A&E Records

Directorate of
Accident and Emergency Medicine
LOTHIAN UNIVERSITY HOSPITALS NHS TRUST

THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent
Edinburgh EH16 4SU
Telephone:0131 242 1300
Fax: 0131 242 1344

NHS Lothian

A/E no. E1620688

Previous no.

UHPI no. 600070409E
CHI no. 0711571333

PATIENT INFORMATION

Surname Hogg
Forenames Thomas
Date of Birth 07/11/1957
Age 52 Yrs Sex M

Address 5 Loganlea Drive
Edinburgh
Midlothian
Postcode EH7 6LS
Telephone 6571069

Contact Address HOGG (Wife), MARGARET
Telephone H 0131 657 1069
W

Complaint L ankle
Allergies

Attendances in last 12 months: 0 School:

General Practitioner

Name
FO George
Address
89 Northfield Broadway
Edinburgh
EH8 7RX
Telephone 0131 657 5444

Date and Time of Attendance
12/12/2009 14:25
Incident Date & Time:
Mode of Arrival
Private Transport
Source of Referral
Self Referral to A&E

T	P	RR	BP	BM	SpO2	Peakflow	Urinalysis	Alcometer

Nursing Assessment

Pain Assessment Score | Waterlow Score
Pain Score Review | Time | Triage Score
Signature | Time | Print Name

Clinical Notes

- FALL STEPPING UP STOOD → PAIN +
SWELLING TO L ANKLE

- O/E - SWELLING @ MALL @ LAT ASPECT
ALSO MEDIAL

X/RAY - NO # SEEN

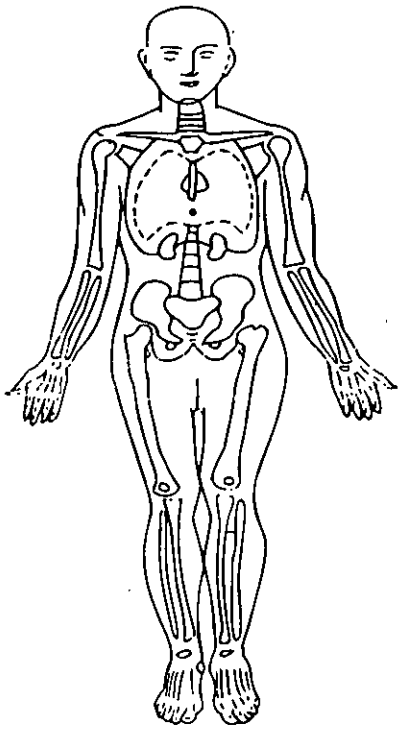
INJ - SPRAIN

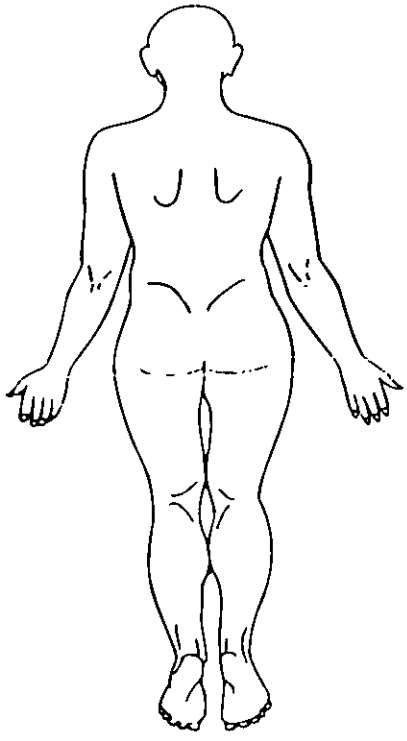
R - F/U, ADVICE

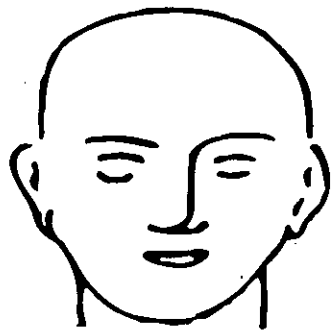
Diagnosis

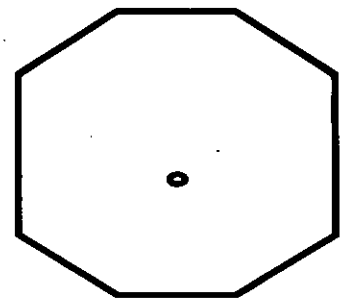
Doctor's Name (print) STEVEN Signature

Nursing Release				Clinical Notes Continued
Instruction/Health Education	Y	N	N/A	
Medication	Y	N	N/A	
Review				
X-rays	Y	N	N/A	
Clinic	Y	N	N/A	
Notes/X-rays	Y	N	N/A	
Walking Aids	Y	N	N/A	
Transport				
Self	Y	N	N/A	
Other	Y	N	N/A	
Amb ref no.....	Y	N	N/A	
Primary Care Ref.				
Safe Home	Y	N	N/A	
Crisis Care	Y	N	N/A	
District Nurse	Y	N	N/A	
GP	Y	N	N/A	
NoK/carer aware				
Documentation Complete	Y	N		
CSW signature				
RN signature				









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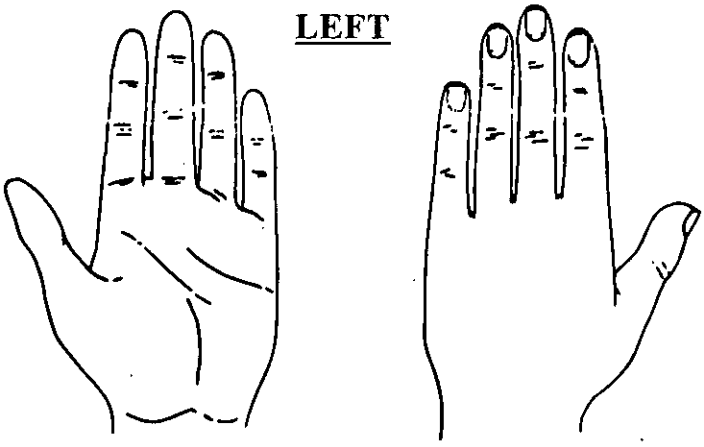

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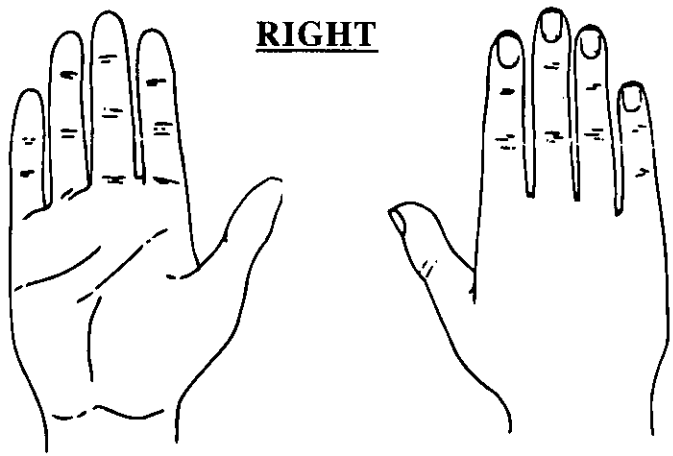

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr FO George
89 Northfield Broadway
Edinburgh
EH8 7RX

Date: 24/04/2011

Emergency Discharge Summary

Patient	Thomas Hogg 5 Loganlea Drive Edinburgh Midlothian EH7 6LS	**CHI**	**0711571333**
		Date of Birth / Age	07/11/1957 (53 years)
		UHPI	600070409E
		A&E Attendance Number	E1620688
Attendance Date	12/12/2009		
Attendance Time	14:25		
Mode of Arrival	Private Transport		
Source of Referral	Self Referral to A&E		
Discharge Date	12/12/2009		
Discharge To			

Dear Dr FO George

Presentation: L ankle

CHI: 0711571333
53 yr old male who fell when going up stairs last night and injured his L ankle. Some swelling of L ankle at lateral border.

Xray - no #

d/c home with advice

Yours Sincerely,

Dr Andrew Stevenson, Doctor

NHS Lothian
University Hospital Services
Department of Emergency Medicine

Clinical Director Dr. D.Caesar
Clinical Nurse Manager Mr. Chris Connolly
THE ROYAL INFIRMARY OF EDINBURGH
51 Little France Crescent, Edinburgh EH16 4SA
Tel: 0131 242 1300 • Fax: 0131 242 1344

NHS Lothian

LHB 925

A/E no. E2928745
Previous no. E1620688
UHPI no. 600070409E
CHI no. 0711571333

PATIENT INFORMATION

Surname Hogg
Forenames Thomas
Date of Birth 07/11/1957
Age 57 Yrs Sex M

Address 5 Loganlea Drive
Edinburgh
Midlothian
Postcode EH7 6LS
Telephone 0771 069

Contact Address
Telephone H
W

Complaint blood glucose 37.7 - see referral
Allergies

Attendances in last 12 months: 0
School:

General Practitioner

MF Ryan
Address
The Baronscourt Medical Partnership
89 Northfield
EH8 7RX
Telephone 0131 657 5444

Date and Time of Attendance
19/02/2015 21:55
Incident Date & Time: 19/02/2015
Mode of Arrival
Private Transport
Source of Referral
Lothian Unscheduled Care Services

TRIAGE

Presenting Complaint: High blood glose.

History of Presenting Complaint: Weightloss, dysuria,

Assessment:

OBSERVATIONS

Temp	Pulse Rate	BP	RR	Sats %	O_2/air	BM	PF best	Alcometer	GCS	SEWS
35.8	74	159 87	14	97	RA	30.9 **			15/15 e_v_m_	3

? SEPSIS temp >383 or <36 ☐ HR > 90 ☐ RR > 20 ☐ BM > 7 (+ not diabetic) ☐ age > 70 ☐ signs of infection ☐

> 2 THINK SEPSIS AND TRIAGE UP Y / N

PAIN SCORE ___/10 Analgesia ☐ Time _____

FAST Stroke Test + / − *(circle)* Onset Time: _____

Triaged no.: 1 (2) 3 4 7 *(circle)* Triaged to: HD / IC / exam / WR / GP *(circle)* Senior Doctor Informed? Y / N time_____

INTERVENTIONS & INVESTIGATIONS

Peripheral Venous Cannula Insertion *Complete all sections*
Date: 19.02 Time: 2300

Size		Position		Standard technique	
Blue	☐	LEFT	☐	Handwash	☑
Pink	☑	RIGHT	☑	Gloves	☑
Green	☐	Hand	☐	CHD skin prep	☑
Orange	☐	Forearm	☐	Aseptic Insertion	☑
Brown	☐	ACF	☑	Needle free port	☑
Grey	☐	Foot	☐	Dressing labelled	☑

Operator Signature: .....

BLOODS Routine ☑ Troponin ☐ Amylase ☐

(Trop due_____)

TOX ☐ Other ☐ _____

(time of OD_____)

BTS ☐ SENT ☐

ECG Required ☐ Done ☐ Time_____

X-RAYS CXR ☐ Other ☐ _____

URINALYSIS Required ☐ Done ☑ HCG: + / − *(circle)* MSU Sent: Y / N
Ketones neg
blood +++

BED REQUIRED YES / NO *(circle)*

Time of Triage: 2230.

Speciality Informed ☐ Time_____

Triaged by: *(sign)* .....
(print) C. McCaughey

Care Provider: *(print)* .....

Clinical Notes

"WHAT MATTERS TO THE PATIENT?"

THINK:- OTHER SOURCES OF INFORMATION:

FAMILY ☐ CARERS ☐ SAS PRF ☐ EPR ☐ ECS ☐ KIS ☐ GP ☐ PATIENT ALERTS ☐

60 [redacted]928745 M 07/11/1957

K 4·5

gfr 37·7 Na 133
Hb 146
WCC 9·6
Plt 25..

K 5.1
Ur 6·5
Cr 106
eGFR >60.

INR 1·4
2.47

G/7 cough 2 days
unwell ↗ late dx
PA → 2×5 7/7 ex smoker 40/y
↳ late Insidm.
PMH/ ° cardiac problems.

cheesy cough
→ green phlegm 4/7.
° dyspnoea
bricks okay.

→ worsening overnight.
→ vomiting

° phones
- live ☐ wife → [redacted]
- Recycling centre
- Shirley Hospice
- 2 pints tonight
- ~~yesterday~~ 4/5 pints/day

PMH/ NKDA
° meds.

Kumara 22037

Care Providers Name:..... Signature:.....

600070409E /E2928745 M
HOGG Thomas
07-Nov-57 CHI: 071 157 1333
70658 MF Ryan
5 Loganlea Drive Midlothian
EH7 6LS

RIE ED Nursing Care Plan

Admission Nurse Signature.....

Admission Nurse Print Name.....Tilred.....

Date.....19:2:15

Presenting History :
↑BMs

Date/ Time	Progress Notes	Signature
19.2.15	Awaits Dr review	
23.40	Transfer to CA.	

Admission Standard Procedures	Initials	PRN Nursing Procedures	Initials
Vital signs recorded	TR	ECG completed	
Sews Score recorded	TL	CXR ordered	
BM Reading	TL	Alcometer Reading Recorded	
GCS assessed	TR	DNAR in situ	
Acuity parameters set		LCP commenced / CP Aware	
Patient made comfortable	TL	Falls / Risk Assessment Require / Complete	
Name band Attached	TL	Swallow Assessment Required / Complete	
IV Cannula in Situ. Dated (please circle) Yes No		Waterlow Assessment Required / Complete	
Hearing Aid : (please circle) NA In Situ At home		Language Assistance requested (Please inform NIC if applicable)	
Spectacles : (please circle) NA In Situ At home		Vulnerable Adult Concern (Please inform NIC if applicable)	
Relatives : (please circle) In ED At Home Not Aware		Child protection Concern (Enter on TRAK & inform NIC if applicable)	
Clothing & valuables (please tick) 1) Labelled 2) Documented		4AT test Score = (please enter only if clinically indicated)	

Care Provider must be informed of any clinical changes highlighted from Patient Screening

Time of Round	O/A				
Clinical Area of ED	HD				
Initials of Care Round Leader	TR				
Review frequency of Vital Signs & Cardiac Monitoring					
Vital signs frequency	10				
Cardiac monitoring required	Y / N	Y / N	Y / N	Y / N	Y / N
Pain Management (Refer to CP for analgesia if required)					
Please note pain score (0-10 Score)					
Mobility					
Fully weight bearing	✓				
Requires some assistance and / or uses walking aid					
Non Weight bearing and requires full assistance					
Elimination					
Ask patient if toilet is required					
Patient is Self Caring and can walk to toilet	✓				
Patient is Incontinent and requires to be checked					
Patient has catheter in situ and requires to be checked					
Nutrition / Hydration					
Self Caring	✓				
Patient requires assistance with feeding					
Patient is allowed fluids only					
Patient is NBM					
Patient has IVI in Situ					
Refreshments (Provided / Refused : Please indicate P / R)					
Drink		P / R	P / R	P / R	P / R
Snack		P / R	P / R	P / R	P / R
Catered Meal		P / R	P / R	P / R	P / R
Visual Skin Inspection					
Patient is healthy / no concerns	✓				
Visible areas of redness					
Broken skin and evidence of Pressure Ulcers					
Invasive devices (please tick if in situ)					
PVC /Arterial Line / Central Line / PVC					
Urinary Catheter / Chest Drain					
Infusion Device					
NG tube / PEG tube / Tracheostomy					
Other					
Family Communication (Please tick)					
Patient & Relatives present & made aware of any changes					
Cubicle Tidy (Please tick)	✓				
Ensure area is tidy and free of obstruction					

Receiving Ward		ED Escort	
Nurse Name	[illegible]	Nurse Name	D. Hodgson
Nurse Signature	[illegible]	Nurse Signature	D Hodgson
Date	20/2/15	Date	19/2/15

Emergency Department (ED)
Royal Infirmary of Edinburgh

...nd Valuables Document

NHS Lothian

600070409E /E2928745 M
HOGG Thomas
07-Nov-57 CHI: 071 157 1333
70658 MF Ryan
5 Loganlea Drive Midlothian
EH7 6LS

...ient Addressograph

Name:
Date of Bi
CHI:

Date of Admission: 19 / 2 / 13

Date of Transfer: ...../...../.....

Outer Wear	Tick	Cut (tick)
Trousers/Skirt		
Shirt/Top		
T-Shirt		
Coat		
Other		
Jersey/Cardigan		
Shoes		
Underwear		
Vest/Bra		
Pants		
Socks/Tights		
Thermals		
Underskirt		
Nightwear		
Dressing Gown		
Nightclothes		
Slippers		
Toiletries		
Dentures Removed	Yes No N/A	
Patients Own Medication	Yes No N/A	
Meds in Green Bag	Yes No N/A	

Patient Valuables	
Purse/Wallet	
Bank Cards	
Other ID Cards	
Keys	
Mobile Phone	
Cash: Notes	
Coins	
Total Cash	
Jewellery	
Given to Patient: Y / N	**Locked in ED Safe Y / N**
Valuables Receipt No.	
Signed by Ward: Y / N	

I am willing to take responsibility for my own belongings and do not wish staff to document them on my behalf/Clothing returned to patient on discharge*

Signed: T Hogg (Patient)

Name of ED Nurse: ..... (PRINT)

Signature of ED Nurse: .....

Name of ED Nurse (2): ..... (PRINT)

Signature of ED Nurse (2): .....

Name of Receiving Ward Nurse: ..... (PRINT)

Signature of Receiving Ward Nurse: .....

*Delete as apporpriate

Date Authorised: December 2012 Review Date: December 2015

LOT 132

CHI 0711571333
70658 MF Ryan

Patient Sample Report

Patient

ID:	0711571333
Last Name:	**HOGG**
First Name:	**THOMAS**
Gender/Age:	Male, 57 years
Birth Date:	07/11/1957
Status:	**ACCEPTED**
Analyzed:	19/02/2015 22:38:25
Sample Type:	**Venous**
Operator ID:	

Analyzer

Model:	GEM® *Premier 4000*
Area:	ERI
Name:	A&E
S/N:	11054809

Measured (37.0°C)

cH	43.4	nmol/L
pCO_2	6.8	kPa
pO_2	3.7	kPa
Na^+	134	mmol/L
K^+	4.5	mmol/L
Cl^-	94	mmol/L
Ca^{++}	1.26	mmol/L
Glu	29.5	mmol/L
Lac	1.5	mmol/L

CO-Oximetry

tHb	15.2	g/dL
O_2Hb	56.6	%
COHb	6.0	%
MetHb	1.8	%
HHb	35.7	%
sO_2	61.3	%

Derived

BE(B)	2.2	mmol/L
Ca^{++}(7.4)	1.24	mmol/L
HCO_3^-(c)	28.8	mmol/L
HCO_3^-std	25.4	mmol/L
Hct(c)	46	%

Operator Entered

Temp	37.0	°C

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr MF Ryan
The Baronscourt Medical Partnership
89 Northfield Broadway
Edinburgh
EH8 7RX

Date: 21/02/2015

Emergency Discharge Summary

Patient	Thomas Hogg 5 Loganlea Drive Edinburgh Midlothian EH7 6LS	**CHI**	**0711571333**
		Date of Birth / Age	07/11/1957 (57 years)
		UHPI	600070409E
		A&E Attendance Number	E2928745
Attendance Date	19/02/2015		
Attendance Time	21:55		
Mode of Arrival	Private Transport		
Source of Referral	Lothian Unscheduled Care Servi		
Discharge Date	20/02/2015		
Discharge To			

Dear Dr MF Ryan

Presentation: blood glucose 37.7 - see referral

Clinical note: 57M called in after GP bloods today demonstrate glucose 37.7

Went to GP earlier today with 7 month history of increased urinary frequency, nocturia, increased thirst and 2 stone weight loss. No personal history of diabetes.

4/7 cough productive green sputum. No dysuria, abdo pain, diarrhoea. No chest pain.

