

Legal Aspects Team  
Health Records Department  
Gartnavel General Hospital  
1053 Great Western Road  
Glasgow  
G12 0YN



MMA Legal  
43-59 Princes Street  
Stockport  
SK1 1RY

Date: 8<sup>th</sup> May 2026  
Your Ref: 100003  
Our Ref: LAT/ACCESS/ES  
Enquiries to: Emily Svensson  
Direct Line: 0141 211 3020  
Email: Emily.svensson@nhs.scot

**Re: Subject Access Request under the General Data Protection Regulation**

**PATIENT: AGNES CLELLAND**

**D.O.B: 08/09/1955**

Thank you for your request received **21<sup>ST</sup> APRIL 2026** in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

**QUEEN ELIZABETH UNIVERSITY HOSPITAL/ WEST  
AMBULATORY CARE HOSPITAL/ GARTNAVEL GENERAL  
HOSPITAL**

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports

- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25<sup>th</sup> birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGCC Data Protection Officer. Their contact details are noted below:

Data Protection Officer  
Information Governance Department  
NHS GG&C – 2<sup>nd</sup> Floor  
1 Smithhills Street  
Paisley  
PA1 1EB  
Email: [data.protection@ggc.scot.nhs.uk](mailto:data.protection@ggc.scot.nhs.uk)

Yours sincerely

**Legal Aspects Team**

**ELECTRONIC PATIENT RECORDS**

①

- ALL HOSPITAL RECORDS HELD NHSGGC
- ACS
- BEATSON HOSPITAL
  
- CANNIESBURN HOSPITAL
  
- DENTAL HOSPITAL
  
- GARTNAVEL GENERAL HOSPITAL
  
- GLASGOW ROYAL INFIRMARY
  
- INVERCLYDE ROYAL HOSPITAL  MATERNITY
  
- NEW VICTORIA ACH
  
- PRINCESS ROYAL MATERNITY
  
- QUEEN ELIZABETH UNIVERSITY HOSPITAL  MATERNITY
  
- ROYAL ALEXANDRA HOSPITAL  MATERNITY
  
- ROYAL HOSPITAL FOR CHILDREN
  
- STOBHILL HOSPITAL
  
- VALE OF LEVEN  MATERNITY
  
- WEST AMBULATORY CARE HOSPITAL
  
- WESTERN INFIRMARY RECORDS
  
- Including:**
  
- BADGERNET
  
- CAREVUE
  
- MEDICAL ILLUSTRATION
  
- METAVISION
  
- PHYSIOTHERAPY
  
- RADIOLOGY
  
- WEST MARC
  
- LABS



0809555328  
CLELLAND F  
Agnes 08/09/1955  
39 RENNIE ROAD  
KILSYTH  
Glasgow, Lanarkshire

G65 9PQ

CLINICAL NOTES - MEDICAL

Date & Time		Signature, Print Name & Designation
14.1.19	New op.	
	of G. articular pain	
	① when still painful. feels that	
	op <sup>n</sup> was not fully successful.	
	+ there is some swelling on inside	
	DPR to be	
	done for @	
	again now is sign me	
	Symptomatic for (Anti-inflamm help)	
	Celebrex 17 has helped	
	Co-damol.	
	MRI-B @	
		Sp Rx

**Clinic Letter**

Dr. MR Hardie  
Kilsyth Medical Partnership  
Kilsyth Health Centre  
Burngreen Park  
Kilsyth  
G65 0HU

Southern General Hospital  
1345 Govan Road  
Glasgow  
G51 4TF

Main Switchboard: 0141 201 1100  
Email Inquiries to: [alison.ramsay2@ggc.scot.nhs.uk](mailto:alison.ramsay2@ggc.scot.nhs.uk)  
Contact Tel Details: 0141 201 2829

Dictated Date: 14/01/2014

By: Dr Pushkar Shah

Transcribed Date: 20/01/2014

By: Christine Atkin

Dear Dr. MR Hardie,

**Patient**

Name: Clelland Agnes  
CHI: 0809555328  
DOB: 08 Sep 1955  
Address: 39 RENNIE ROAD  
Glasgow  
G65 9PQ

**Attendance**

Attended: 14/01/2014 15:15  
New/Return: S R NEUROLOGY  
Referral Source: General Practitioner  
Consultant: Dr Pushkar Shah  
Specialty: Neurology  
Clinic: SGPSNE4-DR  
SHAH-NEUROLOGY  
TUESDAY PM

**Clinical Comments:**

Mrs. Clelland was followed up in the Neurology outpatient clinic today. Her main complaints relate to her severe generalised arthritic pain. Unfortunately, following the Achilles tendon rupture, the left ankle still remains painful and she finds it quite difficult to walk long distances. She has some neck pain as with other joints and sometimes gets headaches.

I reviewed her MRI scan of the brain and explained that this did not show any significant abnormalities.

On examination today she walked with a slight limp on the left side. Deep tendon reflexes were symmetrical and normal. Tone was normal across the extremities. She had mild weakness of her leg muscles and Hoover's sign was positive.

She reported that the recent addition of Amitriptyline is helping her symptoms better and I have suggested that she may continue this long term if required. She also takes Celebrex now, one twice a day and this is helping as well along with Co-codamol. Therefore there were no further issues to discuss today and I have not arranged further routine follow up.

Yours sincerely

Pushkar Shah

Consultant Neurologist

Electronically Signed: Dr. Pushkar Shah, Consultant

cc.

**Clinic Letter**

Greater Glasgow  
and Clyde

Southern General Hospital  
1345 Govan Road  
Glasgow  
G51 4TF

Dr. M Hudson  
Kilsyth Medical Partnership  
Kilsyth Health Centre  
Burngreen Park  
Kilsyth  
G65 0HU

Main Switchboard: 0141 201 1100

Email Inquiries to: alison.ramsay2@ggc.scot.nhs.uk

Contact Tel Details: 0141 201 2829

Highly Sensitive: No

Dictated Date: 16/04/2013

Consent for Sharing Withheld: No

By: Dr Pushkar Shah

Transcribed Date: 17/04/2013

By: Alison Ramsay

Dear Dr. M Hudson,

**Patient**

Name: Clelland Agnes  
CHI: 0809555328  
DOB: 08 Sep 1955  
Address: 39 RENNIE ROAD  
Glasgow  
G65 9PQ

**Attendance**

Attended: 16/04/2013 13:00  
New/Return: S N NEUROLOGY  
Referral Source: General Practitioner  
Consultant: Dr Pushkar Shah  
Specialty: Neurology  
Clinic: SGPSNE4-DR  
SHAH NEUROLOGY  
TUESDAY PM

Long Term Condition:

**Clinical Comments:**

Many thanks for this referral. I reviewed this lady in the Neurology Outpatient Clinic today. She was accompanied by her husband. She is a 57 year old right handed lady who used to be a school cleaner and is now medically retired. She lives with her husband. She presents with over 12 month history of poor balance which she feels is not getting any worse or better. When this happened initially she fell down and ruptured her left Achilles tendon and is currently wearing an ankle foot orthosis and is due to go for surgery and further immobilisation until the recovery happens. Since then she has been feeling off balance quite often but not always. When she is standing she may feel as if she may fall on one side or other. When she is on the stairs she feels as if she is going to fall backwards and has to hold on to something all the time. She also feels quite clumsy and has burned herself a few times and now her husband does all the cooking. She did not report any rotational vertigo or oscillopsia. Her speech has been fine and she did not report any inco-ordination using her hands.

Her current treatment is GTN spray as required, Diltiazem MR 60mgs tds, Co-codamol one to two qds, Isosorbide mononitrate 20mgs bd, Atorvastatin 40mgs nocte, Ramipril 10mgs daily, Aspirin 75mgs daily, Metformin 500mgs

---

bd, Fluoxetine 40mgs daily, Symbicort and Salbutamol inhalers, Celicoxib 200mgs bd, Omeprazole 20mgs daily, Gabapentin 100mgs bd.

