Report

A proportion of biopsy reports issued from NHS Lothian Pathology have utilised immunohistochemistry tests which are currently awaiting accreditation to ISO15189. However, all immunohistochemistry tests are appropriately validated and are matched with appropriate controls. If you have any queries about this, please contact the Head of Speciality for Pathology, Dr Marie Mathers at marie.mathers@nhslothian.scot.nhs.uk

Clinical Summary

Lesion left chest wall, catching on things, bleeding, had a long time.

Specimen

Lesion left chest wall.

Macroscopy

The specimen consists of a superficial shave of pigmented skin measuring 9 x 8 x 2 mm. Bisected. Two all taken in one cassette.

Specimen trimmed by: Linda Green, BMS

Microscopy

Skin, left chest wall:

Part of a seborrhoeic keratosis.

Test Comments

(RPT)	Pathologists :
(RPT)	Skin Pathology Team
(RPT)	Dr Asok Biswas

Sample Comments

Suffix Skin Bx

Report Information

Requestor	Smith, Dr Geoffrey K
Requesting Location	(GSSTT) St Triduanas Medical Practice
Report Identifier	UB052197H/17
Sample Date	20/04/2017 10:33:00

XR Orthopantomogram

XR Orthopantomogram

Clinical details

XR Orthopantomogram
carious UR8 LR8 UL6. assessment of LL8

Report
A premolar is from each quadrant. All other permanent teeth are present, although only roots of 26 remain.

18, 36 and 48 are obviously carious and its not possible to confidently diagnose or exclude presence of other lesions.

The roots of 26 have peripaical radiolucencies. The periodontal ligament space around the apex of the distal root of 36 is slightly wide.

48 is vertically positioned, has 2 roots with a small periapical radiolucency. The inferior dental canal is superimposed over the apices, however the cortices of the canal remain visible and the roots do not darken.

Reporting Radiologist: Donald J Thomson

Report Information

Requestor	UNKNOWN, UNKNOWN
Requesting Location	( )
Report Identifier	27852343
Sample Date	25/09/2017 13:30:00

US Abdomen and Pelvis

US Abdomen and Pelvis

24 hours central abdo pain moving into RIF; associated nausea and vomiting; normal bowel movements. Bloods NAD - normal inflamm markers. Needs Pelvic USS to assess ovarian pathology and ?appendicitis. Story most in keeping with appendicitis, but hasn't given us urine sample yet to test for pregnancy/UTI. Many thanks

US Abdomen and Pelvis

No abnormality is seen in the liver, gallbladder, normal calibre common duct, either kidney, normal sized spleen nor the visible majority of the pancreas.
Hepatopetal portal and splenic vein flow noted.
No abnormality of uterus and ovaries detected (dominant follicle was left sided).
Trace of pouch of Douglas fluid.
Central abdominal structures are obscured by overlying bowel shadows.

Reporting Radiologist: Dr Tom Fitzgerald

Report Information

Requestor	Blythe, Andrew
Requesting Location	(RIE106) RIE Ward 106
Report Identifier	30387876
Sample Date	20/07/2018 21:36:00

XR Pelvis

XR Pelvis

Clinical History
fall at home backwards. C/o severe lumbar pain and anterior pelvic pain since - struggling to weight bear. Has had analgesia. ?#

6294990 27/02/2022 XR Pelvis

No fracture.
Mild osteophytic lipping of the superiolateral aspects of the acetabula bilaterally.
The hip joint spaces remain well preserved.
Normal sacroiliac joints.

6294991 27/02/2022 XR Lumbar Spine

No acute bony abnormality. Mild infraction of the inferior endplates of L3-L4.
The vertebral body heights, disc spaces and spinal alignment are maintained.
The SI joints are visualised and appear intact.

—
Stuart Williamson. HCPC: RA62937
Reporting Radiographer.

Reporting Radiologist: Stuart Williamson

XR Lumbar Spine

XR Lumbar Spine

Clinical History
fall at home backwards. C/o severe lumbar pain and anterior pelvic pain since - struggling to weight bear. Has had analgesia. ?#

6294990 27/02/2022 XR Pelvis

No fracture.
Mild osteophytic lipping of the superiolateral aspects of the acetabula bilaterally.
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6294991 27/02/2022 XR Lumbar Spine

No acute bony abnormality. Mild infraction of the inferior endplates of L3-L4.
The vertebral body heights, disc spaces and spinal alignment are maintained.
The SI joints are visualised and appear intact.

—
Stuart Williamson. HCPC: RA62937
Reporting Radiographer.

Reporting Radiologist: Stuart Williamson

Report Information

Requestor	Burn, Susan
Requesting Location	(RIEAE2) 2 - IC, A&E
Report Identifier	41433800
Sample Date	27/02/2022 09:55:00

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XR Ankle Lt

XR Ankle Lt

Clinical History
inverted left ankle 2 nights ago after slipping on wet floor. BT and swollen left lat mal ?#

8424195 10/07/2024 XR Ankle Lt

Oblique fracture through the distal fibula at the level of the syndesmosis. No talar shift on the current view.

—
Dr Alastair McKenzie. GMC 7329062
Radiology Consultant.

Reporting Radiologist: Dr Alastair S Mckenzie

Report Information

Requestor	Marshall, Sarah J
Requesting Location	(WGHACOPD) WGH Ambulatory Care OP Desk
Report Identifier	49241656
Sample Date	10/07/2024 16:53:00

XR Foot Rt

XR Foot Rt

Clinical History
injury to foot 6 days ago swollen/bruised BT over 5th MT ? #

9195959 18/05/2025 XR Foot Rt
Minimally displaced fracture through the base of the fifth metatarsal.

—
Dr Andrew Baird. GMC: 6031015
Consultant Radiologist.

Reporting Radiologist: Dr Andrew Baird

Report Information

Requestor	Rose, Clare
Requesting Location	(WGHMINOR) Minor Injuries Clinic, WGH
Report Identifier	52103443
Sample Date	18/05/2025 18:34:00

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XR Foot Rt

XR Foot Rt

Clinical History
injury to foot 6 days ago swollen/bruised BT over 5th MT ? #

9195959 18/05/2025 XR Foot Rt
Minimally displaced fracture through the base of the fifth metatarsal.

—
Dr Andrew Baird. GMC: 6031015
Consultant Radiologist.

Reporting Radiologist: Dr Andrew Baird

Report Information

Requestor	Rose, Clare
Requesting Location	(WGHMINOR) Minor Injuries Clinic, WGH
Report Identifier	52103443
Sample Date	18/05/2025 18:34:00