FH
1 brother DM - insulin dependant
2 sisters DM - unsure type or medicines

PMH
No cardiac history

DH - NKDA
No regular medications

SH
Lives with wife
Works in recycling plant
smokes 20/day
18 pints per week

OE
35.8C, HR74, 159/87, RR14, Sa02 97% RA, BM 30.9
GCS 15
CRT2s
No murmurs

Chest clear
Abdo SNT, BS normal
Calves SNT, no peripheral oedema

VBG - H+ 43.4, lact 1.5, bicarb 25.4
Bloods - K4.5, eGFR >60, Wcc 9.6, Hb 146, Na 133
ECG - NSR71

Plan
CXR
IV hydration and monitor BMs overnight
?oral glyclazide/insulin overnight - D/W ED Reg - give 6 units of actrapid and monitor
Admit medicine with many thanks
DM r/v

Dr Laura Jack CT1

Yours Sincerely,

Dr Laura Anne Jack, Doctor

Independant

600070409E /E5043815 M
HOGG Thomas
07-Nov-57 CHI: 071 157 1333
70658 CM Creagh-Barry
5 Loganlea Drive Midlothian
EH7 6LS

NHS Lothian

Surgical Assessment Unit (SAU) Nursing Triage Checklist, WGH

N
DO
Unit No./CHI

Presenting History

(R) Sided testicular pain for the past 4 weeks - tightness.
No Swelling
Not hot to touch.

Pmhx Type 2 diabetes

NKDA

Weight (Kg)	Height (cm)	BMI

Admission Checklist

	Initials		Initials
NEWS2 SCORE: 0	AB	Teds on YES ☐ NO ☐	
BM recorded YES ☐ NO ☐		MUST assessed (TRAK) YES ☐ NO ☐	
Bloods taken YES ☐ NO ☐	AB	Catheter insertion bundle completed YES ☐ NO ☐	
Venflon in situ YES ☐ NO ☐ Site: Colour:		~~Falls risk assessed YES ☐ NO ☐~~	
Cultures taken YES ☐ NO ☐		MRSA screened YES ☐ NO ☐	
Name band YES ☐ NO ☐ Allergy band YES ☐ NO ☐	AB	4AT assessed (TRAK) YES ☐ NO ☐	
ECG required/completed? YES ☐ NO ☐		Relatives/carers aware? YES ☐ NO ☐	
Specimen of urine YES ☐ NO ☐		~~Patient Valuables Procedures~~ explained? YES ☐ NO ☐	
Pregnancy test result (Ages 15 to 55) Positive ☐ Negative ☐ Reason not tested ☐			

Nurse's signature: AB
~~Print name:~~ A BLAIR
Date: 31/5/22

National Early Warning Score 2 (NEWS2) Chart

NHS
Lothian

Addressograph

600070409E /E5043815 M
HOGG Thomas
07-Nov-57 **CHI:** 071 157 1333
70658 CM Creagh-Barry
5 Loganlea Drive Midlothian
EH7 6LS

Date chart commenced: ____________________

This is chart number ________ of this admission

Conscious Level Chart to be completed when clinically indicated

Section	Subsection	Item	Score	Note
		Date		
		Time		
GLASGOW COMA SCALE	Eyes Open	Spontaneously	4	Eyes closed by swelling = C
		To speech	3	
		To pain	2	
		None	1	
	Best Verbal Response	Orientated	5	Endotracheal tube or tracheostomy = T
		Confused	4	
		Inappropriate words	3	
		Incomprehensible sounds	2	
		None	1	
	Best Motor Response	Obey commands	6	Always record the best arm response
		Localise to pain	5	
		Flexion to pain	4	
		Abnormal flexion	3	
		Extension to pain	2	
		None	1	
		Total GCS Score		
Right Pupil		Size		+ reacts - no reaction c. eye closed
		Reaction		
Left Pupil		Size		
		Reaction		
LIMB MOVEMENT	ARMS	Normal power		Record right (R) and left (L) separately if there is a difference between the two sides
		Mild weakness		
		Severe weakness		
		Extension		
		No response		
	LEGS	Normal power		
		Mild weakness		
		Severe weakness		
		Extension		
		No response		
		Initials		

Pupil Scale mm 1 • 2 ● 3 ● 4 ● 5 ● 6 ● 7 ● 8 ●

REMEMBER
- **Record all observations** on NEWS2 chart
- **Document concerns/decisions in clinical notes**
- **Escalate** your frequency of observations
- If at any point during your assessment you are concerned about your patient - **CALL FOR HELP**

	Assess	Possible Actions
AIRWAY	Is the airway - • patent • at risk • obstructed	• suction if indicated • head tilt, chin lift / jaw thrust • airway adjuncts • administer oxygen • call 2222 if at risk
BREATHING	• respiratory rate • SpO_2 • accessory muscle use • noises +/- percussion, palpation & auscultation • position / posture	• administer prescribed oxygen to maintain saturations 94-98% (NB COPD 88-92%) • monitor SpO_2 / ABGs • consider chest x-ray • treat underlying cause • call 2222 if not breathing
CIRCULATION	• pulse • blood pressure • capillary refill time • core temperature / colour • urine output • consider 4 body cavities for fluid & blood loss (4 + on the floor) • monitor drain losses	• obtain IV access • obtain blood samples • prepare fluid challenge • initiate fluid balance chart • call 2222 if no circulation • consider initiating major haemorrhage protocol • monitor response to actions
DISABILITY A = Alert V = Voice / Verbal P = Pain U = Unresponsive	• AVPU for initial assessment • GCS, on-going neuro assessment • ABC's & treat hypoxia or hypovolaemia • blood glucose • drugs	• re-assess GCS • check blood glucose if less than 4mmols/litre activate hypoglycaemia protocol • check drug chart • remember accurate documentation
EXPOSURE	• top to toe examination • look for evidence of blood loss / rashes / drains / wounds etc	• control bleeding • treat any underlying conditions identified • reassess • maintain patient's dignity • evaluate actions

Pain and Symptom Assessment and Management

Supportive care - pain: Always score worst pain in the last 24 hours or since last assessment. If the patient has deteriorating health with limited reversibility, refer to **Scottish Palliative Care Guidelines**

Acute Pain: Score current pain on movement, e.g. deep breathing. Refer to **Acute Pain Guidelines**

Persistent pain - 6 or above which distresses the patient and is unresponsive to guidelines

↓

Call Medical Staff / Senior Nurse / Nurse Practitioner

↓

For further advice contact:

ACUTE	SPECIALIST PALLIATIVE CARE
Mon-Fri: bleep Acute Pain Team Out of Hours: on-call Anaesthetist	Mon-Fri: bleep Palliative Care Team Out of Hours: via Switchboard

Pain Score	Nausea Score	Epidural Motor Block Score please do not (✓) motor block column
0 - None Continue to assess pain at least daily	**0 - No Nausea**	**0 - Full Power**
1 - 3 Mild Continue to assess pain with routine observations, must be at least daily	**1 - Nausea** Consider anti-emetic	**1 - Weak but able to raise legs** **2 - Able to bend knees**
4 - 5 Moderate Assess, administer and review analgesia as appropriate for patient	**2 - Nausea / Vomiting** Administer anti-emetic	**3 - Minimal movement**
6 - 10 Severe Assess, administer and review analgesia as appropriate for patient	**3 - Persistent Nausea &/or Vomiting** Contact Doctor	**4 - Paralysis**
Using appropriate Lothian Guidelines	**Using guidelines prescribe / give anti-emetics and review**	If score 2 or above please immediately contact the Acute Pain Team or on-call Anaesthetist if out of hours

Ref: MPS NHS Lothian 2018 Printed January 2019 V1.1 Review December 2021 LOT 1651

600070409E /E5043815 M
HOGG Thomas
07-Nov-57 **CHI:** 071 157 1333
70658 CM Creagh-Barry
5 Loganlea Drive Midlothian
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NEWS of 5 or more?

Think Sepsis!

In a patient with a **NEWS** of **5 or more** and a known infection, signs and symptoms of infection, or at risk of infection, think **'Could this be sepsis?'** and **escalate care immediately.**

Special Instructions:
Only to be completed under the direction of a senior member of the medical team

A total NEWS of _____ or individual parameter of _____
is acceptable for this patient because _____

Please escalate if _____

Print _____ Sign _____ Designation _____
Date _____ Time _____ *(only valid if signed and dated)*

***Regardless of NEWS always Escalate if concerned about a patient's condition. Escalate immediately if clinical observations cannot be obtained**

NEWS TOTAL	Monitoring Frequency	Clinical Response Document concerns/decisions in patients clinical notes
0	Minimum 12 hourly/ 4 hourly in admission areas	• continue routine NEWS monitoring
Total 1 - 4	Minimum 4-6 hourly	• inform registered nurse • registered nurse assessment • review frequency of observations • if ongoing concern, escalate to medical team • consider fluid balance chart
3 in single parameter	Minimum 1 hourly	• registered nurse assessment • medical assessment • management plan to be discussed with senior trainee or above • consider fluid balance chart
Total 5 - 6 Urgent response threshold	Minimum 1 hourly	• registered nurse assessment • urgent medical assessment • management plan to be discussed with senior trainee or above • consider senior trainee review if NEWS does not improve following initial medical assessment • consider level of monitoring required • consider anticipatory care planning (ACP) • start fluid balance chart
Total 7 or more Emergency response threshold	Continuous monitoring of vital signs	• registered nurse to assess immediately • immediate assessment by senior trainee or above • discuss with supervising consultant • if appropriate contact Critical Care for review • consider anticipatory care planning (ACP) • start fluid balance chart

Codes for recording oxygen delivery on the NEWS2 observations chart

A	breathing air	RM	reservoir mask
N	nasal cannula (document in litres)	TM	tracheostomy mask
SM	simple mask	CP	CPAP mask
V	venturi mask and percentage (e.g device = V, % = 40)	H	humidified oxygen and percentage (e.g device = H, L/min or % = 40)
NIV	patient on NIV system	OTH	Other specify

Date / Time																	
Circulation																	
Sensation																	
Movement																	

NEWS Key		Date	31/5/22																									Date
0 1 2 3		Time	2115																									Time
A+B Respirations Breaths/min	≥25															3												≥25
	21-24															2												21-24
	18-20																											18-20
	15-17	16																										15-17
	12-14																											12-14
	9-11															1												9-11
	≤8															3												≤8
A+B SpO2 Scale 1 Oxygen saturation (%) Use Scale 1 if target range is 94-98%	≥96	98																										≥96
	94-95															1												94-95
	92-93															2												92-93
	≤91															3												≤91
SpO2 Scale 2* Oxygen saturation (%) Use Scale 2 if target range is 88-92% eg. in hypercapnic respiratory failure * ONLY use Scale 2 under the direction of a qualified clinician	≥97 on O2															3												≥97 on O2
	95-96 on O2															2												95-96 on O2
	93-94 on O2															1												93-94 on O2
	≥93 on air																											≥93 on air
	88-92																											88-92
	86-87															1												86-87
Tick box if using SpO2 Scale 2	84-85															2												84-85
Sign:	≤83															3												≤83
Air or Oxygen? Oxygen is a drug and prescribed by target range	A = Air	A																										A = Air
	O2 L/min or %															2												O2 L/min or %
	Device																											Device
C Blood Pressure mmHg Score uses Systolic BP only If manual BP mark as M	≥220															3												≥220
	201-219																											201-219
	181-200																											181-200
	161-180	156																										161-180
	141-160																											141-160
	121-140																											121-140
	111-120																											111-120
	101-110															1												101-110
	91-100															2												91-100
	81-90	V														3												81-90
	71-80																											71-80
	61-70	77																										61-70
	51-60																											51-60
	≤50																											≤50
C Pulse Beats/min Manual pulse	≥131															3												≥131
	121-130															2												121-130
	111-120																											111-120
	101-110															1												101-110
	91-100																											91-100
	81-90																											81-90
	71-80																											71-80
	61-70																											61-70
	51-60																											51-60
	41-50															1												41-50
	31-40															2												31-40
	≤30															3												≤30
D Consciousness Score for new onset of confusion (no score if chronic)	Alert	V																										Alert
	New Confusion															3												New Confusion
	V																											V
	P																											P
	U																											U
E Temperature °c	≥39.1°															2												≥39.1°
	38.1-39.0°															1												38.1-39.0°
	37.1-38.0°																											37.1-38.0°
	36.1-37.0°																											36.1-37.0°
	35.1-36.0°															1												35.1-36.0°
	≤35.0°															3												≤35.0°
NEWS TOTAL																												**Total**
Monitoring frequency		4																										Monitoring
Escalation of care Y/N		N																										Escalation
Initials		AB																										Initials
Urine output recorded Y/N																												Urine output
Blood Glucose level or N/A																												Blood Glucose
Pain score (0-10)																												Pain
Nausea score (0-3)																												Nausea
Motor Block score (0-4) or N/A																												Motor Block

Inpatient Records

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr Ryan
The Baronscourt Medical Partnership
89 Northfield Broadway
Edinburgh
EH8 7RX

Date: 23/02/2015

Inpatient Discharge Summary

Patient	Thomas Hogg 5 Loganlea Drive Edinburgh EH7 6LS	**CHI** **Date of Birth / Age** **UHPI**	**0711571333** 07/11/1957 (57 years) 600070409E
Specialty	General Medicine	**Admission Date**	20/02/2015
Ward	AMU Bay 2		
Consultant	Dr K Ann Lockman	**Discharge Date**	20/02/2015

Dear Dr Ryan

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Metformin Tablets	500 MG	In the EVENING	Long Term	prepack supplied

This is an immediate discharge letter and a further letter may follow.

PRINCIPAL DIAGNOSIS/PROCEDURE
New diagnosis T2DM

HPC
Admitted via GP with glucose of 37.7. 7/12 Hx of increasing urinary frequency, nocturia, polydipsia and 2 stone weight loss. FH of diabetes - brother is T1DM, sisters have T2DM.

PMH
Nil significant

o/e
Looks well, GCS 15
Observations unremarkable
Bloods - formal glucose 32.1, serum osmolality 312.3
CXR - NAD
ECG - NSR

TREATMENT
Blood sugars brought down with actrapid in A&E. Commenced on metformin. He has been advised to not take sugary drinks.

FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL
Nil

CHANGES TO DRUGS SINCE ADMISSION
New - metformin

PREVIOUS ADVERSE DRUG REACTIONS
Nil

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil

GP to please consider the following... ongoing management of T2DM

Should you need further information please contact... Dr Jaap's team in AMU

Information contained in this letter has been discussed with the patient/carer.

Yours sincerely.....

Staff Signature..... PrintName Dr Ellie Cox

Designation CT2 ACCS (AM) Date 20/02/2015 Time 10:00

Patient/Carer Signature.....

NHS Lothian

Royal Infirmary of Edinburgh
51 Little France Crescent
Old Dalkeith Road
Edinburgh EH16 4SA

Dr Ryan
The Baronscourt Medical Partnership
89 Northfield Broadway
Edinburgh
EH8 7RX

Date: 07/04/2015

Inpatient Discharge Summary

Patient	Thomas Hogg 5 Loganlea Drive Edinburgh EH7 6LS	**CHI** **Date of Birth / Age** **UHPI**	**0711571333** 07/11/1957 (57 years) 600070409E
Specialty	General Medicine	**Admission Date**	20/02/2015
Ward	AMU Bay 2		
Consultant	Dr K Ann Lockman	**Discharge Date**	20/02/2015

Dear Dr Ryan

Discharge Drugs

Discharge Medication	Dose	Frequency	Duration	Additional Info
Metformin Tablets	500 MG	In the EVENING	Long Term	prepack supplied

DIAGNOSIS New diagnosis T2DM

HPC
Admitted via GP with glucose of 37.7. 7/12 Hx of increasing urinary frequency, nocturia, polydipsia and 2 stone weight loss. FH of diabetes - brother is T1DM, sisters have T2DM.

PMH
Nil significant

o/e
Looks well, GCS 15
Observations unremarkable
Bloods - formal glucose 32.1, serum osmolality 312.3
CXR - NAD
ECG - NSR

TREATMENT
Blood sugars brought down with actrapid in A&E. Commenced on metformin. He has been advised to not take sugary drinks.

FOLLOW-UP
Nil

CHANGES TO DRUGS SINCE ADMISSION
New - metformin

PREVIOUS ADVERSE DRUG REACTIONS
Nil

SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS
Nil

GP to please consider the following... ongoing management of T2DM

Yours sincerely

Dr E Cox
CT2

Clinical Notes

Patient & GP Information

UHPI Number	600070409E
CHI Number	0711571333
Episode Number	E1620688
Surname/Forename	Hogg, Thomas
Date of Birth	07/11/1957
Sex	Male
Patient Address.	5 Loganlea Drive Edinburgh EH7 6LS
Registered GP	H McCutcheon
GP Address.	Baronscourt Surgery,89 Northfield Broadway,Edinburgh, EH8 7RX

Report Contents

The report bundle provides information on the following:

* IP/OP Clinical Notes

Patient & GP Information

600070409E	600070409E
0711571333	0711571333
E2928745	E5043815
Hogg, Thomas	Hogg, Thomas
07/11/1957	07/11/1957
Male	Male
5 Loganlea Drive Edinburgh EH7 6LS	5 Loganlea Drive Edinburgh EH7 6LS
H McCutcheon	H McCutcheon
Baronscourt Surgery,89 Northfield Broadway,Edinburgh, EH8 7RX	Baronscourt Surgery,89 Northfield Broadway,Edinburgh, EH8 7RX

Patient & GP Information

600070409E	600070409E
0711571333	0711571333
I0000105712	I0000105713
Hogg, Thomas	Hogg, Thomas
07/11/1957	07/11/1957
Male	Male
5 Loganlea Drive Edinburgh EH7 6LS	5 Loganlea Drive Edinburgh EH7 6LS
H McCutcheon	H McCutcheon
Baronscourt Surgery,89 Northfield Broadway,Edinburgh, EH8 7RX	Baronscourt Surgery,89 Northfield Broadway,Edinburgh, EH8 7RX

Patient & GP Information

600070409E
0711571333
I0003625836
Hogg, Thomas
07/11/1957
Male
5 Loganlea Drive Edinburgh EH7 6LS
H McCutcheon
Baronscourt Surgery,89 Northfield Broadway,Edinburgh, EH8 7RX

Surname/Forename	Hogg, Thomas
UHPI Number	600070409E

Episode Number	E1620688

Inpatient/Outpatient Clinical Notes

Note Details	Clinical Notes
A&E Notes Episode/Ref: E1620688 Dr Andrew x Stevenson 24/04/2011 00:44 Yvonne Borsch	CHI: 0711571333,53 yr old male who fell when going up stairs last night and injured his L ankle. Some swelling of L ankle at lateral border.,,Xray - no #,,d/c home with advice

Surname/Forename	Hogg, Thomas
UHPI Number	600070409E

Episode Number	E1620688

Note Details	Clinical Notes
A&E Notes Episode/Ref: E2928745 Dr Laura Anne Jack 20/02/2015 00:28 Dr Laura Anne Jack	, ,Clinical note: 57M called in after GP bloods today demonstrate glucose 37.7,,Went to GP earlier today with 7 month history of increased urinary frequency, nocturia, increased thirst and 2 stone weight loss. No personal history of diabetes.,,4/7 cough productive green sputum. No dysuria, abdo pain, diarrhoea. No chest pain.,,FH,1 brother DM - insulin dependant,2 sisters DM - unsure type or medicines,,PMH,No cardiac history,,DH - NKDA,No regular medications,,SH,Lives with wife,Works in recycling plant,smokes 20/day,18 pints per week,,OE,35.8C, HR74, 159/87, RR14, Sa02 97% RA, BM 30.9,GCS 15,CRT2s,No murmurs,Chest clear,Abdo SNT, BS normal,Calves SNT, no peripheral oedema,,VBG - H+ 43.4, lact 1.5, bicarb 25.4,Bloods - K4.5, eGFR >60, Wcc 9.6, Hb 146, Na 133,ECG - NSR71 ,,Plan,CXR ,IV hydration and monitor BMs overnight,?oral glyclazide/insulin overnight - D/W ED Reg - give 6 units of actrapid and monitor,Admit medicine with many thanks,DM r/v,,Dr Laura Jack CT1,

