

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Dermatology GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Victoria Infirmary 55 Grange Road Glasgow G42 9LF	Hospital and hospital address Hospital location code: G306H Email address:
Urgency of referral Date of referral	ROUTINE 05-Jun-2013 Date sent 06-Jun-2013

PATIENT DETAILS	Patient's address
Surname: Honeyman Forename(s): Catherine Title: Mrs Sex: Female Date of birth: 01-Feb-1949 CHI no.: 0102496145 Area of Residence:	10 Melville St GLASGOW G41 2LN Contact number(s): Voice: 422 1580

1010054559681	Unique Care Pathway Number: 1010054559681
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REGISTERED GP DETAILS	Practice address
Name: Dr Graeme Marshall GMC code: 3486557 GP code: 08095 Practice name: Gorbals Health Centre Practice code: 49074	Gorbals Health Centre 45 Pine Place Glasgow G5 0BQ Contact number(s): Voice: 0141 531 8250 Facsimile: 0141 531 8248

REFERRING GP DETAILS	Practice address
Name: Dr. Graeme Marshall GMC code: 3486557 GP code: 08095 Practice name: Drs Mills & Marshall Practice (49074) Practice code: 49074	Gorbals Health Centre 45 Pine Place Glasgow G5 0BQ Contact number(s): Voice: 0141 531 8250



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

Description: Scarring

Comment: Dear Doctor

I would be grateful if you would see Catherine who has an odd problem. She has been bitten severely by mosquitos over the years. This has left numerous scars over her arms, leg and shoulders. She has multiple scar area that look a little like she has been injecting intravenous drugs. This is of coarse not the case. The scars are so significant she does not wear clothing that exposes her. She wished me to prescribe camouflage treatment when I looked into the pros and cons of this it appears that the patient needs matched for different creams. The Pharmacist whom advised me of this suggested that this is sone by dermatology department. I would be grateful if you would let me know who I go about matching or if you require to see her to do this.

Thank you for your help.

Yours sincerely

Dr G Marshall

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Uveitis NOS	-	17-Jul-2012	17-Jul-2012
Osteoarthritis	-	22-Feb-2012	22-Feb-2012
Local infection skin/subcut tissue NOS	-	24-Oct-2011	24-Oct-2011
Ischaemic heart disease NOS	Disease: SPICE IHD,	14-May-2007	14-May-2007
Essential hypertension	Disease: SPICE Hypertension,	02-Nov-2005	02-Nov-2005
Gastro-oesophageal reflux	-	01-Jan-1998	01-Jan-1998
Neurotic depression reactive type	-	02-Dec-1996	02-Dec-1996
Other specified drug dependence NOS	patient suffered a back injury - on dyhydrocodeine - dependence	06-Jun-1995	06-Jun-1995
Osteoarthritis	-	01-Jan-1989	01-Jan-1989
Benign breast cyst	-	01-Jan-1989	01-Jan-1989
Fibrocystic disease of breast	-	01-Feb-1988	01-Feb-1988
H/O: injury	Back	01-Jan-1860	01-Jan-1860

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Endoscopic endometrial polypectomy	-	22-Dec-2011	22-Dec-2011
Diagnostic hysteroscopy	-	22-Dec-2011	22-Dec-2011
Skin wound swab taken	shin	24-Oct-2011	24-Oct-2011
Other total prosthetic replacement of knee joint (Right)	2nd stage	22-Jun-2011	22-Jun-2011
Revision of total knee replacement NEC	1st & 2nd Knee	20-May-2011	20-May-2011
Removal of prosthetic knee joint	-	27-Mar-2011	27-Mar-2011
Closed reduction of fracture of tibia and or fibula	undisplaced right distal tibia	14-Oct-2010	14-Oct-2010
Knee joint operations	Right Removal of patellar button	04-May-2010	04-May-2010
Primary total knee replacement NEC	Left	27-Jan-2010	27-Jan-2010
Depression screening using questions	:	06-Feb-2008	06-Feb-2008

Other total prosthetic replacement of knee joint	Right	12-Dec-2005	12-Dec-2005
Total cholecystectomy NEC	-	01-Apr-1992	01-Apr-1992

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPSULE	1 Cap In the morning	-	12-Mar-2012	07-May-2013
Glyceryl Trinitrate Cfc-free, pump spray 400 micrograms/dose (200 dose)	1	1 SPRAY	ONE OR TWO SPRAYS UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN	-	23-Feb-2011	03-Jun-2013
Bendroflumethiazide Tablets 2.5 mg	56	56 TABS	1 Tab In the morning	-	23-Feb-2011	07-May-2013
Atenolol Tablets 25 mg	56	56 TABS	1 Tab In the morning	-	27-Apr-2011	07-May-2013
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	1 TAB In the morning	-	22-Jun-2011	07-May-2013
Tramadol Hydrochloride Capsules 50 mg	224	224 CAPS	4 Caps Twice daily	-	22-Jun-2011	03-Jun-2013
Aspirin Dispersible tablets 75 mg	56	56 TABS	1 Tab In the morning	-	11-Jul-2011	07-May-2013

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Capsaicin Cream 0.025 %	45	45 gram	APPLY FOUR TIMES A DAY	-	03-Jun-2013	03-Jun-2013
Amoxicillin Capsules 500 mg	15	15 CAPSULE	ONE TO BE TAKEN THREE TIMES A DAY	-	25-Jan-2013	25-Jan-2013

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		19-Sep-2012
Ex smoker:		24-Oct-2011
Ex smoker:	Recorded through Combined Vaccination priority=2	27-May-2011
Ex smoker:	Disease: SPICE Basic Health Values, priority=2	20-Nov-2009
Ex smoker:	Recorded through Combined Vaccination priority=2	02-Dec-2008
Teetotaler:		07-Dec-2011
Alcohol consumption, 4 units/week:		24-Oct-2011
Alcohol consumption:	28:units/week priority=2	06-Feb-2008
Alcohol consumption:		06-Feb-2008
Alcohol intake above recommended sensible limits: : priority=2		06-Feb-2008
Declined referral to physical exercise programme:		07-Dec-2011
Exercise grading, 1:		24-Oct-2011
Declined referral to physical exercise programme:		24-Oct-2011
Exercise grading NOS, 1:		24-Oct-2011
Exercise grading:	3: priority=2	06-Feb-2008

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date

ELECTIVE ANGIOGRAPHY/PCI (NHS Scotland, vR12)

Hospital use only	Clinic	Date of submission 09 May 2013	Time 13:24:17
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101005319772L

Unique Care Pathway Number: 101005319772L

REFERRAL LETTER

MEDICAL IN
CONFIDENCE

Priority Routine
Priority FOR DR DAVIE'S
reason LIST ASAP
 (AWAITING
 SHOULDER
 REPLACEMENT) ?
 22/5/13 ?
 29/5/13 (?
 15/5/13)

REFERRAL TO

Cardiology A2
 nonGP AngioPCI ELECTIVE

**Consultant / receiving
 practitioner and/or
 specialty clinic**

Golden Jubilee National Hospital
 Beardmore Street
 Clydebank
 G81 4HX
 Telephone: 0141 951 5627/5639

Location code

D102H

PATIENT DETAILS

Surname HONEYMAN
Forename (s) CATHERINE
Date of birth 01/02/1949 **Gender** Female
CHI no. 0102496145

Patient's address

0/2
 10 MELVILLE STREET
 GLASGOW
 G41 2LN

Contact number(s)

Voice: 0141 422 1580

REFERRING HCP DETAILS

Name Andrew Davie
GMC code 3476237
Organisation Cardiology Services
 (GG&C): Southern
 General Hospital

Organisation address

NHS GG&C
Contact number
 0141 201 1765

CLINICAL INFORMATION**History of presenting complaint / examination findings / investigation results****Presenting complaint**

Description: ELECTIVE ANGIOGRAPHY/PCI

Probable Cor angio only.
procedure:

Additional information: ?ANGINA

AWAITING SHOULDER REPLACEMENT

Reason for referral

Referral type: Day case

Nature of request: Treat

Medical history

No medical history recorded

Previous history

No previous history recorded

Indications

<u>Description/Question</u>	<u>Detail</u>	<u>Result/Comments</u>
Chronic stable angina	Yes	

Tests

<u>Description/Question</u>	<u>Detail</u>	<u>Result/Comments</u>	<u>Date</u>
HB	No		
Urea	No		
Creatinine	No		
eGFR	No		
ECG	Yes	Normal	

Medication

Aspirin	Yes	Loop diuretic	No	Statin	Yes
Clopidogrel	No	Thiazide	No	Fibrate	
Prasugrel	No	ACEI	No	Other lipid lowering	
Dipyridamole	No	ARB	No	Metformin	No

LMWH	No	Spironolactone	No	Sulphonylurea	No
Warfarin	No	Eplerenone	No	Glitazone	
Beta-blocker	Yes	Digoxin	No	Insulin	No
CCB	No	Amiodarone	No	Other diabetic drug	
Nitrate	Yes	Sotalol	No	Ranitidine	
Nicorandil	No	Class I antiarrhythmic	No	PPI	

Risks

No risks recorded

Additional relevant information
Date of referral

09 May 2013

Date of creation

09 May 2013



Pre-assessment clinic
Orthopaedics
Southern General Hospital
2/5/13

Cons: Mr Martin

Cardiology Department
Southern General Hospital

**Re: Catherine Honeyman, DOB: 1/2/49, CHI: 0102496145, Address: Flat 0/2, 10
Melville Street, Glasgow, G41 2LN**

Dear Doctor,

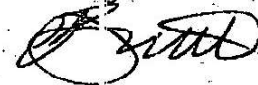
We would be grateful for your input with the above patient. Mrs Honeyman is a 64 year old lady with a past history of hypertension and angina as well as having had numerous surgical interventions including cholecystectomy, bilateral knee replacements, I&D of groin abscesses and removal of benign breast lumps. She is a Jehovah's witness. Her current BMI is 36.

She is due to undergo a left shoulder replacement under Mr Martin however upon attending pre-assessment she reported increasing frequency of her angina. It is now occurring on a weekly basis most often when climbing the stairs. She feels it is now limiting her ability to carry out some of her daily activities. Unfortunately I do not have her latest ECG to hand. Examination was unremarkable.

Current medications include fluoxetine, bendroflumethiazide, aspirin, atenolol, omeprazole and tramadol.

We would greatly appreciate it if you would be able to see Mrs Honeyman prior to us re-arranging her operation.

Kind Regards



Caroline Bisset
GPST1

CUMU 2/5/13
11-00



Hospital use only	Clinic	Day - Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO		
Gynaecology - Post Menopausal Bleeding GGC Post-Menopausal Bleeding		Consultant / receiving practitioner and/or specialty clinic
Southern General Hospital 1345 Govan Road Glasgow G51 4TF		Hospital and hospital address Hospital location code: G405H Email address:
Urgency of referral	URGENT	
Date of referral	19-Sep-2012	Date sent 20-Sep-2012

PATIENT DETAILS		Patient's address
Surname	Honeyman	10 Melville St GLASGOW G41 2LN Contact number(s) Voice: 422 1580
Forename(s)	Catherine	
Title	Mrs	
Sex	Female	
Date of birth	01-Feb-1949	
CHI no.	0102496145	
Area of Residence		

101004221894M	Unique Care Pathway Number: 101004221894M
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REGISTERED GP DETAILS		Practice address
Name	Dr Graeme Marshall	
GMC code	3486557	GP code 08095
Practice name	Gorbals Health Centre	
Practice code	49074	
		Contact number(s) Voice: 0141 531 8250 Facsimile: 0141 531 8248

REFERRING GP DETAILS		Practice address
Name	Dr. Catherine Mills	
GMC code	2819473	GP code 08923
Practice name	Drs Mills & Marshall Practice (49074)	
Practice code	49074	
		Contact number(s) Voice: 0141 531 8250

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

Description: Post Menopausal Bleeding

Comment: Dear Doctor

Thank you for seeing this 63-year old woman who has a history of post menopausal bleeding in the past which was investigated and this has recurred over the past week. She gives a week history of PV bleeding like a period but there are no clots. She had a similar presentation in January of this year and was found to have an endometrial polyp at hysteroscopy. She has been well since then but today she was bleeding and declined PV examination. I checked her bloods today including tumour markers and I would be grateful for your assessment of her at your clinic for her post-menopausal bleeding.

I plan to see her back next week when hopefully the bleeding will have stopped as I have given her tranexamic acid in the meantime. If there is anything found on examination then I will inform the clinic of this before her attendance. Thank you for seeing her again.

Yours sincerely,

Dr C Mills

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Shoulder pain	-	31-Aug-2012	31-Aug-2012
Uveitis NOS	-	17-Jul-2012	17-Jul-2012
Osteoarthritis	-	22-Feb-2012	22-Feb-2012
Local infection skin/subcut tissue NOS	-	24-Oct-2011	24-Oct-2011
Ischaemic heart disease NOS	Disease: SPICE IHD,	14-May-2007	14-May-2007
Essential hypertension	Disease: SPICE Hypertension,	02-Nov-2005	02-Nov-2005
Gastro-oesophageal reflux	-	01-Jan-1998	01-Jan-1998
Neurotic depression reactive type	-	02-Dec-1996	02-Dec-1996
Other specified drug dependence NOS	patient suffered a back injury - on dyhydrocodeine - dependence	06-Jun-1995	06-Jun-1995
Osteoarthritis	-	01-Jan-1989	01-Jan-1989
Benign breast cyst	-	01-Jan-1989	01-Jan-1989
Fibrocystic disease of breast	-	01-Feb-1988	01-Feb-1988
H/O: injury	Back	01-Jan-1860	01-Jan-1860

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Endoscopic endometrial polypectomy	-	22-Dec-2011	22-Dec-2011
Diagnostic hysteroscopy	-	22-Dec-2011	22-Dec-2011
Skin wound swab taken	shin	24-Oct-2011	24-Oct-2011
Other total prosthetic replacement of knee joint (Right)	2nd stage	22-Jun-2011	22-Jun-2011
Revision of total knee replacement NEC	1st & 2nd Knee	20-May-2011	20-May-2011
Removal of prosthetic knee joint	-	27-Mar-2011	27-Mar-2011
Closed reduction of fracture of tibia and or fibula	undisplaced right distal tibia	14-Oct-2010	14-Oct-2010
Knee joint operations	Right Removal of patellar button	04-May-2010	04-May-2010



Primary total knee replacement NEC	Left	27-Jan-2010	27-Jan-2010
Depression screening using questions	:	06-Feb-2008	06-Feb-2008
Other total prosthetic replacement of knee joint	Right	12-Dec-2005	12-Dec-2005
Total cholecystectomy NEC	-	01-Apr-1992	01-Apr-1992

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPSULE	1 Cap In the morning	-	12-Mar-2012	08-Jun-2012
Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose)	2	2 spray	2 Puffs prn	-	23-Feb-2011	08-Jun-2012
Bendroflumethiazide Tablets 2.5 mg	56	56 TABS	1 Tab In the morning	-	23-Feb-2011	08-Jun-2012
Atenolol Tablets 25 mg	56	56 TABS	1 Tab In the morning	-	27-Apr-2011	08-Jun-2012
Tramadol Hydrochloride Capsules 50 mg	224	224 CAPS	4 Caps Twice daily	-	22-Jun-2011	31-Aug-2012
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	1 TAB In the morning	-	22-Jun-2011	08-Jun-2012
Aspirin Dispersible tablets 75 mg	56	56 TABS	1 Tab In the morning	-	11-Jul-2011	08-Jun-2012

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Tranexamic Acid Tablets 500 mg	24	24 TABLET	TWO TO BE TAKEN THREE TIMES A DAY FOR UP TO 4 DAYS	-	19-Sep-2012	19-Sep-2012
Dexamethasone Eye drops 0.1 %	10	10 ml	1 DROP 6 TIMES A DAY	-	17-Jul-2012	17-Jul-2012
Cyclopentolate Hydrochloride Eye drops 1 %	5	5 ml	ONE DROP TO BE USED TWICE A DAY IN THE AFFECTED EYE(S)	-	17-Jul-2012	17-Jul-2012
Fusidic Acid And Betamethasone Valerate Cream 2 % 0.1 %	60	60 gram	APPLY TWICE A DAY	-	09-Jul-2012	09-Jul-2012

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		19-Sep-2012
Ex smoker:		24-Oct-2011
Ex smoker:	Recorded through Combined Vaccination priority=2	27-May-2011
Ex smoker:	Disease: SPICE Basic Health Values, priority=2	20-Nov-2009
Ex smoker:	Recorded through Combined Vaccination priority=2	02-Dec-2008
Teetotaler:		07-Dec-2011
Alcohol consumption, 4 units/week:		24-Oct-2011
Alcohol consumption:	28:units/week priority=2	06-Feb-2008