In the past history, she has had type II diabetes for the last 10 years or so. She also has ischaemic heart disease. She suffered from post viral fatigue, having had psittacosis. Her husband used to keep birds in the past. She has suffered from depression for the last five years or more. This was partly due to she and her husband both losing jobs through ill health at the same time and they lost their home. Her husband described their last two years as the worst ever.

Apart from this she also suffers from asthma, chronic neck and back pain and most of the activities increase or aggravate the pain.

She has never smoked and does not drink alcohol.

In the family history, her mother had ischaemic heart disease and smoking related airways disease. She did not know her father as her parents split when she was very young. Her two brothers are well. She has four children and they are well.

On examination today, she was walking with two hand held crutches and the left foot was in an ankle foot orthosis. She was overweight. Cranial nerves were normal in that the external ocular muscles were normal and there was no nystagmus. Pupillary responses were normal and fundi were normal. There was no facial or bulbar weakness and speech was normal. Tone across the extremities was normal. Upper limb strength was normal. Lower limb strength was limited due to pain and Hoover's sign was positive. Deep tendon reflexes were symmetrical and normal. I did not elicit the left ankle jerk as this was painful. Plantars were flexor. There was no finger-nose ataxia.

Comment: This lady's symptoms are likely related to chronic pain and fatigue and there were no cerebellar signs today. I could not examine her gait fully due to her ankle injury and have therefore offered her further MRI scan of the head. In the meantime you may refer her to the local back pain management service. I will be in touch with the results and will arrange further follow up after this.

Yours sincerely,  
Dr Pushkar Shah  
Consultant

cc. 1. Dr M Hudson

**Clinic Letter**

West Glasgow ACH - Yorkhill  
 Dalnair Street  
 Glasgow  
 G3 8SJ  
 0141 211 2000  
 Orthopaedics

Dr. E. Stafford  
 Kilsyth Medical Partnership  
 Kilsyth Community Health Centre  
 Airdrie Road  
 Kilsyth  
 G65 9JE

Main  
 Switchboard:  
 Department:  
 Contact Tel:  
 Enquiries to:  
 Letter Date: 20/06/2024  
 Reference: FD/MS  
 Dictated: 20/06/2024  
 Date:  
 Transcribed: 15/07/2024  
 Date:

Dear Dr. E. Stafford,

**Agnes Clelland; D.O.B: 08-Sep 1955; CHI: 0809555328**  
**39 Rennie Road, Kilsyth, Glasgow, Lanarkshire, G65 9PQ**

Attendance: Specialty - Orthopaedics ; Clinic - WIFDOR8-MR DEAN ORTHO THURS PM CLINIC  
 Date and Time of Appointment - 20/06/2024 13:30

**Clinical Comments:**

This lady was seen in the spinal clinic today. She is usually a fairly active lady who had been caring for her husband recently as he has vascular dementia but unfortunately died in April. She has had back pain for a long time and used to work in schools using equipment such as the floor buffers and prior to that worked using sewing machines. She has had progressively increasing low back over the last few years and radicular pain predominantly on the right side and very occasional symptoms on the left. She was originally sent up for possible hip problems but subsequent investigations suggest it is more of a spinal cause.

She gets searing pain down the right leg which can go to the foot. She gets chronic pain in both of her feet from previous foot surgery. Her walking is limited because of the discomfort. Her back is sore all the time but particularly by going from sitting to standing. She has no bowel or bladder disturbance.

She has a degree of angina which is well controlled and diabetes which is well controlled since she has lost 5 ½ stone. She is still on Metformin so will need to come off this after review. She is a lifelong non-smoker. She takes Naproxen, Gabapentin and Amitriptyline for pain.

Examining her today she was walking with one stick which she uses because of her feet. She could with encouragement toe raise and heel raise. Spinal extension was uncomfortable with some leg pain on flexion. From flexion to upright was difficult because of her back pain. Straight leg raise did not show any radicular pain. Hip movements were reasonable.

MRI scan from 2023 shows age related change at most of her spine but a problem at the L4-5 level where she has the degenerative grade 1 spondylolisthesis and lateral recess narrowing around the L5 nerve roots. She has x-rays from November 2022 which confirm a spondylolisthesis at perhaps a very slightly greater degree compared to the MRI scan.

Her symptoms fit very much with the L5 radiculopathy from the stenosis. She has similar change in the left side but no significant symptoms here. We spoke about the options and she is on the appropriate medication already. I offered her a steroid nerve root injection but she has had steroid injections before and has had a lot of pain from these so she does not really want to do this. We spoke about surgery which could be decompression alone which may be enough but there would be the risk of destabilising her and my preference would be to decompress and fuse her across this level which may or may not increase the chances of improving her back pain. It does increase her complexity of the surgery and she understands this.

In principal she would go ahead with this but she would like some time to think about it and I have given her our information leaflet about the operation. I did explain to read through this but bearing in mind the waiting list may be extremely long and she has agreed to go on the list for right L4-5 decompression and bilateral L4-5 instrumented fusion. I will see her nearer the time and discuss it in more detail with her. She is happy with this plan.

Yours sincerely,

Mr Fraser KM Dean

Consultant Orthopaedic & Spinal Surgeon

Queen Elizabeth University Hospital/ West Glasgow ACH

Electronically Signed: Mr Fraser Dean, Consultant

cc.

**Acute Services Division - Surgery & Anaesthetics Directorate**  
**General Surgery**



Western Infirmary/gartnavel General, Dumbarton Road, Glasgow, G11 6NT

Reply To : Mr Brian Irvine

Direct :  
FAX : 0141 211 1659

30 September 2010

Dr MS STEPHENS  
KILSYTH HEALTH CENTRE  
BURNGREEN PARK  
KILSYTH  
STIRLINGSHIRE  
G65 0HY

Dear Dr STEPHENS,

**Re:** AGNES CLELLAND D.O.B 08/09/1955 (CHI:0809555328) (CRN:10338654X)  
39 RENNIE ROAD, KILSYTH, GLASGOW, G65 9PQ

Your patient was admitted [Arranged] to Western Infirmary/gartnavel General on 23 September 2010.

**Procedures Performed:**

Pharyngoscopy with dilation of pharynx

23/09/2010

**Outcome:**

Satisfactory

Your patient was discharged [Home] on 23 September 2010.

Yours sincerely

Mr Brian Irvine

**Letter to Patient:**



West Glasgow ACH - Yorkhill  
Dalnair Street  
Glasgow  
G3 8SJ  
0141 211 2000  
Orthopaedics  
0141 201 0753  
Secretary  
13/01/2026  
FD/AF  
31/12/2025  
05/01/2026

Agnes Clelland  
39 Rennie Road  
Kilsyth  
Glasgow  
Lanarkshire  
G65 9PQ

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

Dear Mrs Clelland,

You should be reassured that the MRI scan you had recently looks largely unchanged from the one from 2 years ago. It does not really explain why you are getting some new symptoms of pressure down below.

We will hopefully get you in for the planned surgery as soon as possible.

Yours sincerely,

Mr Fraser KM Dean

Consultant Orthopaedic & Spinal Surgeon

Queen Elizabeth University Hospital/ Gartnavel General Hospital

Electronically Signed: Mr Fraser Dean, Consultant

cc.

**Letter to Patient:**



West Glasgow ACH - Yorkhill  
Dalnair Street  
Glasgow  
G3 8SJ

Agnes Clelland  
39 Rennie Road  
Kilsyth  
Glasgow  
Lanarkshire  
G65 9PQ

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

0141 211 2000  
Orthopaedics  
0141 201 0753  
Secretary  
12/08/2025  
FKMD/KK  
10/07/2025  
12/08/2025

Dear Mrs Clelland,

Thank you for speaking to me on the telephone this afternoon. I am sorry to hear that your pain is worsening and you are really struggling to get out the house. Your sleep is quite disturbed and you take painkillers at night before you can fall sleep. You also get a feeling of pressure in the back passage which you did not have previously.

