14/07/2020 16:55:32

WGH (1)
WGH ARU
WGH ARU (320)

700793490X /E4490056 M
DAY Colin
27-Apr-61 CHI: 270 461 0150
70268 SG Watt
27s Findhorn Place
EH9 2NY

Rate	94	. Age not entered, assumed to be 50 years old for purpose of ECG interpretation
		. Sinus rhythm.....normal P axis, V-rate 60- 99
PR	155	. Left anterior fascicular block.....axis(240,-40), init forces inf
QRSD	88	. Abnormal R-wave progression, late transition.....QRS area<0 in V5/V6
QT	346	
QTc	433	

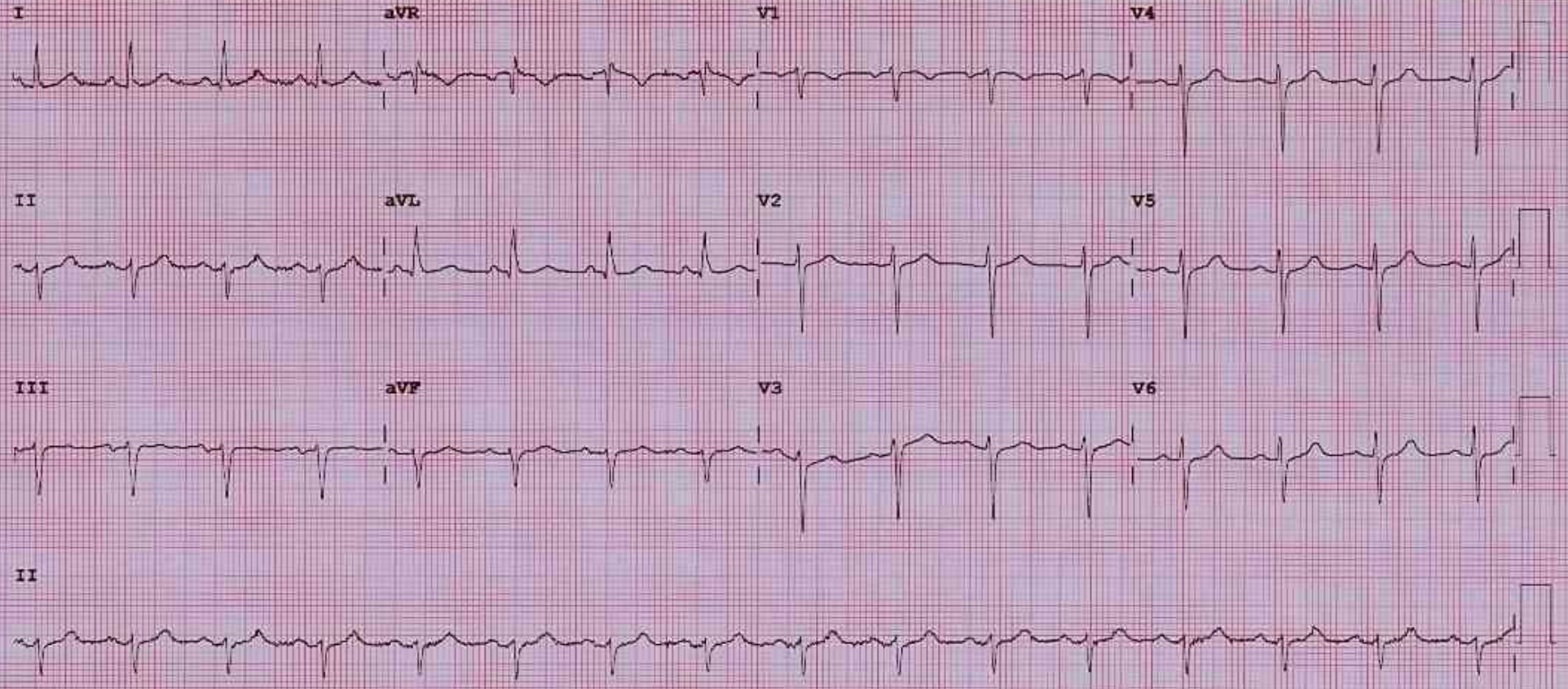
--AXIS--

P	20
QRS	-49
T	34

- ABNORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: 50578 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV

F 50~ 0.15-100 Hz 100B CL P?

