5.2 mmol/L	Borderline	At upper limit. Requires lifestyle modification and monitoring.
HDL Cholesterol	0.90 mmol/L	>1.3 mmol/L	Low	Low protective HDL. Exercise and dietary changes can improve this. HRT may also help raise HDL.
Non-HDL Cholesterol	5.41 mmol/L	<3.8 mmol/L	Elevated	Significantly elevated atherogenic cholesterol. Lifestyle modification is first-line treatment.
Triglycerides	Normal	<1.7 mmol/L	Normal	Triglycerides within normal range.

🚨 Key Finding: Dyslipidemia Requiring Intervention

Your lipid profile shows newly diagnosed dyslipidemia with low HDL and elevated non-HDL cholesterol. This is a common metabolic change during perimenopause as estrogen decline affects lipid metabolism.

Menopause Context: Estrogen plays a protective role in maintaining favorable cholesterol levels. As estrogen fluctuates and declines during perimenopause, many women experience unfavorable lipid changes. Your HRT (Duavive) may help improve your lipid profile over time, particularly by raising HDL levels.

Action Required: Mediterranean dietary pattern, structured exercise (150 min aerobic + 2 days resistance training weekly), and continued weight loss. Lipid panel to be repeated at 3-month follow-up to assess response.

🩸 Metabolic Health & Blood Sugar

BIOMARKER	YOUR VALUE	OPTIMAL RANGE	STATUS	INTERPRETATION
HbA1c	5.6%	<5.7%	Normal	No diabetes or prediabetes. Excellent 3-month average blood sugar control.

✔ Normal Glucose Metabolism

Your HbA1c of 5.6% confirms no diabetes or prediabetes. This is reassuring and reflects good metabolic health. During perimenopause, insulin sensitivity can decline as estrogen fluctuates. Your current lifestyle modifications (daily walking, dietary changes) are supporting healthy glucose metabolism.

Family History Note: Given your father's history of colon cancer (and general family health considerations), maintaining metabolic health through lifestyle optimization remains important for long-term disease prevention.

🩺 Liver Function

BIOMARKER	YOUR VALUE	OPTIMAL RANGE	STATUS	INTERPRETATION
ALT	56 U/L	<35 U/L	Elevated	Mildly elevated liver enzyme consistent with fatty liver on ultrasound.
Abdominal Ultrasound	Fatty Infiltration	Normal	NAFLD	Non-alcoholic fatty liver disease confirmed. Highly responsive to lifestyle modification.

⚠️ NAFLD Management Through Lifestyle

Non-alcoholic fatty liver disease is a metabolic condition that responds very well to dietary changes and exercise. The Mediterranean diet, weight loss, and reducing intake of saturated fats, trans fats, refined carbohydrates, and fructose are the primary treatment.

Important: NAFLD does not contraindicate hormone therapy. Your Duavive can be safely continued. We will monitor liver enzymes at your follow-up visits.

Warning signs to report: Jaundice (yellowing of skin or eyes), severe right upper quadrant pain, dark urine.

🦋 Thyroid Function

BIOMARKER	YOUR VALUE	OPTIMAL RANGE	STATUS	INTERPRETATION
TSH	1.12 mIU/L	0.5-4.5 mIU/L	Optimal	Excellent thyroid function. Not contributing to fatigue or weight gain.
Free T4	11.0 pmol/L	9-19 pmol/L	Normal	Normal thyroid hormone production supporting energy and metabolism.

✔ Optimal Thyroid Function

Thyroid dysfunction can mimic menopause symptoms (fatigue, weight gain, mood changes). Your normal thyroid markers confirm that your symptoms are hormonally driven by perimenopause rather than thyroid disease. This is important for guiding appropriate treatment.

🔥 Vitamins & Supplements

BIOMARKER	YOUR VALUE	OPTIMAL RANGE	STATUS	INTERPRETATION
Vitamin D	73 nmol/L	75-150 nmol/L	Just Below Optimal	Slightly below optimal range. Continue supplementation with Vitamin D3 1000 IU daily. Consider increasing dose.

💡 Vitamin D and Bone Health in Menopause

Your vitamin D level of 73 nmol/L is just below the optimal range of 75 nmol/L. During menopause, vitamin D becomes increasingly important for:

- Bone health and osteoporosis prevention (works synergistically with estrogen)
- Immune function and inflammation reduction
- Mood regulation and cognitive health
- Cardiovascular protection

Recommendation: Continue Vitamin D3 supplementation. Your NP may recommend increasing your dose to achieve levels above 75 nmol/L for optimal bone protection during perimenopause.



Personalized Health Risk Review

Structured safety and risk assessment for menopause hormone therapy

A comprehensive safety and risk assessment was completed to guide personalized interventions during your menopause transition:

LOW RISK FACTORS (FAVORABLE FOR HRT)

- ✓ No personal history of VTE or clotting disorders
- ✓ No personal history of stroke, TIA, MI, or CAD
- ✓ No history of breast cancer or estrogen-sensitive malignancy
- ✓ No unexplained vaginal bleeding (heavy menses explained by perimenopause)
- ✓ No active liver disease or gallbladder disease (NAFLD is not a contraindication)

AREAS REQUIRING MONITORING

- ⚠ Dyslipidemia (low HDL, elevated non-HDL cholesterol) - newly diagnosed
- ⚠ Non-alcoholic fatty liver disease (NAFLD) - responsive to lifestyle modification
- ⚠ Elevated blood pressure noted at exam - requires monitoring
- ⚠ Weight gain - active lifestyle modification underway
- ⚠ Father: colon cancer. Maternal aunt: breast cancer