Alcohol consumption:	06-Feb-2008
Alcohol intake above recommended sensible limits: : priority=2	06-Feb-2008
Declined referral to physical exercise programme:	07-Dec-2011
Exercise grading, 1:	24-Oct-2011
Declined referral to physical exercise programme:	24-Oct-2011
Exercise grading NOS, 1:	24-Oct-2011
Exercise grading: 3; priority=2	06-Feb-2008

Investigations

Description/Question	Result/Comment	Date
Last smear result:	negative	
Last smear date:	2012-11-15	

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Social circumstances

Ethnic Origin: (White) Scottish

Signature of referring doctor (or other professional) Date



Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

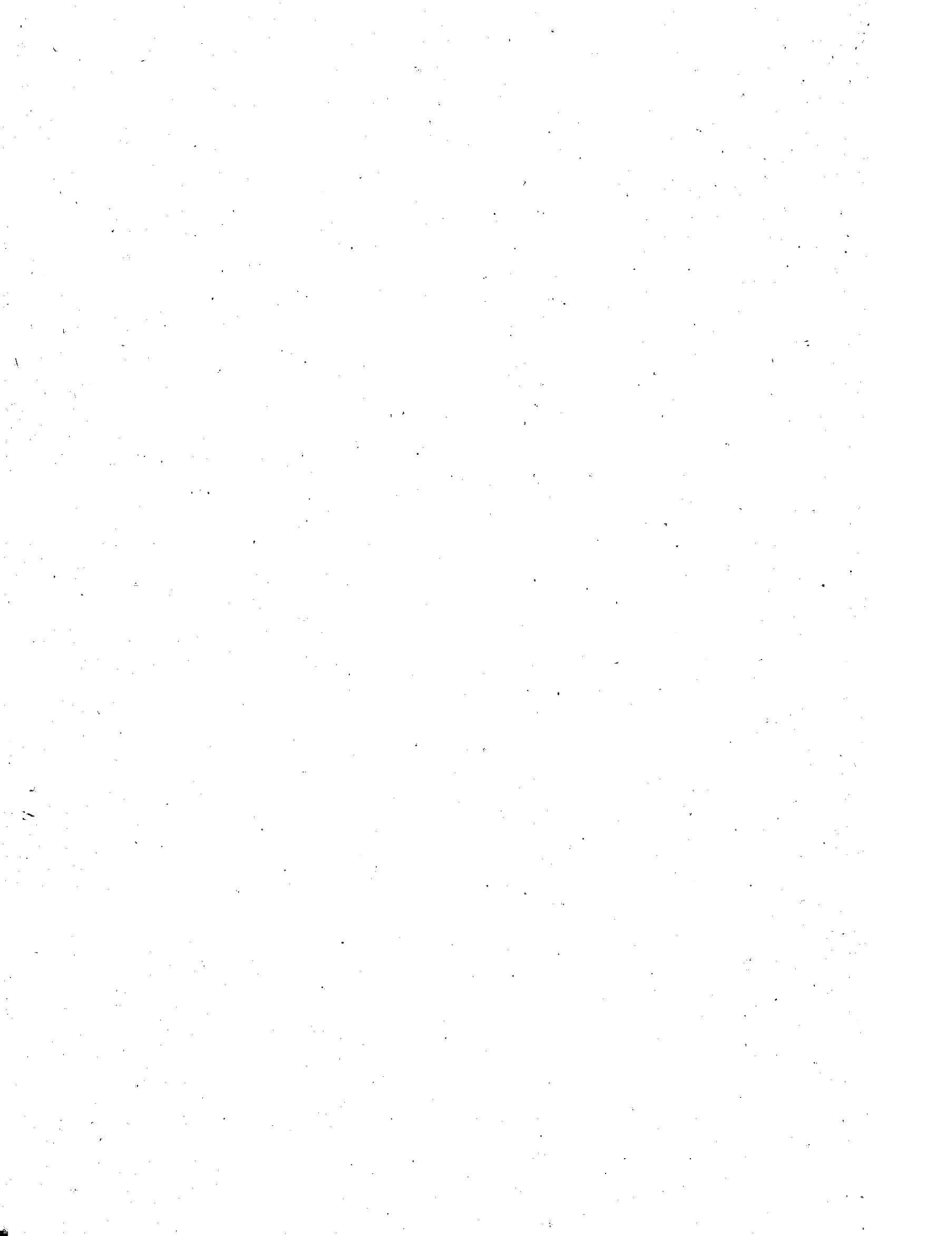
REFERRAL TO	
Trauma & Orthopaedic - Neck & Shoulder GGC General Referral	Consultant / receiving practitioner and/or specialty clinic
Southern General Hospital 1345 Govan Road Glasgow G51 4TF	Hospital and hospital address Hospital location code G405H Email address
Urgency of referral	ROUTINE
Date of referral	13-Mar-2012
Date sent	14-Mar-2012

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>Honeyman</td></tr> <tr><td>Forename(s)</td><td>Catherine</td></tr> <tr><td>Title</td><td>Mrs</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>01-Feb-1949</td></tr> <tr><td>CHI no.</td><td>0102496145</td></tr> <tr><td>Area of Residence</td><td></td></tr> </table>	Surname	Honeyman	Forename(s)	Catherine	Title	Mrs	Sex	Female	Date of birth	01-Feb-1949	CHI no.	0102496145	Area of Residence		<table border="1"> <tr><td>10 Melville St GLASGOW G41 2LN</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 422 1580</td></tr> </table>	10 Melville St GLASGOW G41 2LN	Contact number(s)	Voice: 422 1580
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101003328547L	Unique Care Pathway Number: 101003328547L
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REGISTERED GP DETAILS	Practice address																			
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Gorbals Health Centre 45 Pine Place Glasgow G5 0BQ																				
Contact number(s)																				
Voice: 0141 531 8250																				







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

Description: Arthritis

Comment: Dear Doctor

I would be grateful if you would see Catherine who has severe pain probably secondary to arthritis in her left shoulder. I have X-rayed this which showed significant arthritis and I have injected her with corticosteroid & lidocaine which made little difference to her shoulder. Again she has been referred to physiotherapy which made little difference. Ordinary analgesia has almost no effect on her. She wishes an orthopaedic opinion to see if she requires surgery and I would be grateful if you could give your expert opinion.

Yours sincerely

Dr G Marshall

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Sciatica	-	12-Mar-2012	12-Mar-2012
Frozen shoulder	-	12-Mar-2012	12-Mar-2012
Vaginal bleeding	-	12-Mar-2012	12-Mar-2012
Osteoarthritis	-	22-Feb-2012	22-Feb-2012
Local infection skin/subcut tissue NOS	-	24-Oct-2011	24-Oct-2011
Ischaemic heart disease NOS	Disease: SPICE IHD,	14-May-2007	14-May-2007
Essential hypertension	Disease: SPICE Hypertension,	02-Nov-2005	02-Nov-2005
Gastro-oesophageal reflux	-	01-Jan-1998	01-Jan-1998
Neurotic depression reactive type	-	02-Dec-1996	02-Dec-1996
Other specified drug dependence NOS	patient suffered a back injury - on dyhydrocodeine - dependence	06-Jun-1995	06-Jun-1995
Osteoarthritis	-	01-Jan-1989	01-Jan-1989
Benign breast cyst	-	01-Jan-1989	01-Jan-1989
Fibrocystic disease of breast	-	01-Feb-1988	01-Feb-1988
H/O: injury	Back	01-Jan-1860	01-Jan-1860

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Endoscopic endometrial polypectomy	-	22-Dec-2011	22-Dec-2011
Diagnostic hysteroscopy	-	22-Dec-2011	22-Dec-2011
Skin wound swab taken	shin	24-Oct-2011	24-Oct-2011
Other total prosthetic replacement of knee joint (Right)	2nd stage	22-Jun-2011	22-Jun-2011
Revision of total knee replacement NEC	1st & 2nd Knee	20-May-2011	20-May-2011
Removal of prosthetic knee joint	-	27-Mar-2011	27-Mar-2011
Closed reduction of fracture of tibia and or fibula	undisplaced right distal tibia	14-Oct-2010	14-Oct-2010
Knee joint operations	Right Removal of patellar button	04-May-2010	04-May-2010
Primary total knee replacement NEC	Left	27-Jan-2010	27-Jan-2010
Depression screening using questions	:	06-Feb-2008	06-Feb-2008
Other total prosthetic replacement of knee joint	Right	12-Dec-2005	12-Dec-2005



Total cholecystectomy NEC

01-Apr-1992

01-Apr-1992

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPS	1 Cap In the morning	-	12-Mar-2012	12-Mar-2012
Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose)	2	2 spray	2 Puffs prn	-	23-Feb-2011	22-Feb-2012
Bendroflumethiazide Tablets 2.5 mg	56	56 TABS	1 Tab In the morning	-	23-Feb-2011	22-Feb-2012
Atenolol Tablets 25 mg	56	56 TABS	1 Tab In the morning	-	27-Apr-2011	22-Feb-2012
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	1 TAB In the morning	-	22-Jun-2011	22-Feb-2012
Tramadol Hydrochloride Capsules 50 mg	224	224 CAPS	4 Caps Twice daily	-	22-Jun-2011	22-Feb-2012
Aspirin Dispersible tablets 75 mg	56	56 TABS	1 Tab In the morning	-	11-Jul-2011	22-Feb-2012

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Trahexamic Acid Tablets 500 mg	24	24 TABLET	TWO TO BE TAKEN THREE TIMES A DAY FOR UP TO 4 DAYS	-	12-Mar-2012	12-Mar-2012
Dermol 500 Lotion	500	500 ml	TO BE USED TWICE A DAY	-	24-Oct-2011	24-Oct-2011
Cetirizine Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY	-	24-Oct-2011	24-Oct-2011
Simvastatin Tablets 40 mg	56	56 TABS	1 Tab At night	-	13-Jun-2011	30-Sep-2011
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPS	1 Cap In the morning	-	13-Jun-2011	30-Sep-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		24-Oct-2011
Ex smoker:	Recorded through Combined Vaccination priority=2	27-May-2011
Ex smoker:	Disease: SPICE Basic Health Values, priority=2	20-Nov-2009
Ex smoker:	Recorded through Combined Vaccination priority=2	02-Dec-2008
Ex smoker:	: priority=2	06-Feb-2008
Teetotaler:		07-Dec-2011
Alcohol consumption, 4 units/week:		24-Oct-2011
Alcohol consumption:	28:units/week priority=2	06-Feb-2008
Alcohol consumption:		06-Feb-2008
Alcohol intake above recommended sensible limits: : priority=2		06-Feb-2008
Declined referral to physical exercise programme:		07-Dec-2011

Exercise grading, 1:

24-Oct-2011

Declined referral to physical exercise programme:

24-Oct-2011

Exercise grading NOS, 1:

24-Oct-2011

Exercise grading:

3: priority=2

06-Feb-2008

Clinical warnings

Additional Support Needs

No known ASN requirements

Additional relevant information

Administrative information

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
Gynaecology - other GGC Gynae Gen Ref	Consultant / receiving practitioner and/or specialty clinic
Southern General Hospital 1345 Govan Road Glasgow G51 4TF	Hospital and hospital address Hospital location code: G405H Email address:
Urgency of referral	URGENT - SUSPECTED CANCER
Date of referral	Date sent 16-Nov-2011 17-Nov-2011

PATIENT DETAILS	Patient's address
Surname Honeyman Forename(s) Catherine Title Mrs Sex Female Date of birth 01-Feb-1949 CHI no. 0102496145 Area of Residence	10 Melville St GLASGOW G41 2LN Contact number(s) Voice: 422 1580

101002814048W	Unique Care Pathway Number: 101002814048W
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REGISTERED GP DETAILS	Practice address
Name Dr Graeme Marshall GMC code 3486557 GP code 08095 Practice name Gorbals Health Centre Practice code 49074	Gorbals Health Centre 45 Pine Place Glasgow G5 0BQ Contact number(s) Voice: 0141 531 8250 Facsimile: 0141 531 8248

REFERRING GP DETAILS	Practice address
Name Dr. Catherine Mills GMC code 2819473 GP code 08923 Practice name Drs Mills & Marshall Practice (49074) Practice code 49074	Gorbals Health Centre 45 Pine Place Glasgow G5 0BQ Contact number(s) Voice: 0141 531 8250







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

Description: Post Menopausal Bleeding

Comment: Dear Doctor

Thank you for see this 62-year old woman who gives a history of post menopausal bleeding starting 5 days ago and daily since then. Initially it was heavy but she is now having fresh PV spotting. I have taken HVS and repeated a smear test today. However the blood was seen coming from the cervical os and I don't how good the cervical smear will be. She is obese an PV examination was difficult, but on examination I could see no obvious vaginal reason for her bleeding and the blood was defiantly coming from the uterus. She denies any dyspareunia but does have back pain and I have checked her CA 125 today and a FBC and Ferritin. She last bled 12-years ago when she had her menopause and she is a para 4+0. In view of her post menopausal bleeding and back pain I would be grateful for your urgent assessment of her.

Yours sincerely

Dr C Mills

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Date of onset</u>	<u>Date recorded</u>
Postmenopausal bleeding	-	14-Nov-2011	14-Nov-2011
Localised, primary osteoarthritis of the shoulder region (Left)	-	24-Oct-2011	24-Oct-2011
Local infection skin/subcut tissue NOS	-	24-Oct-2011	24-Oct-2011
Ischaemic heart disease NOS	Disease: SPICE IHD,	14-May-2007	14-May-2007
Essential hypertension	Disease: SPICE Hypertension,	02-Nov-2005	02-Nov-2005
Gastro-oesophageal reflux	-	01-Jan-1998	01-Jan-1998
Neurotic depression reactive type	-	02-Dec-1996	02-Dec-1996
Other specified drug dependence NOS	patient suffered a back injury - on dyhydrocodeine - dependence	06-Jun-1995	06-Jun-1995
Benign breast cyst	-	01-Jan-1989	01-Jan-1989
Osteoarthritis	-	01-Jan-1989	01-Jan-1989
Fibrocystic disease of breast	-	01-Feb-1988	01-Feb-1988
H/O: injury	Back	01-Jan-1860	01-Jan-1860

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Date performed</u>	<u>Date recorded</u>
Skin wound swab taken	shin	24-Oct-2011	24-Oct-2011
Other total prosthetic replacement of knee joint (Right)	2nd stage	22-Jun-2011	22-Jun-2011
Revision of total knee replacement NEC	1st & 2nd Knee	20-May-2011	20-May-2011
Removal of prosthetic knee joint	-	27-Mar-2011	27-Mar-2011
Closed reduction of fracture of tibia and or fibula	undisplaced right distal tibia	14-Oct-2010	14-Oct-2010
Knee joint operations	-	04-May-2010	04-May-2010



Primary total knee replacement NEC	Right Removal of patellar button	27-Jan-2010	27-Jan-2010
Depression screening using questions	Left	06-Feb-2008	06-Feb-2008
Other total prosthetic replacement of knee joint	Right	12-Dec-2005	12-Dec-2005
Total cholecystectomy NEC		01-Apr-1992	01-Apr-1992

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Glyceryl Trinitrate Cfc-free pump spray 400 micrograms/dose (200 dose)	2	2 spray	2 Puffs prn		23-Feb-2011	06-Oct-2011
Bendroflumethiazide Tablets 2.5 mg	56	56 TABS	1 Tab In the morning		23-Feb-2011	30-Sep-2011
Atenolol Tablets 25 mg	56	56 TABS	1 Tab In the morning		27-Apr-2011	30-Sep-2011
Simvastatin Tablets 40 mg	56	56 TABS	1 Tab At night		13-Jun-2011	30-Sep-2011
Omeprazole Capsules (Gastro-Resistant) 20 mg	56	56 CAPS	1 TAB In the morning		22-Jun-2011	30-Sep-2011
Tramadol Hydrochloride Capsules 50 mg	224	224 CAPS	4 Caps Twice daily		22-Jun-2011	31-Oct-2011
Aspirin Dispersible tablets 75 mg	56	56 TABS	1 Tab In the morning		11-Jul-2011	30-Sep-2011

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Dermol 500 Lotion	500	500 ml	TO BE USED TWICE A DAY		24-Oct-2011	24-Oct-2011
Cetirizine Hydrochloride Tablets 10 mg	56	56 TABLET	ONE TO BE TAKEN EACH DAY		24-Oct-2011	24-Oct-2011
Fluoxetine Hydrochloride Capsules 20 mg	56	56 CAPS	1 Cap In the morning		13-Jun-2011	30-Sep-2011
Diprobace Cream	500	500 g	Apply As directed		13-Jun-2011	13-Jun-2011
Diprobace Cream	500	500 g	Apply As directed		13-Jun-2011	13-Jun-2011
Morphine Sulphate Tablets 10 mg	30	30 TABS	1 Tab 4hourly for pain		04-Jul-2011	04-Jul-2011
Morphine Sulphate Tablets 10 mg	30	30 TABS	1 Tab 4hourly for pain		14-Jul-2011	14-Jul-2011
Tramadol Hydrochloride Capsules 50 mg	84	84 CAPS	1 or 2 Caps every 4 to 6 hours		14-Jul-2011	14-Jul-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Ex smoker:		24-Oct-2011
Ex smoker:	Recorded through Combined Vaccination priority=2	27-May-2011
Ex smoker:	Disease: SPICE Basic Health Values, priority=2	20-Nov-2009
Ex smoker:	Recorded through Combined Vaccination priority=2	02-Dec-2008