It has been over 2 years since your last MRI scan and it may be helpful to update that to ensure there has been no change and no new features. I will let you know what this shows and I think the best thing to do is try and get you in as soon as possible for your surgery and I will do my best for this.

Yours sincerely,

Mr Fraser KM Dean

Consultant Orthopaedic & Spinal Surgeon

Queen Elizabeth University Hospital/ Gartnavel General Hospital

Electronically Signed: ,

cc.

**Letter to Patient:**



Agnes Clelland  
39 RENNIE ROAD  
KILSYTH  
Glasgow  
Lanarkshire  
G65 9PQ

Southern General Hospital  
1345 Govan Road  
Glasgow  
G51 4TF  
Main Switchboard: 0141 201 1100

Department: Neurology  
Tel: 0141 201 2829  
Enquiries to: [alison.ramsay2@ggc.scot.nhs.uk](mailto:alison.ramsay2@ggc.scot.nhs.uk)

Letter Date: 25/07/2013  
Reference: PS/AGR  
Dictated Date: 18/07/2013  
Transcribed Date: 22/07/2013

Dear Mrs Clelland,,

I now have the result of your recent MRI scan of the head. This showed changes of hardening of the small arteries in the brain. Otherwise the scan was normal. This would not be unexpected with your history of diabetes as well as age. I will arrange further review for you in the Neurology Clinic to see how you are doing and discuss the results further.

Best wishes.

Yours sincerely,

Pushkar Shah  
Consultant Neurologist.

Electronically Signed: Dr Pushkar Shah, Consultant

cc. cc Dr M Hudson, Kilsyth Health Centre, Kilsyth G65 0HU (MRI report attached)

Referral letter:



Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
0141 211 4000  
Orthopaedics  
0141-201-3733

Mr Dean  
Consultant Orthopaedic Spinal Surgeon  
Queen Elizabeth University Hospital:  
1345 Govan Road:  
Glasgow:  
G51 4TF

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

23/06/2023  
RSICWW  
21/06/2023  
21/06/2023

Dear Mr Dean ,

**Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328**  
**39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ**

I would be most grateful for your review of Agnes Clelland. She is a 67 year old female who has a history of lumbar back pain with symptoms of spinal stenosis.

She gives a history of worsening back pain in the past year with radiation to her right and left leg. She describes weakness in her legs, with a feeling of her legs giving way, not necessarily cramping.

She had an MRI scan performed under the care of Mr Stark as an outpatient. This shows that she has an L4/L5 spondylolisthesis with a moderate spinal canal stenosis and L5 and S1 bilateral nerve root impingement.

On examination she mobilises with one stick, this is due to her previous bilateral feet surgery. Her sensation is intact in her lower limbs, her power seems to be slightly reduced due to pain on hip flexion, but otherwise her power is 5 out of 5 in all myotomes.

I would be most grateful for your review and advice on ongoing management for this lady.

Yours sincerely,

Robert Silverwood ST8

Trauma & Orthopaedics

[www.nhsggc.scot/orthopaedicsgri](http://www.nhsggc.scot/orthopaedicsgri)

Electronically Signed: Dr Robert Silverwood, Doctor

cc.

## Referral letter:



Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
0141-211 4000  
Orthopaedics  
0141-201-3733

Mr Dean  
Consultant Orthopaedic Spinal Surgeon  
Queen Elizabeth University Hospital  
1345 Govan Road  
Glasgow  
G51 4TF

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

23/06/2023  
RSICWW  
21/06/2023  
21/06/2023

Dear Mr Dean ,

**Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328**  
**39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ**

I would be most grateful for your review of Agnes Clelland. She is a 67 year old female who has a history of lumbar back pain with symptoms of spinal stenosis.

She gives a history of worsening back pain in the past year with radiation to her right and left leg. She describes weakness in her legs, with a feeling of her legs giving way, not necessarily cramping.

She had an MRI scan performed under the care of Mr Stark as an outpatient. This shows that she has an L4/L5 spondylolisthesis with a moderate spinal canal stenosis and L5 and S1 bilateral nerve root impingement.

On examination she mobilises with one stick, this is due to her previous bilateral feet surgery. Her sensation is intact in her lower limbs, her power seems to be slightly reduced due to pain on hip flexion, but otherwise her power is 5 out of 5 in all myotomes.

I would be most grateful for your review and advice on ongoing management for this lady.

Yours sincerely,

Robert Silverwood ST8

Trauma & Orthopaedics

[www.nhsggc.scot/orthopaedicsgri](http://www.nhsggc.scot/orthopaedicsgri)

Electronically Signed: Dr Robert Silverwood, Doctor

cc.

*Scan for  
writing  
20/12/22*

**Referral letter:**



Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
0141 211 4000.  
Orthopaedics  
0141-201-3733

Orthopaedic Spine Surgeons  
Queen Elizabeth University Hospital:  
1345 Govan Road:  
Glasgow:  
G51 4TF

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

15/12/2022  
GS/CWW  
14/12/2022  
14/12/2022

Dear Colleagues

**Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328  
39 Rennie Road , Kilsyth , Glasgow, Lanarkshire, G65 9PQ**

**Diagnosis:**

Symptomatic L4/5 spondylolisthesis with mechanical back pain and symptoms of spinal stenosis

**Outcome:**

For urgent outpatient MRI scan and referral to spinal team

I reviewed this 67 year old lady in the fracture clinic in GRI today. This appointment was organised urgently following a GP referral to the orthopaedic team this week.

This lady gives a history of a few months of very disruptive back pain occurring in her lumbar region. This followed a fall which she sustained on her kitchen floor a few months ago. She did have some preceding backache, but she is really clear that the pain she suffers now is much worse and is very disruptive to her day to day life.

There is a full clinic letter dictated with full history and examination findings. In summary this lady gives a history of what sounds like spinal stenosis with a weakening of her legs occurring with any significant distance of walking. She has no neurological symptoms at rest. Her back pain is worse when she is ambulating, but she is also pretty uncomfortable and pretty sore when she has been sitting for a period of time.

A plain radiograph organised by the GP shows L4/5 spondylolisthesis and a pars defect that is unilateral, but is new compared to previous imaging.

I have organised an urgent MRI scan to look for firstly any signs of trauma, including to assess any healing that is occurring, but also to look for canal stenosis. My thoughts are that she probably had some pre-existing degenerative changes and her traumatic event might have worsened these.

I would be very grateful if you would consider reviewing her in your clinic once the imaging is available.

Yours sincerely,

Gabrielle Scicluna

Orthopaedic Registrar

[www.nhsggc.scot/orthopaedicsgri](http://www.nhsggc.scot/orthopaedicsgri)

Electronically Signed: Dr Gabrielle Scicluna , Doctor

cc.

## Referral letter:



Glasgow Royal Infirmary  
Alexandra Parade  
Glasgow  
G31 2ER  
0141 211 4000  
Orthopaedics  
0141-201-3733

Orthopaedic Spine Surgeons  
Queen Elizabeth University Hospital:  
1345 Govan Road:  
Glasgow:  
G51 4TF

Main Switchboard:  
Department:  
Contact Tel:  
Enquiries to:  
Letter Date:  
Reference:  
Dictated Date:  
Transcribed Date:

15/12/2022  
GS/CWW  
14/12/2022  
14/12/2022

Dear Colleagues,

Agnes Clelland; D.O.B: 08/09/1955; CHI: 0809555328  
39 Rennie Road, Kilsyth, Glasgow, Lanarkshire, G65 9PQ

## Diagnosis:

Symptomatic L4/5 spondylolisthesis with mechanical back pain and symptoms of spinal stenosis

## Outcome:

For urgent outpatient MRI scan and referral to spinal team

I reviewed this 67 year old lady in the fracture clinic in GRI today. This appointment was organised urgently following a GP referral to the orthopaedic team this week.

This lady gives a history of a few months of very disruptive back pain occurring in her lumbar region. This followed a fall which she sustained on her kitchen floor a few months ago. She did have some preceding backache, but she is really clear that the pain she suffers now is much worse and is very disruptive to her day to day life.