Surname/Forename	Hogg, Thomas
UHPI Number	600070409E

Episode Number	E1620688

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0003625836 Dr K Ann Lockman 20/02/2015 10:03 Dr Ellie A Cox	This is an immediate discharge letter and a further letter may follow. ,,PRINCIPAL DIAGNOSIS/ PROCEDURE,New diagnosis T2DM,,HPC,Admitted via GP with glucose of 37.7. 7/12 Hx of increasing urinary frequency, nocturia, polydipsia and 2 stone weight loss. FH of diabetes - brother is T1DM, sisters have T2DM.,,PMH,Nil significant,,o/e,Looks well, GCS 15,Observations unremarkable,Bloods - formal glucose 32.1, serum osmolality 312.3,CXR - NAD,ECG - NSR,,TREATMENT,Blood sugars brought down with actrapid in A&E. Commenced on metformin. He has been advised to not take sugary drinks.,,FUTURE INVESTIGATIONS AND FOLLOW-UP BEING ARRANGED BY HOSPITAL,Nil, ,CHANGES TO DRUGS SINCE ADMISSION,New - metformin, ,PREVIOUS ADVERSE DRUG REACTIONS,Nil, ,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,Nil, ,GP to please consider the following... ongoing management of T2DM, ,Should you need further information please contact... Dr Jaap's team in AMU, ,Information contained in this letter has been discussed with the patient/carer.,,Yours sincerely....., ,Staff Signature..... PrintName Dr Ellie Cox,,Designation CT2 ACCS (AM) Date 20/02/2015 Time 10:00,,Patient/Carer Signature....., ,

Surname/Forename	Hogg, Thomas
UHPI Number	600070409E

Episode Number	E1620688

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0003625836 Dr K Ann Lockman 07/04/2015 09:32 Andrena Burns	DIAGNOSIS New diagnosis T2DM,,HPC,Admitted via GP with glucose of 37.7. 7/12 Hx of increasing urinary frequency, nocturia, polydipsia and 2 stone weight loss. FH of diabetes - brother is T1DM, sisters have T2DM.,,PMH,Nil significant,,o/e,Looks well, GCS 15,Observations unremarkable,Bloods - formal glucose 32.1, serum osmolality 312.3,CXR - NAD,ECG - NSR,,TREATMENT,Blood sugars brought down with actrapid in A&E. Commenced on metformin. He has been advised to not take sugary drinks.,,FOLLOW-UP ,Nil, ,CHANGES TO DRUGS SINCE ADMISSION,New - metformin, ,PREVIOUS ADVERSE DRUG REACTIONS,Nil, ,SIGNIFICANT CHANGES MADE TO CARE ARRANGEMENTS,Nil, ,GP to please consider the following... ongoing management of T2DM, ,,,Yours sincerely,,,,Dr E Cox,CT2, ,

Surname/Forename	Hogg, Thomas
UHPI Number	600070409E

Episode Number	E1620688

Note Details	Clinical Notes
Outpatient Clinic Letter Episode/Ref: I0003625836 Dr K Ann Lockman 12/11/2015 09:27 Karen Newitt	Dear Mr Hogg,,I have arranged a chest x-ray as a follow up from your admission to the RIE earlier this year. At that time you had a cough and evidence of a chest infection. The follow up x-ray is to ensure the resolution of the chest infection seen in the original x-ray.,,Yours sincerely,,,,,,,Dr K A Lockman,Consultant in Acute Medicine

Surname/Forename	Hogg, Thomas
UHPI Number	600070409E

Episode Number	E1620688

Note Details	Clinical Notes
Progress Notes Episode/Ref: E5043815 Nurse 31/05/2022 21:34 Amanda Davidson	Presenting today at SAU with testicular pain/ tightness for the past 4 weeks , no swelling , no heat NEWS = 0 bloods taken

Surname/Forename	Hogg, Thomas
UHPI Number	600070409E

Episode Number	E1620688

Note Details	Clinical Notes
Progress Notes Episode/Ref: E5043815 Nabeel Salim 31/05/2022 21:59 Dr Nabeel Salim	Urology Review N. Salim FY2 PC: Scrotal Pain HPC: - 64 yo male - 4/52 hx of right testicular pain, came on suddenly while driving, now increasingly painful when sitting or driving over bumps - No urinary symptoms, systemically well - Urine dip neg with GP - Sexually active with same partner PMHx: - T2DM O/E: - No erythema or swelling - Normal position and lie bilaterally - Cremasteric reflex present bilaterally - No tenderness of either testis - Tender bottom of scrotum but no collection or abscess Plan (d/w Ms Hina, Urology SpR): - Home - 2/52 Ofloxacin - OP US Testes - Worsening advice given N. Salim FY2 8272

Surname/Forename	Hogg, Thomas
UHPI Number	600070409E

Episode Number	E1620688

Note Details	Clinical Notes
Progress Notes Episode/Ref: E5043815 Nurse 31/05/2022 22:02 Amanda Davidson	Reviewed by doctor happy for discharge home tonight with oral antibiotics to return as an outpatient for USS

Surname/Forename	Hogg, Thomas
UHPI Number	600070409E

Episode Number	E1620688

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000105712 Mr CM Robinson 28/01/2002	DIAGNOSIS: Crush injury to the right lower limb,PROCEDURE: Compartment Monitoring and Wound Debridement and Washout,,This 44-year old gentleman was admitted to the Orthopaedic Trauma Unit on 28.01.02 after a heavy metal drawer fell on his leg and he sustained a crush injury. He was unable to weightbear immediately and was unable to move the ankle due to pain and altered sensation in the foot. On examination he was obviously in pain and he was tachycardic. There was swelling over the anterior compartment of the right leg and also over the lateral side. Sensation was altered over the distal first web space and over the lateral side of the right foot. Distal pulses and capillary return were normal. He had a 1 cm diameter wound over the medial side of the right tibia which was not bleeding. X-ray examination demonstrated an undisplaced fracture of the distal third of the right fibula. There were no tibial fractures. Perioperatively he received analgesia, tetanus and IV antibiotics. Compartment monitor was inserted which demonstrated satisfactory pressures. The wounds in the medial aspect of the right lower leg was explored and washed out. The following morning he had full range of movement of his foot. He should continue to mobilise as is comfortable. This gentleman will be reviewed in Clinic.,,Should you require any further information regarding this gentleman's admission please do not hesitate to contact us.,,Yours sincerely,,,Dr K Smyth,Orthopaedic House Officer/Ward 5,KS/Sd/ 596676,,

Surname/Forename	Hogg, Thomas
UHPI Number	600070409E

Episode Number	E1620688

Note Details	Clinical Notes
Inpatient Discharge Summary Episode/Ref: I0000105713 Mr CM Robinson 23/02/2002	DIAGNOSIS: Abscess Right Medial Calf,PROCEDURE: Excision of Abscess, Irrigation, Debridement of right calf,,This gentleman suffered a crush injury to his right lower limb in January 2002. He was admitted back to the Orthopaedic Trauma Unit on 23.02.02 for debridement of an infected wound on the right medial aspect of his calf. ,,He was operated on 24.02.02 and the abscess was excised with no complications. He returned to theatre on 26.02.02 for repeat wound inspection and wound closure. On this date the wound was found to be clean and healthy. ,,He is to complete his oral course of antibiotics and is due to return to the clinic in 10 days for wound inspection and removal of sutures. ,,Should you require any further information regarding this gentleman's admission please do not hesitate to contact us.,,Yours sincerely,,,Dr S Panpher,Orthopaedic House Officer/Ward 5,SP/SD/596676,,

Clinic Letters

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Diabetes

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 27/03/2015
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Patient:	Mr Thomas Hogg 5 Loganlea Drive Midlothian Edinburgh EH7 6LS	**UHPI:**	600070409E
		Date of Birth:	07/11/1957
Specialty:	Diabetes	**Consultant:**	Dr Ganesan Arunagirinathan

Diagnosis: Newly diagnosed diabetes - probably Type 2.

Thank you for referring this gentleman who was diagnosed with Diabetes way back in February. At the time he was found to have very high blood glucose and 37.7 and also HbA1c of 127. He was subsequently admitted to the Royal Infirmary where he received insulin and discharged after getting better on Metformin 500 mg twice a day. He had been having osmotic symptoms about 6 months and also had lost weight. He feel that his symptoms may date back about a year. He is a current smoker of about 20 cigarettes per day but he is trying to cut down. he has a brother and sister who have Type 2 diabetes and than that he has no other medical of significance. He does drive and he works in the recycling department and operates heavy machinery.

On examination he had a weight of 63.6 and a BMI of 25.2 and his blood pressure was 124/76. On examination and system examinations were essentially unremarkable. I performed a vibration sense which was impaired in both feet, however the rest of the examination was unremarkable. He had his eyes screened for retinopathy today.

Bloods showed an HbA1c of 108 and his urine albumin was less than 2.0 of with ACR of less than 1.5 and rest of the U&Es were essentially normal.

I have suggested this gentleman try and increase his Metformin to 1 g bd. Although his glucose blood glucose today was 6.1, I did feel that it was the right thing to do as looking at his blood glucose monitoring he had fasting sugars between 7 and 9 and lunch tended to be in double figures and evening and night between 8 and 9 so it is reasonable to try and increase his metformin to 1 gm bd. I have also advised him on his diet and smoking cessation as this is quite important for his glycaemic control.

Desmond referral would be required in this gentleman although I am not really sure if you have already made a referral, and if not could you kindly send in a referral.

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Diabetes

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 27/03/2015
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

We will see him in 3 months time and I would ask that you repeat his HbA1c a month prior to attending our clinic and I suspect that if his HbA1c is still high then there is room to add a sulphonylurea.

Yours sincerely

Dr Charles Isabirye
Specialist Registrar

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Diabetes

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 02/07/2015
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Patient:	Mr Thomas Hogg 5 Loganlea Drive Midlothian Edinburgh EH7 6LS	**UHPI:**	600070409E
		Date of Birth:	07/11/1957
Specialty:	Diabetes	**Consultant:**	Dr Ganesan Arunagirinathan

It was my pleasure to review Mr Hogg in the clinic today. He is a 57-year-old Type 2 diabetic currently on Metformin 1 g twice daily. He has excellent glycaemic control and there has been a massive reduction in his HbA1c, his most recent HbA1c is 50 mmol/mol In March 2015 his HbA1c was 108 mmol/mol.

He has been having some problems tolerating Metformin and he says that he has been getting diarrhoea with the Metformin and so I feel it would be worthwhile using the modified release Metformin so initially he would start with 500 mg twice daily and then after a week he could make it 2 tablets in the morning 1 tablet in the evening and 2 weeks later he could take 2 tabs Metformin the morning and 2 tablets Metformin in the evening.

He has been referred for Desmond programme and I think he would benefit lot from that. He currently smokes 14 cigarettes per day and has been smoking for many years now, he is now keen to give up smoking and I have made a referral for smoking cessation for him. I gave him a questionnaire to fill and then he will be called from the hospital. I have also advised him to cut down on his alcohol intake although he says that he just drinks at the weekends.

His most recent lipid profile shows that he his cholesterol of 5.8, LDL of 3.4 and triglyceride of 2.1. I would wait and see if his cholesterol improves with lifestyle modification and healthy eating habits. He is not overweight and his body weight is 65.2 kg. If in spite of lifestyle modifications his cholesterol continues to be high then it would be worthwhile starting him on a statin ruling out the contra-indications.

From the diabetes point of view he should continue just on Metformin 1 g twice daily. I am discharging him back to your practice but you can always refer him back if you need further advice on his management.

Yours sincerely

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Diabetes

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created:	02/07/2015
Date/Time Printed:	18/05/2026 09:07
Our Ref:	600070409E
CHI:	0711571333

Dr Faisal Dalvi
ST4
Secretary 0131 537 3076

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Endocrine

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 28/11/2017
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Patient:	Mr Thomas Hogg 5 Loganlea Drive Midlothian Edinburgh EH7 6LS	**UHPI:** **Date of Birth:**	600070409E 07/11/1957
Specialty:	Endocrine	**Consultant:**	WGH Endocrine Advice Clinic

From: Ritchie, Stuart
Sent: 17 November 2017 15:28
To: Lee, Danielle
Cc: Clinical GP Baronscourt Surgery
Subject: CHI: 0711571333

Dear Dr Lee

600070409E Hogg Thomas 07/11/1957 60 Yrs Male CHI: 0711571333

Thanks for your note on this man. I would suggest checking his PTH, as it can be elevated in vitamin d deficiency, and drive the phosphate down.

I would follow level 2 treatment on the vitamin D treatment protocol.

Jan- advice only, into TRAK please.

Best wishes
Stuart Ritchie

Dr Stuart A. Ritchie
Consultant Physician and Honorary Clinical Senior Lecturer
Metabolic Unit
Western General Hospital
Edinburgh
EH4 2XU

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Endocrine

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created:	28/11/2017
Date/Time Printed:	18/05/2026 09:07
Our Ref:	600070409E
CHI:	0711571333

Secretaries:
Endocrinology: 0131 537 1753
Diabetes: 0131 537 2810
Medicine: 0131 537 1728

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Respiratory Medicine

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 04/12/2019
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Patient:	Mr Thomas Hogg 5 Loganlea Drive Midlothian Edinburgh EH7 6LS	**UHPI:** **Date of Birth:**	600070409E 07/11/1957
Specialty:	Respiratory Medicine	**Consultant:**	Dr Philip A Reid (Clinical Advice)

Your GP has written to us with regards to your recent symptoms. We will see you in respiratory clinic in due course but before that I have booked a CT scan of the chest and some lung function tests.

Separate letters will follow for all these appointments.

Your Sincerely

Dr Philip Reid
Consultant Physician
Respiratory Medicine
WGH

University Hospitals Division

Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

NHS Lothian

Respiratory Medicine

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 29/01/2020
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Patient:	Mr Thomas Hogg 5 Loganlea Drive Midlothian Edinburgh EH7 6LS	**UHPI:** **Date of Birth:**	600070409E 07/11/1957
Specialty:	Respiratory Medicine	**Consultant:**	Dr Philip A Reid (Clinical Advice)

Many thanks for attending your CT scan. I am pleased to say this was entirely normal with no abnormality detected. I see you have lung function tests planned for later this month and I will write again with the results of these.

Kind regards.

Yours sincerely

Electronically Signed and Verified by Dr PA REID

Dr P A Reid
Consultant Respiratory Physician

PAR/FR
Secretary: 0131 - 537 2348

Cc Dr Creagh-Barry, Baronscourt Surgery, 89 Northfield Broadway, Edinburgh, EH8 7RX

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Dermatology

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 11/07/2023
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Patient:	Mr Thomas Hogg 5 Loganlea Drive Midlothian Edinburgh EH7 6LS	**UHPI:** **Date of Birth:**	600070409E 07/11/1957
Specialty:	Dermatology	**Consultant:**	Dr Girish Gupta

DIAGNOSIS:
Lesion resolved

MANAGEMENT:
Nil

REVIEW:
Nil

COMMENT:
Thank you for referring this gentleman who used Solaraze to his ears, particularly his right ear. He used Solaraze for about two months and then discontinued it. The lesions have since settled. He has a fair amount of sun exposure as he is a keen golfer. He was not immunosuppressed.

On examination, the ears were clear as was the rest of his facial skin. I suspect that he had actinic keratoses and should they recur then I would be grateful if he could be advised on starting emollients and high-factor sun blocks in the first instance.

Yours sincerely,

Dr Girish Gupta
Consultant Dermatologist

GG/hl/Dictated 11/07/23

For queries concerning the above, please contact Hana Lagha on 0131-536-3741

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EH3 9EN

Dermatology

Dr McCutcheon
Baronscourt Surgery
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Date First Created: 11/07/2023
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Our Ref: 600070409E
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Dermatology Patient Pathways www.dermatology.nhs.scot <http://www.dermatology.nhs.scot> <<http://www.dermatology.nhs.scot>>
For Google and Apple apps, please see links under the INTRODUCTION (<http://www.dermatology.nhs.scot/dermatology-pathways/introduction>)

Essential Scanning Sheet

This sheet should only be used for essential patient information not currently captured electronically (e.g. diagrams).

Anything documented on this sheet will be scanned and made available to view electronically via SCI Store

NHS Lothian

PATIENT PROGRESS / COMMUNICATION SHEET	600070409E M 07/11/1957 Name Hogg, Thomas 5 Loganlea Drive, Edinburgh, DOB Midlothian, EH7 6LS CHI 0711571333 Unit 170658 M Flinn

Clinical Area: Out Patients Department:

State Action/s taken After Exception Reporting
Each entry should be dated & timed

Date & Time	Progress notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)
11/7/23		
	ixa Rev	
	Golfer	
	Clear	

Authorised: Nov 2022
Review: Nov 2025

This sheet should only be used for essential patient information not currently captured electronically (e.g. diagrams).

NHS Lothian

Essential Scanning Sheet

Anything documented on this sheet will be scanned and made available to view electronically via SCI Store

PATIENT PROGRESS / COMMUNICATION SHEET	Addressograph, or Name DOB Unit No./CHI

Clinical Area: Out Patients Department:

State Action/s taken After Exception Reporting
Each entry should be dated & timed

Date & Time	Progress notes / Problems Action Taken & Investigations Required	Signature (Print name & designation)

Authorised: Nov 2022
Review: Nov 2025

University Hospitals Division

Leith Community Treatment Centre
12 Junction Place
Edinburgh
EH6 5JA

General Surgery

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 13/11/2023
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Patient:	Mr Thomas Hogg 5 Loganlea Drive Midlothian Edinburgh EH7 6LS	**UHPI:** **Date of Birth:**	600070409E 07/11/1957
Specialty:	General Surgery	**Consultant:**	Dr Alasdair IM Ford

This 66 year old gentleman noticed a swelling at the angle of the jaw on the right 18 months ago. Since then it has gradually grown. There have been no episodes of infection nor discharge. It is not causing too much symptoms but does catch when he shaves.

On examination, there is a 1cm mobile cystic lesion at the angle of the right mandible. There was no obvious punctum. I don't think think there is any suggestion this represents a lymph node or lipoma.

He is keen for excision and I have advised of the relevant risks of bleeding, infection, scarring and nerve injury.

Kind regards

Electronically checked and signed off

Dr Alasdair Ford
Locality Surgeon

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Ear Nose and Throat

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 21/07/2025
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Patient:	Mr Thomas Hogg 5 Loganlea Drive Midlothian Edinburgh EH7 6LS	**UHPI:** **Date of Birth:**	600070409E 07/11/1957
Specialty:	Ear Nose and Throat	**Consultant:**	Head & Neck Registrar

I met with Mr Hogg in the Head and Neck Clinic today. He has been referred with a nine week history of left sided throat pain. He reports that the pain is worse when he turns his neck to the left side, and is also painful on dry swallowing but not when he is having food or drink. There has been no history of referred otalgia. In terms of his voice, he does not feel it is particularly hoarse but he has noticed a change in his voice. There has been no bleeding from his mouth, but he does query whether he has developed some left sided neck swelling. We have gone over the weight loss that you mentioned in your letter, and he feels as though he has lost about a stone over six months but he tells me that his diet has become much more healthy to try and control his diabetes. Interestingly, he started Dapaglifozin at the end of March and therefore shortly before the onset of these new symptoms. He complains of a dry mouth most of the time despite drinking what he thinks is a good amount of water. There has been no history of foreign body ingestion such as a bone which might explain his unilateral symptoms.

His past medical history includes Type II diabetes and reflux. He is a smoker, currently smoking 9 - 12 cigarettes per day. He also drinks approximately 9 bottles of beer per week.

On examination, Thomas was tender over the left submandibular gland but there is no palpable cervical lymphadenopathy. Examination of the oropharynx was normal, and in the oral cavity the floor of mouth was soft. The saliva appeared to flow from both the submandibular gland ducts on massage of the submandibular glands. Flexible nasolaryngoscopy has demonstrated deviation of the nasal septum to the right, but no abnormalities in the nasopharynx. The base of tongue and larynx appear generally healthy aside from some oedema of the true vocal cords. There was no obvious abnormality of the pyriform fossae either.

I have explained to Thomas that the pain seems to be centred on his left submandibular gland. Given that he is on a new medication which may be causing dryness of his mouth, it is possible that he has developed some mild left submandibular sialadenitis. I have suggested he increases his water intake and I will request a CT scan of his neck to rule out any submucosal pathology given his smoking history. Once I have the result of the scan I will be in touch via letter.
Yours sincerely

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Ear Nose and Throat

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 21/07/2025
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Dictated but not signed to expedite delivery.

Dr Nilesh Vakharia

ST6 ENT Registrar

NV/MD21/07/2025

Secretary: Roisin Hutton

Contact: 01506 523 404

Working Hours: Monday -; Friday (08:30 -; 16:30)

GP enquiries only: loth.entsecretaries@nhs.scot

No.
NAME

600070409E M 07/11/1957
Hogg, Thomas
5 Loganlea Drive,
Edinburgh,
Midlothian, EH7 6LS
CHI 0711571333
70658 NB Ahmed Ainuddin

EAR, NOSE AND THROAT

26/6/25

HISTORY

67♂ — (L) throat pain 9/52
– worse on turning neck (L)
– sore on dry swallowing, none reals
– No referred otalgia
– Voice not hoarse but change
– No bleeding PO
– ? (L) neck swelling
– 1 stone over 6 months, but eating normally
– No Hx bone / FB ingestion

T2DM on statins
Reflux.