DAY, COLIN ID:2704610150 12-FEB-2021 09:21:15 NHS LOTHIAN-RIEECG ROUTINE RECORD

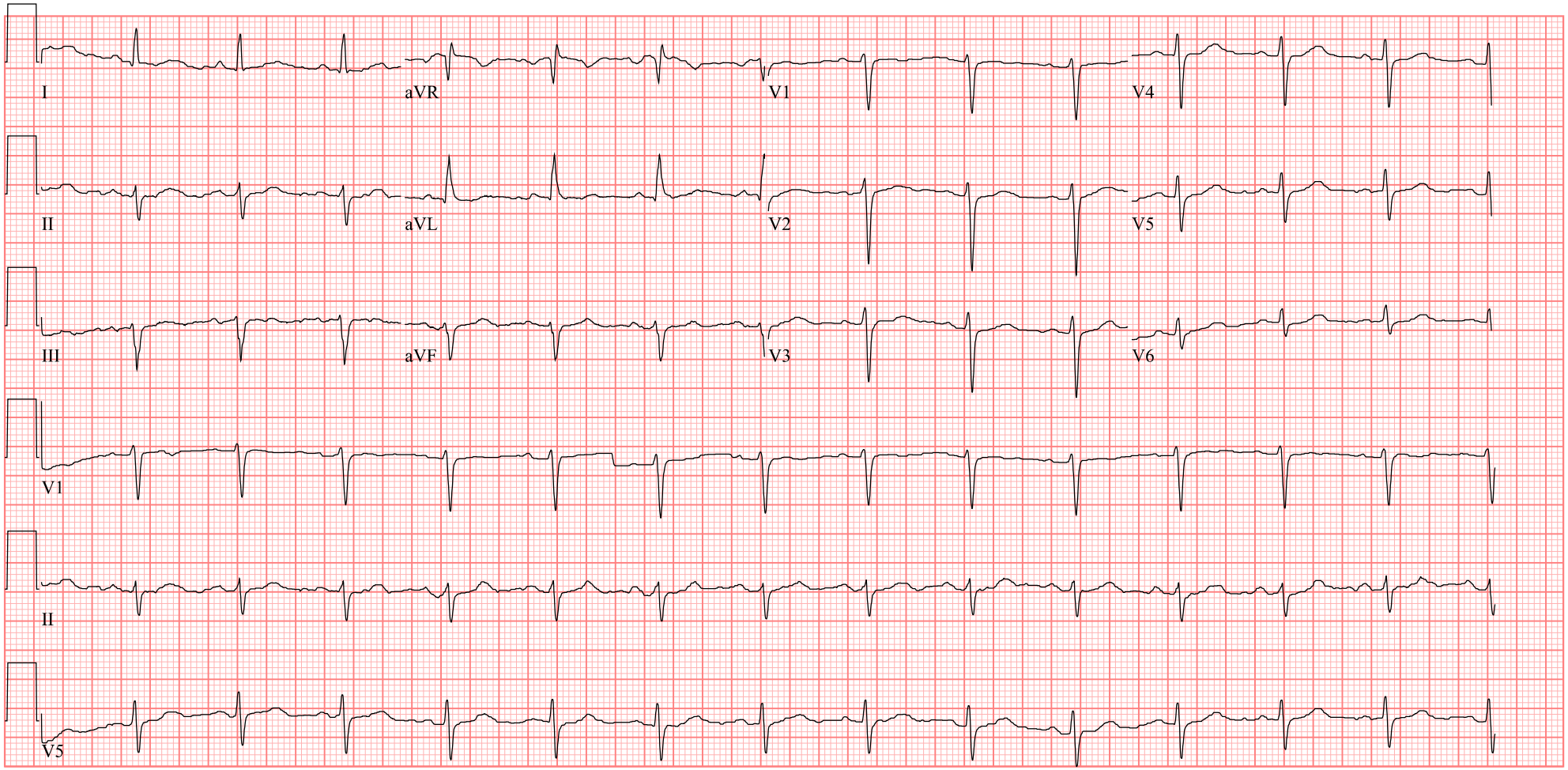
27-APR-1961 (59 yr)
Male Unknown

Room:
Loc:2

Vent. rate	84	BPM
PR interval	170	ms
QRS duration	92	ms
QT/QTc	385/455	ms
P-R-T axes	35 -48	39

Technician: HILARY
Test ind:

Referred by: Unconfirmed



25mm/s 10mm/mV 150Hz 8.0.1 CID: 65535

SID: 4200375 EID: EDT: ORDER:

GE Healthcare

DAY, COLIN
Male
27.04.1961 (62 Years)

Vent. rate	85	BPM
PR interval	158	
QRS duration	84	
QT/QTc-Baz	368/457	ms
P-R-T axes	20 -41 33	

Patient ID: 2704610150

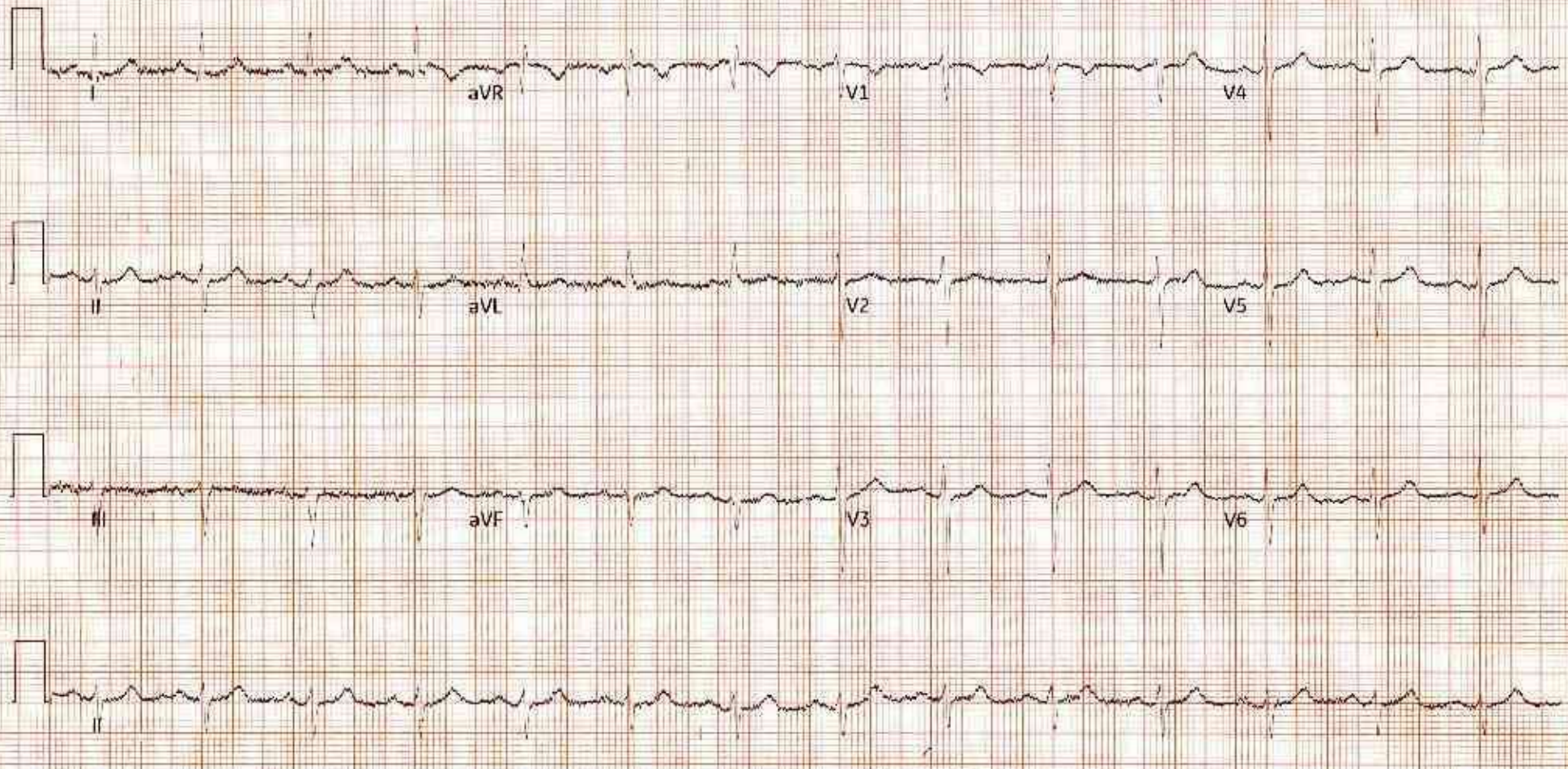
Normal sinus rhythm
Left axis deviation
Abnormal ECG

