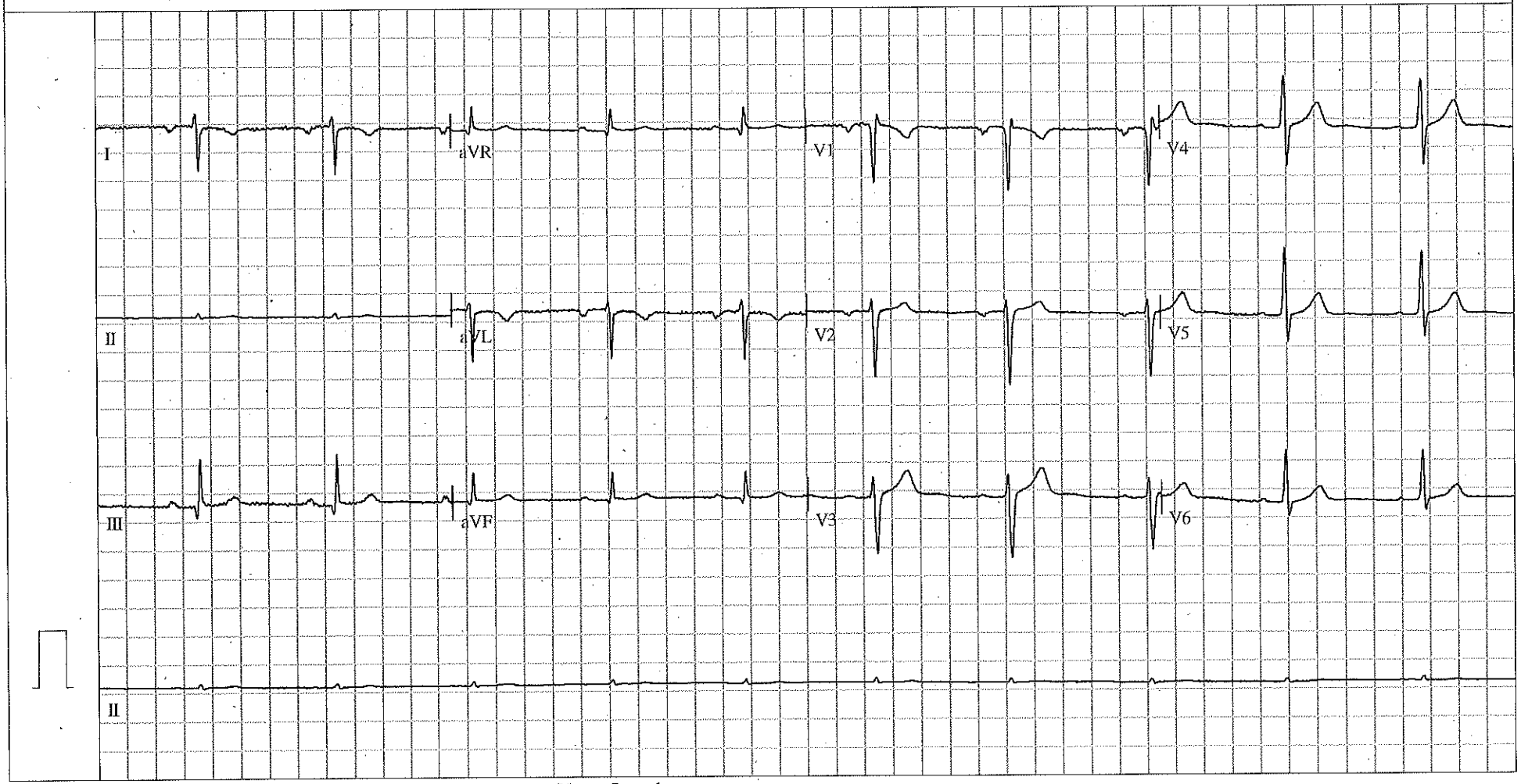
REST ECG / 4 * 2.5s + 1 Rhythm

EDGAR, THOMAS
Patient ID: 2507860596
17.12.2020 Male 107 cm 20 kg
17:03:15 34yrs

Vent. Rate	63 bpm	**System Evaluation:**
PR interval	ms	Normal sinus rhythm
QRS duration	80 ms	Left posterior fascicular block
QT/QTC	358/366 ms	Nonspecific ST and T wave abnormality
P-R-T axes	/146/144°	Abnormal ECG
P duration	ms	
RR/PP interval	958/950 ms	



GE CardioSoft V6.73(2)
25mm/s 10mm/mV 0.01-100Hz 50Hz 12SL V21

Unconfirmed

Attending MD:

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Department of Trauma & Orthopaedics
Tel: 01383 623623 Ext 22441
http://www.nhsfife.scot.nhs.uk

NHS Fife

Thomas Edgar
98 Dallas Drive
Kirkcaldy
Fife
KY2 6NG

2507860596

CHI: 2507860596

ADMINISTRATIVE LETTER

Letter ID: 3966653

Dear Thomas Edgar

Date: 23/09/2020

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

I now have the results of your MRI wrist scan, which I reviewed in our virtual clinic this morning.