Smoker 9-12/day for 56 yrs.
Alcohol 8 bottles beer/week

Plan: Tests (2) RMC. No OGD [illegible]

Plan CT neck
(2) ↑ H2O

NOSE:  DNS to (R)

NASO-PHARYNX: NAD

PHARYNX:  NAD

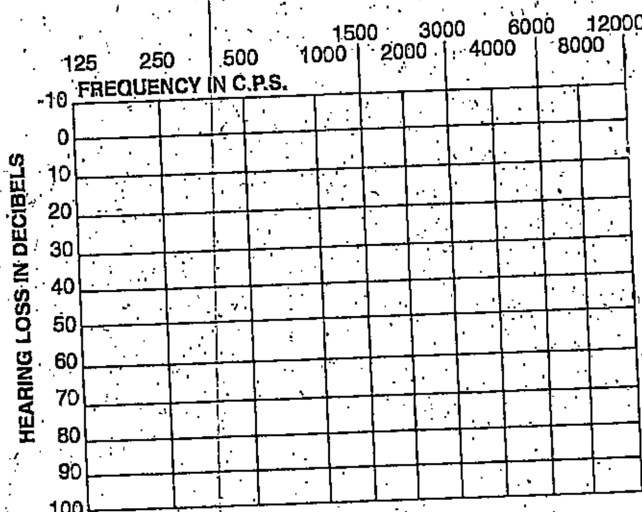
MOUTH: NAD [illegible] (N)

LARYNX:  NAD

RIGHT EAR: 

LEFT EAR: 

AUDIOGRAM



	RIGHT	LEFT
WHISPERED VOICE		
CONVERSATIONAL VOICE		
RINNE		
WEBER		
ABC		

WLT 368

TE

(24/6/25)

Cantel	RapidAER
Serial No	RA0841
Start	15h 32m
End	15h 51m
Date	24-06-2025
Cycle No	4702
Load Operator	33
Name	Admin1
Unload Operator	28
Name	ENT 3
-- Hookup --	
Hookup No	301
Serial No	301/042
Barcode	
-- Endoscope --	
OLYM	ENF-VH
Serial No	2938117
Barcode	
Revision	a
IMS Verify	Enabled
Control	Pass
IMS Verify	Pass
Contact Time	5 Minutes
Last SD	24-06-2025 at 05h 07m
Suction	Not tested
Biopsy	Not tested
Water	Not tested
Air	Not tested
Aux 1	Not tested
Aux 2	Not tested
RB	Not tested
Leak Test	Av Pres 179 mb
-- Conductivity --	
Detergent	1596 uS
Disinfectant	1539 uS
Final Rinse	0 uS
-- Temperature --	
Detergent	26.7 deg
Disinfectant	30.2 deg
Final Rinse	26.9 deg
-- Chemical Batch/Lot & Serial No --	
Detergent	25000295/0000000173
Part B	25000314/8000000662
	100003692

University Hospitals Division

Lauriston Building
39 Lauriston Place
Edinburgh
EH3 9EN

Ear Nose and Throat

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 13/08/2025
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Patient:	Mr Thomas Hogg 5 Loganlea Drive Midlothian Edinburgh EH7 6LS	**UHPI:** **Date of Birth:**	600070409E 07/11/1957
Specialty:	Ear Nose and Throat	**Consultant:**	Head & Neck Registrar

I am writing to you with the results for a CT scan that I had arranged for Mr Hogg to look into his left sided throat pain. The scan has not identified any mass in the patient's neck or throat. There is however some mild degenerative change noted in the cervical spine. I have spoken to Mr Hogg over the telephone and I understand that you had kindly started him on some Naproxin which he tells me has completely settled his pain. Given the finding of cervical spine degeneration, this seems to be the most likely cause of his pain. I have previously discussed with him the fact that he was a smoker and therefore at risk for head and neck malignancy, but the scan does not appear to suggest any malignant cause of his pain. I have therefore counselled him over the telephone regarding development of further red flag symptoms in which case he should seek further review but I have simply discharged him back to your care.

Dictated but not signed to expedite delivery.

Dr Nilesh Vakharia
Registrar in ENT
RG/AM 30/06/2025

GP enquiries only : loth.entsecretaries@nhs.scot

University Hospitals Division

Princess Alexandra Eye Pavilion
Chalmers Street
EH3 9HA

Ophthalmology

Dr McCutcheon
Baronscourt Surgery
89 Northfield Broadway
Edinburgh
EH8 7RX

Date First Created: 26/11/2025
Date/Time Printed: 18/05/2026 09:07
Our Ref: 600070409E
CHI: 0711571333

Patient:	Mr Thomas Hogg 5 Loganlea Drive Midlothian Edinburgh EH7 6LS	**UHPI:** **Date of Birth:**	600070409E 07/11/1957
Specialty:	Ophthalmology	**Consultant:**	PAEP Consultants (Ward)

DIAGNOSIS:
Age related maculopathy - drusen both eyes

MANAGEMENT:
Thomas Hogg showed no current wet maculopathy, he did exhibit extensive drusen in both eyes and he is a current smoker which I have encourage he discontinue to preserve his macular health in the future. Should he run into any symptoms or signs of wet maculopathy, please do not hesitate to re refer him again urgently as required.

Kind regards,

Professor Baljean Dhillon
Professor of Clinical Ophthalmology, University of Edinburgh
Honorary NHS Consultant, Princess Alexandra Eye Pavilion

Cc,
Jayshree Vijayasankar
Specsavers Opticians (40248)
T/a Leith Visionplus
37 Newkirkgate Shopping Centre
Edinburgh

BD/fh

Referrals

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	19/02/2015
Date submitted	19/02/2015

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

REFERRING PRACTITIONER DETAILS

Name:	Dr E Stone (GMC: 7037077)
Practice:	The Baronscourt Medical Partnership (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for Request: sig weight loss in smoker plus new onset cough. ?malignancy

CLINICAL INFORMATION

Investigations

Description	Result	Date
Chronic Cough :	true	
Please provide smoking status :	Smoker	
Could the patient be pregnant? :	No	

NHS Lothian - Referral Letter

Referral To	Western General Hospital Diabetes L Diabetes
Urgency of referral	Routine
Date of referral	26/02/2015
Date submitted	26/02/2015
UCPN	101008788320F

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

REFERRING PRACTITIONER DETAILS

Name:	Dr E Stone (GMC: 7037077)
Practice:	The Baronscourt Medical Partnership (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

CLINICAL INFORMATION

Reason for Referral: review of newly diagnosed diabetes

Main Referral Text: I would be grateful if this gentleman could be reviewed. He presented to me 3 weeks ago with lethargy. As part of his workup he had routine bloods done and a random blood sugar came back as 37. This result was picked up by OOH and he was admitted and received several boluses of actrapid and discharged the following day on metformin 500mg OD
Since discharge he has obtained a blood glucose monitor and has been measuring sugars up to 22 averaging about 15 and never below 11 even when fasted.
He is not overweight with a BMI in normal range. He has a FH of type DM (2 sisters and 1 brother) diagnosed in adulthood. He is a smoker but is trying to cut down. We have discussed his diet which is fairly high in sugar and needs some work.

I have increased him to 500mg Metformin BD but would like grateful for your assessment of him and whether he truly is a type 2 diabetic. His symptoms came on very quickly with lethargy, weight loss of around 2 stone and polyuria and polydispia only a month or so before his diagnosis. As mentioned he is not overweight and has a strong FH of type 1 DM.

Many thanks

Investigations

Description	Result	Date
New Diabetes :	true	
Significant Weight Loss :	Yes	
Ketonuria :	No	
How long has the patient had diabetes :	Less than 6 months	
Recent HbA1c result :	awaited	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Type 2 diabetes mellitus	New event	[TRUNCATED]attends for rv- newly diagnosed diabetes- had admission to hospital- treated with actrapid then dischzrged hom on metformin. Has been monitoring sugars with a BM machine that his friend h	26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metformin 500mg tablets	tablet	1 TABLET TWICE A DAY		26/02/2015		26/02/2015
MediTouch lancets 0.34mm/28gauge (Medisana Healthcare (UK...	lancet	AS DIRECTED		26/02/2015		26/02/2015
FreeStyle Lite testing strips (Abbott Laboratories Ltd)	strip	AS DIRECTED		26/02/2015		26/02/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:05-Apr-2011

NHS Lothian - Referral Letter

Referral To	Western General Hospital Diabetes - Type 2 Education (DESMOND) L TYPE 2 Education (Desmond)
Urgency of referral	Routine
Date of referral	17/04/2015
Date submitted	17/04/2015
UCPN	101009081123P

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

REFERRING PRACTITIONER DETAILS

Name:	Dr E Stone (GMC: 7037077)
Practice:	The Baronscourt Medical Partnership (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

CLINICAL INFORMATION

Reason for Referral:	newly diagnosed type 2 diabetic
Main Referral Text:	Thank you for seeing this gentleman who has recently been diagnosed with DM2 and has stabilised well on Metformin- I think he would benefit from some further education

Investigations

Description	Result	Date
Current BP :	124/76	
Current Smoking Status :	smoker 8cpd- cutting down	
Recent HDL/LDL/Cholesterol :	not done yet	
Recent HbA1c :	127	
Date of diagnosis :	2015-02-20	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Type 2 diabetes mellitus	New event	[TRUNCATED]attends for rv- newly diagnosed diabetes- had admission to hospital- treated with actrapid then dischzrged hom on metformin. Has been monitoring sugars with a BM machine that his friend h	26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Medication commenced		New event	03/03/2015	03/03/2015

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date

FreeStyle lancets 0.5mm/28gauge (Abbott Laboratories Ltd)	lancet	AS DIRECTED	03/03/2015	26/03/2015
FreeStyle Optium testing strips (Abbott Laboratories Ltd)	strip	AS REQUIRED	03/03/2015	26/03/2015

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metformin 500mg tablets	tablet	2 TABLETS TWICE A DAY		17/04/2015		17/04/2015
Metformin 500mg tablets	tablet	1 TABLET THREE TIMES A DAY		17/03/2015		17/03/2015
Metformin 500mg tablets	tablet	1 TABLET TWICE A DAY		26/02/2015		26/02/2015
MediTouch lancets 0.34mm/28gauge (Medisana Healthcare (UK...	lancet	AS DIRECTED		26/02/2015		26/02/2015
FreeStyle Lite testing strips (Abbott Laboratories Ltd)	strip	AS DIRECTED		26/02/2015		26/02/2015

Additional information

Smoking history (Encounters):Current smoker Date recorded:05-Apr-2011

NHS Lothian - Referral Letter

Referral To	Western General Hospital Diabetes - Type 2 Education (DESMOND) L TYPE 2 Education (Desmond)
Urgency of referral	Routine
Date of referral	04/08/2015
Date submitted	04/08/2015
UCPN	101009712484H

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

REFERRING PRACTITIONER DETAILS

Name:	Dr E Stone (GMC: 7037077)
Practice:	The Baronscourt Medical Partnership (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

CLINICAL INFORMATION

Reason for Referral:	desmond
Main Referral Text:	This gentleman was referred 3 months ago but never seems to have been sent an appointment. He is a newly diagnosed type 2 diabetic- well controlled on 1g BD Metformin. Many thanks

Investigations

Description	Result	Date
Current BP :	131/89	
Recent HDL/LDL/Cholesterol :	5.8	
Recent HbA1c :	50	
Date of diagnosis :	2015-03-03	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Type 2 diabetes mellitus	New event	[TRUNCATED]attends for rv- newly diagnosed diabetes- had admission to hospital- treated with actrapid then dischzrged hom on metformin. Has been monitoring sugars with a BM machine that his friend h	26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Medication commenced		New event	03/03/2015	03/03/2015

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date

Metformin 500mg modified-release tablets	tablet	2 TABLETS TWICE A DAY	03/08/2015	03/08/2015
FreeStyle lancets 0.5mm/28gauge (Abbott Laboratories Ltd)	lancet	AS DIRECTED	03/03/2015	26/03/2015
FreeStyle Optium testing strips (Abbott Laboratories Ltd)	strip	AS REQUIRED	03/03/2015	29/05/2015

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metformin 500mg modified-release tablets	tablet	TITRATING UP TO TWO TABLETS T[more]		17/07/2015		17/07/2015
Metformin 500mg modified-release tablets	tablet	1 TABLET ONCE A DAY		03/07/2015		03/07/2015
Metformin 500mg tablets	tablet	2 TABLETS TWICE A DAY		10/06/2015		10/06/2015

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:21-Apr-2015

NHS Lothian - Referral Letter

Referral To	Western General Hospital Endocrinology L Advice Only
Urgency of referral	Advice
Date of referral	17/11/2017
Date submitted	17/11/2017

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069

REFERRING PRACTITIONER DETAILS

Name:	Dr. Danielle Lee (GMC: 7525710)
Practice:	Baronscourt Surgery (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

CLINICAL INFORMATION

Reason for Referral: Abnormal calcium biochemistry results ?early osteomalacia

Main Referral Text:

Dear Endocrinology team,

I am writing to ask for advice on the interpretation of this gentleman's blood results. He was found to have a mildly raised ALP (141) on routine bloods for LFTs as he is currently on metformin. This was rechecked including a bone profile, which showed a low phosphate (0.76) and normal calcium (2.35) and insufficient Vit D (29).

The vitamin D guidelines state to discuss management of this with yourselves, given that he has a raised ALP and low phosphate suggestive of osteomalacia, though with a Vit D >25, therefore not fitting with uncomplicated Vit D deficiency. His renal function is normal. I also noted that he previously had a mildly raised ALP in 2015 (134), though repeat tests were normal.

I therefore wondered if there are any causes of these findings other than Vitamin D insufficiecy which we should be considering, and if not, whether or not he ought to be started on Level 1/2 or Level 3 treatment in view of possible osteomalacia indicated his mildly raised ALP?

Many thanks,
Dr Danielle Lee (FY2)

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
No response to bowel cancer screening programme invitation	New event		04/02/2017	04/02/2017
Type 2 diabetes mellitus	New event	[TRUNCATED]attends for rv- newly diagnosed diabetes- had admission to hospital- treated with actrapid then dischzrged hom on metformin. Has been monitoring sugars with a BM machine that his friend h	26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

Past procedures (High and Medium Priority)

Procedure	Comment	Modifier	Date Performed	Date Recorded
Medication commenced		New event	03/03/2015	03/03/2015

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metformin 500mg modified-release tablets	tablet	2 TABLETS TWICE A DAY		03/08/2015		20/09/2017
FreeStyle Optium testing strips (Abbott Laboratories Ltd)	strip	AS REQUIRED		03/03/2015		20/09/2017

Additional information

Smoking history:Cigarette smoker Date recorded:25-Oct-2016

Alcohol history:Alcohol consumption Date recorded:25-Oct-2016

Patient Weight in Kilograms:65

Patient Height in Metres:1.54

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk In
Urgency of referral	Routine
Date of referral	24/09/2019
Date submitted	24/09/2019

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069

REFERRING PRACTITIONER DETAILS

Name:	Dr Camilla Creagh-Barry (GMC: 7420996)
Practice:	Baronscourt Surgery
Phone:	Voice : 01316575444

Practice address

89 NORTHFIELD BROADWAY
EDINBURGH
EH8 7RX

INVESTIGATION REQUESTED

Test Requested:	**Chest**
Reason for Request:	61y/o smoker (8cigarettes/day) with history of working with pigeon's from the age of 9 until current. Presents with 5d history cough with green sputum, on examination diffuse fine crackles and slight expiratory wheeze. ?consolidation ? signs background COPD ?hypersensitivity pneumonitis Many thanks

CLINICAL INFORMATION

Investigations

Description	Result	Date
Chest signs :	true	
Dyspnoea :	true	
Infection :	true	
Please provide smoking status :	Smoker	
Could the patient be pregnant? :	Blank	

NHS Lothian - Referral Letter

Referral To	Royal Infirmary of Edinburgh at Little France Respiratory Medicine L Basic SIGN Referral
Urgency of referral	Routine
Date of referral	27/11/2019
Date submitted	27/11/2019
UCPN	101020144121D

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069

REFERRING PRACTITIONER DETAILS

Name:	Dr Camilla Creagh-Barry (GMC: 7420996)
Practice:	Baronscourt Surgery
Phone:	Voice : 01316575444

Practice address

89 NORTHFIELD BROADWAY
EDINBURGH
EH8 7RX

CLINICAL INFORMATION

Reason for Referral: ?hypersensitvity pneumonitis

Main Referral Text:

Dear Dr

Thank you for your review of this 62y/o smoker who keeps pigeon's for both work and as a hobby all his life. He reports a 3 month history of mild breathlessness with cough worse in the morning and clear sputum. He has no associated haemoptysis/chest pain. No orthopnoea. He reports no significant weight, although his weight has dropped slightly by about 2kg since it was last recorded 1 year ago.

He previously smoked much more ~30/day but has cut down to 5/day over the last year. 2 months ago the sputum was more yellow and we treated with antibiotics with improvement in the colour of his sputum but he still has persisting symptoms as described above.
CXR was unremarkable but on exam he has fine crackles throughout the lungs bilaterally.

Thank you for your review and consideration of further investigation
Camilla Creagh-Barry

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Body Mass Index	New event	27	05/09/2018	05/09/2018
No response to bowel cancer screening programme invitation	New event		04/02/2017	04/02/2017
Type 2 diabetes mellitus			26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metformin 500mg modified-release tablets	tablet	2 TABLETS TWICE A DAY		03/08/2015		05/11/2019

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Amoxicillin 500mg capsules	capsule	TAKE ONE CAPSULE THREE TIMES A DAY		24/09/2019		24/09/2019
Metformin 500mg modified-release tablets	tablet	2 TABLETS TWICE A DAY		03/08/2015		03/09/2019

Additional information

Smoking history (Encounters):Cigarette smoker Date recorded:20-Nov-2019

Alcohol history (Encounters):Alcohol consumption Date recorded:20-Nov-2019

Patient Weight in Kilograms:62.7

Patient Height in Metres:1.56

Patient BMI:25.7

Patient Blood Pressure (Systolic):137

Patient Blood Pressure (Diastolic):82

30/12

Radiology Request Form

Wife mob: 07931370705 - no answer.

tel. not in use.

Produced By: Philip A Reid
Run on: 30/11/2019 15:31:55

NHS Lothian

UHPI	600070409E	**DOB**	07/11/57
Name	**Hogg, Thomas**	**CHI No**	0711571333
Address	5 Loganlea Drive	**Sex**	Male
		Visit No	34463521
	Edinburgh	**Episode No**	O0017888671
	EH7 6LS	**Episode Type**	O
Order Location	WGH AdHoc	**Consultant**	

Order Item	Order Status	Request Date	Priority	Requested By	Mob	Hot Report	Preferred Radiologist	Auth By	Appt Date	Appt Time
CT Chest High Resolution	Ord	30/11/2019	Routine	Dr Philip A Reid		① 21.12 445			① 24/12 1730	

RADIOLOGY REQUEST INFORMATION

Clinical Details for Radiology	**Bird fancier, smoker, cough, SOBOE, crackles throughout but CXR looks okay ?Chronic HP or all smoking related**
Method of Transportation	**Walking**
Nurse Escort Required	**No**
Previous History of Contrast Reactions	**No**
Is the Patient on Metformin	**No**
What is the Patients eGFR	**Over 30**
If the eGFR is <30 and contrast is required, do you feel the benefits of this investigation outweigh the increased risks of contrast induced nephropathy?	**Not Relevant**
Please enter then name and grade of most senior clinician involved in the above decision.	**PA REID**

GENERAL INFORMATION

Requestor Name and Bleep / Contact Number / Alternative Contact Details / Ward Phone No	**PA REID**
Please confirm that this is the correct patient for the examination requested.	**Yes**
Does the Patient have any of the following - MRSA, VRE, HEP C?	