Ex smoker:	: priority=2	06-Feb-2008
Alcohol consumption, 4 units/week:		24-Oct-2011
Alcohol consumption:	28;units/week priority=2	06-Feb-2008
Alcohol consumption:		06-Feb-2008
Alcohol intake above recommended sensible limits:	: priority=2	06-Feb-2008
Alcohol consumption NOS:	2: priority=2	06-Feb-2008
Exercise grading, 1:		24-Oct-2011
Declined referral to physical exercise programme:		24-Oct-2011
Exercise grading NOS, 1:		24-Oct-2011
Exercise grading:	3: priority=2	06-Feb-2008
Exercise grading:		06-Feb-2008

Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Last smear result:	result not available -	
Last smear date:	2011-11-16	-

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Patient has disability or requires wheelchair access:No

Referred By:Referring GP

Electronic Attachment Present:No

Signature of referring doctor (or other professional) Date

Hospital use only	Clinic	Day Date	Time	Hospital No.
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	REFERRAL LETTER MEDICAL IN CONFIDENCE	Attachments
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Additional Support Needs:
No known ASN requirements

REFERRAL TO	
GGC Weight Management GGC Weight Management	Consultant / receiving practitioner and/or specialty clinic
GGC Weight Management Service SCI Gateway virtual location code	Hospital and hospital address Hospital location code: G010G Email address:
Urgency of referral ROUTINE Date of referral 13-Jun-2011 Date sent 13-Jun-2011	

PATIENT DETAILS	Patient's address																	
<table border="1"> <tr><td>Surname</td><td>Honeyman</td></tr> <tr><td>Forename(s)</td><td>Catherine</td></tr> <tr><td>Title</td><td>Mrs</td></tr> <tr><td>Sex</td><td>Female</td></tr> <tr><td>Date of birth</td><td>01-Feb-1949</td></tr> <tr><td>CHI no.</td><td>0102496145</td></tr> <tr><td>Area of Residence</td><td></td></tr> </table>	Surname	Honeyman	Forename(s)	Catherine	Title	Mrs	Sex	Female	Date of birth	01-Feb-1949	CHI no.	0102496145	Area of Residence		<table border="1"> <tr><td>10 Melville St GLASGOW G41 2LN</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 422 1580</td></tr> </table>	10 Melville St GLASGOW G41 2LN	Contact number(s)	Voice: 422 1580
Surname	Honeyman																	
Forename(s)	Catherine																	
Title	Mrs																	
Sex	Female																	
Date of birth	01-Feb-1949																	
CHI no.	0102496145																	
Area of Residence																		
10 Melville St GLASGOW G41 2LN																		
Contact number(s)																		
Voice: 422 1580																		

101002127070B	Unique Care Pathway Number: 101002127070B
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REGISTERED GP DETAILS	Practice address														
<table border="1"> <tr><td>Name</td><td>Dr G Marshall</td></tr> <tr><td>GMC code</td><td>3486557</td><td>GP code</td><td>G08095</td></tr> <tr><td>Practice name</td><td>Gorbals Health Centre</td></tr> <tr><td>Practice code</td><td>49074</td></tr> </table>	Name	Dr G Marshall	GMC code	3486557	GP code	G08095	Practice name	Gorbals Health Centre	Practice code	49074	<table border="1"> <tr><td>45 Pine Place</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 0141 531 8250</td></tr> <tr><td>Facsimile: 0141 531 8248</td></tr> </table>	45 Pine Place	Contact number(s)	Voice: 0141 531 8250	Facsimile: 0141 531 8248
Name	Dr G Marshall														
GMC code	3486557	GP code	G08095												
Practice name	Gorbals Health Centre														
Practice code	49074														
45 Pine Place															
Contact number(s)															
Voice: 0141 531 8250															
Facsimile: 0141 531 8248															

REFERRING GP DETAILS	Practice address													
<table border="1"> <tr><td>Name</td><td>Dr. Graeme Marshall</td></tr> <tr><td>GMC code</td><td>3486557</td><td>GP code</td><td>08095</td></tr> <tr><td>Practice name</td><td>Drs Mills & Marshall Practice (49074)</td></tr> <tr><td>Practice code</td><td>49074</td></tr> </table>	Name	Dr. Graeme Marshall	GMC code	3486557	GP code	08095	Practice name	Drs Mills & Marshall Practice (49074)	Practice code	49074	<table border="1"> <tr><td>Gorbals Health Centre 45 Pine Place Glasgow</td></tr> <tr><td>Contact number(s)</td></tr> <tr><td>Voice: 0141 531 8250</td></tr> </table>	Gorbals Health Centre 45 Pine Place Glasgow	Contact number(s)	Voice: 0141 531 8250
Name	Dr. Graeme Marshall													
GMC code	3486557	GP code	08095											
Practice name	Drs Mills & Marshall Practice (49074)													
Practice code	49074													
Gorbals Health Centre 45 Pine Place Glasgow														
Contact number(s)														
Voice: 0141 531 8250														



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

Description: Weight management

Reason for referral

Care type requested: Out Patient

Expected outcome: Not Specified

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

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date of onset</u>	<u>Date recorded</u>
Ischaemic heart disease NOS	-	-	14-May-2007	14-May-2007
Essential hypertension	-	-	-	02-Nov-2005
O/E - BP borderline raised	-	-	-	25-Nov-1999
O/E - BP borderline raised	-	-	-	25-Nov-1999
O/E - BP borderline raised	-	-	-	05-Mar-1999
Gastro-oesophageal reflux	-	-	-	01-Jan-1998
Neurotic depression reactive type	-	-	-	02-Dec-1996
Other specified drug dependence NOS	patient suffered a back injury - on dyhydrocodeine - dependence	-	-	06-Jun-1995
O/E - weight > 20% over ideal	-	-	-	27-Jul-1994
O/E - BP reading raised	-	-	-	22-Apr-1994
O/E - BP borderline raised	-	-	-	17-Feb-1994
H/O: * breast	-	-	-	15-Apr-1993
Low fat diet	-	-	-	15-Apr-1993
Benign breast cyst	-	-	-	01-Jan-1989
Osteoarthritis	-	-	-	01-Jan-1989
Fibrocystic disease of breast	-	-	-	01-Feb-1988
H/O: injury	-	Back	-	-

Past procedures (High and medium priority - all)

<u>Description</u>	<u>Comment</u>	<u>Modifier</u>	<u>Date performed</u>	<u>Date recorded</u>
Revision of total knee replacement NEC	1st & 2nd Knee	-	-	20-May-2011
Removal of prosthetic knee joint	-	-	27-Mar-2011	27-Mar-2011
Closed reduction of fracture of tibia and or fibula	undisplaced right distal tibia	-	14-Oct-2010	14-Oct-2010
Knee joint operations	Removal of patellar button	Right	-	04-May-2010
Primary total knee replacement NEC	Left	-	-	27-Jan-2010
Depression screening using questions	-	-	-	06-Feb-2008
Myocardial perfusion scan	Inducible ischaemia antero-apically	Moderate	-	14-May-2007
Other total prosthetic replacement of knee joint	-	Right	-	12-Dec-2005
Refer for biochemical test	Electrolytes,Urea,Glucose & CRP : Normal	-	-	25-Nov-1999
Health ed. - exercise	-	-	-	01-Jul-1994
Health ed. - diet	-	-	-	01-Jul-1994
Health ed. - exercise	-	-	-	27-Jan-1994
Total cholecystectomy NEC	-	-	-	01-Apr-1992

Family conditions (All priorities)

<u>Description</u>	<u>Date of Onset</u>
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FH: Ischaemic heart dis. <60 05-Mar-1999
 FH: Ischaemic heart dis. >60 17-Feb-1994
 FH: Ischaemic heart dis. <60 15-Jul-1993
 FH: Hypertension 15-Apr-1993

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Fluoxetine	56	CAPS 20MG	1 Cap	In the morning	28-Jun-2004	13-Jun-2011
Simvastatin	56	TABS 40MG	1 Tab	At night	11-Jul-2007	13-Jun-2011
Aspirin	56	Dispersible TABS 75MG	1 Tab	In the morning	22-Dec-2005	13-Jun-2011
Tramadol Hydrochloride	224	CAPS 50MG	4 Caps	Twice daily	07-Apr-2006	25-May-2011
Atenolol	56	TABS 25MG	1 Tab	In the morning	25-May-2007	27-Apr-2011
Omeprazole	56	CAPS 20MG	1 TAB	In the morning	09-Jan-1998	15-Mar-2011
Glyceryl Trinitrate	2	200 Dose Cfc Free Aerosol SPRAY 400MCG/DOSE	2 Puffs	prn	28-Jan-2008	23-Feb-2011
Bendroflumethiazide	56	TABS 2.5MG	1 Tab	In the morning	03-Nov-2005	23-Feb-2011

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

<u>Drug name</u>	<u>Quantity</u>	<u>Formulation</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Date started</u>	<u>Date last issued</u>
Diprobase	500g	Pump Dispenser CREAM	Apply	As directed	13-Jun-2011	13-Jun-2011
Diprobase	500g	Pump Dispenser CREAM	Apply	As directed	13-Jun-2011	13-Jun-2011
Rifampicin	32	CAPS 300MG	2 Caps	morning and night	04-May-2011	04-May-2011
Paracetamol	100	TABS 500MG	2 Tabs	4 times daily	03-May-2011	03-May-2011
Flucloxacillin	56	CAPS 500MG	2 Caps	4 times daily	03-May-2011	03-May-2011
Canesten Hc	30 x2	CREAM	Apply sparingly	Twice daily	03-May-2011	03-May-2011
Flucloxacillin	28	CAPS 500MG	1 Cap	4 times daily	27-Apr-2011	27-Apr-2011
Flucloxacillin	28	CAPS 500MG	1 Cap	4 times daily	27-Apr-2011	27-Apr-2011
Rifampicin	28	CAPS 300MG	2 Caps	morning and night	27-Apr-2011	27-Apr-2011
Ferrous Fumarate	84	TABS 210MG	1 Tab	3 times daily	27-Apr-2011	27-Apr-2011
Paracetamol	100	TABS 500MG	2 Tabs	4 times daily	14-Apr-2011	14-Apr-2011
Canesten Hc	30	CREAM	Apply sparingly	Twice daily	12-Apr-2011	12-Apr-2011
Clotrimazole	20	Thrush CREAM 2%	Apply	Twice daily	11-Apr-2011	11-Apr-2011
Temazepam	14	TABS 10MG	1 Tab	At night	11-Apr-2011	11-Apr-2011
Naproxen	28	TABS 500MG	1 Tab	Twice daily	08-Apr-2011	08-Apr-2011
Paracetamol	56	TABS 500MG	2 Tabs	4 times daily	07-Apr-2011	07-Apr-2011

Blood Pressure

No Blood Pressures Recorded

Body Measurements

No Body Measurements Recorded

Lifestyle Risks and Alerts / Examinations and Investigations

<u>Description/Question</u>	<u>Result/Comment</u>	<u>Date</u>
Weight (kg):	96	
Height (m):	1.61	
BMI (Weight / Height):	37.04	
Co-morbidity:	Y	
Ex-smoker - amount unknown:		05-Mar-1999
Ex smoker:	Recorded through Combined Vaccination	27-May-2011
Ex smoker:		20-Nov-2009
Ex smoker:	Recorded through Combined Vaccination	02-Dec-2008
Ex smoker:		06-Feb-2008
Ex smoker:		19-Oct-2007
Trivial drinker - <1u/day:		05-Mar-1999
Light drinker - (1-2u/day:		15-Apr-1993
Alcohol consumption:	28:units/week	06-Feb-2008
Alcohol intake above recommended sensible limits:		06-Feb-2008
Alcohol consumption NOS:	2:	06-Feb-2008
Alcohol intake within recommended sensible limits:		19-Oct-2007
Alcohol intake within recommended sensible limits:		14-Sep-2006
Enjoys light exercise:		15-Apr-1993
Exercise grading:	3:	06-Feb-2008
Exercise grading NOS:	4:	06-Feb-2008
Avoids even trivial exercise:		19-Oct-2007
Enjoys light exercise:		11-Nov-2005
Enjoys light exercise:		15-Apr-1993

Clinical warnings**Additional Support Needs**

No known ASN requirements

Additional relevant information**Administrative information**

OK to send correspondence to home address?:Yes

Patient will accept any site:Yes

Patient will accept cancellation or short notice appointment (within 1-6 days):Yes

Interpreter required:No

Patient has disability or requires wheelchair access:Yes

Referred By:Referring GP

Electronic Attachment Present:No

 Signature of referring doctor (or other professional) Date



South Glasgow
University Hospitals
NHS Trust

Victoria Infirmary

Langside Road
Glasgow G42 9TY
Telephone 0141-201-6000
Fax 0141-201-5206
www.nhsscotland.co.uk



MR IAN TAGGART'S PLASTIC SURGERY CLINIC

Direct Line: 0141,201 5972

Ref: JW/406473

Date: 18 October 2004

Dr Lyndia Green
Consultant Clinical Psychologist
Clinical Psychology Unit
Canniesburn Plastic Surgery Unit
Jubilee Building
Glasgow Royal Infirmary
Glasgow G4 0SF

Dear Dr Green

Catherine Honeyman – dob 1.2.49
10 Melville Street, Glasgow G41 2LN

As instructed by Mr Ian Taggart Consultant Plastic Surgeon please find enclosed
Exceptional Referral Letter regarding the above named patient.

Yours sincerely

A handwritten signature in black ink, appearing to be 'J Wallis'.

J Wallis
Secretary to Mr Ian Taggart
Consultant Plastic Surgeon

20 OCT 2004



EXCEPTIONAL REFERRAL LETTER TO PLASTIC SURGERY

406473
92

Hospital Use only	Clinic	Day/Date	Time	Hospital No.:
Date: Please arrange for this patient to attend the Plastic Surgery Clinic of Mr.			Appointment Category Routine ☒ Soon ☐ Urgent ☐	
Patient's Surname: HONDMAN First Names: CATHARINE Address: 912 10, MURVILL ST GLASGOW Post Code: G4 2LN Contact Telephone No.: 4221580			Date of Birth: 11/2/44 CHI Suffix: 0102496145 Maiden Name: Single/Married/Widowed/Other:	
Has the patient attended this hospital before? Yes/No If yes, please state: 1. Year of Attendance..... 2. Hospital Number			Practice Stamp Dr C. Mills, Dr G. Marshall Gorbals Health Centre 45 Pine Place, Glasgow G5 0BQ Tel: 0141 531 8250 Fax: 0141 531 8248	
PROBLEM: Feels she has a distiguring abdomen. very loose skin ++. Does not improve with exercise. complains of stress + embarrassment 2° to this.				
Other significant medical illness OSTEOARTHRITIS DEPRESSION				
Smoker: Yes/No If yes, how many per day:				
For Breast and Abdominal Surgery: Height: 5'6" ft Weight: 74.8 Body Mass Index $\frac{\text{Weight (kg)}}{\text{Height}^2 \text{ (m}^2\text{)}}$ 9.8			Present drug treatment & potential hazards: (including low dose aspirin & contraceptive pill) co-proxol 20mg/day Piroxicam 20mg/day Tramadol 20mg B.D.	
I am referring the patient referred to above despite appearing to lie outside the agreed criteria for NHS plastic surgery referral.				
a. There are no special criteria apparent but the patient has insisted on my referral b. The following exceptional factors apply: DEPRESSION 2° to above All patients referred will receive psychological assessment				
DATE RECEIVED 20 OCT 2004 13 OCT 2004				
Signature: [Signature] N.B. TO ENSURE ADEQUATE ASSESSMENT, FULL COMPLETION IS VERY IMPORTANT. THEREFORE, INCOMPLETE FORMS WILL BE RETURNED.				

FOR VETTING
DATE APPT SENT

South Glasgow Hospitals
ANAESTHETIC RECORD



Date: 18/9/14

Pre-op instructions:

Patient details

Name:

Unit No:

Address:

0102496145
HONEYMAN F
Catherine 01/02/1949
10 MELVILLE STREET
G41 2LN
Glasgow, Lanarkshire

Fast for: AM Lunchtime PM List

DOB

Proposed operation:

R Shouldge artery
replace

Assessor:

Assy
S

Ward:

Pre-op assessment

Previous G.A.'s: yes - multiple

CVS: HR

BP

Resp:

Other (specify):

BMI = 38

Tachycardia with stress

Heads become - short - Angio

Angina - 1st - 2nd

Hypertension -

Drugs:

Aspirin
Atenolol
Bendroflumethiazide
Atorvastatin
GTN spray
Tramadol
ibuprofen
Pain

N.S.A.I.D's

Allergies:

Nil

Fasted:

Reflux:

NO 1-58

BMI:

Weight (kg):

94

Airway:

broader than tooth
MPL III
NML
JMV

Dentition:

upper
1 front cap

Investigations

Na+:

138

Hb:

14.5

K+:

4.1

WCC:

6.1

C1-:

Plts:

222

HCO3-:

ECG:

3/NSK

Urea:

9.7

CXR:

Creat:

79

Glucose

Others (specify):

Cog - (V)

Urgency

A.S.A.