21.12.2023 18:06:57
Western

27s Findhorn Place,
Edinburgh,
EH9 2NY

CHI 2704610150
70470 H Cockburn
700793490X **M** 27/04/1961
Day, Colin
27s Findhorn Place,
Unconfirmed

Location:
Comments:



25mm/s 10.0mm/mV 0.56-100 Hz ZPD 50 Hz MAC™ VU360 1.02 SP01 12SL v23.1 4 by 2.5s + 1 rhythm Id

DAY, COLIN ID:2704610150 21-Dec-2023 18:06:57 NHS LOTHIAN-WGHARU ROUTINE RECORD

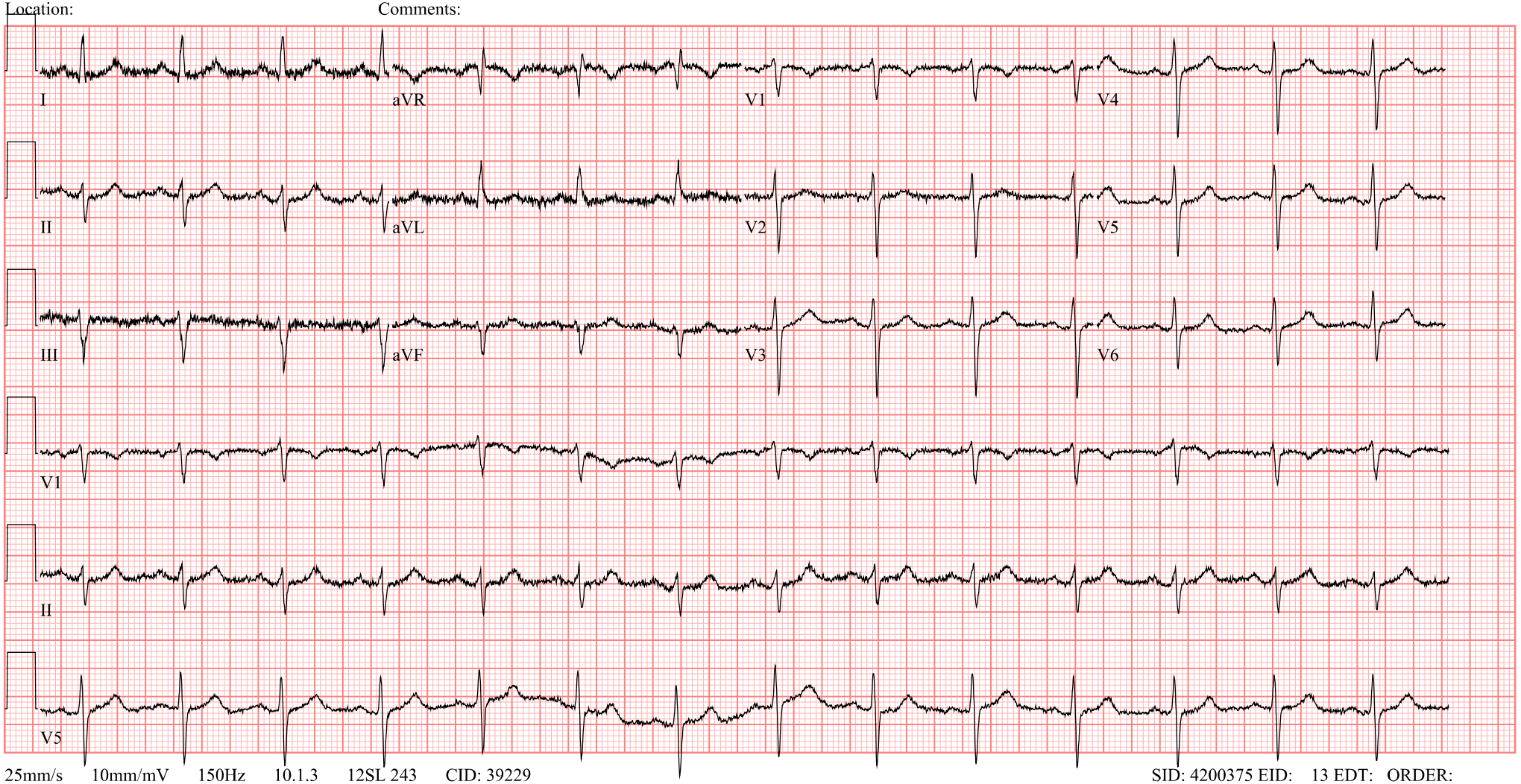
27-Apr-1961 (62 yr)
Male Unknown

Room:
Loc:320

Vent. rate	85	BPM
PR interval	158	ms
QRS duration	84	ms
QT/QTcB	368/437	ms
P-R-T axes	20 -41	33

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 39229

SID: 4200375 EID: 13 EDT: ORDER:

DAY, COLIN ID:2704610150 07-Oct-2025 17:45:28 NHS LOTHIAN-DayLib ROUTINE RECORD

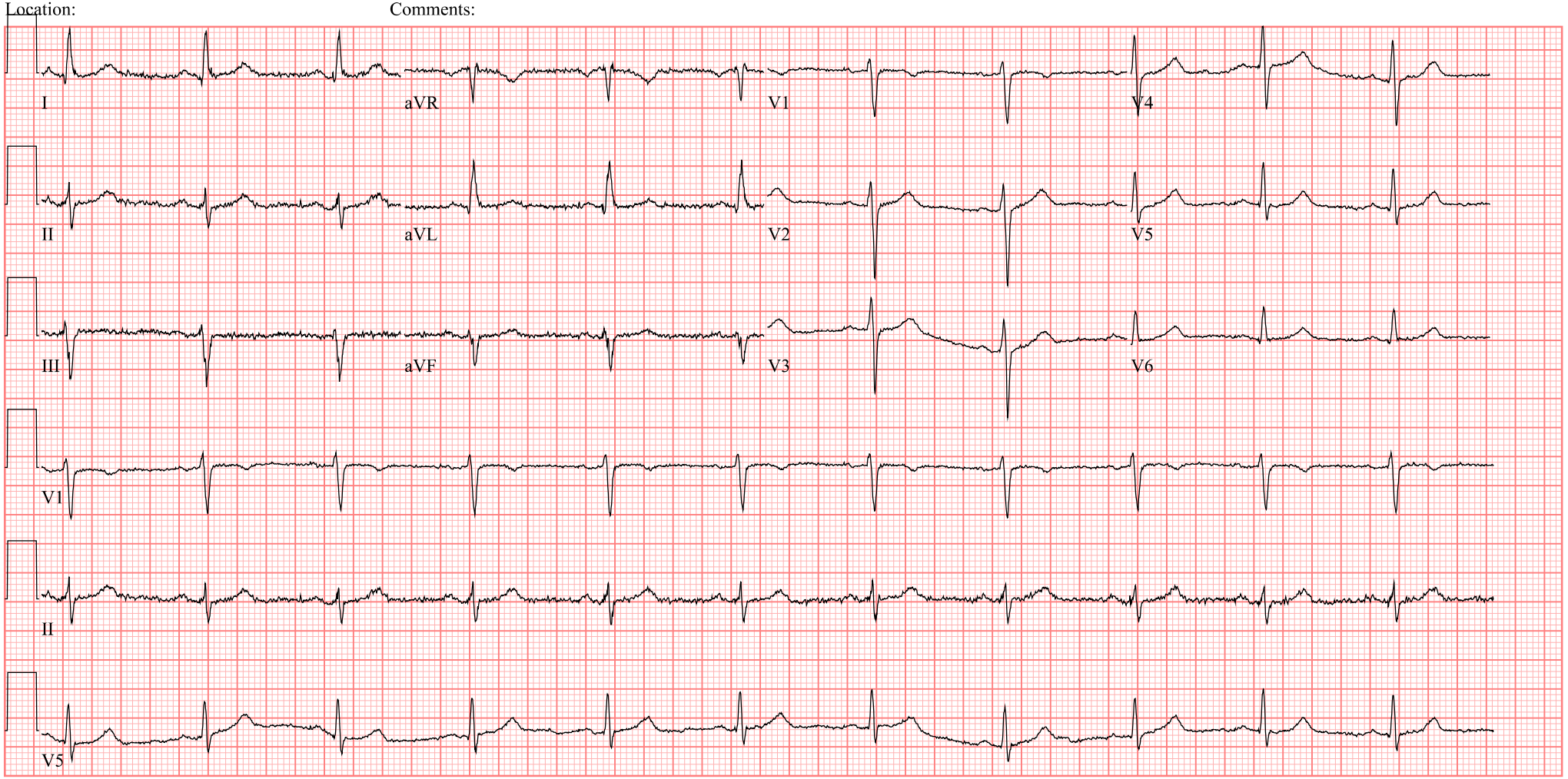
27-Apr-1961 (64 yr)
Male Caucasian

Room:
Loc:450

Vent. rate	66	BPM
PR interval	168	ms
QRS duration	86	ms
QT/QTcB	412/431	ms
P-R-T axes	30 -32	32

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 245 CID: 1977 SID: 4200375 EID: EDT: ORDER:

DAY, COLIN ID:2704610150 24-Oct-2025 14:23:35 NHS LOTHIAN-WGSDEC ROUTINE RECORD

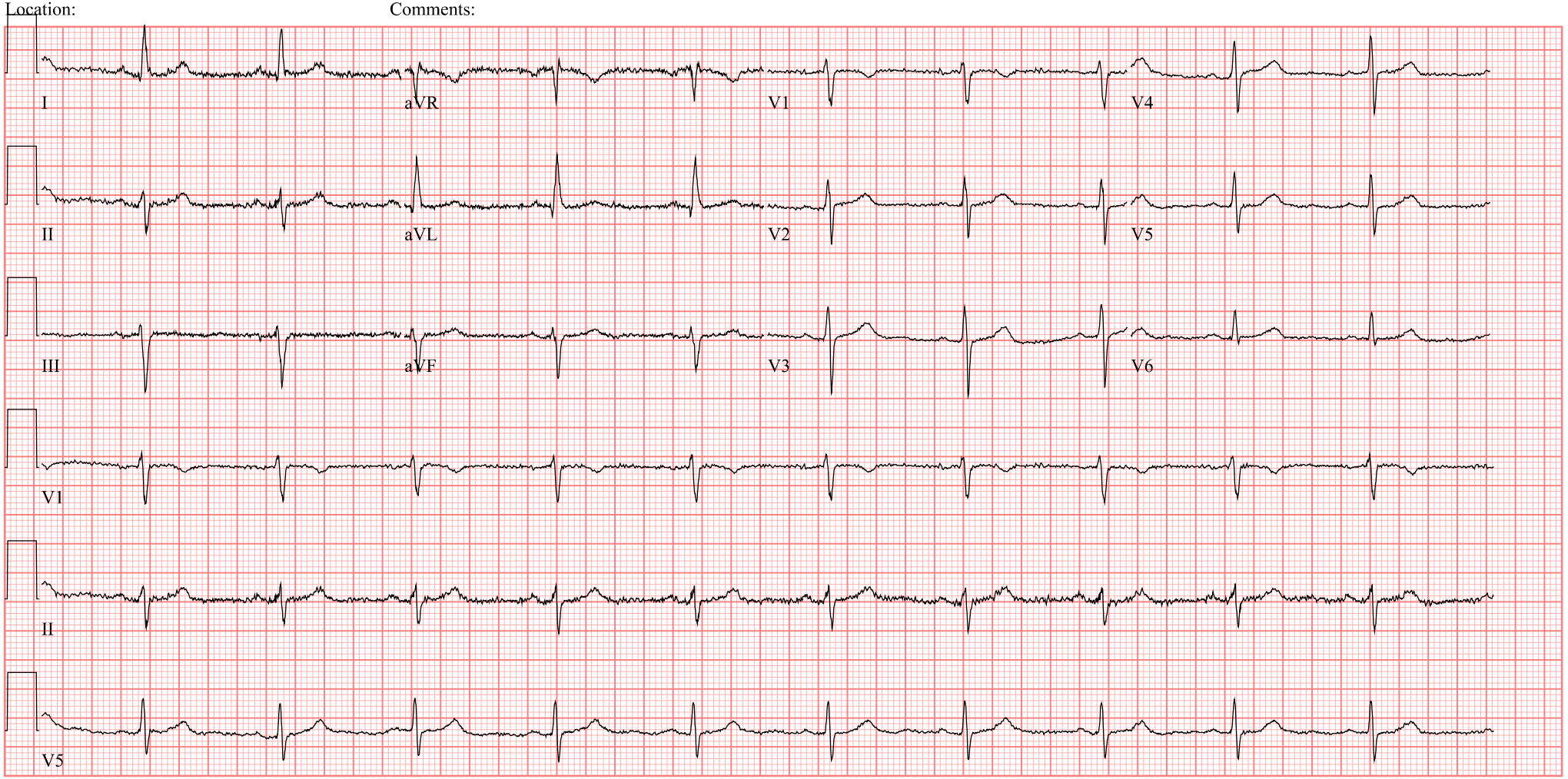
27-Apr-1961 (64 yr)
Male Unknown

Room:
Loc:315

Vent. rate	64	BPM
PR interval	156	ms
QRS duration	78	ms
QT/QTcB	400/412	ms
P-R-T axes	16 -40	32