Appt Letter Sent		Arrival Time		Previous X-Rays	
Justified		ID Checked	UR	Radiographer	UR
Exposure / Dose	157	Screening Time		Room	

Films Rejected: 35x43 | 24x30 | 18x24

Reject Reasons

Contrast Details

Notes

NHS Lothian - Referral Letter

Referral To	AHP - Podiatry Podiatry Community Clinics LI Podiatry
Urgency of referral	Routine
Date of referral	08/03/2021
Date submitted	08/03/2021
UCPN	1010227946087

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069
Voice (Mobile) : 0792 961 6066

REFERRING PRACTITIONER DETAILS

Name:	Dr. Camilla Creagh-Barry (GMC: 7420996)
Practice:	Baronscourt Surgery (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

CLINICAL INFORMATION

Reason for Referral: Pain in heels of feet bilaterally

Main Referral Text: Dear team

Many thanks for your review of this 63y/o type 2 diabetic who has seen podiatry previously a few years ago and required in soles. He reports months of pain in the heels of bith feet worse when going to stand but eases as he gets moving. No skin changes/ulceration of either foot.

He feels it is similar to previously when he required in soles however he has unfortunately misplace previous insoles and I wonder if you could reassess his feet and consider further insoles and management. Many thanks

Investigations

Description	Result	Date
Diabetes :	true	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Type 2 diabetes mellitus			26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metformin 500mg modified-release tablets	tablet	2 TABLETS TWICE A DAY		03/08/2015		14/01/2021

Additional information

Patient Weight in Kilograms:62.1
Patient Height in Metres:1.56
Patient BMI:25.5
Patient Blood Pressure (Systolic):145
Patient Blood Pressure (Diastolic):83
Smoking history (Screening):Cigarette smoker Date Recorded:26-Feb-2021

Smoking history (Encounters):Cigarette smoker Date Recorded:26-Feb-2021
Alcohol history (Screening):Alcohol consumption Date Recorded:26-Feb-2021
Alcohol history (Encounters):Alcohol consumption Date Recorded:26-Feb-2021

NHS Lothian - Referral Letter

Referral To	Western General Hospital Flow Centre Referral LI Flow Centre Referral
Urgency of referral	Urgent
Date of referral	31/05/2022
Date submitted	31/05/2022
UCPN	1010264874580

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069
Voice (Mobile) : 0792 961 6066

REFERRING PRACTITIONER DETAILS

Name:	Dr Jem Attwell (GMC: 7540650)
Practice:	Baronscourt Surgery
Phone:	Voice : 01316575444

Practice address

89 NORTHFIELD BROADWAY
EDINBURGH
EH8 7RX

CLINICAL INFORMATION

Reason for Referral: Right scrotal pain ?Intermittent torsion

Main Referral Text:

Dear colleagues,

Thank you for your assessment of this 64 year old gentleman who presented with 4 weeks of intermittent sharp pains in scrotum associated with tightness and swelling of scrotum. Painful especially when sits down to drive, feels tingly feeling at times, not red/hot/swollen, no skin changes. No abdo pain. No change to bowel habit. No urinary symptoms, no issues with erection/ejaculation. No previous scrotal issues. Has manual job, helping friend with lifting furniture and white goods.

Walked in with wide based gate to avoid scrotal irritation. Abdo SNT, small, reducible umbilical hernia. Penis NAD, scrotum mildly swollen, not hot/inflamed. Right testicle sitting high in scrotum, pt reports this is new, tender on palpation of right testicle & right side of scrotum. Left testicle palpable, no testicular lumps/swelling. No perineal tenderness. Urine dip negative.

Many thanks.

Investigations

Description	Result	Date
Discussed with Receiving Service? :	Yes	
Receiving Specialty :	Urology, SAU, WGH	
Have there been any changes to medicines/dosage in the past two weeks? :	No	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Administration	New event	Vit. D repeat - See below - Not justified to repeat Vitamin D within one year. Please refer to previous Vitamin D result.	07/07/2021	07/07/2021
Type 2 diabetes mellitus			26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metformin 500mg modified-release tablets	tablet	2 TABLETS TWICE A DAY		03/08/2015		17/01/2022

Additional information

Patient Weight in Kilograms:62.1
Patient Height in Metres:1.56
Patient BMI:25.5
Patient Blood Pressure (Systolic):124
Patient Blood Pressure (Diastolic):67
Smoking history (Screening):Moderate smoker - 10-19 cigs/d Date Recorded:20-Jul-2021
Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date Recorded:20-Jul-2021
Alcohol history (Screening):Moderate drinker - 3-6u/day Date Recorded:20-Jul-2021
Alcohol history (Encounters):Moderate drinker - 3-6u/day Date Recorded:20-Jul-2021

NHS Lothian - Referral Letter

Referral To	Leith Community Treatment Centre Locality Minor Surgery Service LI Leith Minor Surgery
Urgency of referral	Routine
Date of referral	23/03/2023
Date submitted	23/03/2023
UCPN	1010291178187

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069
Voice (Mobile) : 0792 961 6066

REFERRING PRACTITIONER DETAILS

Name:	Dr. Richard Jack (GMC: 6151116)
Practice:	Baronscourt Surgery (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

CLINICAL INFORMATION

Reason for Referral: Sebaceous Cyst - struggles with shaving

Main Referral Text: Dear Doctor

Many thanks for seeing this pleasant man who used to work at the Powderhall incinerator. He has a few months / years of an enlarging sebaceous cyst on his R mandible. It interferes with his shaving and he is keen for removal - he has had a number removed previously.

Investigations

Description	Result	Date
Presumed Nature of lesion :	Sebaceous cyst	
Site :	R mandible	
Size :	1cm	
Recurrent Trauma :	Yes	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Administration	New event	Vit. D repeat - See below - Not justified to repeat Vitamin D within one year. Please refer to previous Vitamin D result.	07/07/2021	07/07/2021
Type 2 diabetes mellitus			26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metformin 1g modified-release tablets	tablet	TAKE 2 TABLETS ONCE A DAY		03/08/2015		23/03/2023
Rosuvastatin 5mg tablets	tablet	1 TABLET DAILY		19/07/2022		07/02/2023

Colecalciferol 800unit capsules	capsule	ONE TO BE TAKEN DAILY	30/03/2021	07/02/2023

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Solaraze 3% gel (Almirall Ltd)	gram	APPLY THINLY TWICE A DAY		23/03/2023		23/03/2023
Amoxicillin 500mg capsules	capsule	TAKE ONE THREE TIMES A DAY		23/03/2023		23/03/2023
Metformin 1g modified-release tablets	tablet	TAKE 2 TABLETS ONCE A DAY		03/08/2015		07/02/2023

Additional information

Patient Weight in Kilograms:59
Patient Height in Metres:1.56
Patient BMI:24.2
Patient Blood Pressure (Systolic):132
Patient Blood Pressure (Diastolic):76
Smoking history (Screening):Cigarette smoker Date Recorded:12-Jul-2022
Smoking history (Encounters):Cigarette smoker Date Recorded:12-Jul-2022
Alcohol history (Screening):Alcohol consumption Date Recorded:12-Jul-2022
Alcohol history (Encounters):Alcohol consumption Date Recorded:12-Jul-2022

NHS Lothian - Imaging Request

Please note that this request will become invalid if the patient does not attend within 30 days of this request

Referral To	Leith Community Treatment Centre Clinical Radiology L Radiology Walk in
Urgency of referral	Routine
Date of referral	23/03/2023
Date submitted	23/03/2023
UCPN	101029117940I

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069
Voice (Mobile) : 0792 961 6066

REFERRING PRACTITIONER DETAILS

Name:	Dr. Richard Jack (GMC: 6151116)
Practice:	Baronscourt Surgery (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

INVESTIGATION REQUESTED

Test Requested:	**Chest**
Reason for Request:	cough for at least 3-4 weeks, possibly longer. Some weight loss. Chest clear on examination. Retired worked at Powderhall incinerator. Keeps pigeons. Many thanks.

CLINICAL INFORMATION

Investigations

Description	Result	Date
Chronic Cough :	true	
Please provide smoking status :	Smoker	
Suspected :	Infection	
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

Radiology Walk In is available Monday to Friday as follows:

Lauriston Building	8:30am - 4:00pm
Leith Community Treatment Centre	8:30am - 4:00pm
Midlothian Community Hospital	9:15am - 12:30pm
East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm
Royal Hospital for Sick Children - **Children Only**	9:00am - 4:30pm (Except public holidays)
Royal Infirmary of Edinburgh	9:00am - 4:30pm
St John's Hospital	8:30am - 5:00pm
Western General Hospital	8:00am - 5:00pm (Main xray Department)

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology LI Dermatology - Lesions
Urgency of referral	Urgent
Date of referral	13/06/2023
Date submitted	13/06/2023
UCPN	1010298792633

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069
Voice (Mobile) : 0792 961 6066

REFERRING PRACTITIONER DETAILS

Name:	Dr Mary Flinn (GMC: 7670732)
Practice:	Baronscourt Surgery
Phone:	Voice : 01316575444

Practice address

89 NORTHFIELD BROADWAY
EDINBURGH
EH8 7RX

CLINICAL INFORMATION

Reason for Referral: Suspicious ear lesion ?SCC

Main Referral Text: Thank you for your review of this patient. Two months ago he was given Diclofenac gel for possible actinic keratosis on the right ear pinna. He feels this caused his ear to change shape and so attended for review today.

On examination, there is a 1cm diameter flattened section of the upper helix in his right ear. This is brown in colour and does appear "sunken in" as he described. This area was very tender to touch and there is a small skin break next to this but no surrounding erythema or swelling.

This examination seems very different to two months ago and so I would appreciate your review of this lesion which appears to have changed quite rapidly and is now tender.

Many thanks,
Dr Mary Flinn
GPST1

Investigations

Description	Result Date
Are you looking for help with: :	Both
Where RefHelp guidance exists, has this been followed?: :	Yes
Have you attached a photograph to this referral? :	No
Have you attached a dermatoscopic image to this referral? :	No

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
Administration	New event	Vit. D repeat - See below - Not justified to repeat Vitamin D within one year. Please refer to previous Vitamin D result.	07/07/2021	07/07/2021
Type 2 diabetes mellitus			26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Metformin 1g modified-release tablets	tablet	TAKE 2 TABLETS ONCE A DAY		03/08/2015		25/05/2023
Rosuvastatin 5mg tablets	tablet	1 TABLET DAILY		19/07/2022		25/05/2023
Colecalciferol 800unit capsules	capsule	ONE TO BE TAKEN DAILY		30/03/2021		07/02/2023

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Solaraze 3% gel (Almirall Ltd)	gram	APPLY THINLY TWICE A DAY		23/03/2023		23/03/2023
Amoxicillin 500mg capsules	capsule	TAKE ONE THREE TIMES A DAY		23/03/2023		23/03/2023

Additional information

Patient Weight in Kilograms:59
Patient Height in Metres:1.56
Patient BMI:24.2
Patient Blood Pressure (Systolic):132
Patient Blood Pressure (Diastolic):76
Smoking history (Screening):Cigarette smoker Date Recorded:12-Jul-2022
Smoking history (Encounters):Cigarette smoker Date Recorded:12-Jul-2022
Alcohol history (Screening):Alcohol consumption Date Recorded:12-Jul-2022
Alcohol history (Encounters):Alcohol consumption Date Recorded:12-Jul-2022

NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology LI Radiology Plain X-ray
Urgency of referral	Urgent - Suspected Cancer
Date of referral	10/06/2025
Date submitted	10/06/2025
UCPN	1010367289636

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069
Voice (Mobile) : 0792 961 6066

REFERRING PRACTITIONER DETAILS

Name:	Dr Immy Ainuddin (GMC: 7711442)
Practice:	Baronscourt Surgery (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

INVESTIGATION REQUESTED

Test Requested: Chest

Reason for Request: 67M, long time smoker, possible prev asbestos exposure, LOW, sweats, cough 7 weeks. No haemoptysis ?cause

CLINICAL INFORMATION

Investigations

Description	Result	Date
Chronic Cough :	true	
Hoarseness :	true	
Please provide smoking status :	Smoker	
Suspected :	Malignancy	
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

PATIENT INFO - Call Monday to Friday only
Radiology Departments – to arrange appointments:

East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm	0131 536 6400
Lauriston Building	8:30am - 4:00pm	0131 536 6400
Leith Community Treatment Centre	8:30am - 4:00pm	0131 536 6400
Midlothian Community Hospital	9:15am - 4:00pm	0131 536 6400
Royal Hospital for Sick Children - **U16s Only**	8:30am - 4:00pm	0131 536 6400
Royal Infirmary of Edinburgh	9:00am - 5:00pm	0131 536 6400
St John's Hospital	8:30am - 5:00pm	0131 536 6400
Western General Hospital	8:30am - 5:00pm	0131 536 6400

NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Dermatology LI Dermatology - Lesions
Urgency of referral	Urgent
Date of referral	10/06/2025
Date submitted	10/06/2025
UCPN	101036737205L

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069
Voice (Mobile) : 0792 961 6066

REFERRING PRACTITIONER DETAILS

Name:	Dr Immy Ainuddin (GMC: 7711442)
Practice:	Baronscourt Surgery (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

CLINICAL INFORMATION

Reason for Referral:	?BCC
Main Referral Text:	Dear Colleague I am referring this 67 year old gentleman with 8 months of an enlarging lesion on his right upper abdomen. It is sometimes itchy but doesn't bleed. On examination the lesion is large, about 2cm, well demarcated with slight rolled edge, and I wonder if it is a BCC. Thanks for your assessment

Investigations

Description	Result Date
Are you looking for help with: :	Both
Where RefHelp guidance exists, has this been followed?: :	Yes
Have you attached a photograph to this referral? :	Yes
Have you attached a dermatoscopic image to this referral? :	No

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
No response to bowel cancer screening programme invitation	New event		30/08/2023	30/08/2023
Administration	New event	Vit. D repeat - See below - Not justified to repeat Vitamin D within one year. Please refer to previous Vitamin D result.	07/07/2021	07/07/2021
Type 2 diabetes mellitus			26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dapagliflozin 10mg tablets	tablet	TAKE ONE TABLET ONCE DAILY. S[more]		24/03/2025		22/04/2025
Rosuvastatin 5mg tablets	tablet	1 TABLET DAILY		19/07/2022		22/04/2025

Metformin 1g modified-release tablets	tablet	TAKE 2 TABLETS ONCE A DAY	03/08/2015	19/02/2025
Omeprazole 20mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY	20/11/2023	22/04/2025
Colecalciferol 800unit capsules	capsule	ONE TO BE TAKEN DAILY	30/03/2021	08/11/2024

Additional information

Patient Weight in Kilograms:58

Patient Height in Metres:1.56

Patient BMI:23.8

Patient Blood Pressure (Systolic):136

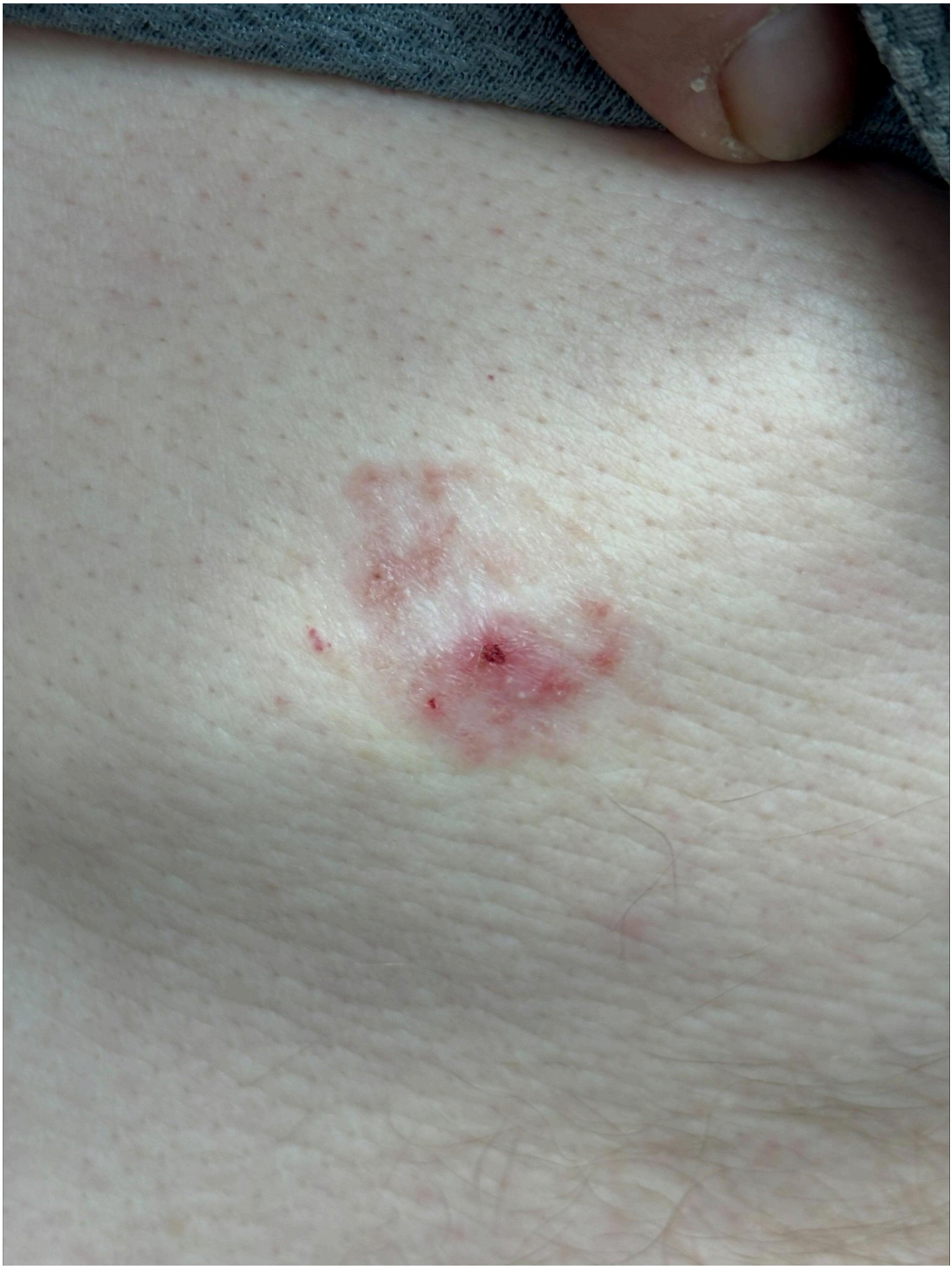
Patient Blood Pressure (Diastolic):79

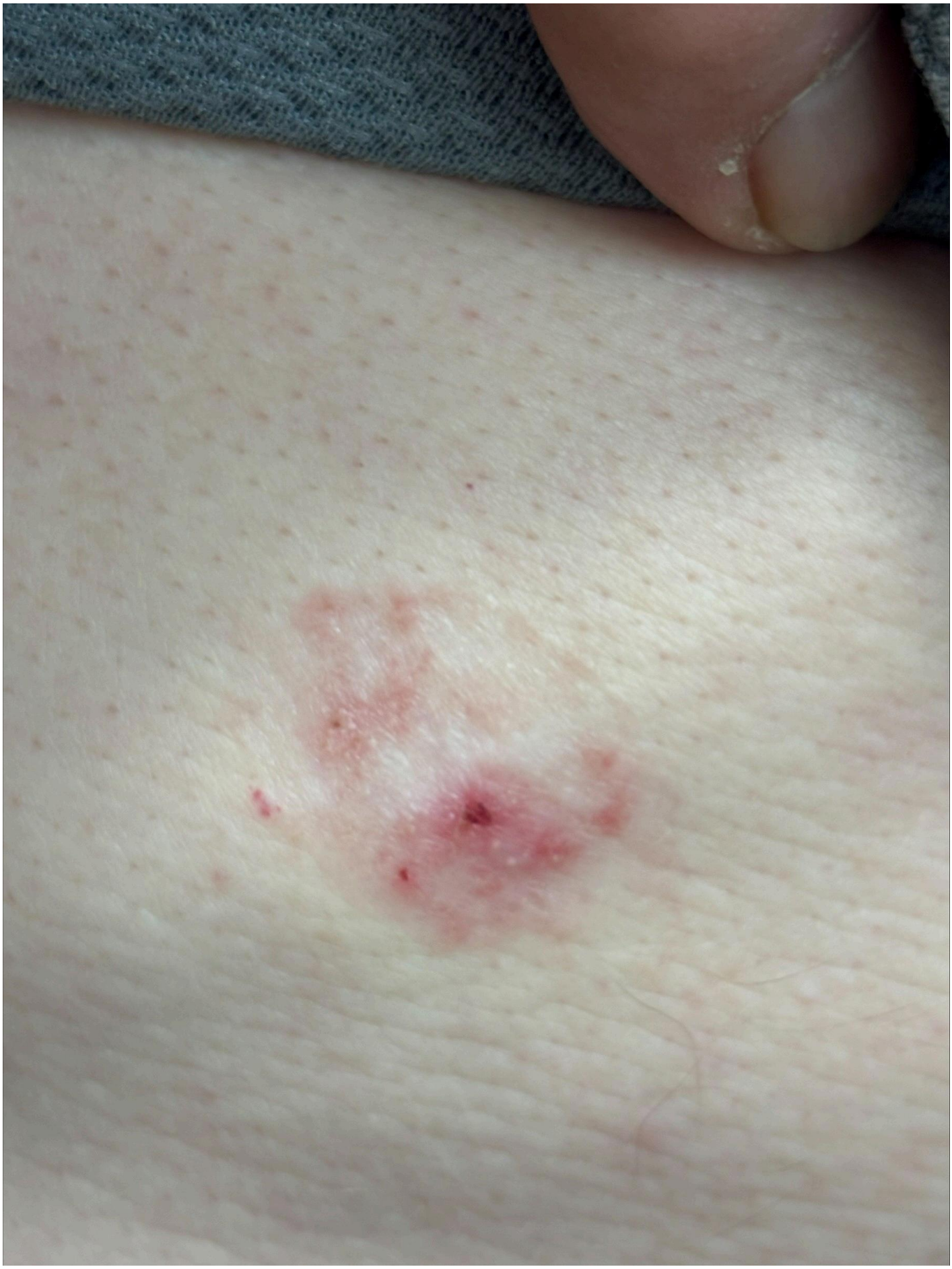
Smoking history (Screening):Moderate smoker - 10-19 cigs/d Date Recorded:20-Jan-2025

Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date Recorded:20-Jan-2025

Alcohol history (Screening):Alcohol consumption Date Recorded:10-Jan-2025

Alcohol history (Encounters):Alcohol consumption Date Recorded:10-Jan-2025





NHS Lothian - Referral Letter

Referral To	Lauriston Buildings Ear, Nose and Throat (ENT) - Throat LI ENT - Throat
Urgency of referral	Urgent - Suspected Cancer
Date of referral	10/06/2025
Date submitted	10/06/2025
UCPN	101036737263J

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069
Voice (Mobile) : 0792 961 6066

REFERRING PRACTITIONER DETAILS

Name:	Dr Immy Ainuddin (GMC: 7711442)
Practice:	Baronscourt Surgery (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

CLINICAL INFORMATION

Reason for Referral:	Persistent throat pain, hoarseness, odynophagia, smoker
Main Referral Text:	Dear Colleague I am referring this 67 year old man with 2 months of ongoing throat pain, worse on L side, pain on swallowing and hoarseness. No dysphagia or choking. No FOSIT. He is losing weight which may not be intentional. He is a long term smoker. On examination he is noted to have some cervical lymphadenopathy but no discrete new neck lump. Nil obvious to see in throat. No ulcers. Given his persistent symptoms I am referring for further specialist review

Investigations

Description	Result	Date
Hoarse voice: Persistent means both ongoing AND that the voice is never normal (constant symptoms). :	Persistent Unexplained	
Sore Throat (persistent > 3 weeks): :	Unilateral Persistent	
Odynophagia (Pain on swallowing): :	Yes	
New Neck Lump: :	No	
Unintentional Weight loss: :	Yes	
Smoking status: :	Current Smoker	
Alcohol status: :	< 14 units/week	
Unexplained unilateral otalgia (normal examination): :	No	
Feeling of Something/lump in Throat (FOSIT): :	No	
Calculator-estimated RISK: :	79.4	
Has the patient been told they are being referred on a Urgent Suspicion of Cancer pathway? :	Yes	

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
No response to bowel cancer screening programme invitation	New event		30/08/2023	30/08/2023
Administration	New event	Vit. D repeat - See below - Not justified to repeat Vitamin D within one year. Please refer to previous Vitamin D result.	07/07/2021	07/07/2021
Type 2 diabetes mellitus			26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dapagliflozin 10mg tablets	tablet	TAKE ONE TABLET ONCE DAILY. S[more]		24/03/2025		22/04/2025
Metformin 1g modified-release tablets	tablet	TAKE 2 TABLETS ONCE A DAY		03/08/2015		19/02/2025
Rosuvastatin 5mg tablets	tablet	1 TABLET DAILY		19/07/2022		22/04/2025
Omeprazole 20mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY		20/11/2023		22/04/2025
Colecalciferol 800unit capsules	capsule	ONE TO BE TAKEN DAILY		30/03/2021		08/11/2024

Additional information

Patient Weight in Kilograms:58
Patient Height in Metres:1.56
Patient BMI:23.8
Patient Blood Pressure (Systolic):136
Patient Blood Pressure (Diastolic):79
Smoking history (Screening):Moderate smoker - 10-19 cigs/d Date Recorded:20-Jan-2025
Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date Recorded:20-Jan-2025
Alcohol history (Screening):Alcohol consumption Date Recorded:10-Jan-2025
Alcohol history (Encounters):Alcohol consumption Date Recorded:10-Jan-2025

NHS Lothian - Referral Letter

Referral To	Princess Alexandra Eye Pavilion Ophthalmology - Request for Information LI Ophthamology Additional inf
Urgency of referral	Routine
Date of referral	22/09/2025
Date submitted	22/09/2025
UCPN	1010377237790

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069
Voice (Mobile) : 0792 961 6066

REFERRING PRACTITIONER DETAILS

Name:	Dr. Richard Jack (GMC: 6151116)
Practice:	Baronscourt Surgery (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

CLINICAL INFORMATION

Reason for Referral: Additional Information Required

Pre-existing conditions (High & Medium Priority)

Description	Modifier	Extension	Start Date	Date Recorded
No response to bowel cancer screening programme invitation	New event		30/08/2025	30/08/2025
No response to bowel cancer screening programme invitation	New event		30/08/2023	30/08/2023
Administration	New event	Vit. D repeat - See below - Not justified to repeat Vitamin D within one year. Please refer to previous Vitamin D result.	07/07/2021	07/07/2021
Type 2 diabetes mellitus			26/02/2015	26/02/2015
Partial division,biceps tendon		Left ; Tear	23/11/2009	23/11/2009
Pat. GP7B/GP8B card from HB			25/09/1979	25/09/1979

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed Date
Dapagliflozin 10mg tablets	tablet	TAKE ONE TABLET ONCE DAILY. S[more]		24/03/2025		26/08/2025
Colecalciferol 800unit capsules	capsule	ONE TO BE TAKEN DAILY		30/03/2021		08/11/2024
Metformin 1g modified-release tablets	tablet	TAKE 2 TABLETS ONCE A DAY		03/08/2015		24/06/2025
Rosuvastatin 5mg tablets	tablet	1 TABLET DAILY		19/07/2022		26/08/2025
Omeprazole 20mg gastro-resistant capsules	capsule	1 CAPSULE ONCE A DAY		20/11/2023		24/06/2025

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

Drug name	Formulation	Dosage	Frequency	Course started	Duration	Last Prescribed

				Date
Co-codamol 8mg/500mg tablets	tablet	1-2 TABLETS UP TO FOUR TIMES DAILY	09/09/2025	09/09/2025
Diazepam 2mg tablets	tablet	1 TABLET FOR MUSCLE RELAXATAN[more]	09/09/2025	09/09/2025
Ibuprofen 5% gel	gram	APPLY THREE TIMES DAILY TO TH[more]	09/09/2025	09/09/2025
Naproxen 250mg tablets	tablet	1-2 TABLETS TWICE A DAY WHEN [more]	25/07/2025	25/07/2025
Dapagliflozin 10mg tablets	tablet	TAKE ONE TABLET ONCE DAILY. S[more]	24/03/2025	24/06/2025
Dapagliflozin 10mg tablets	tablet	TAKE ONE TABLET ONCE DAILY. S[more]	24/03/2025	24/06/2025
Metformin 1g modified-release tablets	tablet	TAKE 2 TABLETS ONCE A DAY	03/08/2015	24/06/2025
Rosuvastatin 5mg tablets	tablet	1 TABLET DAILY	19/07/2022	24/06/2025

Additional information

Patient Weight in Kilograms:58

Patient Height in Metres:1.56

Patient BMI:23.8

Patient Blood Pressure (Systolic):136

Patient Blood Pressure (Diastolic):79

Smoking history (Screening):Moderate smoker - 10-19 cigs/d Date Recorded:20-Jan-2025

Smoking history (Encounters):Moderate smoker - 10-19 cigs/d Date Recorded:20-Jan-2025

Alcohol history (Screening):Alcohol consumption Date Recorded:10-Jan-2025

Alcohol history (Encounters):Alcohol consumption Date Recorded:10-Jan-2025

Dear Doctor,

Your patient:

Name: THOMAS HOGG
DOB: 07/11/57
CHI: 0711571333

Has been referred by their Optometrist to our Ophthalmology Outpatient Department.

(A copy of their referral follows.)

It is essential that we are aware of your patient's significant medical history and current medications when undertaking their assessment.
Please forward this information to us as a **'Request for Information'** referral, using the **'L Ophthalmology Additional Info'** protocol on SCI Gateway as below:

PLEASE ENSURE YOU USE THE CORRECT SCI GATEWAY PROTOCOL - "REQUEST FOR INFORMATION"

Send to:

- Lothian
- Lothian Non-GP Locations/Providers
- Princess Alexandra Eye Pavillion
- Ophthalmology - Request for Information

Protocol:

- **L Ophthamology Additional Info**

Please note:
This **'Request for Informaton'** referral will provide essential supporting information to the Ophthalmologist and is not intended as a request to review the patient. The status of this **'Request for Informaton'** referral will not change when processed by Ophthalmology i.e. practices will not see an opened (eye) icon despite the fact this information has been received at the hospital end.
Your co-operation is appreciated.

Yours sincerely,

Jas Singh, Clinical Director, Ophthalmology

Rapid Access Referral Form (WET AMD ONLY)

101037704036R
Unique Care Pathway Number: 101037704036R

Urgency of referral
Urgent

Patient Surname		Patient Forename			Title	Optometrist Details
HOGG		THOMAS			Mr	Jayshree Vijayasankar Specsavers Opticians (40248) T/A LEITH VISIONPLUS 37 NEWKIRKGATE SHOPPING CENTRE LEI
DOB	1957-11-07	**CHI**	0711571333	**SEX**	M	
Address	5 LOGANLEA DRIVE EDINBURGH					

				EDINBURGH EH6 6AA 0131 555 9580
Postcode	EH7 6LS	**Tel No**	07929616066	
Location Code:		**GOC Number:**		**Date of Referral:** 2025-09-19

Armed Forces Personnel, Immediate families and veterans	**Previous Attendance at HES**	No
	If Yes ? Date	
	If Yes ? Location	
	Translator Required	-
	If Yes ? Language	

Scottish

Vision	Sph	Cyl	Axis	VA	PH VA	Add	NVA	Date of Examination
R	-	-	-	6/6	-	-	-	-
L	-	-	-	6/6	-	-	-	

Applanation Tonometry R 15 mmhg L 16 mmhg **Applanation** Yes	**Relative Afferent Pupillary Defect**	No	
Date of Last Eye Test 2021-07-22	**Acuity at Last Eye Test**	**Right** 6/6	**Left** 6/6

	R	L
Complaint/Symptoms	-	-
Duration of Visual Loss	-	-
Describe Findings	-	-
Fundus Image (Preferable)	Yes	Yes

GP informed of referral? (Do not send a copy of this letter use separate GP	GP Name:	
	GP	

letter for information only)	Address:	

Rapid Access Referral Form
(WET AMD ONLY)

101037704036R
Unique Care Pathway Number: 101037704036R

Urgency of referral
Urgent

Patient Surname		Patient Forename			Title	Optometrist Details
HOGG		THOMAS			Mr	Jayshree Vijayasankar Specsavers Opticians (40248) T/A LEITH VISIONPLUS 37 NEWKIRKGATE SHOPPING CENTRE LEI EDINBURGH EH6 6AA 0131 555 9580
DOB	1957-11-07	**CHI**	0711571333	**SEX**	M	
Address	5 LOGANLEA DRIVE EDINBURGH					
Postcode	EH7 6LS	**Tel No**	07929616066			
Ethnicity	Scottish					
Location Code:	40248	**HCP Code**				**Date of Referral:** 2025-09-19

Armed Forces Personnel, Immediate families and veterans		
	Previous Attendance at HES	No
	If Yes ? Date	
	If Yes ? Location	
	Translator Required	-
	If Yes ? Language	

Vision	Sph	Cyl	Axis	VA	PH VA	Add	NVA
R	-	-	-	6/6	-	-	-
L	-	-	-	6/6	-	-	-

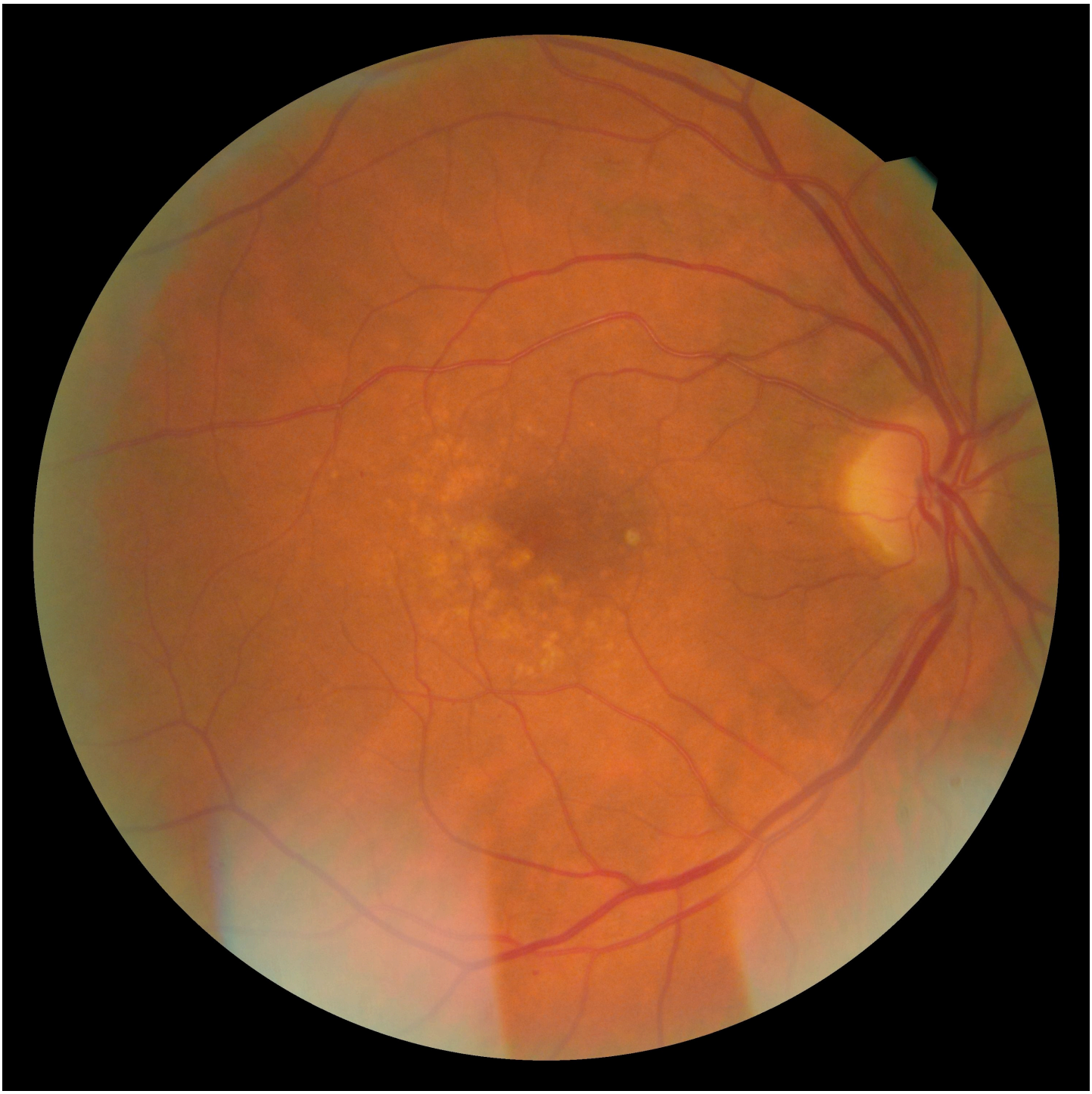
Applanation Tonometry				Relative Afferent Pupillary Defect	
Applanation Yes	**R**	15 mmhg	**L** 16 mmhg		No

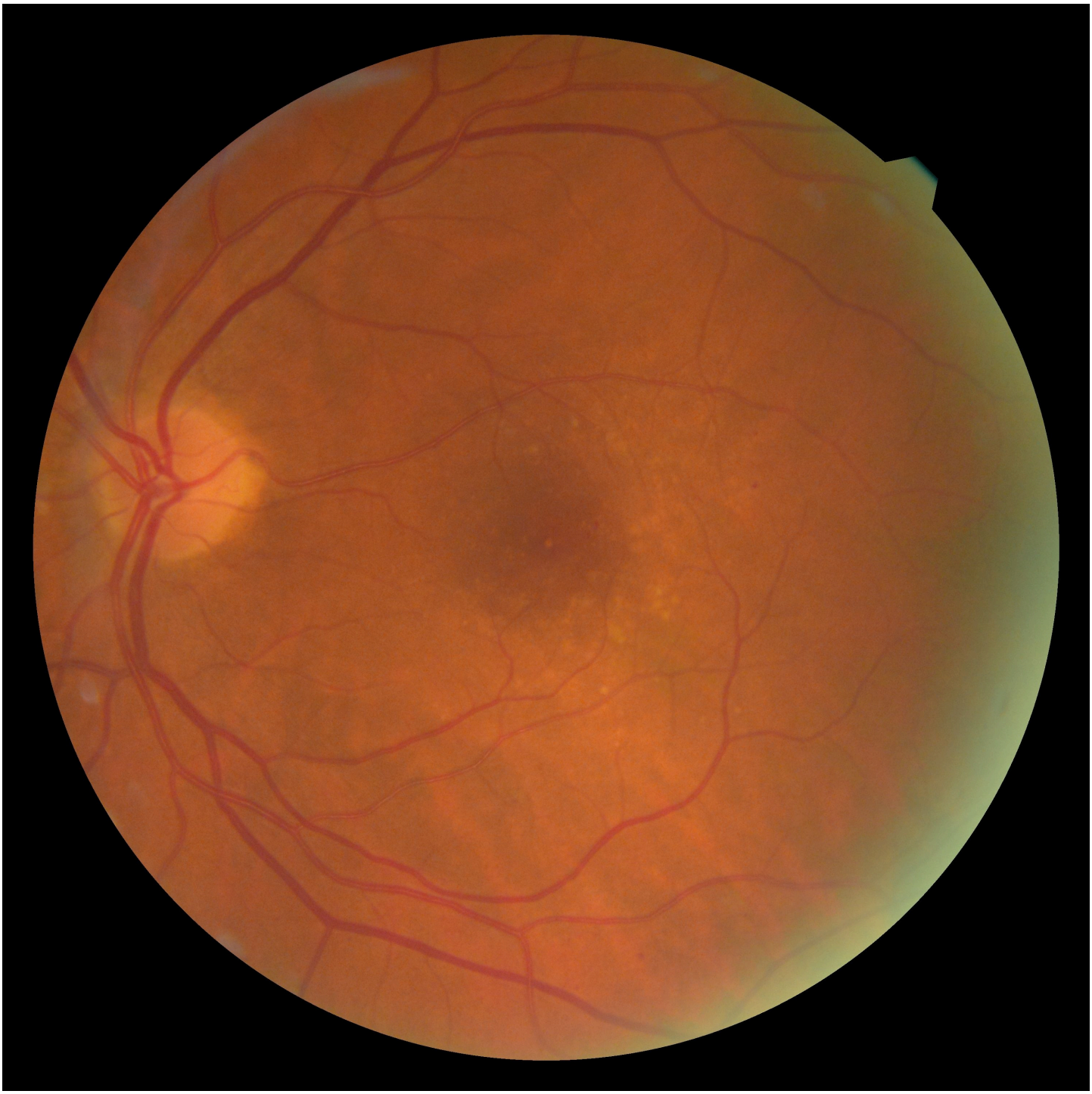
Date of Last Eye Test	2021-07-22	Acuity at Last Eye Test	**Right** 6/6	**Left** 6/6