There is a full clinic letter dictated with full history and examination findings. In summary this lady gives a history of what sounds like spinal stenosis with a weakening of her legs occurring with any significant distance of walking. She has no neurological symptoms at rest. Her back pain is worse when she is ambulating, but she is also pretty uncomfortable and pretty sore when she has been sitting for a period of time.

A plain radiograph organised by the GP shows L4/5 spondylolisthesis and a pars defect that is unilateral, but is new compared to previous imaging.

I have organised an urgent MRI scan to look for firstly any signs of trauma, including to assess any healing that is occurring, but also to look for canal stenosis. My thoughts are that she probably had some pre-existing degenerative changes and her traumatic event might have worsened these.

I would be very grateful if you would consider reviewing her in your clinic once the imaging is available.

Yours sincerely,

Gabrielle Scicluna

Orthopaedic Registrar

[www.nhsggc.scot/orthopaedicsgri](http://www.nhsggc.scot/orthopaedicsgri)

Electronically Signed: Dr Gabrielle Scicluna., Doctor

cc.

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

<b>REFERRAL LETTER MEDICAL IN CONFIDENCE</b>	<b>Attachments</b>
--	--------------------

**Additional Support Needs:**  
**No known ASN requirements**

<b>REFERRAL TO</b>	
Neurology - General GGC General Referral	<b>Consultant / receiving practitioner and/or specialty clinic</b>
Southern General Hospital 1345 Govan Road Glasgow G51 4TF	<b>Hospital and hospital address</b> Hospital location code. G405H Email address
<b>Urgency of referral</b> <b>ROUTINE</b>	<b>Date sent</b> 27-Nov-2012
<b>Date of referral</b> 27-Nov-2012	

<b>PATIENT DETAILS</b>	<b>Patient's address</b>																	
<table border="1"> <tr><td><b>Surname</b></td><td>CLELLAND</td></tr> <tr><td><b>Forename(s)</b></td><td>AGNES</td></tr> <tr><td><b>Title</b></td><td>MRS</td></tr> <tr><td><b>Sex</b></td><td>Female</td></tr> <tr><td><b>Date of birth</b></td><td>08-Sep-1955</td></tr> <tr><td><b>CHI no.</b></td><td>0809555328</td></tr> <tr><td><b>Area of Residence</b></td><td></td></tr> </table>	<b>Surname</b>	CLELLAND	<b>Forename(s)</b>	AGNES	<b>Title</b>	MRS	<b>Sex</b>	Female	<b>Date of birth</b>	08-Sep-1955	<b>CHI no.</b>	0809555328	<b>Area of Residence</b>		<table border="1"> <tr><td>39 RENNIE ROAD KILSYTH GLASGOW G65 9PQ</td></tr> <tr><td style="text-align: right;"><b>Contact number(s)</b></td></tr> <tr><td>Voice: 82219107897372529</td></tr> </table>	39 RENNIE ROAD KILSYTH GLASGOW G65 9PQ	<b>Contact number(s)</b>	Voice: 82219107897372529
<b>Surname</b>	CLELLAND																	
<b>Forename(s)</b>	AGNES																	
<b>Title</b>	MRS																	
<b>Sex</b>	Female																	
<b>Date of birth</b>	08-Sep-1955																	
<b>CHI no.</b>	0809555328																	
<b>Area of Residence</b>																		
39 RENNIE ROAD KILSYTH GLASGOW G65 9PQ																		
<b>Contact number(s)</b>																		
Voice: 82219107897372529																		

*1010045527697*	Unique Care Pathway Number: 1010045527697
-----------------	---

<b>REGISTERED GP DETAILS</b>	<b>Practice address</b>																	
<table border="1"> <tr><td><b>Name</b></td><td>Dr Murray Hardie</td></tr> <tr><td><b>GMC code</b></td><td>2546630</td><td><b>GP code</b></td><td>14176</td></tr> <tr><td><b>Practice name</b></td><td colspan="3">Kilsyth Medical Partnership</td></tr> <tr><td><b>Practice code</b></td><td colspan="3">61502</td></tr> </table>	<b>Name</b>	Dr Murray Hardie	<b>GMC code</b>	2546630	<b>GP code</b>	14176	<b>Practice name</b>	Kilsyth Medical Partnership			<b>Practice code</b>	61502			<table border="1"> <tr><td>BURNGREEN KILSYTH LANARKSHIRE G65 0HU</td></tr> <tr><td style="text-align: right;"><b>Contact number(s)</b></td></tr> <tr><td>Voice: 08444772552</td></tr> </table>	BURNGREEN KILSYTH LANARKSHIRE G65 0HU	<b>Contact number(s)</b>	Voice: 08444772552
<b>Name</b>	Dr Murray Hardie																	
<b>GMC code</b>	2546630	<b>GP code</b>	14176															
<b>Practice name</b>	Kilsyth Medical Partnership																	
<b>Practice code</b>	61502																	
BURNGREEN KILSYTH LANARKSHIRE G65 0HU																		
<b>Contact number(s)</b>																		
Voice: 08444772552																		

<b>REFERRING GP DETAILS</b>	<b>Practice address</b>																	
<table border="1"> <tr><td><b>Name</b></td><td>Dr. Mark Hudson</td></tr> <tr><td><b>GMC code</b></td><td>4710851</td><td><b>GP code</b></td><td>14338</td></tr> <tr><td><b>Practice name</b></td><td colspan="3">Kilsyth Health Centre (61502)</td></tr> <tr><td><b>Practice code</b></td><td colspan="3">61502</td></tr> </table>	<b>Name</b>	Dr. Mark Hudson	<b>GMC code</b>	4710851	<b>GP code</b>	14338	<b>Practice name</b>	Kilsyth Health Centre (61502)			<b>Practice code</b>	61502			<table border="1"> <tr><td>Burngreen Park Kilsyth G65 0HU</td></tr> <tr><td style="text-align: right;"><b>Contact number(s)</b></td></tr> <tr><td>Voice: 08444 772552</td></tr> </table>	Burngreen Park Kilsyth G65 0HU	<b>Contact number(s)</b>	Voice: 08444 772552
<b>Name</b>	Dr. Mark Hudson																	
<b>GMC code</b>	4710851	<b>GP code</b>	14338															
<b>Practice name</b>	Kilsyth Health Centre (61502)																	
<b>Practice code</b>	61502																	
Burngreen Park Kilsyth G65 0HU																		
<b>Contact number(s)</b>																		
Voice: 08444 772552																		

**CLINICAL INFORMATION****History of presenting complaint****Presenting complaint**

Description: Balance problems and falls

Comment: Dear Doctor,

This 57-year-old lady has been troubled over several months with feeling off balance at times, which has resulted in falls. Initially the first fall in May has caused quite a significant Achilles tendon rupture and I would welcome your assessment as to whether there is a neurological origin for her symptoms.

She describes generally falling backwards and gets a feeling of "swaying" which tends to be much worse when standing. She describes her hands as generally feeling more weak than normal and describes no true vertigo. These events do not appear to have a cardiological origin from her history and there is nothing to suggest that these are TIA's.

CVS, gross neurological examination is normal and she is normotensive with no postural drop.

Many thanks for seeing her.