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 39228

SID: 4200375 EID: 13 EDT: ORDER:

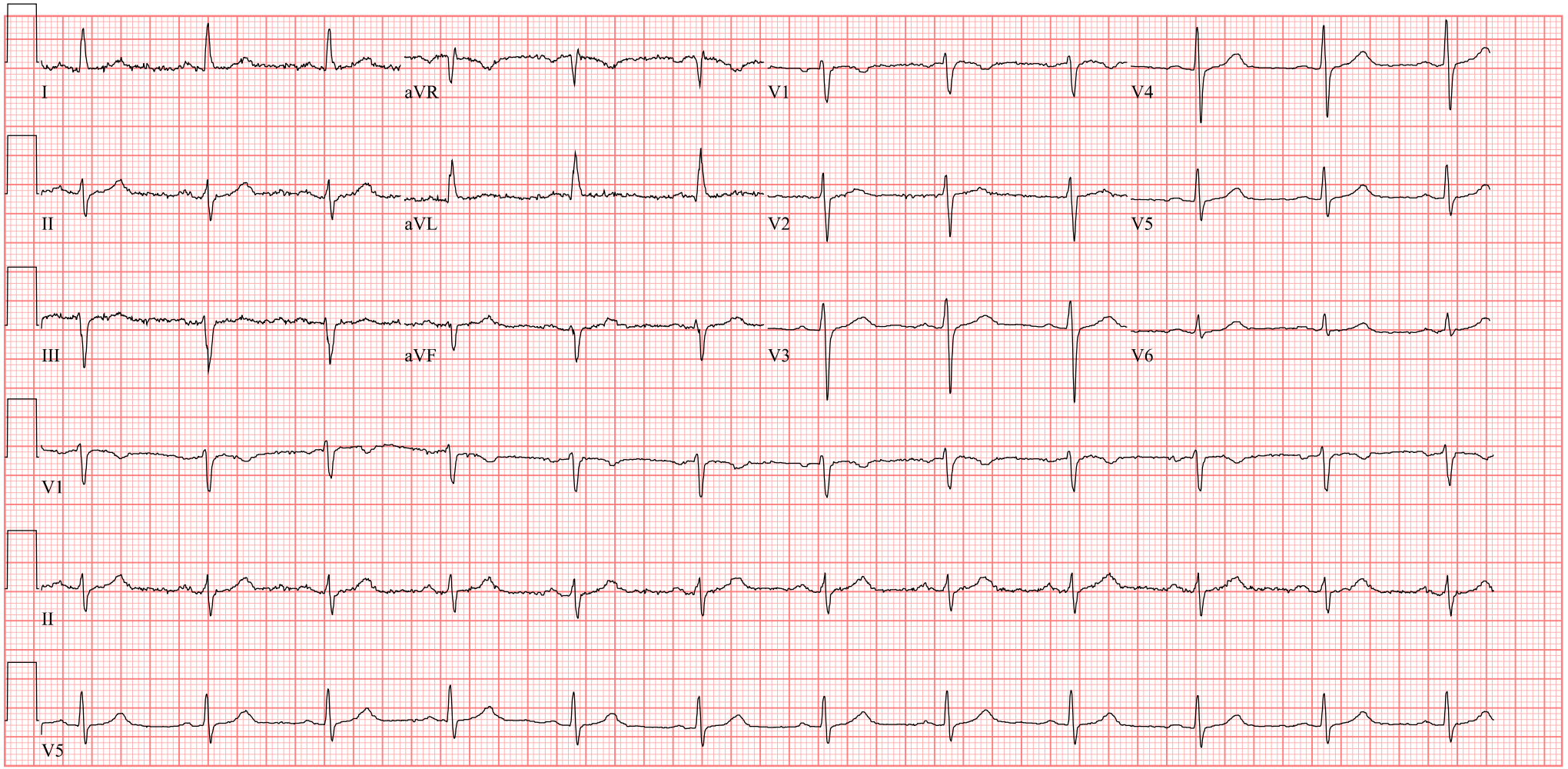
DAY, COLIN ID:2704610150 20-Feb-2026 08:58:31 NHS LOTHIAN-WGDoSA ROUTINE RECORD

27-Apr-1961 (64 yr)
Male Unknown

Room:
Loc:314

Vent. rate	70	BPM
PR interval	174	ms
QRS duration	93	ms
QT/QTcB	388/419	ms
P-R-T axes	45 -31	48

Technician: c birt
Test ind:



25mm/s 10mm/mV 150Hz 10.1.3 12SL NO SERIAL CID: 43024 SID: 4200375 EID: EDT: ORDER:

2704610150 day, colin 20/02/2026 08:58:31

DOB 27/04/1961 64 Years

(1)

WGH

DOSA (314)