	R	L
Complaint/Symptoms	Mr Hogg has presented for his routine check and is diabetic for 9 years. He notes a "c shaped" floater? inferiorly which comes and goes. On OCT I am seeing PED/lamellar hole? Referral to his GP has been sent to monitor his diabetic control. Could you please see Mr Hogg for further management and investigation given how close it is to his macular. Many thanks.	background DR.
Duration of Visual Loss	-	-

Describe Findings	soft drusens PED + lamellar hole?	soft drusen background DR
Fundus Image (Preferable)	Yes	Yes

GP informed of referral? (Do not send a copy of this letter use separate GP letter for information only)	**GP**	RICHARD JACK **GP Code:** S4031 **GMC Code:** 6151116
	GP Practice	**Practice Code:** 70658 Baronscourt Surgery 89 Northfield Broadway Edinburgh EH8 7RX



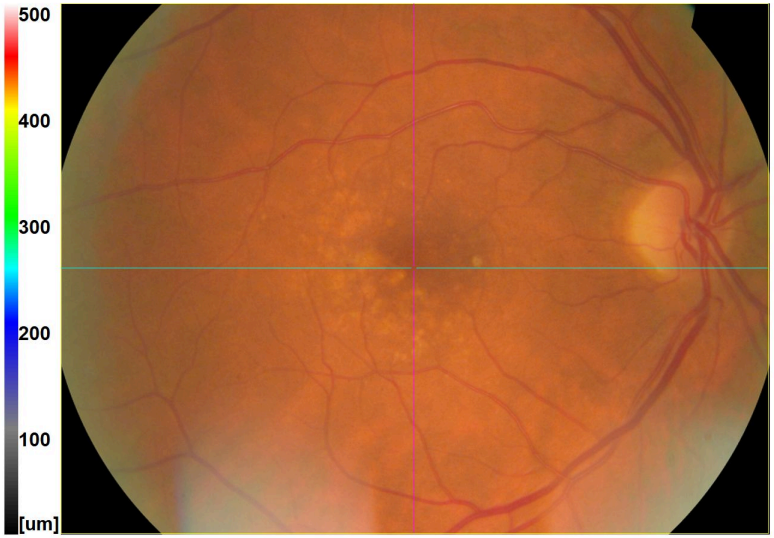


OCT Setting:MACULA MAP X-Y(12.0mm x 9.0mm[512 x 128]) Eye:R

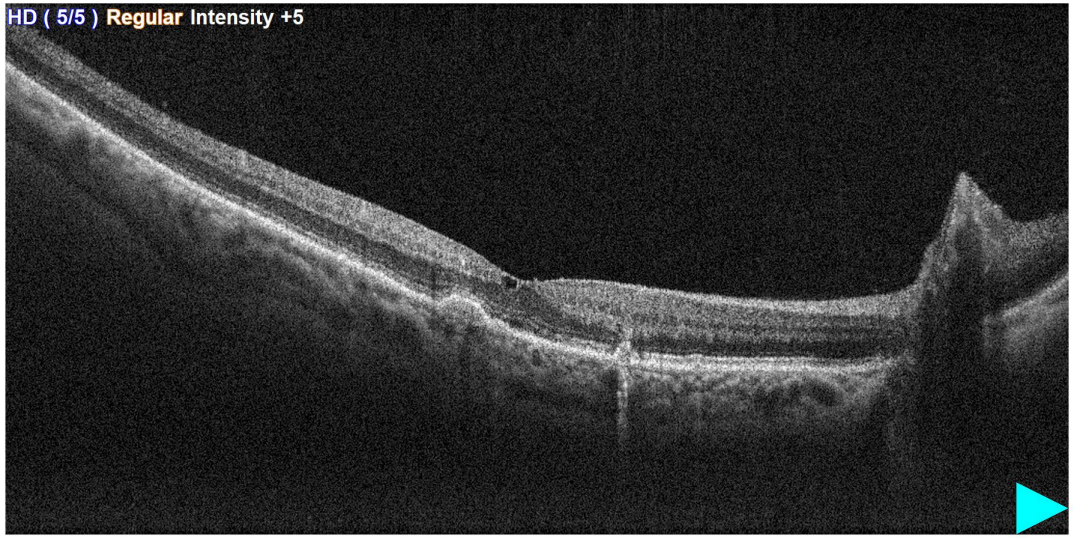
Retina Scan Duo

R	Image	S/N	Version(F/S)	Date	SQI	SSI	SLO	Focus[D]	Axial[mm]
	R	641516	10201/1.11.04	16/09/2025 16:35:57	---	8/10	---	+4.00	Gullstrand

Thickness Map(ILM - RPE/BM)



OCT(Horizontal Cross)

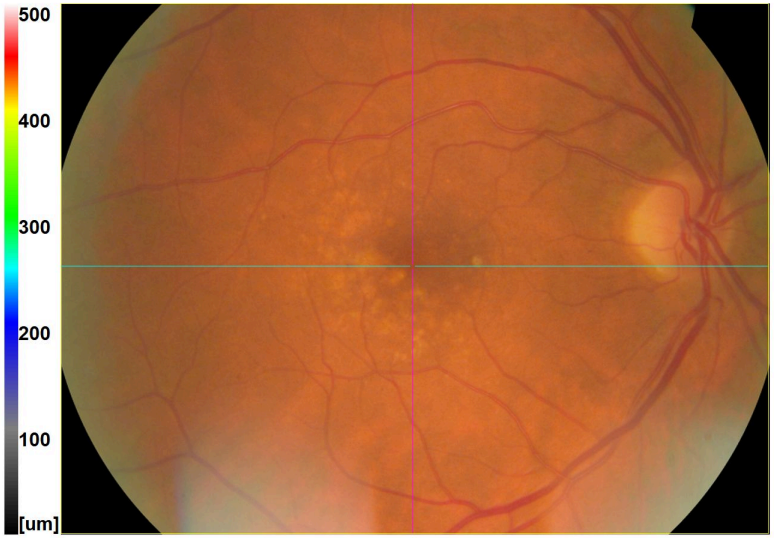


OCT Setting:MACULA MAP X-Y(12.0mm x 9.0mm[512 x 128]) Eye:R

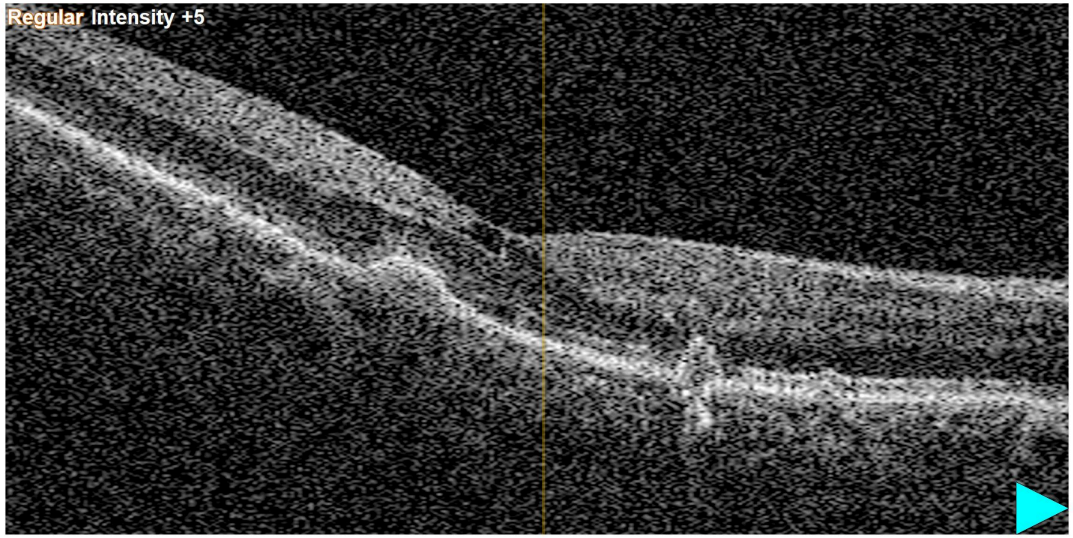
Retina Scan Duo

R	Image	S/N	Version(F/S)	Date	SQI	SSI	SLO	Focus[D]	Axial[mm]
	R	641516	10201/1.11.04	16/09/2025 16:35:57	---	8/10	---	+4.00	Gullstrand

Thickness Map(ILM - RPE/BM)



OCT(Horizontal 64 / 128)

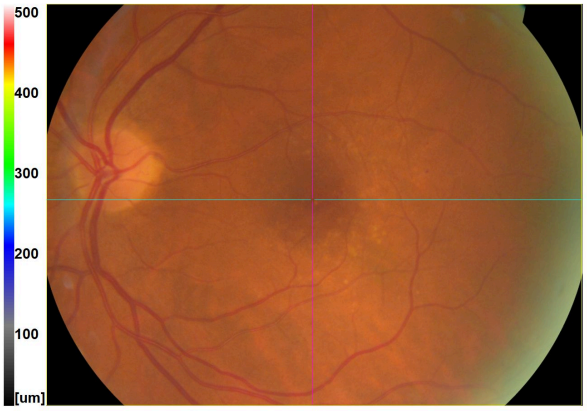


OCT Setting:MACULA MAP X-Y(12.0mm x 9.0mm[512 x 128]) Eye:L

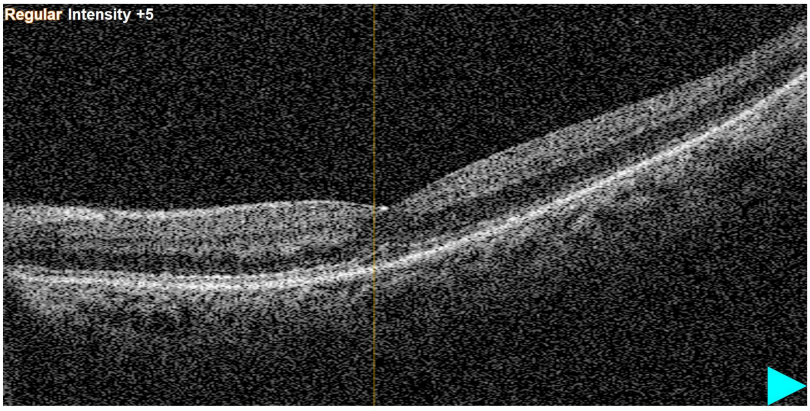
Retina Scan Duo

L	Image	S/N	Version(F/S)	Date	SQI	SSI	SLO	Focus[D]	Axial[mm]
	L	641516	10201/1.11.04	16/09/2025 16:36:57	---	8/10	---	+2.75	Gullstrand

Thickness Map(ILM - RPE/BM)



OCT(Horizontal 63 / 128)



NHS Lothian - Imaging Request

Referral To	Leith Community Treatment Centre Clinical Radiology LI Radiology Plain X-ray
Urgency of referral	Routine
Date of referral	23/03/2026
Date submitted	23/03/2026
UCPN	101039447223I

PATIENT DETAILS

CHI number:	0711571333
Name:	MR THOMAS HOGG
Date of birth:	07/11/1957
Sex:	Male

Contact Details

5 LOGANLEA DRIVE
EDINBURGH
EH7 6LS

Voice (Home) : 6571069
Voice (Mobile) : 0792 961 6066

REFERRING PRACTITIONER DETAILS

Name:	Dr. Tom Fitzgerald Frazer (GMC: 7131984)
Practice:	Baronscourt Surgery (70658)
Phone:	Voice : 0131 657 5444

Practice address

89 Northfield Broadway
Edinburgh
EH8 7RX

INVESTIGATION REQUESTED

Test Requested: **Forefoot both**

Reason for Request: 68 yom. Smoker, T2DM. 1 year hx bilateral hallux pain, can disturb sleep. O/E Antalgic gait, mild bunions. MTPJ squeeze painful ? OA ? Gouty changes

CLINICAL INFORMATION

Investigations

Description	Result	Date
Please provide smoking status :	Smoker	
Suspected :	Pain	
Could the patient be pregnant? :	Blank	

Signature of requesting doctor **Designation** **Date**

PATIENT INFO - Call Monday to Friday only
Radiology Departments – to arrange appointments:

East Lothian Community Hospital (Roodlands)	8:30am - 4:00pm	0131 536 6400
Lauriston Building	8:30am - 4:00pm	0131 536 6400
Leith Community Treatment Centre	8:30am - 4:00pm	0131 536 6400
Midlothian Community Hospital	9:15am - 4:00pm	0131 536 6400
Royal Hospital for Sick Children - **U16s Only**	8:30am - 4:00pm	0131 536 6400
Royal Infirmary of Edinburgh	9:00am - 5:00pm	0131 536 6400
St John's Hospital	8:30am - 5:00pm	0131 536 6400
Western General Hospital	8:30am - 5:00pm	0131 536 6400

Radiology Reports

Royal Infirmary of Edinburgh

Radiology Report

Patient Name:	Hogg Thomas MR	**Report Date:**	24-Sep-2009 15:54
Patient ID:	0711571333	**Accession No.:**	S312428526/36
Patient Birth Date:	07-Nov-1957	**Report Status:**	F
Referring Physician:	Mr JT Reid	**Reason For Study:**	

Report
Report

ULTRASOUND LEFT ELBOW
The distal 1 cm or so of the biceps tendon is not clearly seen although it appears substantially intact. The remainder of the biceps tendon is normal.

I am arranging MRI to exclude a significant injury to the distal biceps.

IB/CA

Royal Infirmary of Edinburgh

Radiology Report

Patient Name:	Hogg Thomas MR	**Report Date:**	09-Oct-2009 17:49
Patient ID:	0711571333	**Accession No.:**	S312428526/72
Patient Birth Date:	07-Nov-1957	**Report Status:**	F
Referring Physician:	Mr JT Reid	**Reason For Study:**	

Report
Report

MR LEFT ELBOW
I am sorry that it has taken so long to perform this examination. He actually had an initial MRI scan on 28.09.09 but the scan did not show the biceps tendon insertion.
The distal 1 cm or so of the biceps tendon is thickened and slightly bright. The appearances are consistent with a partial substance tear (or, if there were no history of trauma, tendinosis).

IB/CA

Royal Infirmary of Edinburgh

Radiology Report

Patient Name:	Hogg Thomas MR	**Report Date:**	12-Dec-2009 16:38
Patient ID:	0711571333	**Accession No.:**	S310000113616
Patient Birth Date:	07-Nov-1957	**Report Status:**	F
Referring Physician:	Dr Krishna Murthy	**Reason For Study:**	

Report
Clinical details
Trauma.

Report
No fracture.

JA/CB

The Royal Infirmary of Edinburgh

Radiology Report

Patient Name:	Hogg Thomas	**Report Date:**	24-Feb-2015 16:29
Patient ID:	0711571333	**Accession No.:**	S310004514272
Patient Birth Date:	07-Nov-1957	**Report Status:**	F
Referring Physician:	CLM1 Dr Claire L Stewart	**Reason For Study:**	

Clinical details

XR Chest
4/7 productive sputum, bilateral whheze ?focal consolidation

Report

No previous available for comparison.

Focal consolidation in the left lower lobe behind the heart. Cardiac contour is within normal limits. Suggest followup film in 4-6 weeks.

Reported by Dr Gordon Smith.

Reported by :

2nd Report by :

Verified by : *Dr James Gordon-Smith*

Produced by Carestream Health PACS

Western General Hospital

Radiology Report

Patient Name:	Hogg Thomas	**Report Date:**	03-Oct-2019 09:31
Patient ID:	0711571333	**Accession No.:**	S110009126200
Patient Birth Date:	07-Nov-1957	**Report Status:**	F
Referring Physician:	RADEX External Referrer	**Reason For Study:**	

Clinical details

XR Chest
61y/o smoker (8cigarettes/day) with history of working with pigeon's from the age of 9 until current. Presents with 5d history cough with green sputum, on examination diffuse fine crackles and slight expiratory wheeze. ? consolidation ?signs background COPD ?hypersensitivity pneumonitisMany thanks / Chest

Report
Normal cardiac, mediastinal and hilar contours.
Lungs clear with normal pulmonary vascularity.
(Slightly prominent nipple shadows)
No change from the previous RIE radiograph of 20/02/15.

Reported by Dr C M Turnbull
Consultant Radiologist

Reported by :

2nd Report by :

Verified by : *Dr Colin Turnbull*

Produced by Carestream Health PACS

Western General Hospital

Radiology Report

Patient Name:	Hogg Thomas	**Report Date:**	26-Dec-2019 10:48
Patient ID:	0711571333	**Accession No.:**	S110009321836
Patient Birth Date:	07-Nov-1957	**Report Status:**	F
Referring Physician:	PXAR Dr Philip A Reid	**Reason For Study:**	

Clinical details

CT Chest High Resolution
Bird fancier, smoker, cough, SOBOE, crackles throughout but CXR looks okay ?Chronic HP or all smoking related

Report
Minor linear atelectasis of the lingula. No other focal lung lesion. No lymph node enlargement within the thorax.
Upper abdominal solid organs are normal.
No sinister bone lesion.

Opinion: Minor linear atelectasis of the lingula. No other significant abnormality. No features of hypersensitivity pneumonitis.

Dr Deepak Subedi, Consultant Radiologist, WGH/SJH
deepak.subedi@nhslothian.scot.nhs.uk

Reported by :

2nd Report by :

Verified by : *Dr Deepak Subedi*

NHS Lothian - Radiology

Radiology Report

Patient Name:	Hogg, Thomas (Mr)	**Report Date:**	13/07/2022 09:54:00
Patient ID:	0711571333	**Accession No.:**	S110011787029
Patient Birth Date:	07/11/1957	**Report Status:**	D
Referring Physician:	NS144 Nabeel Salim	**Reason For Study:**	

Report

Clinical History
64M with scrotal pain for 4 weeks, treated with abx. US to r/o underlying testicular pathology

6529396 13/07/2022 US Testes

Both testes are of normal size, shape and echotexture. No focal testicular lesions identified. Normal blood flow in both testes.
There is a 6 mm anechoic cyst at the head of the right epididymis. Both epididymis are otherwise normal in appearance.
No hydroceles or varicoceles noted.

Conclusion: Simple right-sided epididymal cyst. No other scrotal pathology identified.

__
Justine Campbell. HCPC: RA39644.
Clinical Specialist Sonographer.

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

NHS Lothian - Radiology

Radiology Report

Patient Name:	Hogg, Thomas (Mr)	**Report Date:**	30/03/2023 08:01:00
Patient ID:	0711571333	**Accession No.:**	S110012690988
Patient Birth Date:	07/11/1957	**Report Status:**	A
Referring Physician:	DF60 Danny Fairbairn	**Reason For Study:**	

Report

Clinical History
"cough for at least 3-4 weeks, possibly longer. Some weight loss. Chest clear on examination. Retired worked at Powderhall incinerator. Keeps pigeons. Many thanks. " / Chest

7241237 24/03/2023 XR Chest

Normal cardiac, mediastinal and hilar contours.
The lungs are moderately hyperinflated and clear with normal pulmonary vascularity, with no plain radiographic signs of interstitial lung disease, and no change from previous radiographs..

Dr Colin Turnbull. GMC: 1327812
Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

NHS Lothian - Radiology

Radiology Report

Patient Name:	Hogg, Thomas (Mr)	**Report Date:**	16/06/2025 12:13:00
Patient ID:	0711571333	**Accession No.:**	S110015239692
Patient Birth Date:	07/11/1957	**Report Status:**	A
Referring Physician:	Unknown	**Reason For Study:**	

Report

Clinical History
67M, long time smoker, possible prev asbestos exposure, LOW, sweats, cough 7 weeks. No haemoptysis ? cause / Chest

9265585 13/06/2025 XR Chest

Comparison made to film of 24/03/2023.
Cardiac mediastinal contours are within normal limits.
Lungs are clear with no collapse or consolidation.