Yours sincerely,

Dr. M Hudson

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history****Pre-existing conditions (High & medium priority - all)**

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Recurrent persistent haematuria	NEEDS REFERRED IF UTI / FRANK HAEMATURIA; microscopic	22-Feb-2011	22-Feb-2011
Sore throat NOS	Recurrent	26-May-2010	26-May-2010
[D]Heartburn	reflux	26-May-2010	26-May-2010
Lump in breast	2 months history- 12 o'clock above R areola.	25-May-2010	25-May-2010
Wrist/hand sprain NOS	Left ; Wrist splint	19-May-2010	19-May-2010
Body mass index 30 - obesity	-	15-Jan-2009	15-Jan-2009
Erythema multiforme	Biopsy has confirmed. : DATE_RECORDED=16/01/2009	06-Jan-2009	06-Jan-2009
O/E - dermatology exam.	reactive dermatosis	18-Nov-2008	18-Nov-2008
Tennis elbow	exacerbation of following fall - steroid and local anaesthetic injection	21-Oct-2008	21-Oct-2008
Erythema multiforme	possible	20-Oct-2008	20-Oct-2008
Body mass index 30 - obesity	-	15-Apr-2008	15-Apr-2008
Microscopic haematuria	-	09-Jan-2007	09-Jan-2007
NIDDM - Non-insu dep diab mel	started on metformin	31-Jan-2006	31-Jan-2006
Essential hypertension	-	31-Jan-2006	31-Jan-2006
Arthralgia of hip	Left ; mild degenerative changes	05-Dec-2002	05-Dec-2002
Depressed mood	-	09-Apr-2001	09-Apr-2001
Nabothian follicles	cervical	20-Jul-2000	20-Jul-2000
Chronic fatigue syndrome	-	01-Jan-1995	01-Jan-1995
Postviral fatigue syndrome	-	01-Nov-1993	

Pre-eclampsia, unspecified	labour induced	08-May-1975	01-Nov-1993
Forceps delivery unspecified	live male	08-May-1975	08-May-1975
<b>Past procedures (High and medium priority - all)</b>			
<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Pharyngoscopy	with dilation of pharynx.	23-Sep-2010	23-Sep-2010
Biopsy of breast	Excision biopsy under local anaesthetic. [Breast Clinic].Area of fat necrosis only.	08-Jun-2010	08-Jun-2010
Fusion joints mid & forefoot	Midfoot	07-Jun-2010	07-Jun-2010
Other primary fusion of joint	rt mid foot fusion	12-Mar-2010	12-Mar-2010
Approach organ MRI control	Right ; Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	25-Aug-2009	25-Aug-2009
Diabetic on oral treatment	-	12-May-2009	12-May-2009
Diag imaging vascular system	no significant peripheral arterial disease	01-Oct-2008	01-Oct-2008
Diabetic on oral treatment	-	15-Apr-2008	15-Apr-2008
Diabetic on oral treatment	-	20-Mar-2007	20-Mar-2007
Diagnos cystoscopy - flexible	stress leak. referred for pelvic floor physiotherapy	18-Oct-2004	18-Oct-2004
Endometrial laser ablation	-	22-Dec-1993	22-Dec-1993
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	13-May-1981	13-May-1981

**Current medication (Active Repeat medication issued within the last 12 months)**

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Atorvastatin 40mg tablets	56	tablet	1 TABLET ONCE A DAY AT NIGHT	-	07-Mar-2006	14-Nov-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH[more]	-	22-Jun-2012	14-Nov-2012
OMEPRAZOLE gastro-res cap 20mg	56	capsule	1 CAP DAILY	-	21-Feb-2011	14-Nov-2012
CELECOXIB caps 200mg	112	capsule	TAKE ONE TABLET TWICE DAILY	-	10-Oct-2011	14-Nov-2012
SALBUTAMOL cfc free inh 100micrograms/inhalation	200	dose	2 PUFFS 4 TIMES DAILY PRN	-	31-May-2011	29-Oct-2012
SYMBICORT TURBOHALER dry pdr inh 200mcg 6mcg	120	dose	2 PUFFS TWICE DAILY	-	31-May-2011	29-Oct-2012
FLUOXETINE caps 20mg	120	capsule	2 CAPS DAILY	-	14-Sep-2009	29-Oct-2012
METFORMIN tabs 500mg	224	tablet	2 TABS TWICE DAILY	-	14-Sep-2009	14-Nov-2012
ASPIRIN disp tab 75mg	56	tablet	1 TAB DAILY	-	30-Oct-2006	14-Nov-2012
RAMIPRIL caps 10mg	56	capsule	1 CAP IN THE MORNING	-	07-Jul-2006	14-Nov-2012

**Recent medication** (Any medication issued within last 90 days not shown above)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Isosorbide mononitrate 20mg tablets	56	tablet	1 TABLET TWICE A DAY	-	26-Nov-2012	26-Nov-2012
Isosorbide mononitrate 10mg tablets	56	tablet	1 TABLET TWICE A DAY	-	08-Oct-2012	08-Oct-2012
Epaderm ointment (Molnlycke Health Care Ltd)	500	gram	USE ON FEET AS DIRECTED	-	14-Sep-2012	14-Sep-2012
Isosorbide mononitrate 10mg tablets	56	tablet	1 TABLET TWICE A DAY	-	30-Aug-2012	30-Aug-2012
Glyceryl trinitrate 400micrograms/dose aerosol sublingual...	200	dose	TAKE 1 PUFF UNDER TONGUE WHEN[more]	-	06-Aug-2012	06-Aug-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH[more]	-	22-Jun-2012	10-Jul-2012
SIMVASTATIN tabs 40mg	56	tablet	1 TAB AT NIGHT	-	07-Mar-2006	07-Sep-2012
CO-CODAMOL (codeine & paracetamol) tabs 30mg 500mg	60	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	10-Jul-2012	10-Jul-2012
Tubigrip E elas tubular bandage 8.75cm [MOLNLYCKE]	1	m	AS DIRECTED	-	10-Jul-2012	10-Jul-2012
CO-CODAMOL (codeine & paracetamol) tabs 8mg 500mg	100	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	22-Jun-2012	22-Jun-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH[more]	-	22-Jun-2012	22-Jun-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH[more]	-	22-Jun-2012	22-Jun-2012
CELECOXIB caps 200mg	112	capsule	TAKE ONE TABLET TWICE DAILY	-	10-Oct-2011	21-Jun-2012
SYMBICORT TURBOHALER dry pdr inh 200mcg 6mcg	1	120 dose inhaler	2 Puffs Twice daily	-	31-May-2011	14-Jun-2012
FLUOXETINE caps 20mg	120	capsule(s)	2 Caps daily	-	14-Sep-2009	21-Jun-2012

**Blood Pressure**

No Blood Pressures Recorded

**Body Measurements**

No Body Measurements Recorded

**Lifestyle Risks and Alerts / Examinations and Investigations**

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:	Smoking status on date of event: Never smoked.	06-Sep-2012
Never smoked tobacco:	Smoking status on date of event: Never smoked.	11-Aug-2011
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	10-Jan-2011
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	12-May-2009
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	15-Apr-2008
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Sep-2012
Non-drinker alcohol:	Drinking status on eventdate: Life teetotaler.	

Alcohol intake within rec limit:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	11-Aug-2011
Alcohol intake within rec limit:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	12-May-2009
Alcohol intake within rec limit:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	27-Jul-2007
Alcohol intake within rec limit:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	20-Mar-2007
Exercise grading:	Type of exercise: Inactive.	06-Sep-2012
Exercise grading:		11-Aug-2011
Enjoys light exercise:		12-May-2009
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007

**Clinical warnings****Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
[V]PH - Drug allergy	[TRUNCATED]Drug code for allergy: Macrobid 100mg modified-release capsules (Mercury Pharma Group Ltd), Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ma	08-Dec-2006
[V]PH - Drug allergy	Drug code for allergy: Oxytetracycline 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: oxytetracycline.	20-Jun-2006
[V]PH - Drug allergy	Drug code for allergy: Ibuprofen 200mg modified-release capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ibuprofen.	20-Jun-2006
Hypersensitivity skin testing	=0 . Basis of normal range: POP000. NOTES: peppermint and a food additive.	08-May-2000

**Additional Support Needs**

No known ASN requirements

**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes  
 Patient will accept any site:Yes  
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes  
 Patient has disability or requires wheelchair access:No  
 Referred By:Referring GP  
 Electronic Attachment Present:No

\_\_\_\_\_  
 Signature of referring doctor (or other professional) Date

**Hospital:** Western Infirmary/gartnavel General  
**Admission Date:** 23/09/2010      **Operation Date:** 23/09/2010  
**Name:** AGNES CLELLAND (CHI:0809555328) (CRN:10338654X)  
**Date of Birth:** 08/09/1955      **Age:** 55 yrs      **Ward:** F2C  
**Principal Surgeon:** Mr Brian Irvine  
**Anaesthetist:** Dr Harten

**Assistants:**

**Diagnosis:**

**Procedure:** Pharyngoscopy with dilation of pharynx (E248)

**Post Op Comments:**

Patient to continue on current PPI.