Rate 70 . Sinus rhythm.....normal P axis, V-rate 60- 99

. Left axis deviation.....QRS axis (-30,-90) Operator: c birt

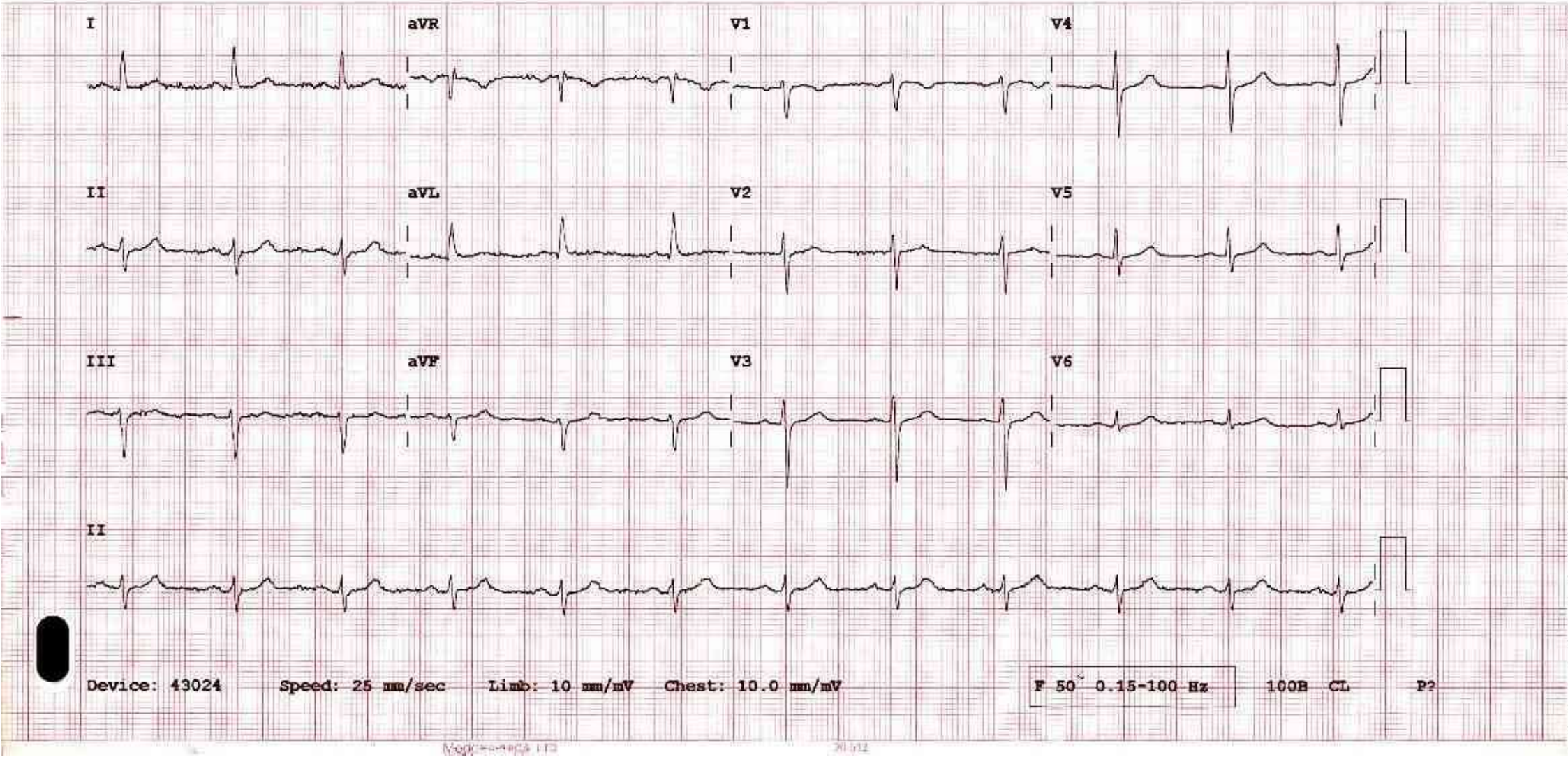
PR 174
QRSD 93
QT 388
QTc 419

--AXIS--
P 45
QRS -31
T 48

- OTHERWISE NORMAL ECG -

12 Lead; Standard Placement

Unconfirmed Diagnosis



Device: 43024 Speed: 25 mm/sec Limb: 10 mm/mV Chest: 10.0 mm/mV F 50~ 0.15-100 Hz 100B CL P?

PATHOLOGY

NHS Lothian, University Hospitals Division, Western General Hospital, Edinburgh EH4 2XU
Telephone: 0131 537 1962
Fax: 0131 537 3618

0 MAY 2026

DAY, COLIN
CHI Number 2704610150
Patient Number 2704610150
Date of Birth 27/04/1961
Date Received 30/04/2026

Specimen: UB047033N/26
Cons Not Known
Department of Urology, WGH James Blackmur

Date Reported 05/05/2026
Time Reported 08:36

Clinical Summary

Right renal mass

Specimen

Core biopsy right renal mass

Macroscopy

4 fragmented cores of tissue longest 15 mm, all taken in 2 cassettes

Microscopy

Histologic examination of these core biopsies reveals sampling of a Clear cell renal cell carcinoma which in this material has an ISUP/WHO grade 2 appearance with no evidence of necrosis.

Best block to use for further studies if required: 1B

Core biopsy right renal mass– Clear cell RCC, Grade 2

Pathologists
Urology Path Team WGH
Dr Marie O'Donnell

File
7/5/26.

Clinically Approved
Approved for printing by: Dr Marie O'Donnell

First | Previous | Next | Last

XR Foot Rt

XR Foot Rt

Clinical details

XR Foot Rt
Acute swelling and pain of Rt 1st MP joint with surrounding inflammation/ pyrexial ?gout ?osteomyelitis. Hx borderline T2DM

Report

Mild soft tissue swelling at the medial aspect of the first metatarsal head, otherwise no acute bone or joint abnormality.
Chronic flattening of the third metatarsal head in keeping with Freiberg's disease.

Laura Wilson
Advanced Practitioner Radiographer

HCPC RA39512

Reporting Radiologist: Laura Wilson

Report Information

Requestor	Breathnach, Eleanor N
Requesting Location	(RIEAE3) 3 - Exam, A&E
Report Identifier	35177424
Sample Date	25/02/2020 15:56:00

First | Previous | Next | Last

XR Foot Rt

XR Foot Rt

Clinical details

XR Foot Rt
Worsening pain in 1st MTP joint and 3rd toe ? evidence of osteomyelitis

Report
Comparison made with previous imaging from 25/02/20.
Mild soft tissue swelling at the first MTPJ.
Mild hallux valgus.
Flattening and sclerosis of the articular surface of the 3rd metatarsal, in keeping with previous Freiberg's disease, as before.
No bone destruction or plain film evidence of osteomyelitis seen at this time.
No change from previous imaging.

Sarah Carrigan
Advanced Practitioner Radiographer
HCPC No. RA67003

Reporting Radiologist: Sarah Carrigan

Report Information

Requestor	Mitchell, Dr Katherine
Requesting Location	(RIEAE3) 3 - Exam, A&E
Report Identifier	35213129
Sample Date	29/02/2020 20:26:00

XR Foot Lt ,XR Toe Great Lt

XR Foot Lt ,XR Toe Great Lt

Clinical details

XR Foot Lt ,XR Toe Great Lt
59M, painful swollen left great toe ? gout

Report
No acute bony injury.
Normal bony alignment.
Soft tissue swelling adjacent to the interphalangeal joint of the left hallux.