Dr Zoe Davis. GMC: 6165961
Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

Produced by Carestream Health PACS

NHS Lothian - Radiology

Radiology Report

Patient Name:	Hogg, Thomas (Mr)	**Report Date:**	04/07/2025 12:29:00
Patient ID:	0711571333	**Accession No.:**	S310015302374
Patient Birth Date:	07/11/1957	**Report Status:**	A
Referring Physician:	NV15 Nilesh Vakharia	**Reason For Study:**	

Report

Clinical History
Left sided throat pain, worse on rotation of neck to left and on mouth opening. Tenderness over left submandibular gland, but clnically, gland feels normal. No abnormality on nasolaryngoscopy. Heavy smoker. CT neck please to rule out submucosal/ hypopharyngeal pathology

9316858 03/07/2025 CT Neck With Contrast

Post contrast CT neck was acquired from the level of the centrum semiovale to the superior mediastinum. No comparison.

Findings:
Artefact from dental hardware degrades assessment of the oral cavity. The visualised airway is unremarkable. Attenuation within the tongue parenchyma is normal. There is no evidence of cervical lymphadenopathy or of other neck mass.

Visualised lung apices are unremarkable. Visualised intracranial contents are normal in appearance. There is multifocal dental loss with some resorption of the alveoli. Mild cervical degenerative change is noted.

Impression:
No neck mass identified.

Dr Susan Kealey. GMC: 6132963
Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

NHS Lothian - Radiology

Radiology Report

Patient Name:	Hogg, Thomas (Mr)	**Report Date:**	04/07/2025 12:29:00
Patient ID:	0711571333	**Accession No.:**	S310015302374
Patient Birth Date:	07/11/1957	**Report Status:**	A
Referring Physician:	NV15 Nilesh Vakharia	**Reason For Study:**	

Report

Clinical History
Left sided throat pain, worse on rotation of neck to left and on mouth opening. Tenderness over left submandibular gland, but clnically, gland feels normal. No abnormality on nasolaryngoscopy. Heavy smoker. CT neck please to rule out submucosal/ hypopharyngeal pathology

9316858 03/07/2025 CT Neck With Contrast

Post contrast CT neck was acquired from the level of the centrum semiovale to the superior mediastinum. No comparison.

Findings:
Artefact from dental hardware degrades assessment of the oral cavity. The visualised airway is unremarkable. Attenuation within the tongue parenchyma is normal. There is no evidence of cervical lymphadenopathy or of other neck mass.

Visualised lung apices are unremarkable. Visualised intracranial contents are normal in appearance. There is multifocal dental loss with some resorption of the alveoli. Mild cervical degenerative change is noted.

Impression:
No neck mass identified.

Dr Susan Kealey. GMC: 6132963
Consultant Radiologist.

Reported by :

2nd Report by :

Verified by :

NHS Lothian - Radiology

Radiology Report

Patient Name:	Hogg, Thomas (Mr)	**Report Date:**	02/04/2026 12:51:00
Patient ID:	0711571333	**Accession No.:**	S110016161661
Patient Birth Date:	07/11/1957	**Report Status:**	F
Referring Physician:	Unknown	**Reason For Study:**	

Report

Clinical History
68 yom. Smoker, T2DM. 1 year hx bilateral hallux pain, can disturb sleep. O/E Antalgic gait, mild bunions. MTPJ squeeze painful ? OA ? Gouty changes / Forefoot both

9989200 01/04/2026 XR Feet

Marked bilateral first metatarsophalangeal joint osteoarthritis, most marked on the left. No evidence of an erosive arthropathy.

Vascular calcification noted.

Dr Charlotte Algeo FRCR. GMC: 7636304
Radiology Registrar

Checked by Dr Alastair Matthews
Consultant Radiologist

Reported by : *Dr Alastair G Matthews*

2nd Report by :

Verified by : *Dr Charlotte Algeo*

Reports

Respiratory Physiology Service

Name: THOMAS HOGG **DOB:** 07-November-1957

Sex: M **Age:** 62.2 **Ht:** 1.570m **Wt:** 63.0kg **BMI:** 25.6

CHI: 0711571333 **Report to:** Resp.op/Dr.Phil.Reid

Flow-Volume Loops Report

Expiratory Loop	Pre-Bronchodilator	Post-Bronchodilator		Predicted	Range*
FEV1 (L)	2.50			2.66	1.99 -- 3.29
FVC (L)	3.79			3.37	2.56 -- 4.19
FEV/FVC (%)	66.0			78.7	66.2 -- 89.6
PEF (L/s)	6.94			9.16	7.16 -- 11.16
FEF50 (L/s)	1.66			3.68	1.50 -- 5.86
FEF75 (L/s)	0.58			1.14	-0.15 -- 2.43
FEF25-75	1.45			3.07	1.35 -- 4.79
Inspiratory Loop					
FVC (L)	3.62				
FIF50 (L/s)	4.88				
FEF50/FIF50	0.34				

Note: A copy of the Flow-Volume Loops will be attached to the report.

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (27-Jan-2020): SMOKER; ?HSP;

Mild obstructive ventilatory defect. Flow rates in normal range.
No evidence of intra or extra airflow obstruction.
KF

Respiratory Physiology Service

Name: THOMAS HOGG **DOB:** 07-November-1957

Sex: M **Age:** 62.2 **Ht:** 1.570m **Wt:** 63.0kg **BMI:** 25.6

CHI: 0711571333 **Report to:** Resp.op/Dr.Phil.Reid

Gas Transfer / Lung Volumes / Plethysmography Report

Date			27-Jan-2020				
	Value	Value	Value	%Pred	Predicted	Range*	
Ventilatory Capacity							
FEV1 (L)			2.50	94	2.66	1.99 -	3.29
VC (L)			3.79	112	3.37	2.56 -	4.19
FEV1/VC (%)			66.0		78.7	66.2 -	89.6
PEFR (L/Min)			416	97	427	306 -	547
Response to Bronchodilator							
Dose 1							
Bronchodilator							
Time after Admin (mins)							
FEV1 (L)							
VC (L)							
FEV1/VC (%)							
PEFR (L/Min)							
Lung Volumes							
FRC (L)					3.14	2.15 -	4.13
RV (L)					2.20	1.52 -	2.88
VC (L)					3.37	2.56 -	4.19
TLC (L)					5.46	4.31 -	6.62
RV/TLC (%)					38.2	29.2 -	47.2
Lung Volumes (Body Pleth)							
Thor. Gas Vol. (L)							
RV (L)					2.20	1.52 -	2.88
VC (L)					3.37	2.56 -	4.19
TLC (L)					5.46	4.31 -	6.62
RV/TLC (%)					38.2	29.2 -	47.2
Airways Resistance [Raw] (kPa/L/S)					Normal Limit < 0.2		
Specific Conductance (L/Raw per L)					Normal Limit > 1.1		
CO Transfer Factor							
TCO (mmol/min/kPa)			8.58	117	7.31	4.98 -	9.64
KCO (mmol/min/kPa/L)			1.37	102	1.34	0.89 -	1.79
V_A (L)			6.26				
TCO (Hb corr)							
KCO (Hb corr)							

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (27-Jan-2020): SMOKER; ?HSP;

Mild obstructive ventilatory defect.
Transfer Factor is in normal range.
KF/JM

Respiratory Physiology Service

Name: THOMAS HOGG **DOB:** 07-November-1957

Sex: M **Age:** 62.2 **Ht:** 1.570m **Wt:** 63.0kg **BMI:** 25.6

CHI: 0711571333 **Report to:** Resp.op/Dr.Phil.Reid

Incremental Walking Report

Date						27-Jan-2020
At Rest:						
Saturation (%)						99
Heart Rate (BPM)						80
Breathlessness						0
On Exercise:						
Level 1						99
Level 2						99
Level 3						98
Level 4						99
Level 5						99
Level 6						98
Level 7						97
Level 8						
Level 9						
After Exercise:						
Saturation (%)						97
Heart Rate (BPM)						123
Breathlessness						2
Perceived Exertion						13
Distance (m)						441
Reason for Stop*						

O2 Saturation

* Key: 1 = Unable to complete shuttle; 2 = Stopped voluntarily; 3 = Saturation < 80%, 4 = Test Completed

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (27-Jan-2020): SMOKER; ?HSP;

Patient achieved 441m completing level 7 and stopping due to tight feeling in right leg.
No desaturation during exercise.
KF

Respiratory Physiology Service

Name: THOMAS HOGG **DOB:** 07-November-1957

Sex: M **Age:** 62.2 **Ht:** 1.570m **Wt:** 63.0kg **BMI:** 25.6

CHI: 0711571333 **Report to:** Resp.op/Dr.Phil.Reid

Peak Expiratory Flow Report

		Predicted	Range*
Baseline PEF (L/Min)	416	427	306 - 547
Post Bronchodilator PEF (L/Min)			

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (27-Jan-2020): SMOKER; ?HSP;

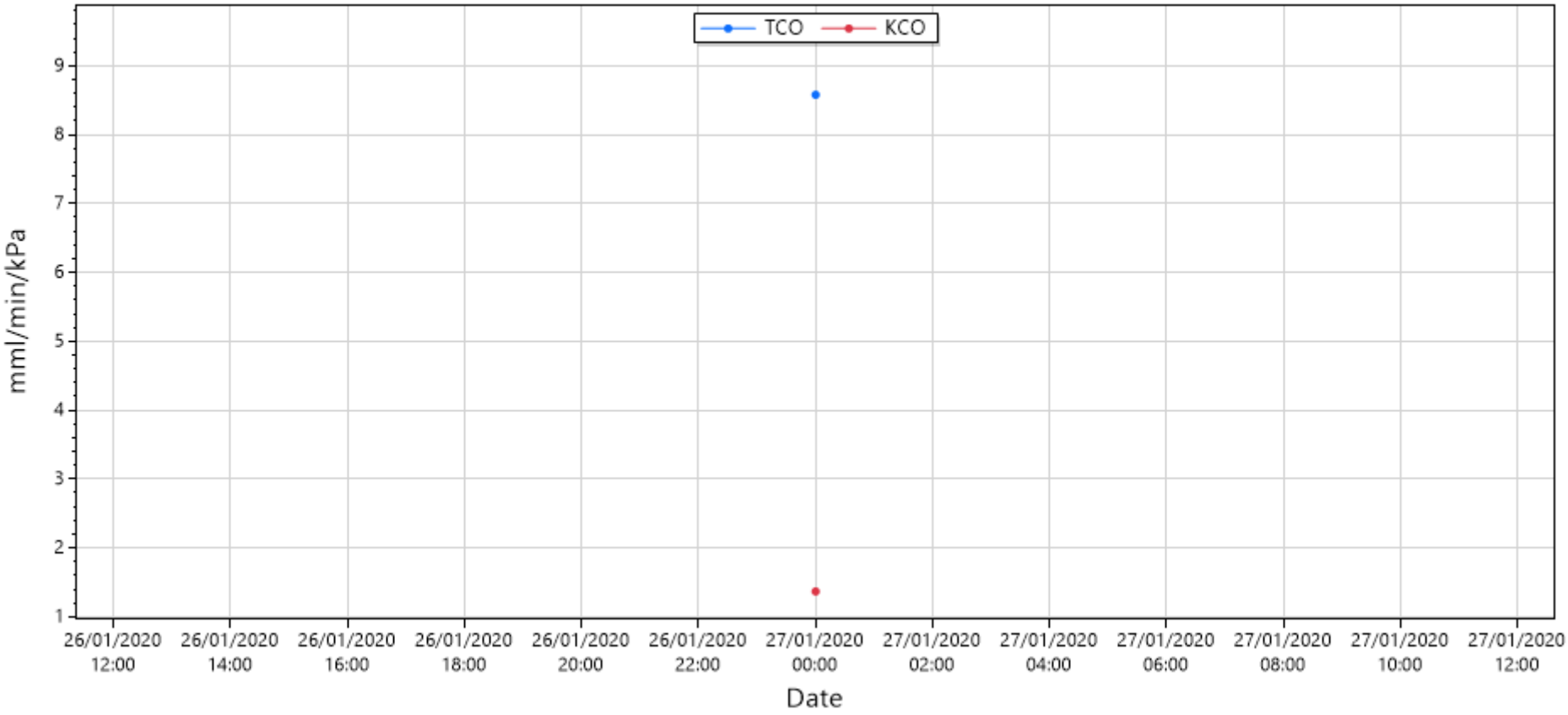
Respiratory Physiology Service

Name: THOMAS HOGG **DOB:** 07-November-1957

Sex: M **Age:** 62.2 **Ht:** 1.570m **Wt:** 63.0kg **BMI:** 25.6

CHI: 0711571333 **Report to:** Resp.op/Dr.Phil.Reid

Transfer Factor Graph



Respiratory Physiology Service

Name: THOMAS HOGG **DOB:** 07-November-1957

Sex: M **Age:** 62.2 **Ht:** 1.570m **Wt:** 63.0kg **BMI:** 25.6

CHI: 0711571333 **Report to:** Resp.op/Dr.Phil.Reid

Ventilatory Capacity Report

Date			27-Jan-2020			
	Value	Value	Value	%Pred	Predicted	Range*
Ventilatory Capacity						
FEV1 (L)			2.50	94	2.66	1.99 - 3.29
VC (L)			3.79	112	3.37	2.56 - 4.19
FEV1/VC (%)			66.0		78.7	66.2 - 89.6
PEFR (L/Min)			416	97	427	306 - 547

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (27-Jan-2020): SMOKER; ?HSP;

Mild obstructive ventilatory defect.
Transfer Factor is in normal range.
KF/JM

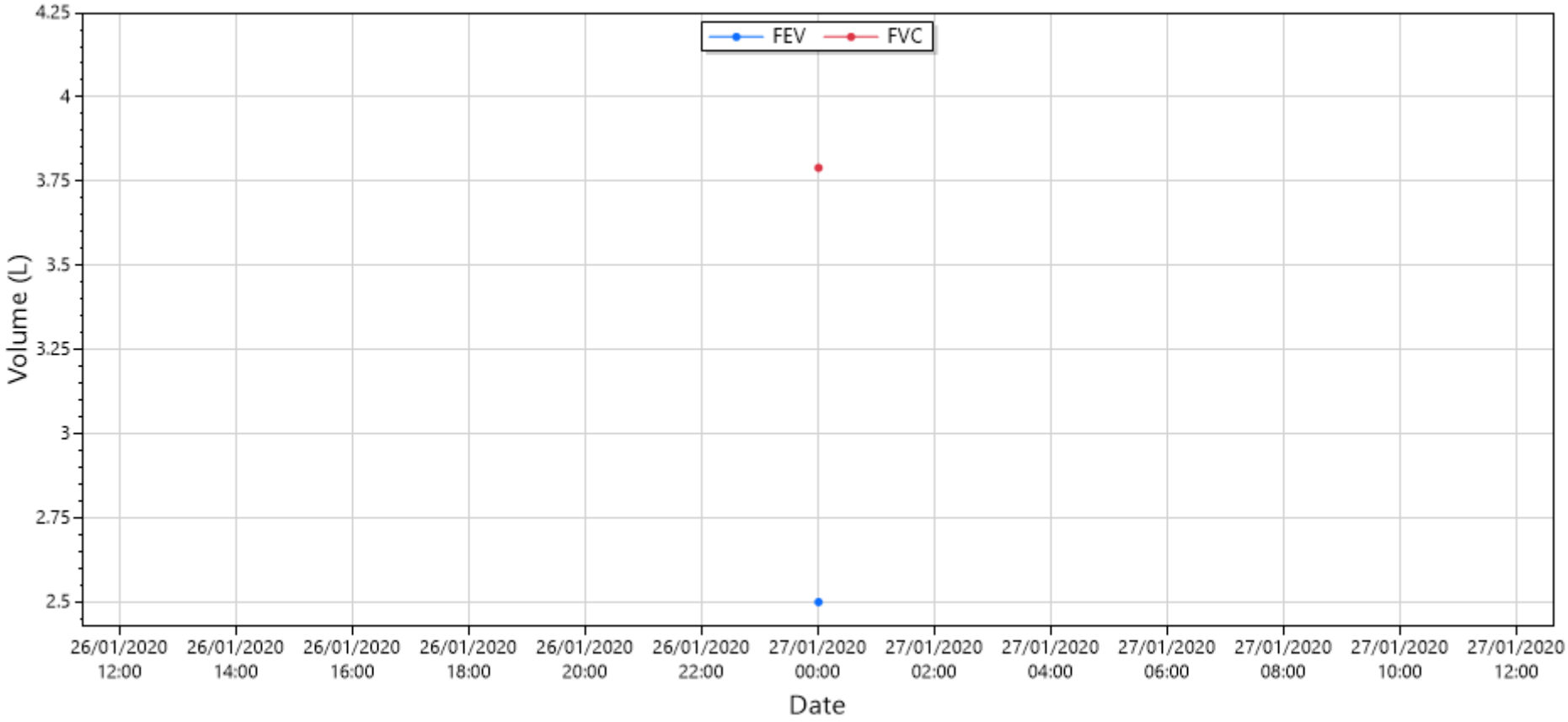
Respiratory Physiology Service

Name: THOMAS HOGG **DOB:** 07-November-1957

Sex: M **Age:** 62.2 **Ht:** 1.570m **Wt:** 63.0kg **BMI:** 25.6

CHI: 0711571333 **Report to:** Resp.op/Dr.Phil.Reid

Ventilatory Capacity Graph



Case Notes

Rapid Access Referral Form (WET AMD ONLY)

101037704036R
Unique Care Pathway Number: 101037704036R

Urgency of referral **Urgent**

Patient Surname		Patient Forename			Title	Optometrist Details
HOGG		THOMAS			Mr	Jayshree Vijayasankar Specsavers Opticians (40248) T/A LEITH VISIONPLUS 37 NEWKIRKGATE SHOPPING CENTRE LEI EDINBURGH EH6 6AA 0131 555 9580
DOB	07/11/1957	**CHI**	0711571333	**SEX**	M	
Address	5 LOGANLEA DRIVE EDINBURGH					
Postcode	EH7 6LS	**Tel No**	07929616066			
Ethnicity	Scottish					
Location Code:	40248	**HCP Code**				**Date of Referral:** 19/09/2025

Armed Forces Personnel, Immediate families and veterans

Previous Attendance at HES	No
If Yes ? Date	
If Yes ? Location	
Translator Required	-
If Yes ? Language	

Vision	Sph	Cyl	Axis	VA	PH VA	Add	NVA
R	-	-	-	6/6	-	-	-
L	-	-	-	6/6	-	-	-

Applanation Tonometry **R** 15 mmhg **L** 16 mmhg
Applanation Yes

Relative Afferent Pupillary Defect No

Date of Last Eye Test 22/07/2021 **Acuity at Last Eye Test** **Right** 6/6 **Left** 6/6

	R	L
Complaint/Symptoms	Mr Hogg has presented for his routine check and is diabetic for 9 years. He notes a "c shaped" floater? inferiorly which comes and goes. On OCT I am seeing PED/lamellar hole? Referral to his GP has been sent to monitor his diabetic control. Could you please see Mr Hogg for further management and investigation given how close it is to his macular. Many thanks.	background DR.
Duration of Visual Loss	-	-

Describe Findings	soft drusens PED + lamellar hole?	soft drusen background DR
Fundus Image (Preferable)	Yes	Yes

GP informed of referral? (Do not send a copy of this letter use separate GP letter for information only)	**GP**	RICHARD JACK **GP Code:** S4031 **GMC Code:** 6151116
	GP Practice	**Practice Code:** 70658 Baronscourt Surgery 89 Northfield Broadway Edinburgh EH8 7RX

NHS Lothian

Ophthalmology
Continuation Sheet/Progress Notes

600070409E M 07/11/1957
Na Hogg, Thomas
5 Loganlea Drive,
Edinburgh,
DC Midlothian, EH7 6LS

Hc CHI 0711571333
70658 NB Ahmed Ainuddin

Date	Right Eye	Left Eye	Signature
28·11·2025	$6/6^{-3}$ gio VA gio 6/18 ph 6/12		
13:55	16 i care 15		
	gtts L' RE		Caylia A.
	– Hg –		
	dtp tx		
	– gtt –		
	Δ Hrms		
	Dmg ++		
	no fmd		
	Hmd to dtp scaring		
	CD (u vcfr of wet cavern		
	wav to CP/20		
		B-Dmg	

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Ophthalmology Continuation Sheet/Progress Notes	Addressograph, or Name: DOB: Hospital no/CHI:

Date	Right Eye	Left Eye	Signature

Authorised:Jul 2022
Review: Jul 2025