Elective

1

Scheduled

2

Urgent

3

Emergency

4

5

Comments / Warnings

Aspirin - no change / failure / year
Key / resp / difficulty
Material risks explained

GA -> Smooth

Pt cancelled today in view of ongoing angina and
D/w Senior Anaesthetist also for Cardiology review before
op for medical optimization.

Anaesthesia			Pre O ₂	ETT size:	LMA-size:	Ventilation - Spontaneous / Controlled	Circle	Air / N ₂ O	Laryngoscopy Grade:				
Date: / /			Cricoid	Oral / Nasal	Type:		Bain	SEVO	1 2 3 4				
Machine check: ☐ Circuit check ☐			Airway - Oral / Nasal	Cuffed / Uncuffed	Pack: In / Out		T-piece	ISO					
Cannula: G, L/R Hand Arm Foot													
Cannula: G, L/R Hand Arm Foot													
Arterial site:		CVP site:											
Patient position:													
ECG	☐	NIBP	☐	S _p O ₂	☐								
E _t CO ₂	☐	FIO ₂	☐	E _t AA	☐								
ALL ABOVE ☐													
TOF	☐	CVP	☐	IABP	☐								
Blood warmer	☐	Patient warmer	☐										
Anti DVT	☐	U/O	☐	Temp	☐								
Fluids													
			SpO ₂										
			FIO ₂										
			ETCO ₂										
			E _t AA										
			Fluids										
			Temperature										
			180										
			160										
			140										
			120										
			100										
			80										
			60										
			40										
			20										
			CVP										
			Blood loss										
			Urine output										

Regional Anaesthesia / Other Procedures / Comments**Operation Details****Theatre:**Operation as proposed on page 1 ☐Reversal given: Yes ☐ No ☐

Anaesthetist(s):

Surgeon(s):

Named Consultant:

Discussed with Consultant: Yes ☐ No ☐**Post Operative Care****A. Oxygen** L/min **OR** % for hours **OR** SpO₂ % on air.**B. Routine observations / postoperative care as per local protocol.****C. Appropriate DVT prophylaxis prescribed:** Yes ☐ N/A ☐**D. Anti-emetic given:** Yes ☐ No ☐ **Drug given:****E. Analgesia:**

I.V. Morphine as per Recovery Algorithm - Sign

OR

I.V. Fentanyl as per Recovery Algorithm - Sign

2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:

40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:

F. Post Operative fluids

Fluid (additive)	Volume	Rate	Sign	Start	Lot No.	Initials

Post operative notes / Comments

[illegible]

VIC 638 Cat. No. 0163149

South Glasgow Hospitals
ANAESTHETIC RECORD



Date: 14 / 1 /
Pre-op instructions:

Patient details

Name:
Unit No: 0102496145
Address: HONEYMAN F
Catherine 01/02/1949
10 MELVILLE STREET
G41 2LN
Glasgow, Lanarkshire

Fast for: AM Lunchtime PM List

DOB

Proposed operation:

Hysterectomy

Assessor: O'Leary

Ward:

Pre-op assessment

Previous G.A.'s: Yes - multiple ortho procedures
Both hips replaced.

CVS: HR BP
BP - well controlled 120/80 mmHg

Resp: Hx of asthma. Recent URI.
Cough - sputum now clear. Ex-smoker.

Other (specify):

Aspirin 100mg

Biopsy at GRI - 1 year ago
for PMB.

Jehovah's W. V. - refuses
blood but will accept
minor fractions eg albumin, 100g factors

Fasted: Since last night

Reflux: Yes - on laxatives - spray powder

Drugs:

Lorazepam
GTT spray
Benzylpenicillin
Allevadol
Aspirin
Tramadol (Zydol)
Atizide
Diprivan
Fluoxetine

N.S.A.I.D's - headachy
N/V

Allergies:

NKA

BMI:

Airway:

Weight (kg): 99.7kg

Dentition:

Upper front
teeth

Investigations

Na+	Hb
K+	WCC
C1-	Plts
HCO3-	ECG
Urea	CXR
Creat	Glucose

Others (specify):

Urgency

A.S.A.

Elective	☒	1
Scheduled	☐	2
Urgent	☐	3
Emergency	☐	4
		5

Comments / Warnings

Material risks explained ☐

[illegible]

Regional Anaesthesia / Other Procedures / Comments

Operation Details

Theatre:

ACH 6

Operation as proposed on page 1 ☒

Reversal given: Yes ☐ No ☐

Anaesthetist(s): O'Connor, Watson

Surgeon(s): Guerrero

Named Consultant: ↓

Discussed with Consultant: Yes ☐ No ☐

Post Operative Care

A. Oxygen 4 L/min OR % for hours OR SpO₂ > 95 % on air.

B. Routine observations / postoperative care as per local protocol.

C. Appropriate DVT prophylaxis prescribed: Yes ☐ N/A ☐

D. Anti-emetic given: Yes ☐ No ☐ Drug given:

E. Analgesia:

I.V. Morphine as per Recovery Algorithm - Sign

2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:
2 mg bolus - Time:	Sign:	Witness:

OR

I.V. Fentanyl as per Recovery Algorithm - Sign

40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:
40 µm bolus - Time:	Sign:	Witness:

F. Post Operative fluids

Fluid (additive)	Volume	Rate	Sign	Start	Lot No.	Initials
CSL	500ml	20	u...			
↳ if not E+D.						

Post operative notes / Comments

[illegible]

Operation note:



Left shoulder OA
Left shoulder resurfacing
Global CAP
D Martin, J Gillespie
GA block antibiotics

Southern General Hospital
Department:

Letter Date: 13/09/2013

Reference:

Dictated Date:

Transcribed Date:

Preop discussion regarding treatment options (types of shoulder replacement). Decided on resurfacing as shorter procedure - given comorbidities and risks of infection with poor skin over back. Cuff intact. Deltopectoral approach, vein taken laterally, subscap tenotomy, biceps tenodesis after tenotomised. Axillary nerve protected. Glenoid concentric. Guide wire into centre of head, reamed to accept 52x21 CAP. Stable reduction, subscap repaired with orthocord allowing 30 degrees ER. Layered vicryl, Biosyn and glue, sling. Minimal blood loss 200 ml

Post Op

Standard rehab for shoulder arthroplasty limiting ER to 10-20 degrees initially
Bloods tomorrow
Check XRay monday and home thereafter
D Martin clinic 2 weeks for wound check

SOUTHERN GENERAL HOSPITAL
ORTHOPAEDIC OPERATION NOTE

PATIENTS DETAILS:

Name: CATHERINE HONEYMAN
DOB: 01/02/49
Unit No: SG00940779
CHI: 0102496145

DATE: 23/06/2011

DIAGNOSIS: PREVIOUS 1ST STAGE REVISION

OPERATION: 2ND STAGE REVISION RIGHT KNEE

SURGEON: M.HULLIN/O.AL-FAKAYH

ANAESTHETIST: DR.H.HOSIE

PROCEDURE: GA, I/V CEFUROXIME, SUPINE WITH LATERAL SUPPORT AND TOURNIQUET 300 MMHG.
STANDARD PREPARATION AND DRAPING.
ANTERIOR SKIN INCISION THROUGH OLD SCAR.
MEDIAL PARAPATELLAR APPROACH. BACTERIOLOGY SWAB SENT FOR STAINING.
CEMENT SPACER REMOVED. TIBIAL MEMBRANE SPECIMEN SENT FOR C S.
DEBRIDEMENT AND WASHOUT OF KNEE. REVISION KNEE JIGS USED TO PREPARE TIBIA AND FEMUR.
FOLLOWING SIZES:
TIBIA: REVISION TRAY SIZE 3, TWO 5 MM AUGEMENTS USED, SLEEVE SIZE 29MM, STEM SIZE 3*30 MM.
FEMUR: STD+ REVISION COMPONENT, STEM 13*60MM, TWO SIZE 5MM POSTERIOR AUGMENT AND ONE SIZE 5MM DISTAL AUGMENT. SIZE 17.5 MM INSERT.
TRIAL COMPONENTS OF THE ABOVE SIZES INSERTED, SATISFACTORY.
COMPONENTS REMOVED, KNEE WASHED.
2 MIXES OF PALACOS WITH ANTIBIOTIC PREPARED AND INSERTED. FOLLOWED BY THE PROPER COMPONENTS WITH THE ABOVE SIZES. SATISFACTORY.
KNEE WASHED WITH CLEAR CHLORHEXIDINE. EXTENSOR MECHANISM CLOSED WITH NO. 1 VICRYL, 2/0 VICRYL FOR FAT AND CLIPS FOR SKIN.
MEPORE DRESSING WOOL AND CREPE BANDAGE.

POST OP: POSTOP BLOODS TOMORROW.
STANDARD DVT PROPHYLAXIS.
CHASE MICRO RESULTS OF SPECIMEN SENT FROM THEATRE.
POST OP KNEE X RAY 48 HOURS.
REHABILITATION AS PRIMARY TKR.

CATHERINE HONEYMAN
01/02/49

Dictated by: OMAR AL-FAKAYH



SOUTHERN GENERAL HOSPITAL
ORTHOPAEDIC OPERATION NOTE

PATIENTS DETAILS:

Name: CATHERINE HONEYMAN
DOB: 01/02/49
Unit No: SG00940779
CHI: 0102496145

DATE: 31/3/11

DIAGNOSIS:

OPERATION: FIRST STAGE REVISION KNEE

SURGEON: HULLIN

ANAESTHETIST: HOSIE

PROCEDURE: THIGH TOURNIQUET
OLD SCAR INCISED
MEDIAL PARAPATELLA INCISION
100ML OF TURBID FLUID SENT FOR C+S
INFECTED MEMBRANE EXCISED
FEMORAL COMPONENT REMOVED EASILY
TIBIAL COMPONENT REMOVED AFTER POSTERIOR MOBILISATION

THOROUGH DEBRIDEMENT AND LAVAGE
DOUBLE MIX PALACOS CEMENT WITH 2 GM VANCOMYCIN

CLOSURE VICRYL CLIPS TO SKIN
KNEE IMMOBILISER

POST OP: CONTINUE IV ANTIBIOTICS OVER WEEKEND
MOBILISE AS ABLE WITH KNEE SPLINT
ANTIBIOTICS 6 WEEKS

Dictated by:

SOUTHERN GENERAL HOSPITAL

ORTHOPAEDIC OPERATION NOTE

PATIENTS DETAILS:

Name: CATHERINE HONEYMAN
DOB: 01/02/49
Unit No: SG00940779
CHI: 0102496145

DATE: 4/5/10

DIAGNOSIS:

OPERATION: REMOVAL PATELLA BUTTON RIGHT KNEE

SURGEON: HULLIN

ANAESTHETIST: KOPKA

PROCEDURE: THIGH TOURNIQUET
OLD SCAR INCISED
MEDIAL SOFT TISSUE ATTACHMENTS TO PATELLA HAD GIVEN WAY WITH LARGE
EFFUSION RELEASED AFTER INCISING SUBCUTANEOUS TISSUES SWAB C+S
PATELLA BUTTON IDENTIFIED LOOSE IN KNEE
PATELLA INTACT BUT THIN SHELL LYING Laterally
PATELLA NOT REPLACED
MEDIAL STRUCTURES DOUBLE BREASTED AND CLOSED IN 2 LAYERS

CLIPS TO SKIN

POST OP: MOBILISE AS FOR PRIMARY TKR

Dictated by:



PATIENTS DETAILS: Name: CATHERINE HONEYMAN
Unit No: SG00940779

DOB: 01/02/49
CHI: 0102496145

PROCEDURE: TOTAL KNEE REPLACEMENT
SURGEON: CON.HULMI HULLIN,MIKE
ASSISTANT: STR.FRAMA FRAME,MARK

R/L/B: LEFT
ANAESTHETIST:

DATE: 28/01

Anaesthetic: General Anaesthetic

Antibiotic:

Components used:

Tibia: 3

Tibial Insert: 12.5 mm

Femur: STD+

Patella: was not resurfaced

Patella tracking: satisfactory

Lateral release: not performed

Supine position with lateral support. Routine prep and drape. Midline incision and knee joint exposed using a standard medial parapatellar approach. Significant degenerative disease noted. Patella everted and fat pad and osteophytes excised. Medial and lateral menisci excised followed by the ACL. Medial osteophytes excised and medial soft tissue release performed whilst protecting the MCL to balance the knee. Proximal tibial cut made using the extramedullary tibial guide aligned to the centre of the ankle joint whilst referencing from the medial tibial plateau (2mm).

Attention then paid to the femur which was sized as above. Intramedullary rod inserted and appropriate femoral block applied. Rotation set by inserting appropriate spacer block. Femoral block pinned in situ and anterior and posterior femoral cuts made using the saw capture guide. Using the intramedullary guide and the 5deg. valgus distal femoral cutting block the distal femoral cut was made. Flexion and extension gaps equal as above with satisfactory limb alignment. Appropriate femoral finishing block applied to complete preparation of the femur.

Tibial surface sized as above and prepared using the tibial tray. Trial components inserted as above. The knee joint was found to be stable through a full range of movement. Trial components removed. The knee was thoroughly lavaged and bone surfaces dried. The definitive components were then inserted as above. Wound lavaged with saline and chlorhexidine.

SECOND PROCEEDURE

RESURFACING OF RIGHT PATELLA.

TOURNIQUET 300MMHG
REUSED OLD MIDLINE INCISION SCAR
PARAPATELLAR APPROACH IN TO KNEE JOINT
SWABS TAKEN FOR MICRO
PATELLAR OSTEOPHYTES REMOVED.
USING PATELLAT DRILL GUIDE PATELLA PREPARED.
STD+ PATELLA USED AND IMPLANTED.
GOOD PATELLAR TRACKING.

IRRIGATED AND CLOSED IN LAYERS
SKIN WITH BIOSYN.



DRESSED WITH MEPORE WOOL AND CREP.

POST OP.

BLOODS IN AM
XRAY BOTH KNEES IN 48HRS
MOBILISE AS ABLE
HOME WHEN SAFE
OPC IN 10 DAYS

Closure: Extensor mechanism:
Skin:
Post Op Instructions:

Fat:
Dressings applied



Endometrium - Biopsy

Performed	07-Jan-2013 11:54	Received	07-Jan-2013 15:51
Reported	10-Jan-2013 16:20	Order Number	D,13.0000709.M
Status	Final	Source System	Telepath

Pathology

Final

NHS GREATER GLASGOW AND CLYDE

PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-354-9487 (89487)

Date collected: 07.01.2013

Date received : 07.01.2013

Date reported: 10.01.2013

Reporting Pathologist : Gareth Bryson

Consultant Pathologist: Gareth Bryson

ENDOMETRIAL BIOPSY

CLINICAL HISTORY:

PMB, increased endometrial thickness. ?Malignancy.

MACRO:

Scanty fragments of tissue are received.

MICROSCOPY:

Microscopy shows scanty disrupted fragments of inactive endometrium and benign cervical tissue. There is no hyperplasia or malignancy in this scanty specimen. However this may not be representative of the entire endometrium. If clinical suspicion persists then repeat biopsy should be considered.

Dr G Bryson, Consultant

Dictated: 10/01/13

Typed: 10/01/13,MW

Electronically authorised by Dr G Bryson.

Endometrial curettage

Performed	22-Dec-2011 00:00	Received	22-Dec-2011 14:28
Reported	29-Dec-2011 21:15	Order Number	T,11.0022247.L
Status	Final	Source System	Telepath

Pathology

Final

SOUTH GLASGOW UNIVERSITY HOSPITALS NHS DIVISION
PATHOLOGY DEPARTMENT ENQUIRIES TO: 0141-201-1838

Specimen: Endometrial curettage

Date collected: 22.12.11 Date received: 22.12.11

Reporting Pathologist : Dr J. Salmond
Consultant Pathologist: Dr J. Salmond

CLINICAL HISTORY:

64 year old - PMB. Polyp on hysteroscopy. Polypectomy performed.

MACRO:

A white polypoid piece of tissue 11x10x4mm.

MICROSCOPY:

Microscopy shows features of a simple endometrial polyp.
There is no evidence of malignancy in this specimen.