Reported by Dr T Foster (tf27), Radiology Registrar.

Reporting Radiologist: Dr Thomas Foster

Report Information

Requestor	Farrah, Tariq
Requesting Location	(WGHMAUE) WGH MAU Emergency
Report Identifier	36065389
Sample Date	14/07/2020 18:08:00

CT Head

CT Head

Clinical History
Hx 8-9 month vertigo symptoms. BG lacunar stroke 2021. Worsening symptoms over last one week, new cerebellar signs. ? new stroke ?? bleed ??? SOL

7918629 22/12/2023 CT Head
Reference made to previous CT brain from 15/12/2020 and MRI brain from 16/12/2020.

No acute infarct or haemorrhage.
No space-occupying lesion or extra-axial collection.
Multiple established bilateral basal ganglia lacunes and left centrum semiovale infarcts. These have increased in number since 2020.
Skull vault normal.

Comment
No acute intracranial pathology.

—
Dr Alan Simms. GMC: 6025184
Consultant Radiologist.

Reporting Radiologist: Dr Alan Simms

Report Information

Requestor	Graham, Angela
Requesting Location	(WGHMAUE) WGH MAU Emergency
Report Identifier	47385163
Sample Date	22/12/2023 23:27:00

XR Chest

XR Chest

Clinical History
Sudden onset of chest pain on Tuesday whilst walking pain lasted for about 25mins ? ACS

9614434 24/10/2025 XR Chest

Comparison is made to the previous chest x-ray dated 15/12/2020.
Normal cardiac and mediastinal contours.
The lungs and pleural spaces are clear.

Laura Huxtable. HCPC: RA72370
Consultant Radiographer.

Reporting Radiologist: Laura Huxtable

Report Information

Requestor	Douglas, Caroline
Requesting Location	(WGHSDEC) WGH SDEC OP
Report Identifier	53613606
Sample Date	24/10/2025 14:38:00

XR Chest

XR Chest

Clinical History
Sudden onset of chest pain on Tuesday whilst walking pain lasted for about 25mins ? ACS

9614434 24/10/2025 XR Chest

Comparison is made to the previous chest x-ray dated 15/12/2020.
Normal cardiac and mediastinal contours.
The lungs and pleural spaces are clear.

Laura Huxtable. HCPC: RA72370
Consultant Radiographer.

Reporting Radiologist: Laura Huxtable

Report Information

Requestor	Douglas, Caroline
Requesting Location	(WGHSDEC) WGH SDEC OP
Report Identifier	53613606
Sample Date	24/10/2025 14:38:00

US Urinary Tract

US Urinary Tract

Clinical History
Visible haematuria. Unable to tolerate flexi cysto, so will have GA. Nocturia, frequency. US for ?upper tract abnormality and check bladder emptying

9884750 17/03/2026 US Urinary Tract

Right kidney = 106mm Left kidney = 106 mm

There is an irregular solid mass in the upper anterior pole of the the right kidney measures 87mm.
Essentially normal left kidney in size, shape and echopattern.
No hydronephrosis or renal calculi.

Suboptimally filled urinary bladder showing normal outline.

Comment: right solid renal mass. CT staging assessment is advised

Reviewd and discussed with Carol Ross, Sonographer and Dr. Zoe Davis, Consultant Radioogist.

Umoh Usenekong. HCPC: RA83521
Sonographer

Reporting Radiologist: Umoh Usenekong

Report Information

Requestor	Blackmur, Dr James P
Requesting Location	(WGHOLGAF) WGH Lower Ground Floor (OP), Anne Ferguson Building
Report Identifier	54666150
Sample Date	17/03/2026 09:00:00

CT Chest/Abdo/Pelvis/ With Contrast

CT Chest/Abdo/Pelvis/ With Contrast

Clinical History
VIsible haematuria. US 9cm Right renal mass. Triple phase CT renal to characterise mass, and scan chest/abdo/pelvis for staging

9987417 25/03/2026 CT Chest/Abdo/Pelvis/ With Contrast

Noncontrast abdomen followed by arterial chest and abdomen followed by portal venous abdomen and pelvis.

10 cm right renal tumour, extending into the right renal vein and poking into the IVC but not propagating cranially or caudally.
18 mm adjacent lymph node.

At least one left lung metastasis. This only measures about 5 mm but, in conjunction with the fact that there is another 1 mm nodule in the left lung adjacent to it, lung metastases seems very unlikely.

3 mm stone left kidney which is otherwise normal.
Normal pancreas, spleen, liver and adrenals.
No significant abdominal or gutter abnormality.
No skeletal disease.

Summary:
Right renal tumour. Staging is
T3b (IVC)
N1
M1 (v likely lung)

—
Dr John Taylor. GMC: 4635723
Consultant Radiologist.

Reporting Radiologist: Dr John N Taylor

Report Information

Requestor	Blackmur, Dr James P
Requesting Location	(ORDLOC2) WGH AdHoc
Report Identifier	55057435
Sample Date	25/03/2026 10:30:00

First | Previous | Next | Last

Review images at MDT

Review images at MDT

WGH UROLOGY 01/04/2026

wghuro010426
CT CAP
10cm Right renal tumour. Staging is
T3b (IVC)
N1
M1 (v likely lung)
JNT

Dr John Taylor

Reporting Radiologist: Dr John N Taylor

Report Information

Requestor	( )
Requesting Location	( )
Report Identifier	55148100
Sample Date	01/04/2026 11:41:00

CT Head With Contrast

CT Head With Contrast

Clinical History
Visible haematuria. Right renal mass-cT3b N1 M1. Discussed in MDT and plan for CT Head and Renal biopsy. Patient currently in Essex, back 12/4/2026. He is on Clopidogrel, stopped 8/4/26.

10029693 13/04/2026 CT Head With Contrast

Contrast enhanced study.

Mild small vessel disease and previous lacunar events in the basal ganglia and corona radiata bilaterally. Mild global cerebral atrophy. No intra or extra-axial mass, haemorrhage cisterns. Normal grey-white matter differentiation.

No evidence of cerebral metastatic disease. No abnormal enhancement.

Normal skull vault and partially imaged paranasal sinuses.

Conclusion:

No evidence of cerebral metastatic disease.