Unfortunately some of the images were hampered by patient movement however the scan has demonstrated some irregularity within the triangular fibrocartilage complex. This is the structure that connects between the radius and ulna bones at the wrist joint. There is a suggestion that there might be a tear of this. Often these settle with little intervention. However, we can consider a steroid injection if you wish and this might settle down any problems.

If you wish to discuss things further I would happy for you to contact my secretary on the above number to arrange an appointment.

Kind regards

Yours sincerely

Mr Simon Harrison
Consultant Orthopaedic Surgeon

Authorised on 24/09/2020 21:39:01 by Simon Harrison.

(D) Dr AJ Stewart, Path House Medical Practice, 7 Nether Street, Kirkcaldy, Fife, KY1 2PG

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NHS Fife

Dr AJ Stewart
Path House Medical Practice
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KY1 2PG

Consultant: Mr S Harrison

Review Hand Clinic

2507860596

CHI: 2507860596

Letter ID: 3930862

Dear Dr Stewart

Clinic Date: 17/08/2020

Date: 18/08/2020

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

I reviewed this patient in clinic today. This gentleman sustained an injury on 17 June 2020. He is a 34 year old unemployed personal trainer who is left hand dominant. He was riding a quad bike and was going down a lane where he did not realise there were some steps and he flew off his quad bike landing on an outstretched right hand.

He was treated initially in a splint which seemed to settle things but he has been left with some persistent pain over the right index metacarpal. There is also some associated pain over the radial side of the wrist as well. He has got full function of his hand and wrist. He is fit and well otherwise. He is not taking any analgesia as he hasn't felt the need.

On examination today he has full movements to his hand and wrist. He has some tenderness over the scapho-lunate interval and also over the index CMC joint. His tendons all seem to be working normally and the wrist feels stable to examination. Kirk Watson test was negative. Radiographs of his hand and wrist do not show any abnormality or acute injury.

I think he probably sustained a ligamentous injury. In light of the persistent pain I am going to refer him for an MRI scan of his hand and wrist. I have also referred him onto the physiotherapists for their help to see if they can improve things for him. We will review his MRI results in our virtual clinic.

Kind regards

Yours sincerely

Mr Simon Harrison
Consultant Orthopaedic Surgeon

Authorised on 19/08/2020 23:06:53 by Simon Harrison.

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NHS Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
Fife
KY1 2PG

2507860596

CHI: 2507860596

Letter ID: 3926645

Dear Dr Stewart

Clinic Date: 11/08/2020

Date: 12/08/2020

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

This patient did not attend today but got the days mixed up.

I rang him and he is still having problems with his right wrist with ongoing pain and being unable to do a press-up. I have therefore arranged for him to have a repeat set of scaphoid views and we will review him in due course.

Yours sincerely

Ms J McEachan
Consultant Orthopaedic Surgeon

Authorised on 24/08/2020 07:26:23 by Ms J McEachan.

Queen Margaret Hospital
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NHS Fife

Thomas Edgar
98 Dallas Drive
Kirkcaldy
Fife
KY2 6NG

Consultant: Ms McEachan

2507860596

CHI: 2507860596

Letter ID: 3897997

Dear Thomas Edgar

Clinic Date: 07/07/2020

Date: 08/07/2020

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

It has been a while since you injured your wrist and attended the Accident and Emergency Department.

However, I have been asked to review the injury from 17/6/20 because you are on the virtual scaphoid pathway.

I have taken a look at the x-rays and I cannot see any major issue with the bones of the wrist, however, the mechanism of injury is worrying in that with the speeds that you generally attain on a mountain bike the injury can be present, just not seen on an x-ray.

If you have any ongoing pain in this wrist at the 6 week mark I would be grateful if you could get back in touch with me and we can take another look at things.

Yours sincerely

Ms J McEachan
Consultant Orthopaedic Surgeon

Authorised on 09/07/2020 17:08:30 by Ms J McEachan.

(D) Dr AJ Stewart, Path House Medical Practice, 7 Nether Street, Kirkcaldy, Fife, KY1 2PG

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NHS Fife

Thomas Edgar
98 Dallas Drive
Kirkcaldy
Fife
KY2 6NG

Consultant: Ms McEachan

CHI: 2507860596

Letter ID: 3898054

Dear Thomas Edgar

Clinic Date: 07/07/2020

Date: 08/07/2020

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

You were seen recently in the casualty department on 17/6/20 and given an information sheet regarding your scaphoid as the attending doctor thought that you may have a scaphoid injury.

This was then put on to my clinic for review of the notes and x-rays. There has been slight delay but I did get your details through today and have had a look at your x-rays. I can't see any significant bony injury here, however, when you have a high energy mechanism, such as coming off a quad bike, it is likely that you have given the wrist a good 'dunt' so to speak.

I would be grateful therefor if you could contact me as per the instructions on the information sheet if you have any ongoing issues at 6 weeks.

Yours sincerely

Ms J McEachan
Consultant Orthopaedic Surgeon

Authorised on 09/07/2020 17:11:20 by Ms J McEachan.