Patient to go home today.

No follow up required.

**Operation Note:**

INDICATION

This patient complained of a sensation of something in her throat with some intermittent high dysphagia. A barium swallow had suggested a web at the cricopharyngeal level.

PROCEDURE

Patient examined using the hypopharyngoscope. No true web was identified but the cricopharyngeal sphincter did appear to be tight. Balloon dilator was used to a pressure of 6 atmospheres for 3 minutes on 2 occasions. No other abnormality noted. No biopsies taken.

**Operation Note**

## MRI Spine lumbar and sacral

Performed	12-Dec-2025 16:28	Received	20-Dec-2025 18:39
Reported	20-Dec-2025 18:37	Order Number	G516H42442172
Status	Final	Source System	MiSys

### MRI Spine lumbar and sacral

Final

Agnes Clelland

SEE REPORT FOR CLINICAL INFORMATION

### MRI Spine lumbar and sacral

Clinical Information: Right leg pain, known stenosis with slip. Pain significantly worse, and new pressure sensation at anus. Please update. Thanks. - (Information via Order Comms)

Prior MRI dated 8th July 2024 reviewed. Prior MRI dated 13th March 2023 reviewed.

Disc dehydration seen throughout the lumbar spine levels.

Mild to moderate disc height reduction and modic type II endplate degenerative change seen at L5-S1 level.

Grade 1 degenerative anterior listhesis at L4 over L5 vertebral body.

Multilevel osteophytes.

At L2-3 level, there is broad based disc bulge effacing the thecal sac. No significant spinal canal stenosis. Mild to moderate neural foraminal narrowing is seen. No significant impingement of the exiting nerve roots.

At L3-4 level, there is broad based disc bulge effacing the thecal sac. No significant spinal canal stenosis. Bilateral neural foraminal narrowing is seen, mild on right side and moderate on left side, without significant impingement upon the exiting nerve roots.

At L4-5 level, there is broad based disc bulge compressing the thecal sac. Moderate spinal canal narrowing is seen. Associated moderate facet hypertrophy. Moderate bilateral neural foraminal narrowing is seen.

At L5-S1 level, there is broad based disc bulge with spinal canal compromise. Bilateral neural foraminal narrowing is seen, mild on right side and moderate to severe on left side with potential of irritation of the left sided exiting nerve roots.

No sinister marrow pathology.

No acute fractures.

No prevertebral, paravertebral and paraspinal collections.

### Impression:

-- Moderate disc degenerative changes of the spine as detailed. Findings appear significantly unchanged since previous MRI in 2023.

Dr. Zafar Nasir, GMC: 6099077 (signed date, 2025-12-20, 18:37)

Consultant Radiologist

Teleconsult [www.teleconsult.net](http://www.teleconsult.net)

Email: [servicedesk.uk@teleconsult.net](mailto:servicedesk.uk@teleconsult.net)

01908 086289

Reported by: TELECONSULT

Verified by: TELECONSULT

## MRI Head

Performed	17-Jun-2013 08:51	Received	02-Jul-2013 10:24
Reported	02-Jul-2013 10:02	Order Number	G588C27873724
Status	Final	Source System	MiSys

### MRI Head

Final

**Agnes Clelland****Clinical History :**

History of ataxia and falls.

**MRI Head :**

Several foci of abnormal signal return from the white matter of both hemispheres. The appearance of these lesions is nonspecific. They probably represent some established into the ischaemic change.

No evidence of involvement of the basal ganglia or brainstem.

The ventricular calibre is normal with no evidence of developing hydrocephalus.

Normal appearances of the cortical architecture.

No evidence of a an abnormality at the cranial cervical junction.

There is no evidence of a recent ischaemia.

**Reported by:** Dr James Dervin**Verified by:** Dr James Dervin

**MANUAL PATIENT RECORDS**

- ALL HOSPITAL RECORDS HELD NHSGGC
- ACS
- BEATSON HOSPITAL
- CANNIESBURN HOSPITAL
- DENTAL HOSPITAL
- GARTNAVEL GENERAL HOSPITAL
- GLASGOW ROYAL INFIRMARY
- INVERCLYDE ROYAL HOSPITAL  MATERNITY
- NEW VICTORIA ACH
- PRINCESS ROYAL MATERNITY
- QUEEN ELIZABETH UNIVERSITY HOSPITAL  MATERNITY
- ROYAL ALEXANDRA HOSPITAL  MATERNITY
- ROYAL HOSPITAL FOR CHILDREN
- STOBHILL HOSPITAL
- VALE OF LEVEN  MATERNITY
- WEST AMBULATORY CARE HOSPITAL
- WESTERN INFIRMARY RECORDS
- Including:**
- BADGERNET
- CAREVUE
- MEDICAL ILLUSTRATION
- METAVISION
- PHYSIOTHERAPY
- RADIOLOGY
- WEST MARC
- LABS

**Clinic Letter**

Greater Glasgow  
and Clyde

Southern General Hospital  
1345 Govan Road  
Glasgow  
G51 4TF

Dr. M Hudson  
Kilsyth Medical Partnership  
Kilsyth Health Centre  
Burngreen Park  
Kilsyth  
G65 0HU

Main Switchboard: 0141 201 1100

Email Inquiries to: alison.ramsay2@ggc.scot.nhs.uk

Contact Tel Details: 0141 201 2829

Highly Sensitive: No

Dictated Date: 16/04/2013

By: Dr Pushkar Shah

Consent for Sharing Withheld: No

Transcribed Date: 17/04/2013

By: Alison Ramsay

Dear Dr. M Hudson,

**Patient**

Name: Clelland Agnes  
CHI: 0809555328  
DOB: 08 Sep 1955  
Address: 39 RENNIE ROAD  
Glasgow  
G65 9PQ

**Attendance**

Attended: 16/04/2013 13:00  
New/Return: S N NEUROLOGY  
Referral Source: General Practitioner  
Consultant: Dr Pushkar Shah  
Specialty: Neurology  
Clinic: SGPSNE4-DR  
SHAH NEUROLOGY  
TUESDAY PM

Long Term Condition:

**Clinical Comments:**

Many thanks for this referral. I reviewed this lady in the Neurology Outpatient Clinic today. She was accompanied by her husband. She is a 57 year old right handed lady who used to be a school cleaner and is now medically retired. She lives with her husband. She presents with over 12 month history of poor balance which she feels is not getting any worse or better. When this happened initially she fell down and ruptured her left Achilles tendon and is currently wearing an ankle foot orthosis and is due to go for surgery and further immobilisation until the recovery happens. Since then she has been feeling off balance quite often but not always. When she is standing she may feel as if she may fall on one side or other. When she is on the stairs she feels as if she is going to fall backwards and has to hold on to something all the time. She also feels quite clumsy and has burned herself a few times and now her husband does all the cooking. She did not report any rotational vertigo or oscillopsia. Her speech has been fine and she did not report any inco-ordination using her hands.

Her current treatment is GTN spray as required, Diltiazem MR 60mgs tds, Co-codamol one to two qds, Isosorbide mononitrate 20mgs bd, Atorvastatin 40mgs nocte, Ramipril 10mgs daily, Aspirin 75mgs daily, Metformin 500mgs

bd, Fluoxetine 40mgs daily, Symbicort and Salbutamol inhalers, Celicoxib.200mgs bd, Omeprazole 20mgs daily, Gabapentin 100mgs bd.