Reported 28/12/11 JMS/LM

Electronically authorised by Dr J Salmond.

eMedicines Reconciliation Form - v1.2

CHI Number: 0102496145

Patient Name: Catherine Honeyman



Hospital Name:	Victoria Infirmary		
Consultant's Name:	Datta		
Ward:	14		
Specialty:	Gastroenterology		

Patient Details		Sources Checked		
Name:	Honeyman, Catherine	ECS	Patient	Carer
Address:	10 MELVILLE STREET, 0/2, Glasgow, Lanarkshire,	Relative	GP Surgery	GP Printout
Postcode:	G41 2LN	Patients own drugs	Other	
CHI Number:	0102496145	Other Details		
N:	30275453M, SG00940779, SG99406473			
D.O.B:	01/02/1949			
Gender:	Female			

Active						
Continued						
Source	Date Started	Last Issued	Drug	Formulation	Dose	Frequency
ECS	11/07/2011	28/07/2014	Aspirin	75 mg Dispersible tablets	N/A	1 Tab In the morning
ECS	27/04/2011	28/07/2014	Atenolol	25 mg Tablets	N/A	1 Tab In the morning
ECS	23/02/2011	28/07/2014	Bendroflumethiazide	2.5 mg Tablets	N/A	1 Tab In the morning
ECS	12/03/2012	08/09/2014	Fluoxetine Hydrochloride	20 mg Capsules	N/A	1 Cap In the morning
ECS	23/02/2011	28/02/2014	Glyceryl Trinitrate	400 micrograms/dose (200 dose) Cfc-free pump spray	N/A	ONE OR TWO SPRAYS UNDER THE TONGUE WHEN REQUIRED FOR CHEST PAIN
ECS	22/06/2011	20/08/2014	Omeprazole	20 mg Capsules (Gastro-Resistant)	N/A	1 TAB In the morning
ECS	29/07/2014	20/08/2014	Tramadol Hydrochloride	50 mg Capsules	N/A	ONE OR TWO CAPSULES UP TO FOUR TIMES A DAY

Allergies - ECS Summary		
No ECS Allergies Found		
Additional Allergy Notes		
No Allergies Added		
Prescriber Sign Off		
Signed off by	Grade	Sign off date
Andrew Noble	FY1	10/09/2014 08:09
Andrew Noble	FY1	10/09/2014 08:09

Last signed off by: Andrew Noble 10/09/2014 08:09

Patient Agreement to Investigation or Treatment Consent Form

Patient details (or pre-printed label)	
Hospital / clinic / GP practice <i>Victoria Infirmary</i>	
Patient's surname / family name <i>Honeyman</i>	
Patient's first name <i>Catherine</i>	
Date of birth <i>01.02.46</i>	Gender Male ☐ Female ☒
CHI number <i>0102496145</i>	
Special requirements (e.g. other language / communication method)	

Statement for practitioner (to be filled in by practitioner with appropriate knowledge of proposed procedure)
Describe proposed operation, investigation or other treatment. Where appropriate specify site or side (write in full). <i>Lumbar puncture</i> <i>L4/5 L3/4</i>
Specific risks / complications Please detail any specific risk/complications related to the procedure that were discussed. <i>Hemorrhage</i> <i>Failure</i> <i>Pain</i> <i>Infection</i> <i>Bleeding</i>
I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above). I have explained who will be doing the procedure if not myself.
Signature of practitioner <i>Simon Adams</i>
Name / Designation (print) <i>Simon Adams</i>
Date <i>10.9.14</i>

Statement to be completed by patient / parent*
(*parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- The procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- Who will be performing my procedure on the day
- That any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below any procedures which I do NOT wish to be carried out without further discussion.

I agree

- to the administration of an anaesthetic or to sedation if required,
- to the procedure named on this form,
- to the emergency administration of blood or blood products.

Additionally you have to agree or disagree to the following

Agree Disagree

to photographic images and video recordings being held in records, and made available for teaching, audit and ethically-approved research purposes, to improve the quality of patient care.

☐☐

that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.

☐☐

Patient / parent agreement to treatment

Signature

Catherine Honeyman

Date

Name (print)

CATHERINE HONEYMAN

Patient refusal for blood products

Please sign here if you refuse to consent to the emergency administration of blood or blood products, **even if this results in death.**

Signature

Date

Signature of practitioner

Date

Patient Agreement to Investigation or Treatment



CONSENT FORM

PATIENT DETAILS (OR PRE-PRINTED LABEL)

Hospital/Clinic/GP Practice
Patient's surname/family name
Patient's first name(s):
Date of Birth ____/____/____
NHS/ CHI Number
Special requirements (e.g. other language/communication method)



0102496145
HONEYMAN
Catherine
10 MELVILLE STREET
0/2
Glasgow, Lanarkshire
01/02/1949
G41 2LN

F

☐ Female ☐

Responsible practitioner:
Job title:

STATEMENT FOR PRACTITIONER

(to be filled in by practitioner with appropriate knowledge of proposed procedure- see guidance notes)

Describe proposed operation, investigation or other treatment.
Where appropriate specify site or side: (WRITTEN IN FULL)

Right shoulder replacement
(resurfacing)

I have explained the procedure named on this form to the patient in terms which, in my judgement, are suited to their understanding. In particular, I have fully explained: the intended benefits; appropriate alternatives which are available (including no treatment); any significant risks which may result from the procedure; and any extra procedures which may become necessary during the procedure (please specify major procedures above).

Signature of practitioner:
Name/Designation (Print)

Date 16/9/14

STATEMENT TO BE COMPLETED BY PATIENT/PARENT*

(* parental responsibility for a minor without capacity)

You should read this form and the notes below carefully. If there is anything you do not understand ask the Practitioner for an explanation. If the information is correct and you understand the procedure, you should sign the form. You have the right to change your mind at any time, including after you have signed this form.

I understand

- the procedure, important risks and appropriate alternatives which have been explained to me by the practitioner named on this form.
- that a practitioner other than the practitioner who has been providing treatment so far might carry out the procedure.
- that any procedure in addition to that named on this form will only be carried out if it is necessary and is reasonable in the circumstances, in relation to the medical treatment proposed, to safeguard or promote physical or mental health.
- That examination for the purpose of teaching will not be undertaken without my consent.

I have been told about additional procedures which may become necessary during treatment. I have listed below any procedures which I do NOT wish to be carried out without further discussion

I agree -

- to the administration of an anaesthetic or to sedation if required.
- to the procedure named on this form
- to the emergency administration of blood or blood products

Additionally you have to agree or disagree the following:-

that information and/or images kept in records may be used anonymously for education, audit, and research with appropriate ethical approval, to improve the quality of patient care.

Agree Disagree

☒☐

that surplus tissue or other biological material not essential for my diagnosis or future treatment may be used for medical education and ethically approved medical research.

☒☐

PATIENT REFUSAL FOR BLOOD PRODUCTS

Please sign here if you refuse to consent to the emergency administration of blood or blood products. Even if this results in death.

Signature: X Catherine Houghman

Date 16 / 9 / 14

Practitioner Signature: [Signature]

Date 16 / 9 / 14

PATIENT/PARENT* AGREEMENT FOR TREATMENT

Signature: X Catherine Houghman

Date 16 / 9 / 14

Name (Print):

Golden Jubilee National Hospital
Agamemnon Street
Clydebank G81 4DY
National Waiting Times Centre Special Health Board

DEPARTMENT OF CARDIOLOGY
Phone: 0141 951 5496 Fax: 0141 951 5859
E-mail: Margaret.williamson@gjnh.scot.nhs.uk



CARDIOLOGY DISCHARGE LETTER

Name: CATHERINE HONEYMAN DOB: 01/02/1949	
Address: 10 MELVILLE ST, GLASGOW, G41 2LN	
CHI Number: 0102496145 Examination Number: D105000185462	
Examination Date: 22/05/2013 Examination Time: 09:00	
Examination: Coronary Angiogram	
Dictated by: Dr Andrew Davie Date Reported: 22/05/2013	
Typed By: Margaret Williamson Date Typed: 22/05/2013	
Report To: Dr Marshall Gorbals Health Centre 45 Pine Place GLASGOW G5 OBQ	
CC: Mr Martin Consultant Orthopaedic Surgeon Southern General Hospital 1345 Govan Road GLASGOW G51 4TF	
✓ Dr Andrew Davie Consultant Cardiologist Southern General Hospital 1345 Govan Road GLASGOW G51 4TF	Upload - of - U

Main Diagnosis: ? Angina.

Other Conditions:

1. Mild coronary disease.
2. Awaiting shoulder replacement.
3. Previous joint replacement.

Procedure: Coronary angiography

Recommended Medication: As directed.

Follow-up: Nil cardiac

Total number of pages for this report = 2

Name: CATHERINE HONEYMAN **ID:** 0102496145 **DOB:** 01/02/1949

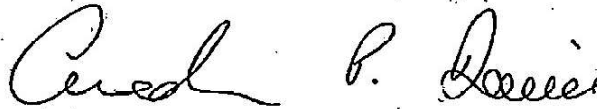
Examination date: 22/05/2013 09:00

Dear Dr Marshall,

Mrs Honeyman was admitted for coronary angiography as arranged by me. This was performed by Dr Venkat on 22/05/13. This showed mild diffuse coronary disease, which may or may not be flow-limiting. It remains unclear whether she has angina or not, but if she does, it is clearly mild, and there is certainly no reason why surgery should not go ahead straight away.

Best wishes,

Yours sincerely



Dr Andrew P. Davie
Consultant Interventional Cardiologist

Dictated by: Dr Andrew Davie

Verified by: Dr Andrew Davie

Total number of pages for this report = 2

Name: CATHERINE HONEYMAN ID: 0102496145 DOB: 01/02/1949

Examination date: 22/05/2013 09:00

HONEYMAN, Catherine

ID:0102496145

25-NOV-2014 15:00:23

GREATER GLASGOW SITE-SGOROP ROUTINE RECORD

01-FEB-1949 (65 yr)
Female Caucasian

Vent. rate 73 BPM
PR interval 176 ms
QRS duration 84 ms
QT/QTc 416/438 ms
P-R-T axes 18 5 71

Normal sinus rhythm
Nonspecific T wave abnormality

Room:
Loc:361

Technician:SGH 320
Test ind:PREOP

Referred by: SGOROP MR MARTIN

UNCONFIRMED ECG REPORT Sys Admin 1

COMMENTS:TENSE/INSP ATTACH



25mm/s 10mm/mV 150Hz 7.1.1 12SL 241 HD CID: 8

SID: 2241515 EID:21001 EDT: 14:53 26-NOV-2014 ORDER: *

Page 1 of 1

HONEYMAN; Catherine

ID:0102496145

09-OCT-2014 10:22:30

GREATER GLASGOW SITE-SGCOPD ROUTINE RECORD

01-FEB-1949 (65 yr)
Female Caucasian

Vent. rate 84 BPM
PR interval 172 ms
QRS duration 84 ms
QT/QTc 402/475 ms
P-R-T axes 36 114 62

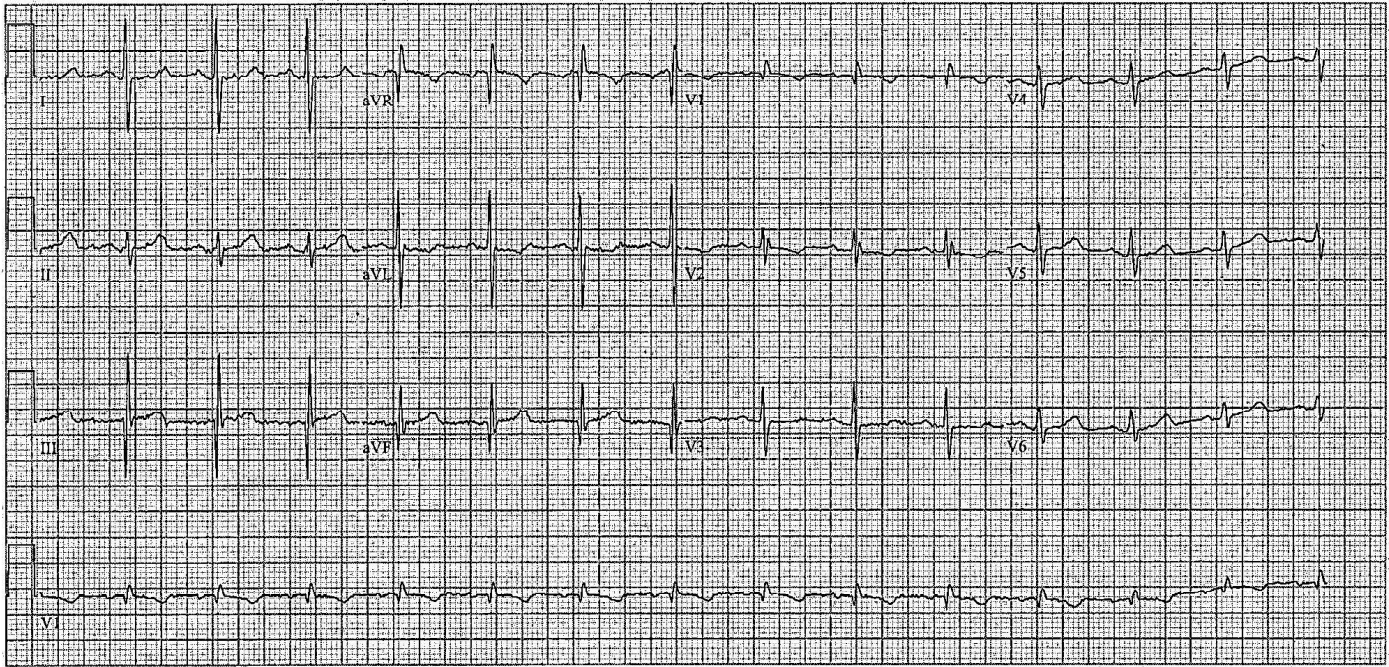
Normal sinus rhythm
Possible Right ventricular hypertrophy
Minimal voltage criteria for LVH, may be normal variant
Inferior infarct (cited on or before 15-SEP-2014)
When compared with ECG of 15-SEP-2014 14:36,
QRS axis shifted right

Technician:SGH 316
Test ind:NEW PT

Referred by: SGCOPD DR DAVIE

UNCONFIRMED ECG REPORT Sys Admin 8

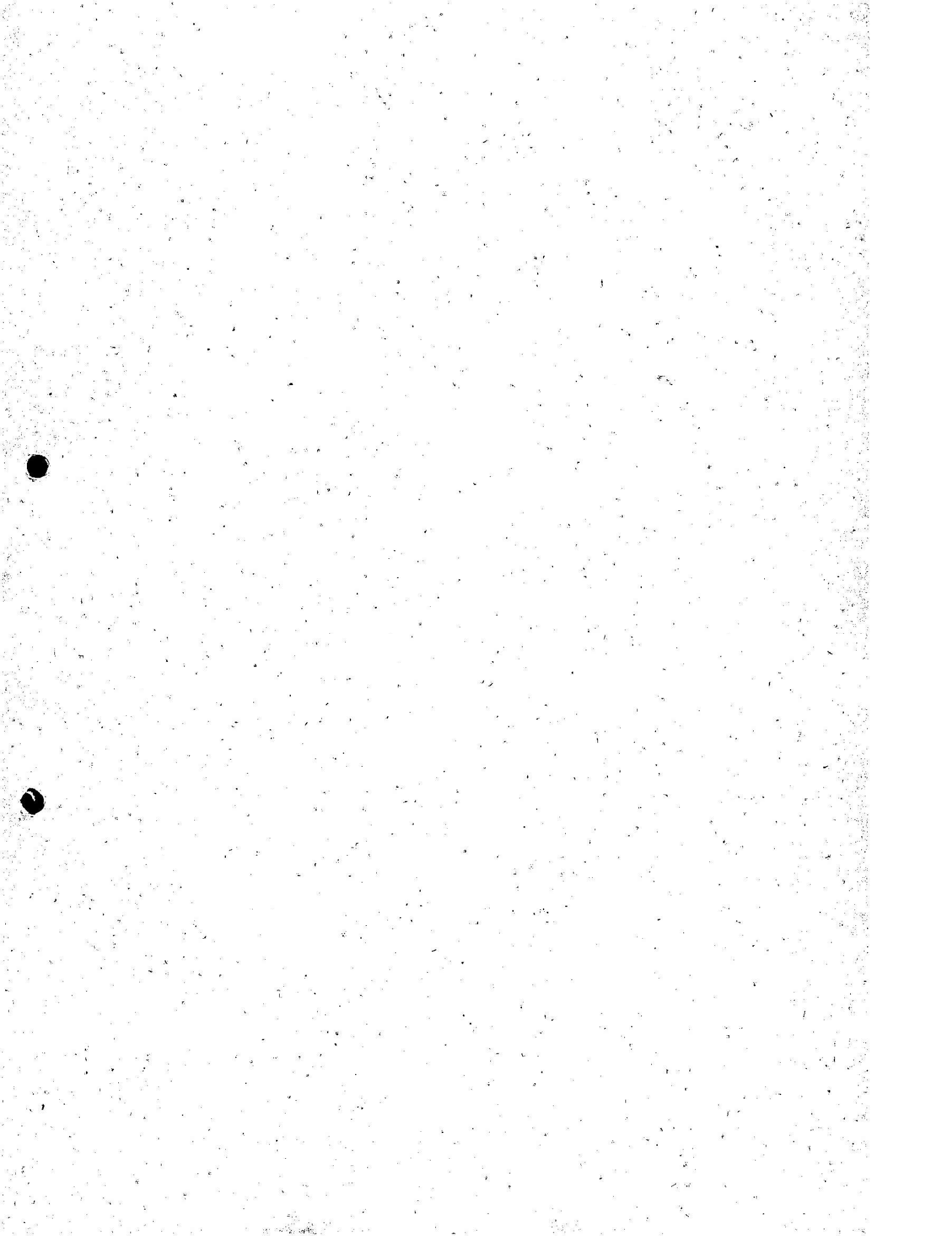
COMMENTS:PT TENSE



25mm/s 10mm/mV 100Hz 7.1.1 12SL 237 CID: 4

SID: 2241515 EID:21008 EDT: 11:34 09-OCT-2014 ORDER:

Page 1 of 1



HONEYMAN, Catherine

ID:0102496145

15-SEP-2014 14:36:16

GREATER GLASGOW SITE-SGOROP ROUTINE RECORD

01-FEB-1949 (65 yr)
Female Caucasian

Vent. rate 64 BPM
PR interval 186 ms
QRS duration 80 ms
QT/QTc 428/441 ms
P-R-T axes 40 0 53

Normal sinus rhythm
Possible Inferior infarct, age undetermined

Room:
Loc:361

Technician:SGH 320
Test ind:PREOP

Referred by: SGOROP MR MARTIN

UNCONFIRMED ECG REPORT Sys Admin 3

COMMENTS:PAT TENSE



25mm/s 10mm/mV 100Hz 7.1.1 12SL 237 CID: 6

SID: 2241515 EID:21003 EDT: 18:16 15-SEP-2014 ORDER:

Page 1 of 1



HONEYMAN, Catherine

ID:0102496145

09-MAY-2013 11:37:22

GREATER GLASGOW SITE-SGCOPD ROUTINE RECORD

01-FEB-1949 (64-yr)
Female Caucasian

Vent. rate 80 BPM
PR interval 170 ms
QRS duration 84 ms
QT/QTc 392/452 ms
P-R-T axes 30 0 57

Normal sinus rhythm
Normal ECG

Room:
Loc:347

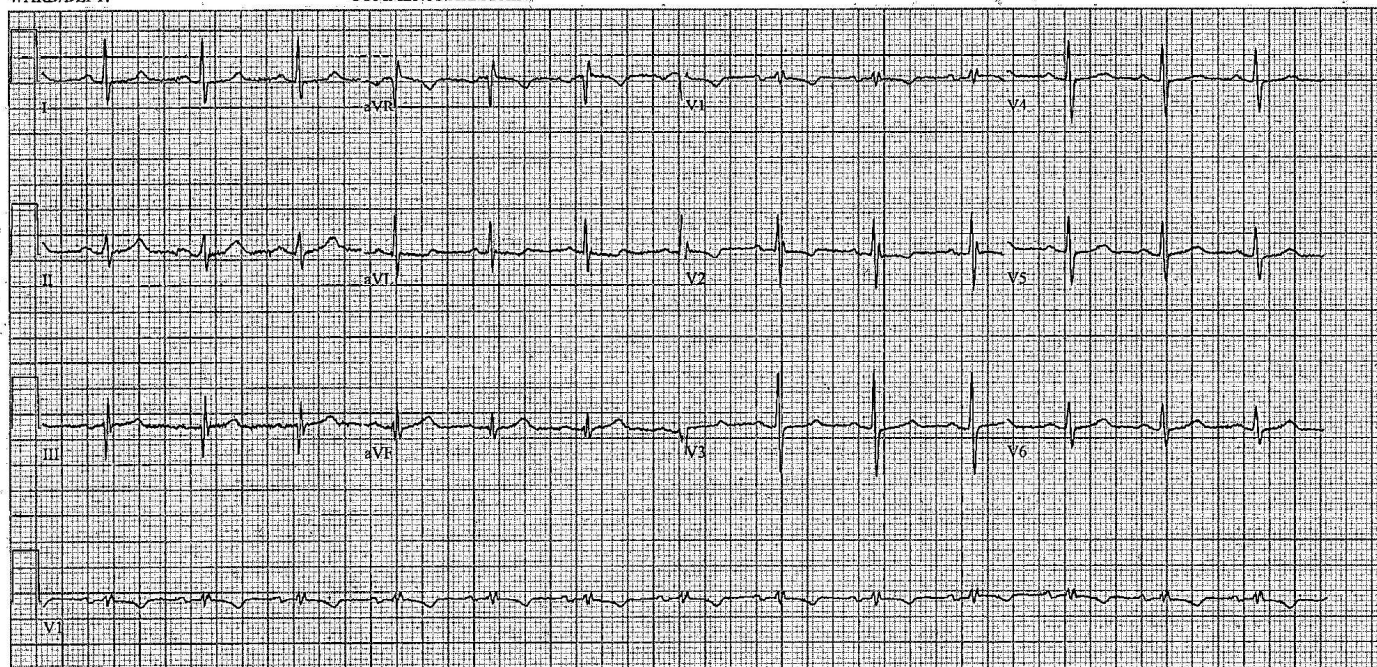
History:Unknown
Technician:SGH 320
Test ind:NEW PAT

WARD/DEPT:

COMMENTS:ARM PAIN

Referred by: SGCOPD DAVIE

UNCONFIRMED ECG REPORT Sys Admin 3



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 255

SID: 2241515 EID:21003 EDT: 20:45 09-MAY-2013 ORDER:

Page 1 of 1

HONEYMAN, Catherine

ID:0102496145

01-MAY-2013 13:14:22

GREATER GLASGOW SITE-SGOROP ROUTINE RECORD

01-FEB-1949 (64 yr)
Female Caucasian

Vent. rate 84 BPM
PR interval 166 ms
QRS duration 84 ms
QT/QTc 406/479 ms
P-R-T axes 32 76 74

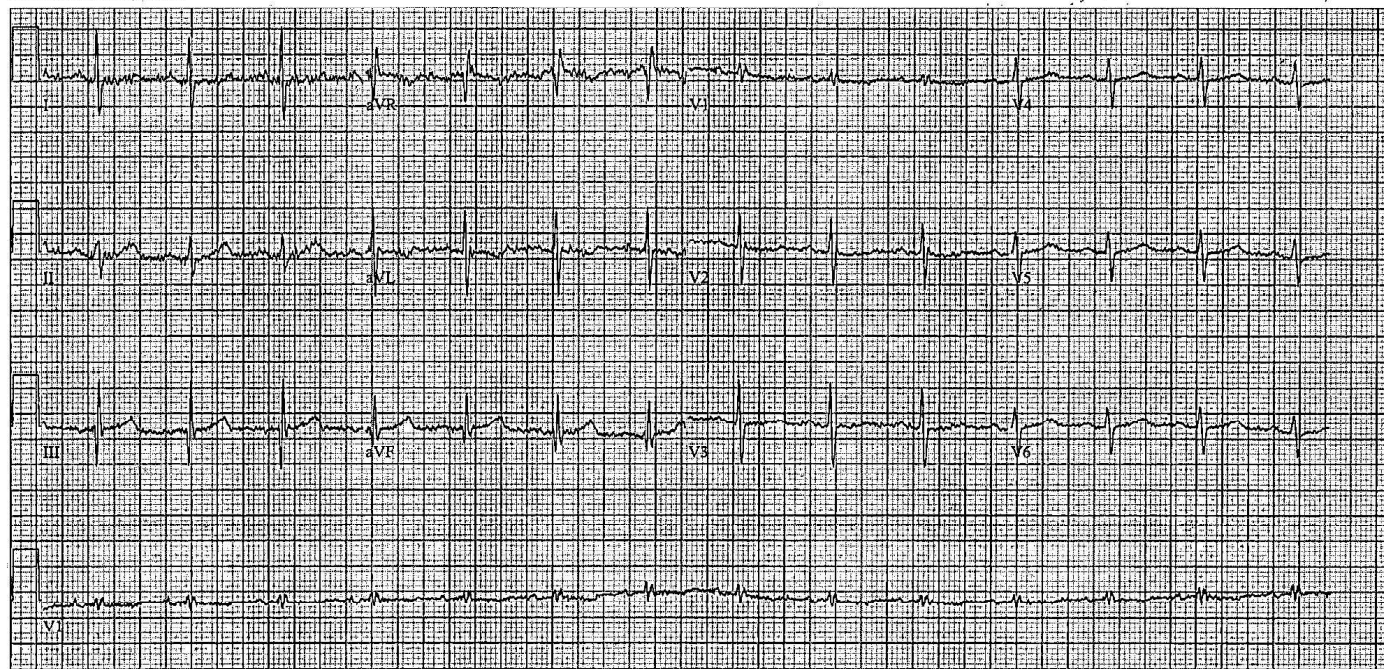
Normal sinus rhythm
Normal ECG

History: Unknown
Technician: SGH 316
Test ind: PRE OP

COMMENTS: PT TENSE

Referred by: SGOROP MR MARTIN

UNCONFIRMED ECG REPORT Sys Admin 1



25mm/s 10mm/mV 150Hz 7.1.1 12SL 237 CID: 255

SID: 2241515 EID: 21001 EDT: 16:12 01-MAY-2013 ORDER:

Page 1 of 1



**Southern General Hospital
Echocardiography Report
0141 201 1590**



Name HONEYMAN, CATHERINE	Date 07/01/2015
Patient Id 0102496145	Sonographer Catherine Vaughan
Birthdate 01/02/1949	Ref. Consultant DR MARTIN, ORTHO OPD
Indication for Study: ?LV	Ward/Dept.
	Sex Female

2D-LV	2D	M-Mode
IVSd 1.34 cm	LA Diam 3.5 cm	
LVIDd 4.64 cm	LALd A4C 5.23 cm	
LVPWd 1.2 cm	LAAd A4C 23 cm ²	
	LAEDV A-L A4C 86 ml	
	LAEDV MOD A4C 83 ml	
Mitral Valve	Aortic Valve	TV/PV/PA/shunts
MV PHT 72 ms	AV Vmax 1.07 m/s	
MV DecT 249 ms	AV maxPG 5 mmHg	
MVA By PHT 3.04 cm ²		

Sinus rhythm.

Study quality: This was a technically difficult study with suboptimal images.

Left Ventricle: LV cavity size, wall thickness and systolic function are normal. Mild concentric hypertrophy.

Right Ventricle: The right ventricle is normal in size with good systolic function.

Left Atrium: Cavity dimension is normal.

Right Atrium: Cavity dimension is normal.

Aortic Valve: Is trileaflet, thin and opens well. No aortic stenosis or regurgitation.

Mitral Valve: Mitral valve structure appears normal. There is trace regurgitation.

Tricuspid Valve: TV is thin and opens well.

Pulmonary Valve: PV is thin and opens well.

Summary

1: Normal LV dimensions with good systolic function.

2: Mild concentric hypertrophy.

Sonographer **Catherine Vaughan**

Diagn. Phys. **Catherine Vaughan**

XR Pelvis

Performed	08-Aug-2025 14:17	Received	15-Oct-2025 09:50
Reported	15-Oct-2025 09:48	Order Number	G306H42539886
Status	Final	Source System	MiSys

XR Pelvis

Final

Catherine Honeyman**Clinical History :**

change dose of levothyroxine, painful left hip query OA

XR Pelvis :

Comparison to prior radiograph dated 15/12/2016.

There are mild degenerative changes affecting both hip joints, slightly more marked at the right hip however the appearances have not significantly progressed compared to the prior x-ray.

No other significant bone or joint abnormality.

Mild degenerative changes in the included lower lumbar spine.

Reported by Sarah Zycinski, Reporting Radiographer. RA76008

Reported by: Sarah Zycinski (Rep Radiographer)

Verified by: Sarah Zycinski (Rep Radiographer)

US Guided injection hip Lt

Performed	11-Dec-2023 09:07	Received	11-Dec-2023 10:14
Reported	11-Dec-2023 10:12	Order Number	G306H40322846
Status	Final	Source System	MiSys

US Guided injection hip Lt

Final

Catherine Honeyman

Clinical History :

Severe left lateral hip and thigh pain Tender greater trochanter US Guided injection greater trochanter ? enthesopathy

US Guided injection hip Lt :

Mild left gluteus minimus and medius tendinosis without tear or significant trochanteric bursitis.

Witnessed verbal consent obtained with risks explained guiding pain, bleeding/bruising, infection, steroid flare and lack of therapeutic effect.

Aseptic technique. 4 ml lidocaine used as superficial local anaesthetic. Under ultrasound guidance and using a 22-gauge needle, the left trochanteric bursa was infiltrated with 40 mg of Kenalog and 4 ml bupivacaine 0.25%. No immediate complication.

Reported by: Dr Luthan Lam**Verified by: Dr Luthan Lam**

NM Injection

Performed	20-Jul-2022 09:45	Received	22-Jul-2022 09:16
Reported	22-Jul-2022 09:14	Order Number	G405H38611825
Status	Final	Source System	MiSys

NM Injection

Final

Catherine Honeyman
Clinical History :

From white cell report:

"The white cell scan shows mild increased uptake at the femoral and tibial components of the right TKR. A marrow scan will be arranged in further assessment."
on 06-Jul-2022 at 15:24)

NM Injection :

See below.

NM Bone marrow scan :

There is increased uptake present in the medial aspect of the femoral component of the right knee and the lateral aspect of the tibial component. These correspond with the areas of abnormal uptake demonstrated on white cell scan. These findings are therefore felt to represent marrow compaction rather than a prosthetic infection.

Conclusion: No convincing evidence of prosthetic infection demonstrated.

Reported by: Dr John Morrison

Verified by: Dr John Morrison

NM Bone marrow scan

Performed	20-Jul-2022 09:45	Received	22-Jul-2022 09:16
Reported	22-Jul-2022 09:14	Order Number	G405H38618889
Status	Final	Source System	MiSys

NM Injection

Final

Catherine Honeyman**Clinical History :**

From white cell report:

"The white cell scan shows mild increased uptake at the femoral and tibial components of the right TKR. A marrow scan will be arranged in further assessment."
on 06-Jul-2022 at 15:24)

NM Injection :

See below.

NM Bone marrow scan :

There is increased uptake present in the medial aspect of the femoral component of the right knee and the lateral aspect of the tibial component. These correspond with the areas of abnormal uptake demonstrated on white cell scan. These findings are therefore felt to represent marrow compaction rather than a prosthetic infection.

Conclusion: No convincing evidence of prosthetic infection demonstrated.

Reported by: Dr John Morrison**Verified by:** Dr John Morrison

NM White cell HMPAO whole body

Performed	30-Jun-2022 09:47	Received	06-Jul-2022 14:42
Reported	06-Jul-2022 14:40	Order Number	G405H38497103
Status	Final	Source System	MiSys

NM Injection

Final

Catherine Honeyman**Clinical History :**

Right revision knee replacement Increased uptake on bone scan ?infection

NM Injection :**NM Injection :****NM White cell HMPAO whole body :**

Reference is made to the dynamic bone scan of 11/05/2022.

The white cell scan shows mild increased uptake at the femoral and tibial components of the right TKR. A marrow scan will be arranged in further assessment.

Reported by: Dr Ian McLaughlin and Dr AJ Nicol**Verified by:** Dr Ian McLaughlin

NM Injection

Performed	30-Jun-2022 09:47	Received	06-Jul-2022 14:42
Reported	06-Jul-2022 14:40	Order Number	G405H38497102
Status	Final	Source System	MiSys

NM Injection

Final

Catherine Honeyman**Clinical History :**

Right revision knee replacement Increased uptake on bone scan ?infection

NM Injection :**NM Injection :****NM White cell HMPAO whole body :**

Reference is made to the dynamic bone scan of 11/05/2022.

The white cell scan shows mild increased uptake at the femoral and tibial components of the right TKR. A marrow scan will be arranged in further assessment.

Reported by: Dr Ian McLaughlin and Dr AJ Nicol**Verified by:** Dr Ian McLaughlin

NM Injection

Performed	30-Jun-2022 09:47	Received	06-Jul-2022 14:42
Reported	06-Jul-2022 14:40	Order Number	G306H38494941
Status	Final	Source System	MiSys

NM Injection

Catherine Honeyman

Clinical History :

Right revision knee replacement Increased uptake on bone scan ?infection

NM Injection :

NM Injection :

NM White cell HMPAO whole body :

Reference is made to the dynamic bone scan of 11/05/2022.

The white cell scan shows mild increased uptake at the femoral and tibial components of the right TKR. A marrow scan will be arranged in further assessment.