_
Dr Gillian Ritchie. GMC: 4641812
Consultant Radiologist. Royal Infirmary of Edinburgh

Reporting Radiologist: Dr Gillian Ritchie

Report Information

Requestor	Blackmur, Dr James P
Requesting Location	(ORDLOC2) WGH AdHoc
Report Identifier	55214939
Sample Date	13/04/2026 13:00:00

First | Previous | Next | Last

Report

Clinical Summary

Right renal mass

Specimen

Core biopsy right renal mass

Macroscopy

4 fragmented cores of tissue longest 15 mm, all taken in 2 cassettes

Microscopy

Histologic examination of these core biopsies reveals sampling of a Clear cell renal cell carcinoma which in this material has an ISUP/WHO grade 2 appearance with no evidence of necrosis.

Best block to use for further studies if required: 1B

Core biopsy right renal mass- Clear cell RCC, Grade 2

Test Comments

(RPT)	Pathologists :
(RPT)	Urology Path Team WGH
(RPT)	Dr Marie O'Donnell

Sample Comments

Suffix renal wgh

Report Information

Requestor	Known, Cons Not
Requesting Location	(WGHURO) Department of Urology, WGH
Report Identifier	UB047033N/26
Sample Date	29/04/2026 09:11:00

US Guided Biopsy Kidney Rt

US Guided Biopsy Kidney Rt

Clinical History
Visible haematuria. Right renal mass-cT3b N1 M1. Discussed in MDT and plan for CT Head and Renal biopsy. Patient currently in Essex, back 12/4/2026. He is on Clopidogrel, stopped 8/4/26.

29/04/2026 US Guided Biopsy Kidney Rt

Under ultrasound guidance, two cores were taken from the right upper pole renal mass using a posterior approach.
Procedure well tolerated

Dr John Brush
Consultant Radiologist
GMC 3324237
john.brush@nhslothian.scot.nhs.uk

Reporting Radiologist: Dr John P Brush

Report Information

Requestor	Blackmur, Dr James P
Requesting Location	(ORDLOC2) WGH AdHoc
Report Identifier	55214940
Sample Date	29/04/2026 13:30:00

First | Previous | Next | Last

XR Chest

XR Chest

Clinical History
65M New 4L O2 requirement Borderline T Raised WCC 15.3 Raised lactate ?chest infection

10201719 13/06/2026 XR Chest

AP erect. Comparison with prior radiograph of 24/10/2025 and CT of 25/03/2026
No focal consolidation or lobar collapse. Unremarkable cardiac mediastinal contours for projection.

—
Dr Alasdair Hastings. GMC: 7586032
Radiology Registrar.

Reporting Radiologist: Dr Alasdair DM Hastings

Report Information

Requestor	Read, Lloyd Ashley
Requesting Location	(WGH56) WGH - Ward 56
Report Identifier	55865032
Sample Date	13/06/2026 06:40:00

CT Angiogram Pulmonary

CT Angiogram Pulmonary

Clinical History
65M Known metastatic renal cancer. New O2 requirement. Tachycardic. admitted with VH. CT staging scan and CT PA to assess for PE. Treatment dose enoxaparin started

10202264 14/06/2026 CT Angiogram Pulmonary
10202670 14/06/2026 CT Abdomen/Pelvis With Contrast

CTPA and CT abdomen and pelvis with contrast.

Good opacification of the central pulmonary tree down to lobar branches, opacification less optimal beyond this. Within limits, no evidence of clinically significant PE.

No significant lung parenchymal masses. Unchanged low volume pulmonary nodularity, for example left lower lobe apical segment image 214 and lingula, image 256 appears stable

Unchanged appearances of the mediastinal nodes, for example right paratracheal station.

No new findings in the liver, spleen, left kidney, adrenals or pancreas.

Extensive right renal tumour, with contact of the inferior surface of the liver and contact of the perinephric fascia. Very marginal progression, particularly in the superior aspect. Persisting enhancing nodule adjacent to the IVC the disease surrounding the right renal hilum is also stable.

No gross new abnormality seen within the unprepared colon. The distal peritoneal disease. No abdominal pelvic lymphadenopathy.

No new or progressive destructive bony lesions.

Opinion:
No PE.
Locally advanced right renal disease, but classified as stable when compared to CT from 25/03/26
Unchanged pulmonary nodules when compared to before, no evidence of progression.

—
Dr Rishi Ramaesh. GMC: 7329152
Consultant Radiologist.

Reporting Radiologist: Dr Rishi Ramaesh

CT Abdomen/Pelvis With Contrast

CT Abdomen/Pelvis With Contrast

Clinical History
65M Known metastatic renal cancer. New O2 requirement. Tachycardic. admitted with VH. CT staging scan and CT PA to assess for PE. Treatment dose enoxaparin started

10202264 14/06/2026 CT Angiogram Pulmonary
10202670 14/06/2026 CT Abdomen/Pelvis With Contrast

CTPA and CT abdomen and pelvis with contrast.

Good opacification of the central pulmonary tree down to lobar branches, opacification less optimal beyond this. Within limits, no evidence of clinically significant PE.

No significant lung parenchymal masses. Unchanged low volume pulmonary nodularity, for example left lower lobe apical segment image 214 and lingula, image 256 appears stable

Unchanged appearances of the mediastinal nodes, for example right paratracheal station.

No new findings in the liver, spleen, left kidney, adrenals or pancreas.

Extensive right renal tumour, with contact of the inferior surface of the liver and contact of the perinephric fascia. Very marginal progression, particularly in the superior aspect. Persisting enhancing nodule adjacent to the IVC the disease surrounding the right renal hilum is also stable.

No gross new abnormality seen within the unprepared colon. The distal peritoneal disease. No abdominal pelvic lymphadenopathy.

No new or progressive destructive bony lesions.

Opinion:
No PE.
Locally advanced right renal disease, but classified as stable when compared to CT from 25/03/26
Unchanged pulmonary nodules when compared to before, no evidence of progression.

—
Dr Rishi Ramaesh. GMC: 7329152
Consultant Radiologist.

Reporting Radiologist: Dr Rishi Ramaesh

Report Information

Requestor	Drummond, Lucy F
Requesting Location	(WGH56) WGH - Ward 56
Report Identifier	55867572
Sample Date	14/06/2026 11:00:00

First | Previous | Next | Last

Review images at MDT

Review images at MDT

WGH UROLOGY 24/06/2026

CT 140626 - locally advanced right renal mass, stable. Venous extension.Low volume pulmonary nodules unchanged.

Dr John Brush

Reporting Radiologist: Dr John P Brush

Report Information

Requestor	( )
Requesting Location	( )
Report Identifier	55970926
Sample Date	24/06/2026 14:21:00