In the past history, she has had type II diabetes for the last 10 years or so. She also has ischaemic heart disease. She suffered from post viral fatigue, having had psittacosis. Her husband used to keep birds in the past. She has suffered from depression for the last five years or more. This was partly due to she and her husband both losing jobs through ill health at the same time and they lost their home. Her husband described their last two years as the worst ever.

Apart from this she also suffers from asthma, chronic neck and back pain and most of the activities increase or aggravate the pain.

She has never smoked and does not drink alcohol.

In the family history, her mother had ischaemic heart disease and smoking related airways disease. She did not know her father as her parents split when she was very young. Her two brothers are well. She has four children and they are well.

On examination today, she was walking with two hand held crutches and the left foot was in an ankle foot orthosis. She was overweight. Cranial nerves were normal in that the external ocular muscles were normal and there was no nystagmus. Pupillary responses were normal and fundi were normal. There was no facial or bulbar weakness and speech was normal. Tone across the extremities was normal. Upper limb strength was normal. Lower limb strength was limited due to pain and Hoover's sign was positive. Deep tendon reflexes were symmetrical and normal. I did not elicit the left ankle jerk as this was painful. Plantars were flexor. There was no finger-nose ataxia.

Comment: This lady's symptoms are likely related to chronic pain and fatigue and there were no cerebellar signs today. I could not examine her gait fully due to her ankle injury and have therefore offered her further MRI scan of the head. In the meantime you may refer her to the local back pain management service. I will be in touch with the results and will arrange further follow up after this.

Yours sincerely,  
Dr Pushkar Shah  
Consultant

cc. 1. Dr M Hudson

Hospital use only	Clinic	Day Date	Time	Hospital No.
-------------------	--------	----------	------	--------------

**REFERRAL LETTER**  
MEDICAL IN CONFIDENCE

Attachments

<b>REFERRAL TO</b>	
Neurology - General GGC General Referral	— <b>Consultant / receiving practitioner and/or specialty clinic</b>
Southern General Hospital 1345 Govan Road Glasgow G51 4TF	— <b>Hospital and hospital address</b>
	Hospital location code. G405H
	Email address -
<b>Urgency of referral</b> ROUTINE	
<b>Date of referral</b> 27-Nov-2012	<b>Date sent</b> 27-Nov-2012

<b>PATIENT DETAILS</b>		<b>Patient's address</b>
<b>Surname</b>	CLELLAND	39 RENNIE ROAD KILSYTH GLASGOW G65 9PQ
<b>Forename(s)</b>	AGNES	
<b>Title</b>	MRS	
<b>Sex</b>	Female	
<b>Date of birth</b>	08-Sep-1955	
<b>CHI no.</b>	0809555328	
<b>Area of Residence</b>	-	
		<b>Contact number(s)</b> Voice: 82219107897372529

\*1010045527697\*

Unique Care Pathway Number: 1010045527697

<b>REGISTERED GP DETAILS</b>		<b>Practice address</b>
<b>Name</b>	Dr Murray Hardie	BURNGREEN KILSYTH LANARKSHIRE G65 0HU
<b>GMC code</b>	2546630	
<b>GP code</b>	14176	
<b>Practice name</b>	Kilsyth Medical Partnership	
<b>Practice code</b>	61502	
		<b>Contact number(s)</b> Voice: 08444772552

<b>REFERRING GP DETAILS</b>		<b>Practice address</b>
<b>Name</b>	Dr. Mark Hudson	Burngreen Park Kilsyth G65 0HU
<b>GMC code</b>	4710851	
<b>GP code</b>	14338	
<b>Practice name</b>	Kilsyth Health Centre (61502)	
<b>Practice code</b>	61502	
		<b>Contact number(s)</b> Voice: 08444 772552

**CLINICAL INFORMATION****History of presenting complaint****Presenting complaint**

Description: Balance problems and falls

Comment: Dear Doctor,

This 57-year-old lady has been troubled over several months with feeling off balance at times, which has resulted in falls. Initially the first fall in May has caused quite a significant Achilles tendon rupture and I would welcome your assessment as to whether there is a neurological origin for her symptoms.

She describes generally falling backwards and gets a feeling of "swaying" which tends to be much worse when standing. She describes her hands as generally feeling more weak than normal and describes no true vertigo. These events do not appear to have a cardiological origin from her history and there is nothing to suggest that these are TIAs.

CVS, gross neurological examination is normal and she is normotensive with no postural drop.

Many thanks for seeing her.

Yours sincerely,

Dr. M Hudson

**Reason for referral**

Care type requested: Out Patient

Expected outcome: Not Specified

**Past medical history****Pre-existing conditions** (High & medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Recurrent persistent haematuria	NEEDS REFERRED IF UTI / FRANK HAEMATURIA; microscopic	22-Feb-2011	22-Feb-2011
Sore throat NOS	Recurrent	26-May-2010	26-May-2010
[D]Heartburn	reflux	26-May-2010	26-May-2010
Lump in breast	2 months history- 12 o'clock above R areola.	25-May-2010	25-May-2010
Wrist/hand sprain NOS	Left ; Wrist splint	19-May-2010	19-May-2010
Body mass index 30 - obesity	-	15-Jan-2009	15-Jan-2009
Erythema multiforme	Blopsy has confirmed. : DATE_RECORDED=16/01/2009	06-Jan-2009	06-Jan-2009
O/E - dermatology exam.	reactive dermatosis	18-Nov-2008	18-Nov-2008
Tennis elbow	exacerbation of following fall - steroid and local anaesthetic injection	21-Oct-2008	21-Oct-2008
Erythema multiforme	possible	20-Oct-2008	20-Oct-2008
Body mass index 30 - obesity	-	15-Apr-2008	15-Apr-2008
Microscopic haematuria	-	09-Jan-2007	09-Jan-2007
NIDDM - Non-insu dep diab mel	started on metformin	31-Jan-2006	31-Jan-2006
Essential hypertension	-	31-Jan-2006	31-Jan-2006
		05-Dec-	

Arthralgia of hip	Left ; mild degenerative changes	2002	05-Dec-2002
Depressed mood	-	09-Apr-2001	09-Apr-2001
Nabothian follicles	cervical	20-Jul-2000	20-Jul-2000
Chronic fatigue syndrome	-	01-Jan-1995	01-Jan-1995
Postviral fatigue syndrome	-	01-Nov-1993	01-Nov-1993
Pre-eclampsia, unspecified	labour induced	08-May-1975	08-May-1975
Forceps delivery unspecified	live male	08-May-1975	08-May-1975

**Past procedures** (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Pharyngoscopy	with dilation of pharynx.	23-Sep-2010	23-Sep-2010
Biopsy of breast	Excision biopsy under local anaesthetic. [Breast Clinic].Area of fat necrosis only.	08-Jun-2010	08-Jun-2010
Fusion joints mid & forefoot	Midfoot	07-Jun-2010	07-Jun-2010
Other primary fusion of joint	rt mid foot fusion	12-Mar-2010	12-Mar-2010
Approach organ MRI control	Right ; Pain to foot, indicates there to be arthritic changes to the 2nd tarsal metatarsal.	25-Aug-2009	25-Aug-2009
Diabetic on oral treatment	-	12-May-2009	12-May-2009
Diag imaging vascular system	no significant peripheral arterial disease	01-Oct-2008	01-Oct-2008
Diabetic on oral treatment	-	15-Apr-2008	15-Apr-2008
Diabetic on oral treatment	-	20-Mar-2007	20-Mar-2007
Diagnos cystoscopy - flexible	stress leak. referred for pelvic floor physiotherapy	18-Oct-2004	18-Oct-2004
Endometrial laser ablation	-	22-Dec-1993	22-Dec-1993
Surgical removal of tooth NOS	unerupted teeth - general anaesthetic	13-May-1981	13-May-1981