Reported by: Dr Ian McLaughlin and Dr AJ Nicol

Verified by: Dr Ian McLaughlin

XR Knee Lt

Performed	31-May-2022 14:16	Received	01-Jun-2022 09:41
Reported	01-Jun-2022 09:39	Order Number	G306H38493826
Status	Final	Source System	MiSys

XR Knee Lt

Final

Catherine Honeyman

In line with agreed protocols, a radiological report will not be issued for this examination, unless requested. The interpretation and recording of the findings remain the responsibility of the referrer or a more experienced clinical colleague.

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Reported by: Auto Reporting

Verified by: Kelly Ann Noon (Admin)

NM Bone whole body

Performed	11-May-2022 12:00	Received	13-May-2022 09:44
Reported	13-May-2022 09:42	Order Number	G306H38398104
Status	Final	Source System	MiSys

NM Bone dynamic Catherine Honeyman Clinical History :

Final

Revision right total knee replacement 2011 for infection Increasing pain and ? loosening on x ray ESR and CRp normal ? loosening

NM Bone dynamic : See below.

NM Bone whole body :

There is increased uptake affecting the medial and lateral aspects of the femoral component of the right TKR on the early phase of scanning. This would be consistent with loosening or possible infection.

There is degenerative change present within the spine and both ankles.
Increased uptake noted in the right shoulder which corresponds to a longstanding arthropathy.

Conclusion: Abnormal increased uptake present in the femoral component of the right TKR:
Further assessment by means of radioisotope white cell scan plus or minus bone marrow imaging is advised for further assessment of possibility of infection.

Reported by: Dr John Morrison
Verified by: Dr John Morrison

NM Bone dynamic

Performed	11-May-2022 12:00	Received	13-May-2022 09:44
Reported	13-May-2022 09:42	Order Number	G306H38398103
Status	Final	Source System	MiSys

NM Bone dynamic Catherine Honeyman Clinical History :

Final

Revision right total knee replacement 2011 for infection. Increasing pain and ? loosening on x ray ESR and CRP normal ? loosening

NM Bone dynamic : See below.

NM Bone whole body :

There is increased uptake affecting the medial and lateral aspects of the femoral component of the right TKR on the early phase of scanning. This would be consistent with loosening or possible infection.

There is degenerative change present within the spine and both ankles.
Increased uptake noted in the right shoulder which corresponds to a longstanding arthropathy.

Conclusion: Abnormal increased uptake present in the femoral component of the right TKR.
Further assessment by means of radioisotope white cell scan plus or minus bone marrow imaging is advised for further assessment of possibility of infection.

Reported by: Dr John Morrison
Verified by: Dr John Morrison



MRI Spine lumbar

Performed	07-Apr-2022 09:51	Received	25-Apr-2022 10:35
Reported	25-Apr-2022 10:33	Order Number	G306H38097713
Status	Final	Source System	MiSys

MRI Spine lumbar

Final

Catherine Honeyman

Clinical History : Thanks for scanning Catherine Honeyman. 18/12 hx LBP and worsening bilateral leg pain. No RFs. No CES symptoms. Lower limb ankle and knee reflexes absent bilaterally. Unsteady gait and reduced balance. Stenotic features. Please scan for lumbar spine cause of symptoms. NB bilateral TKJR. Left shoulder surgery.

MRI Spine lumbar :

The lowest fully formed intervertebral disc is referenced L5-S1 - see saved key image.

Normal vertebral body heights. Minor degenerative lumbar levoscoliosis. Grade 1 degenerative L4-L5 anterolisthesis with minor degenerative anterolisthesis at the L2-L3 and L3-L4 levels. No pars defects. Fatty degenerative endplate marrow changes associated with severe disc degeneration L4-L5 level. No sinister marrow pathology.

Normal conus.

Multilevel degenerative changes in the form of disc bulging, facet arthrosis and ligamentum flavum thickening (posterior element degeneration most pronounced at the L3-L4 and L4-L5 levels), combined with the degenerative malalignment described above, producing the following:

L2-L3 - mild central canal stenosis but no focal nerve root impingement.

L3-L4 - moderate to severe central canal stenosis with essentially complete CSF effacement and marked crowding of the cauda equina nerve roots. There is preservation of the posterior epidural fat. Right more than left impingement of the traversing L4 nerve roots. Mild to moderate right-sided and mild left-sided foraminal stenoses.

L4-L5 - severe central canal stenosis with complete CSF effacement and partial effacement of the posterior epidural fat. Impingement of the cauda equina nerve roots present. Mild to moderate bilateral foraminal stenoses.

No significant neural compromise at the other levels. Upstream redundancy of the cauda equina nerve roots noted above the L3-L4 level.

No other significant abnormality.

Conclusion: Multilevel degenerative changes with severe central canal stenosis at L4-L5 and moderate to severe central canal stenosis also at the L3-L4 level.

Spinal surgical opinion is recommended.

Reported by:

Luthan Lam

GMC 7266130

Consultant radiologist

NHS Greater Glasgow and Clyde

Luthan.Lam2@nhs.scot

Reported by: Auto Reporting

Verified by: Carol McQuade (Old Code)



XR Knee Rt

Performed	29-Mar-2022 13:36	Received	26-Apr-2022 20:46
Reported	26-Apr-2022 20:44	Order Number	G516H38210482
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman

Clinical History :

AP and LAT right knee, revision RTKR 2011, delayed 10yr review, pt has long stem prosthesis.
Pt has review appt 29.03.22 at 14.30 ? x-ray can be done 30 mins before/after review appt

Clinical History :

AP and LAT right knee, revision RTKR 2011, delayed 10yr review, pt has long stem prosthesis.

Comparison: Right knee x-ray June 2011.

Findings: Right knee prosthesis. There is lucent border around the cementâ€"bone interface of the tibial prosthesis component and medially of the femoral component in keeping with loosening of the prosthesis, new since the previous available x-ray.
For orthopaedic review.

Date reported: 26 April 2022

Reported by: Stephanie Barry, Reporting Radiographer, Medica Reporting Ltd

RA48484

If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk

Reported by: Stephanie Barry (MEDICA)

Verified by: Stephanie Barry (MEDICA)

XR Knee Rt

Performed	29-Mar-2022 13:36	Received	26-Apr-2022 20:46
Reported	26-Apr-2022 20:44	Order Number	G516H38210482
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman**Clinical History :**

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Verified by: Stephanie Barry (MEDICA)



XR Knee Rt

Performed	29-Mar-2022 13:36	Received	26-Apr-2022 20:46
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Status	Final	Source System	MiSys

XR Knee Rt

Final

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RA48484

If you are a clinician and have a query on this report, please call Medica on 01424 377 901 or email clinical@medicagroup.co.uk

Reported by: Stephanie Barry (MEDICA)

Verified by: Stephanie Barry (MEDICA)

XR Pelvis

Performed	30-Sep-2021 13:55	Received	03-Oct-2021 19:52
Reported	03-Oct-2021 19:50	Order Number	G306H37639771
Status	Final	Source System	MiSys

XR Pelvis

Final

Catherine Honeyman**Clinical History :**

Pain and stiffness in both hips, right greater than left. ? OA

Date of Examination: 30 September 2021

Examination: AP pelvis

Comparison: AP pelvis taken on 15 December 2016

Findings:

Moderate degenerative changes seen in the right hip and mild to moderate degenerative changes seen in the left hip. Spondylotic changes noted in the lower lumbar spine. No interval change in comparison to previous films taken on 15 December 2016. No other abnormality is identified.

Report Date : 03/10/2021

Nitin Parmar, RA40358
Reporting Radiographer
Medica Reporting Ltd

If you have any query regarding this report please email the following - plh-
tr.OutsourcedReporting@nhs.net

Reported by: Nitin Parmar (MEDICA)
Verified by: Nitin Parmar (MEDICA)



XR Lumbar spine

Performed	13-May-2021 13:34	Received	22-May-2021 16:11
Reported	22-May-2021 16:09	Order Number	G306H37167820
Status	Final	Source System	MiSys

XR Lumbar spine
Catherine Honeyman
Clinical History :

Final

Lower back pain, ?OA

XR Lumbar spine :

There is reduction in disc height space at L4/L5 with associated mild endplate degenerative changes.

There are degenerative changes affecting the facet joints at this level plus L5/S1.

There are no significant levels of vertebral body collapse or features of bone destruction.

Normal appearances of SI joints.

Reported by: Dr Sean Kelly

Verified by: Dr Sean Kelly



CT Head

Performed	18-Apr-2018 19:09	Received	21-May-2018 13:59
Reported	21-May-2018 13:57	Order Number	G588C33708929
Status	Final	Source System	MiSys

CT Head

Final

Catherine Honeyman

Clinical History :

6 months history of fluctuating right sided headaches. Also feels that she is mildly confused at times. No other "red flag" symptoms.

CT Head :

Noncontrast study. Comparison made with previous CT brain 9/9/2014 (presentation -sudden onset headache, photophobia and stabbing eye pain).

Normal cerebral and cerebellar volume with preserved grey white matter differentiation.

No evidence of localised mass effect, established territorial infarction or extra-axial collection.

No hydrocephalus.

Midline structures including pituitary fossa and pineal regions are within normal limit.

Normal cranio-cervical junction, skull vault and base.

Paranasal sinuses and mastoid air cells are well-aerated.

Summary: No significant abnormality identified to explain patient's symptoms.

Reported by: Dr Sau Lee Chang (SpR) and Dr Ravi Jampana

Verified by: Dr Ravi Jampana

XR Pelvis

Performed	15-Dec-2016 14:28	Received	04-Jan-2017 11:00
Reported	04-Jan-2017 10:58	Order Number	G306H32152324
Status	Final	Source System	MiSys

XR Pelvis

Final

Catherine Honeyman**Clinical History :**

Pain in both hips. No history of injury

XR Pelvis :

Minor joint space narrowing is seen at the inferior medial aspect of the right hip - consistent with early OA change.

The left hip is reasonably well preserved.

The SI joints are normal.

Moderate disc space narrowing and sclerotic changes are seen at L4/L5 - consistent with early OA change.

Report by Amanda Rutherford - reporting radiographer

Reported by: Amanda Rutherford**Verified by:** Amanda Rutherford

CT Head

Performed	09-Sep-2014 04:11	Received	09-Sep-2014 05:51
Reported	09-Sep-2014 05:49	Order Number	G405H29450603
Status	Final	Source System	MiSys

CT Head

Final

Catherine Honeyman**Clinical History :**

sudden onset headache, photophobia, stabbing pain behind eye, occiput

CT Head :

Unenhanced volume acquisition.

No previous relevant cross-sectional imaging available for comparison.

There is no evidence of acute intracerebral haemorrhage, extra-axial collection, recent territorial infarction or space-occupying lesion:

No definite intra or extra-axial haemorrhage demonstrated.

CSF spaces are unremarkable.

The skull vault, base of skull and visualised sinuses are unremarkable.

Reported by: Dr Gemma McGivern (SpR) and Dr Michal Gronski

Verified by: Dr Michal Gronski



XR Shoulder Rt

Performed	20-Aug-2014 14:42	Received	13-Sep-2014 11:18
Reported	13-Sep-2014 11:16	Order Number	G405H29386972
Status	Final	Source System	MiSys

XR Shoulder Lt
Catherine Honeyman
Clinical History :

Final

L SHOULDER RESURF, CHECK. OA R SHOULDER, PAIN

L SHOULDER RESURF, CHECK. OA R SHOULDER, PAIN

XR Shoulder Lt :
Review films as requested.

XR Shoulder Rt :
Review films as requested.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly



XR Shoulder Lt

Performed	20-Aug-2014 14:42	Received	13-Sep-2014 11:18
Reported	13-Sep-2014 11:16	Order Number	G405H29386971
Status	Final	Source System	MiSys

XR Shoulder Lt

Catherine Honeyman

Clinical History :

L SHOULDER RESURF, CHECK. OA R SHOULDER, PAIN

L SHOULDER RESURF, CHECK. OA R SHOULDER, PAIN

Final

XR Shoulder Lt :

Review films as requested.

XR Shoulder Rt :

Review films as requested.

Reported by: Dr Sean Kelly

Verified by: Dr Sean Kelly

XR Mammogram Both

Performed	13-Aug-2014 10:29	Received	13-Aug-2014 10:55
Reported	13-Aug-2014 10:53	Order Number	G306H29362584
Status	Final	Source System	MiSys

XR Mammogram Both

Final

Catherine Honeyman**Clinical History :**

65 years of age. Lump upper right breast without palpable finding today. Previous benign surgery both breasts. Awaiting right shoulder replacement.

XR Mammogram Both :

Complete involution. Left breast is normal.

Smaller right breast with central benign calcifications, and some post surgical distortion periareolar.

No findings to suggest malignancy in either breast. Incidental cutaneous skin lesion right breast.

R2

Reported by: Dr Robert Shaw and Dr Halil Dogan (Locum)

Verified by: Dr Robert Shaw

XR Shoulder Lt

Performed	30-Dec-2013 13:11	Received	31-Dec-2013 10:20
Reported	31-Dec-2013 10:20	Order Number	G405H28643996
Status	Final	Source System	MiSys

XR Shoulder Lt

Final

Catherine Honeyman

In line with agreed protocols, a radiological report will not be issued for this examination, unless requested. The interpretation and recording of the findings remain the responsibility of the referrer or a more experienced clinical colleague.

Reported by: Auto Reporting

Verified by: Auto Reporting

XR Shoulder Lt

Performed	25-Sep-2013 13:42	Received	25-Sep-2013 15:17
Reported	25-Sep-2013 14:55	Order Number	G405H28360263
Status	Final	Source System	MiSys

XR Shoulder Lt
Catherine Honeyman
Clinical History :

Final

XR Shoulder Lt :

In line with agreed protocols, a radiological report will not be issued for this examination, unless requested. The interpretation and recording of the findings remain the responsibility of the referrer or a more experienced clinical colleague.

Reported by: Dr Sean Kelly
Verified by: Dr Sean Kelly

XR Shoulder Lt

Performed	16-Sep-2013 10:17	Received	18-Sep-2013 11:53
Reported	18-Sep-2013 11:31	Order Number	G405H28328836
Status	Final	Source System	MiSys

XR Shoulder Lt

Catherine Honeyman

Clinical History : Post op check.

Final

XR Shoulder Lt : In line with agreed protocols, a radiological report will not be issued for this examination, unless requested. The interpretation and recording of the findings remain the responsibility of the referrer or a more experienced clinical colleague.

Reported by: Dr John Morrison

Verified by: Dr John Morrison

XR Shoulder Lt

Performed	04-Sep-2013 13:39	Received	05-Sep-2013 09:52
Reported	05-Sep-2013 09:52	Order Number	G405H28295556
Status	Final	Source System	MiSys

XR Shoulder Lt

Final

Catherine Honeyman

In line with agreed protocols, a radiological report will not be issued for this examination, unless requested. The interpretation and recording of the findings remain the responsibility of the referrer or a more experienced clinical colleague.

Reported by: Auto Reporting

Verified by: Auto Reporting

XR Chest

Performed	01-May-2013 14:53	Received	09-May-2013 12:50
Reported	09-May-2013 12:28	Order Number	G405H27919370
Status	Final	Source System	MiSys

XR Chest

Final

Catherine Honeyman

Clinical History : Pre-op. Dyspnoea. Ischaemic heart disease.

XR Chest : The heart is not enlarged. No evidence of pulmonary oedema or active lung disease.

Reported by: Dr John Calder

Verified by: Dr John Calder

CT Shoulder Lt

Performed	11-Apr-2013 14:23	Received	17-Apr-2013 12:27
Reported	17-Apr-2013 12:05	Order Number	G405H27808529
Status	Final	Source System	MiSys

CT Shoulder Lt

Final

Catherine Honeyman

Left acromioclavicular joint and shoulder arthritis. Glenoid version for shoulder joint replacement arthroplasty.

Marked osteoarthritic changes noted at the left shoulder.

There is certain chondral loss with marked glenohumeral joint space narrowing, cortical/subcortical erosions and marginal osteophytes. Large marginal osteophytes are noted at the posterior and medial aspect of the humeral head. Large inferomedial osteophytes articulate with the inferior aspect of the glenoid.

There is mild glenoid retroversion (5 degrees) at the level of the inferior end of the coracoid process. Glenoid retroversion is up to 7 degrees 2.5 mm inferior to the first level.

Regarding glenoid, more prominent osteophytes are noted at the anterior aspect. There is mild posterior displacement of the humeral head with more prominent posterior joint narrowing.

Although there is early biconcave configuration of the glenoid surface no significant posterior glenoid rim destruction noted (B1- early B2, Walch classification). The maximum glenoid wear is noted at the posterior - inferior aspect of the glenoid.

Subchondral erosions are noted at the glenoid, more prominent at the posterior and inferior aspect. They are up to 5 mm deep. The glenoid bone stock (latero-medial size of intact bone at the glenoid neck centrally) measures approximately 1.3 cm max, just deeper to the subchondral erosions. A large, deep erosion is also noted at the posterior superior aspect of the glenoid.

Mild osteoarthritic changes noted at the acromioclavicular joint.

