Primary hyperparathyroidism under assessment: referral

Assume that today's date is 5 November 2026. This is original independent practice. All patient-specific findings, laboratory results and management decisions are fictional; the reference intervals are drawn from published laboratory sources. You are a general practitioner. Using the case notes, write a referral letter to Dr Luana Pujadas, Endocrinologist, Specialist Endocrine Clinic, Level 2, 28 High Street. Request assessment of Ms Lina Velazquez for possible primary hyperparathyroidism, including interpretation of the two laboratory reports and advice on further investigation and management. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Ms Lina Velazquez	☐	☐	☐
2. DOB: 18/03/1968 (58 yrs)	☐	☐	☐
3. Address: 9 Station Road	☐	☐	☐
Social background			
4. Lives with husband; independent with daily activities	☐	☐	☐
5. Retired librarian; enjoys embroidery and crossword puzzles	☐	☐	☐
6. Daughter privately disclosed marital difficulties; pt unaware	☐	☐	☐
Medical history			
7. Hypertension; amlodipine only regular medication	☐	☐	☐
8. Appendicectomy 2001; uncomplicated recovery	☐	☐	☐
9. No lithium, thiazides, calcium, vitamin D or biotin supplements	☐	☐	☐
10. No known drug allergies	☐	☐	☐
Laboratory A — 12/10/26			
11. Bloods requested during investigation of fatigue	☐	☐	☐
12. Albumin-adjusted calcium 2.72 mmol/L; reference interval 2.20–2.60 mmol/L	☐	☐	☐
13. Concurrent intact PTH 8.3 pmol/L; normocalcaemic reference interval 1.6–6.9 pmol/L	☐	☐	☐
Laboratory B — 29/10/26			
14. Repeat bloods; different laboratory used for convenience	☐	☐	☐
15. Total calcium 11.0 mg/dL; reference interval 8.6–10.2 mg/dL; albumin within laboratory interval	☐	☐	☐
Laboratory B — 29/10/26			
16. Concurrent intact PTH 74 pg/mL; reference interval 15–65 pg/mL	☐	☐	☐
17. Different assays/units/calcium reporting conventions; direct trend unestablished; original reports enclosed	☐	☐	☐
Review — 05/11/26			
18. Fatigue + intermittent constipation for 3/12	☐	☐	☐
19. No vomiting or confusion	☐	☐	☐
20. Oral intake maintained; clinically well hydrated	☐	☐	☐
21. No previous renal stones or fragility fractures	☐	☐	☐
22. Renal function within laboratory reference interval on both occasions	☐	☐	☐
23. Vitamin D not yet measured	☐	☐	☐
24. Urinary calcium not yet measured	☐	☐	☐
25. No known family history of hypercalcaemia	☐	☐	☐
26. No DXA or renal imaging performed	☐	☐	☐
27. Worried larger PTH number means deterioration	☐	☐	☐
28. Possible primary hyperparathyroidism → endocrine interpretation, diagnostic assessment and management advice	☐	☐	☐
Plan			
29. Advised against self-imposed dietary calcium restriction	☐	☐	☐
30. Complained receptionist was unfriendly during telephone booking	☐	☐	☐
31. GP to continue clinical review pending specialist appointment	☐	☐	☐

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