**Current medication** (Active Repeat medication issued within the last 12 months)

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Atorvastatin 40mg tablets	56	tablet	1 TABLET ONCE A DAY AT NIGHT	-	07-Mar-2006	14-Nov-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	14-Nov-2012
OMEPRAZOLE gastro-res cap 20mg	56	capsule	1 CAP DAILY	-	21-Feb-2011	14-Nov-2012
CELECOXIB caps 200mg	112	capsule	TAKE ONE TABLET TWICE DAILY	-	10-Oct-2011	14-Nov-2012
SALBUTAMOL cfc free inh 100micrograms/inhalation	200	dose	2 PUFFS 4 TIMES DAILY PRN	-	31-May-2011	29-Oct-2012
SYMBICORT TURBOHALER dry pdr inh 200mcg 6mcg	120	dose	2 PUFFS TWICE DAILY	-	31-May-2011	29-Oct-2012
FLUOXETINE caps 20mg	120	capsule	2 CAPS DAILY	-	14-Sep-2009	29-Oct-2012
METFORMIN tabs 500mg	224	tablet	2 TABS TWICE DAILY	-	14-Sep-2009	14-Nov-2012

ASPIRIN disp tab 75mg	56	tablet	1 TAB DAILY	-	30-Oct-2006	14-Nov-2012
RAMIPRIL caps 10mg	56	capsule	1 CAP IN THE MORNING	-	07-Jul-2006	14-Nov-2012

**Recent medication (Any medication issued within last 90 days not shown above)**

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Isosorbide mononitrate 20mg tablets	56	tablet	1 TABLET TWICE A DAY	-	26-Nov-2012	26-Nov-2012
Isosorbide mononitrate 10mg tablets	56	tablet	1 TABLET TWICE A DAY	-	08-Oct-2012	08-Oct-2012
Epiderm ointment (Molnlycke Health Care Ltd)	500	gram	USE ON FEET AS DIRECTED	-	14-Sep-2012	14-Sep-2012
Isosorbide mononitrate 10mg tablets	56	tablet	1 TABLET TWICE A DAY	-	30-Aug-2012	30-Aug-2012
Glyceryl trinitrate 400micrograms/dose aerosol sublingual...	200	dose	TAKE 1 PUFF UNDER TONGUE WHEN [more]	-	06-Aug-2012	06-Aug-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	10-Jul-2012
SIMVASTATIN tabs 40mg	56	tablet	1 TAB AT NIGHT	-	07-Mar-2006	07-Sep-2012
CO-CODAMOL (codeine & paracetamol) tabs 30mg 500mg	60	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	10-Jul-2012	10-Jul-2012
Tubigrip E elas tubular bandage 8,75cm [MOLNLYCKE]	1	m	AS DIRECTED	-	10-Jul-2012	10-Jul-2012
CO-CODAMOL (codeine & paracetamol) tabs 8mg 500mg	100	tablet	TAKE 1 OR 2 FOUR TIMES DAILY	-	22-Jun-2012	22-Jun-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	22-Jun-2012
GABAPENTIN caps 100mg	100	capsule	TAKE 1 CAPSULE TWICE DAILY WH [more]	-	22-Jun-2012	22-Jun-2012
CELECOXIB caps 200mg	112	capsule	TAKE ONE TABLET TWICE DAILY	-	10-Oct-2011	21-Jun-2012
SYMBICORT TURBOHALER dry pdr inh 200mcg 6mcg	1	120 dose inhaler	2 Puffs Twice daily	-	31-May-2011	14-Jun-2012
FLUOXETINE caps 20mg	120	capsule(s)	2 Caps daily	-	14-Sep-2009	21-Jun-2012

**Lifestyle Risks and Alerts / Examinations and Investigations**

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Never smoked tobacco:	Smoking status on date of event: Never smoked.	06-Sep-2012
Never smoked tobacco:	Smoking status on date of event: Never smoked.	11-Aug-2011
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	10-Jan-2011
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	12-May-2009
Never smoked tobacco:	Smoking status on date of event: Never smoked, Number of cigarettes smoked per day: 0.	15-Apr-2008
Drinks rarely:	Drinking status on eventdate: Current drinker.	06-Sep-2012
Non-drinker alcohol:	Drinking status on eventdate: Life teetotaler.	11-Aug-2011
Alcohol intake within rec limit:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	12-May-2009

Alcohol intake within rec limit:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	27-Jul-2007
Alcohol intake within rec limit:	Drinking status on eventdate: Current drinker, Units of alcohol drank per week: 0.	20-Mar-2007
Exercise grading:	Type of exercise: Inactive.	06-Sep-2012
Exercise grading:		11-Aug-2011
Enjoys light exercise:		12-May-2009
Enjoys light exercise:		27-Jul-2007
Enjoys light exercise:		20-Mar-2007

**Clinical warnings****Allergies**

<u>Description</u>	<u>Comment</u>	<u>Date recorded</u>
[V]PH - Drug allergy	[TRUNCATED]Drug code for allergy: Macrobid 100mg modified-release capsules (Mercury Pharma Group Ltd), Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ma	08-Dec-2006
[V]PH - Drug allergy	Drug code for allergy: Oxytetracycline 250mg tablets, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: oxytetracycline.	20-Jun-2006
[V]PH - Drug allergy	Drug code for allergy: Ibuprofen 200mg modified-release capsules, Reaction type: Allergy, Certainty of allergy: Certain, Severity of allergy: Moderate. NOTES: ibuprofen.	20-Jun-2006
Hypersensitivity skin testing	=0 . Basis of normal range: POP000. NOTES: peppermint and a food additive.	08-May-2000

**Additional relevant information****Administrative information**

OK to send correspondence to home address?:Yes  
 Patient will accept any site:Yes  
 Patient will accept cancellation or short notice appointment (within 1-6 days):Yes  
 Patient has disability or requires wheelchair access:No  
 Referred By:Referring GP  
 Electronic Attachment Present:No

\_\_\_\_\_  
 Signature of referring doctor (or other professional) Date





0809555328  
 CLELLAND F  
 Agnes 08/09/1955  
 39 RENNIE ROAD  
 KILSYTH  
 Glasgow, Lanarkshire  
 G65 9PQ

CLINICAL NOTES - NURSING

Date & Time	Neuro OP @ husband	Signature, Print Name & Designation
16/4/13	sup - 57 y (at home) medically retired (school cleaner) hrs @ husband > 12 months	
	Dizzy fumes losing balance, occurring had fall, ruptured achilles tendon. needed surgery (1st time when A happened)	
	when standing, bending can suddenly lose balance often, but not always.	
	No rotational vertigo.	
	Can fall backwards as stairs	
	Can fall sideways sometimes.	
	Just loses balance. Staggering	
	No walks carefully, holds on to something	
	Symptoms just about same.	
	Rx:	
	ATN Diltiazem 60mg QDS	
	Cocodamol 1-2 QDS	
	2SMO 20mg BD	
	Atorvastatin 40mg mch, Ramipril 10mg	
	Aspirin 75mg	
	Metformin 500mg BD	
	Furosemide 40mg	
	Symmetrel, Gabapentin	
	Celecoxib 200mg BD Omeprazole 20mg	
	Gabapentin 100mg BD	
	- DM (10 yrs), 1 HD	
	Best visual fatigue (Pittocosis)	

Date & Time		Signature, Print Name & Designation
	Depression - 5 yrs or more	
	lost jobs due ill health	lost name
	last 2 yrs have been worst	
	Chronic neck, back pain walking diff	
	- Nerve smudged doesn't work now	
	- Ankle - none	
	F/H: Mother - M.D. smoking	airways disease
	did not know father	
	2 brothers - well	
	4 children - well	
	Q10	
	(1) Foot is splint	
	going for surgery, will need cast	
	upwards	
	Tone (2)	
	Pain - moves + ve	
	DXR RT/Tr	
	PI LL	
	(3) purple, ubr"	
	higher nose hit eye	
	ECM (2), No rest	
	Madit (2)	
	As fused il/balkan weaken	
	Speech (2)	
	Ability related to chronic pain 4	
	fatigue - MR-B	
	<u>Plus</u>	