Impression: Marked shoulder osteoarthritis. Retroversion 5 degrees at the inferior level of the coracoid tip and 7 degrees 2.5 mm distally. B1-early B2, Walch classification. Maximum glenoid wear at the posterior - inferior aspect.

Reported by: Dr Konstantinos Natsiopoulos.(Locum)

Verified by: Dr Konstantinos Natsiopoulos (Locum)



XR Shoulder Lt

Performed	25-Mar-2013 11:44	Received	25-Mar-2013 14:20
Reported	25-Mar-2013 13:58	Order Number	G405H27808498
Status	Final	Source System	MiSys

XR Shoulder Lt
Catherine Honeyman
Clinical History :

Final

XR Shoulder Lt :

There is marked degenerative change affecting the AC joint and glenohumeral joint in particular.

Reported by: Dr Sean Kelly

Verified by: Dr Sean Kelly

XR Shoulder Lt

Performed	25-Mar-2013 11:44	Received	25-Mar-2013 14:20
Reported	25-Mar-2013 13:58	Order Number	G405H27808498
Status	Final	Source System	MiSys

XR Shoulder Lt
Catherine Honeyman
Clinical History :

Final

XR Shoulder Lt :

There is marked degenerative change affecting the AC joint and glenohumeral joint in particular.

Reported by: Dr Sean Kelly

Verified by: Dr Sean Kelly

XR Shoulder Rt

Performed	09-May-2012 15:33	Received	10-May-2012 08:37
Reported	10-May-2012 08:37	Order Number	G405H26884575
Status	Final	Source System	MiSys

XR Shoulder Lt

Final

Catherine Honeyman

In line with agreed protocols, a radiological report will not be issued for this examination, unless requested. The interpretation and recording of the findings remain the responsibility of the referrer or a more experienced clinical colleague.

Reported by: Auto Reporting**Verified by:** Auto Reporting

XR Shoulder Lt

Performed	09-May-2012 15:33	Received	10-May-2012 08:37
Reported	10-May-2012 08:37	Order Number	G405H26884574
Status	Final	Source System	MiSys

XR Shoulder Lt

Final

Catherine Honeyman

In line with agreed protocols, a radiological report will not be issued for this examination, unless requested. The interpretation and recording of the findings remain the responsibility of the referrer or a more experienced clinical colleague.

Reported by: Auto Reporting

Verified by: Auto Reporting

CT Angiogram pulmonary

Performed	20-Nov-2011 11:59	Received	20-Nov-2011 14:28
Reported	20-Nov-2011 14:06	Order Number	G405H26390946
Status	Final	Source System	MiSys

CT Angiogram pulmonary

Catherine Honeyman

Clinical History :

Shortness of breath and pleuritic chest pain. Suboptimal CT PA yesterday. Ongoing symptoms today.

CT Angiogram pulmonary :

There is again suboptimal opacification of the pulmonary arteries. However, the lower lobe vasculature is slightly better visualised on the current scan. While no obvious filling defects are seen within the pulmonary trunk, lobar and segmental vessels, subsegmental thrombus cannot be excluded. The lung bases are completely clear which would suggest PE is most unlikely.

Both lungs are clear. No evidence of mediastinal lymphadenopathy. No destructive bony lesions.

Provisional report issued to Dr. Ricketts (medical registrar).

Reported by: Dr Daniel Kusuma (SpR) and Dr Keith Osborne

Verified by: Dr Keith Osborne



CT Angiogram pulmonary

Performed	19-Nov-2011 12:21	Received	19-Nov-2011 15:06
Reported	19-Nov-2011 14:44	Order Number	G405H26390180
Status	Final	Source System	MiSys

CT Angiogram pulmonary

Final

Catherine Honeyman

Clinical History : SOB for a week. Chest tightness. No significant sputum but a cough. No acute DVT. Increased D-dimer 400+, CRP 20. Not on dalteparin as is awaiting treatment for significant PV bleeding ?PE

CT Angiogram pulmonary :

Unfortunately contrast opacification of the pulmonary arterial tree is suboptimal with apparent preferential flow to the upper lobes.

No definite PTE is apparent, though this is not excluded within the lower lobes.

The lungs appear clear with no focal active pathology or features to suggest infarction.

No significant hilar or mediastinal lymphadenopathy.

A locule of gas is noted within the pulmonary trunk, presumed secondary to injection.

The visualised upper abdominal viscera and skeleton appear normal.

Upon discussion with Dr Davidson, I understand the degree of clinical suspicion regarding PTE is low, hence this study has not been repeated. If there is continued clinical concern then a repeat examination with a reduced breath hold could be performed.

Reported by: Dr Bappa Sarkar (SpR) and Dr Keith Osborne

Verified by: Dr Keith Osborne

XR Chest

Performed	19-Nov-2011 00:03	Received	20-Nov-2011 13:09
Reported	20-Nov-2011 12:47	Order Number	G405H26389818
Status	Final	Source System	MiSys

XR Chest

Catherine Honeyman

No history available

Final

The heart is not enlarged. The mediastinal and hilar contours are within normal limits. Allowing for patient build there is no obvious active pulmonary disease.

Reported by: Dr Keith Osborne

Verified by: Dr Keith Osborne

XR Knee Rt

Performed	27-Jun-2011 10:45	Received	25-Jul-2011 09:55
Reported	25-Jul-2011 09:28	Order Number	G405H25993699
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman

Clinical History : Post op knee revision.

XR Knee Rt : X-ray as requested demonstrating a right TKR.

Reported by: Dr Keith Osborne

Verified by: Dr Keith Osborne

XR Knee Rt

Performed	15-Apr-2011 10:14	Received	15-Apr-2011 12:06
Reported	15-Apr-2011 12:06	Order Number	G405H25800673
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman

In line with agreed protocols, a radiological report will not be issued for this examination, unless requested. The interpretation and recording of the findings remain the responsibility of the referrer or a more experienced clinical colleague.

Reported by: Auto Reporting**Verified by:** Auto Reporting

XR Knee Rt

Performed	27-Mar-2011 05:23	Received	07-Apr-2011 12:38
Reported	07-Apr-2011 12:11	Order Number	G405H25746975
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman**Clinical History :** Sudden onset swelling, knee pain, previous patellar button, decreased range of movement ? septic joint.

XR Knee Rt :

Direct comparison is made with previous imaging dated 8/10/10. Right total knee replacement noted. No periprosthetic fracture. There is joint effusion within the supracondylar joint space, unchanged in comparison to previous imaging.

The possibility of septic/infected prosthetic hip cannot be excluded on the base of plain radiograph. If clinical concerns, orthopaedic opinion should be sought.

Reported by: Dr Sarath Bethapudi (SpR)**Verified by:** Dr Sarath Bethapudi (SpR)



XR Ankle Rt

Performed	19-Jan-2011 11:26	Received	19-Jan-2011 12:58
Reported	19-Jan-2011 12:58	Order Number	G405H25560748
Status	Final	Source System	MiSys

XR Ankle Rt

Final

Catherine Honeyman

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: Auto Reporting**Verified by:** Auto Reporting



XR Tibia and fibula Rt

Performed	10-Dec-2010 11:15	Received	15-Dec-2010 13:55
Reported	15-Dec-2010 13:33	Order Number	G405H25462695
Status	Final	Source System	MiSys

XR Tibia and fibula Rt

Final

Catherine Honeyman

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: Auto Reporting**Verified by:** Auto Reporting

Clinical History : Pain

XR Tibia and fibula Rt : There is an oblique fracture of both distal right tibia and fibula with associated callus formation.

Reported by: Dr Sean Kelly**Verified by:** Dr Sean Kelly

XR Tibia and fibula Rt

Performed	15-Oct-2010 12:47	Received	19-Oct-2010 15:28
Reported	19-Oct-2010 15:08	Order Number	G306H25315929
Status	Final	Source System	MiSys

XR Tibia and fibula Rt.

Catherine Honeyman

Clinical History : Fall in cast. Known fracture.

Final

XR Tibia and fibula Rt : We note that the spiral fractures of the distal tibia and fibula. Position as shown in cast. Right TKR is noted in passing.

Reported by: Dr Robert Shaw

Verified by: Dr Robert Shaw



XR Ankle Rt

Performed	14-Oct-2010 21:55	Received	15-Oct-2010 10:34
Reported	15-Oct-2010 10:34	Order Number	G306H25314574
Status	Final	Source System	MiSys

XR Ankle Rt

Final

Catherine Honeyman

This attendance is part of a series

Please see the report for event

(url=cris:E-25268494|25268494)

Reported by: Dr Khalid Ali (SpR)

Verified by: Dr Khalid Ali (SpR)

XR Tibia and fibula Rt

Performed	14-Oct-2010 20:25	Received	20-Oct-2010 12:31
Reported	20-Oct-2010 12:05	Order Number	G306H25314511
Status	Final	Source System	MiSys

XR Tibia and fibula Rt

Final

Catherine Honeyman**Clinical History :** Right TKR. Previous periprosthetic fracture. Non weightbearing after fall. ? fracture.**XR Tibia and fibula Rt :** There are minimally displaced fracture of the distal tibia and fibula. There is a right-total knee replacement, but no periprosthetic fracture demonstrated.**XR Tibia and fibula Rt Post reduction:** The fractures of the distal tibia and fibula have been immobilised in a plaster of paris cast.

No clinician's report given.

Reported by: Dr Khalid Ali (SpR)**Verified by:** Dr Khalid Ali (SpR)



XR Knee Rt

Performed	08-Oct-2010 11:07	Received	12-Oct-2010 18:06
Reported	12-Oct-2010 17:45	Order Number	G405H25297814
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: Auto Reporting**Verified by:** Auto Reporting

Clinical History : Post-op

XR Knee Rt : Images demonstrating position post right knee arthroplasty.
No post-op complication is demonstrated.

Reported by: Dr Paul Duffy**Verified by:** Dr Paul Duffy

XR Knee Rt

Performed	08-Oct-2010 11:07	Received	12-Oct-2010 18:06
Reported	12-Oct-2010 17:45	Order Number	G405H25297814
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: Auto Reporting**Verified by:** Auto Reporting

Clinical History : Post-op

XR Knee Rt : Images demonstrating position post right knee arthroplasty.
No post-op complication is demonstrated.

Reported by: Dr Paul Duffy**Verified by:** Dr Paul Duffy

Bone Densitometry DXA

Performed	28-Sep-2010 13:17	Received	28-Sep-2010 14:20
Reported	28-Sep-2010 14:20	Order Number	G405H25162748
Status	Final	Source System	MiSys

Bone Densitometry DXA

Final

Catherine Honeyman

The DXA scan and results summary are available on the national PACS system.

The images will be assessed and interpreted by an osteoporosis specialist.

Reported by: Auto Reporting**Verified by:** Auto Reporting

XR Ankle Rt

Performed	10-Sep-2010 09:57	Received	10-Sep-2010 15:57
Reported	10-Sep-2010 15:57	Order Number	G405H25223386
Status	Final	Source System	MiSys

XR Ankle Rt

Final

Catherine Honeyman

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: Auto Reporting

Verified by: Auto Reporting

XR Ankle Rt

Performed	27-Aug-2010 11:48	Received	27-Aug-2010 14:57
Reported	27-Aug-2010 14:57	Order Number	G405H25185766
Status	Final	Source System	MiSys

XR Ankle Rt

Final

Catherine Honeyman

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: Auto Reporting

Verified by: Auto Reporting

XR Tibia and fibula Rt

Performed	20-Jul-2010 14:13	Received	23-Jul-2010 13:10
Reported	23-Jul-2010 12:47	Order Number	G405H25084028
Status	Final	Source System	MiSys

XR Tibia and fibula Rt**Catherine Honeyman**

Final

Clinical History : Change of cast.**XR Tibia and fibula Rt :**

There is a fracture of the distal fibula.

Reported by: Dr Brian Mucci**Verified by:** Dr Brian Mucci

Mobile image intensifier lower limb Rt

Performed	14-Jul-2010 16:49	Received	15-Jul-2010 14:47
Reported	15-Jul-2010 14:47	Order Number	G405H25071127
Status	Final	Source System	MiSys

Mobile image intensifier lower limb Rt

Final

Catherine Honeyman

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: AUTO REPORTING**Verified by: AUTO REPORTING**



XR Knee Rt

Performed	14-Jul-2010 02:42	Received	21-Jul-2010 14:37
Reported	21-Jul-2010 14:17	Order Number	G405H25068194
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman

Clinical History : Total knee replacement. Infected, needs check X-ray. Last one more than 1 month time. Loosening of prosthesis? Right ankle in back slab. Fracture position in back slab?

XR Knee Rt :

There is some ill-definition of the lower pole of the right patella which is very similar to the previous film of 4/6/10. The patella appears normal on the initial films. There is probably a large amount of joint effusion. There is no sign of loosening of the prosthesis.

XR Ankle Rt :

There is a spiral fracture of the lateral malleolus with slight lateral displacement. Lateral aspect of the ankle joint is slightly wider than normal suggesting a slight lateral subluxation.

Reported by: DR E GYOMBER

Verified by: DR E GYOMBER

XR Ankle Rt

Performed	14-Jul-2010 02:42	Received	21-Jul-2010 14:37
Reported	21-Jul-2010 14:17	Order Number	G405H25068195
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman

Clinical History : Total knee replacement. Infected, needs check X-ray. Last one more than 1 month time. Loosening of prosthesis? Right ankle in back slab. Fracture position in back slab?

XR Knee Rt :

There is some ill-definition of the lower pole of the right patella which is very similar to the previous film of 4/6/10. The patella appears normal on the initial films. There is probably a large amount of joint effusion. There is no sign of loosening of the prosthesis.

XR Ankle Rt :

There is a spiral fracture of the lateral malleolus with slight lateral displacement. Lateral aspect of the ankle joint is slightly wider than normal suggesting a slight lateral subluxation.

Reported by: DR E GYOMBER

Verified by: DR E GYOMBER

XR Knee Rt

Performed	04-Jun-2010 10:45	Received	07-Jun-2010 14:29
Reported	07-Jun-2010 14:29	Order Number	G405H13839774
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: AUTO REPORTING**Verified by: AUTO REPORTING**

XR Knee Rt

Performed	06-May-2010 02:50	Received	11-May-2010 11:14
Reported	11-May-2010 10:40	Order Number	G405H13776864
Status	Final	Source System	MiSys

XR Knee Rt

Catherine Honeyman

Clinical History : POST-OP

Final

XR Knee Rt : These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: DR J MORRISON

Verified by: DR J MORRISON

XR Knee Rt

Performed	18-Apr-2010 12:22	Received	19-Apr-2010 18:00
Reported	19-Apr-2010 17:39	Order Number	G405H13739269
Status	Final	Source System	MiSys

XR Knee Rt

Final

Catherine Honeyman**Clinical History :** Area of erythema and pain to right knee since re-surfacing. ? infection.
? loosening.**XR Knee Rt :** There is a change in the appearance of the patellar prosthesis when compared with the previous films on 01/02/2010 and suprapatellar swelling/fluid. A skyline view may be helpful. Is there clinical evidence to suggest disruption of the patellar component?**Reported by:** DR A AL-ADHAMI and DR PH DUFFY**Verified by:** DR A AL-ADHAMI

XR Knee Rt

Performed	01-Feb-2010 11:30	Received	02-Feb-2010 15:10
Reported	02-Feb-2010 15:10	Order Number	G405H13535418
Status	Final	Source System	MiSys

XR Knee Lt

Final

Catherine Honeyman**Clinical History :** Post op left knee replacement. Right patel post op check.**XR Knee Lt :****XR Knee Rt :**

Positions appear good.

Reported by: DR B MUCCI and BLANK CLINICIAN**Verified by:** DR B MUCCI

XR Knee Lt

Performed	01-Feb-2010 11:30	Received	02-Feb-2010 15:10
Reported	02-Feb-2010 14:45	Order Number	G405H13535417
Status	Final	Source System	MiSys

XR Knee Lt

Final

Catherine Honeyman**Clinical History :** Post op left knee replacement. Right patel post op check.**XR Knee Lt :****XR Knee Rt :**

Positions appear good.

Reported by: DR B MUCCI and BLANK CLINICIAN**Verified by:** DR B MUCCI

XR Knee Rt

Performed	15-Jan-2010 11:11	Received	15-Jan-2010 12:28
Reported	15-Jan-2010 12:28	Order Number	G405H13484970
Status	Final	Source System	MiSys

XR Knee Lt

Final

Catherine Honeyman

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: AUTO REPORTING and BLANK CLINICIAN

Verified by: AUTO REPORTING

XR Knee Lt

Performed	15-Jan-2010 11:11	Received	15-Jan-2010 12:28
Reported	15-Jan-2010 12:28	Order Number	G405H13484969
Status	Final	Source System	MiSys

XR Knee Lt

Final

Catherine Honeyman

These films have been 'fast-tracked' through the department to be reviewed by the referring clinician. A formal radiologist's report will only be provided on request.

Reported by: AUTO REPORTING and BLANK CLINICIAN

Verified by: AUTO REPORTING