(D) Dr AJ Stewart, Path House Medical Practice, 7 Nether Street, Kirkcaldy, Fife, KY1 2PG

Acute Services Division

NHS Fife

V Emergency Department

AJ Stewart
20998/3
Path House Medical Practice
7 Nether Street
Kirkcaldy
Fife
Kirkcaldy
KY1 2PG

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Thomas Edgar
98 Dallas Drive
Kirkcaldy
KY2 6NG

CHI: 2507860596
ED Consultant:Dr Alistair Dewar

The above patient attended the V Emergency Department on 17/06/2020 at 08:08. I outline below some information regarding this attendance.

Present Complaint: R WRIST INJURY

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Bone and joint - Closed fracture			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
Mr Edgar attended following an accident on his quad bike the previous day. He was going downhill in forest at perhaps a speed of up to 40mph, and tipped over handlebars, landing on both wrist. He denies a head injury or a handlebar injury and is attending due to pain in right wrist. He denied chest wall pain and abdominal pain.

Mr Edgar is left hand dominant but writes with right hand.
O/E FEWS 0, HR and BP normal.
Chest clear, no chest wall tenderness. Abdomen soft with tenderness RUQ.
Right hand/wrist - closed, NV intact, no swelling or deformity. Tender ASB + on radial deviation, tender over lateral carpal region + pain on opposition.

Imp - clinical scaphoid #

XR - no bony injury seen

Discharged with futura splint in thumb extension, scaphoid leaflet + referral to scaphoid pathway. Safety netting advice re abdo pain given.

Kind regards

Senior Review:
Senior Review Comments:

Yours sincerely
Dr Sheelagh Fox FY2

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Trauma & Orthopaedics
Tel: 01592 643355 EXT: 28632
Emma Dryburgh
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NHS Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
Fife
KY1 2PG

Virtual Fracture Clinic

CHI: 2507860596

Letter ID: 3519331

Dear Dr Stewart

Clinic Date: 02/08/2019

Date: 02/08/2019

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

Diagnosis: Right great toe proximal phalanx fracture – undisplaced

DOI: 30.07.19

Plan: Weight bear as tolerated in a moonboot for up to 2 weeks if required
No fracture clinic follow up required

This 33 year old gentleman kicked a door in the middle of the night and had pain in his right great toe.

X rays show an undisplaced fracture.

He does not require fracture clinic follow up.

Yours sincerely

Mrs Sarah E Mitchell
Consultant Orthopaedic Surgeon

Authorised on 02/08/2019 17:36:53 by Mrs Sarah Mitchell.

V Emergency Department

AJ Stewart
20998/3
Path House Medical Practice
7 Nether Street
Kirkcaldy
Fife
Kirkcaldy
KY1 2PG

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Thomas Edgar
98 Dallas Drive
Kirkcaldy
KY2 6NG

CHI: 2507860596
ED Consultant:Dr Fiona Duncan

The above patient attended the V Emergency Department on 31/07/2019 at 12:40. I outline below some information regarding this attendance.

Present Complaint: (R) GREAT TOE INJURY

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Bone and joint - Closed fracture			

Investigation(s)/Treatment(s):
1. Verbal Advice
2. Moon Boot

Medication(s):

Additional Notes (for GP):
No GP action req - #great toe

Kicked front door last night and has sustained # to proximal phalanx of R great toe.
Managed in moonboot with VFC referral.
Worsening advice.

Senior Review:
Senior Review Comments:

Yours sincerely
Laura Fleming Trainee ENP

Acute Services Division

NHS Fife

V Emergency Department

AJ Stewart
20998/3
Path House Medical Practice
7 Nether Street
Kirkcaldy
Kirkcaldy
KY1 2PG

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Thomas Edgar
98 Dallas Drive
Kirkcaldy
KY2 6NG

CHI: 2507860596
ED Consultant:Dr Bappa Roy

The above patient attended the V Emergency Department on 29/06/2018 at 10:43. I outline below some information regarding this attendance.

Present Complaint: (L) FOOT INJURY

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Wound - Contusion includes bruise, haematoma			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
Accidentally kicked base of cat's scratch post.
5th toe left foot 'bent out to the side', but then spontaneously reduced.
Toe now very swollen and sore.
Bruised.
Tender over 5th MT neck.

XR - no fracture/dislocation.

Plan: Advice; neighbour strapping.
Discharged, no FU.

Senior Review:
Senior Review Comments:

Yours sincerely
Dr Rav Kishen Consultant

Acute Services Division

NHS Fife

V Emergency Department

AJ Stewart
20998/3
Path House Medical Practice
7 Nether Street
Kirkcaldy
Kirkcaldy
KY1 2PG

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Thomas Edgar
98 Dallas Drive
Kirkcaldy
KY2 6NG

CHI: 2507860596
ED Consultant:Dr Elaine Docherty

The above patient attended the V Emergency Department on 17/03/2018 at 16:01. I outline below some information regarding this attendance.

Present Complaint: NECK AND (L) SPINE PAIN

Diagnosis:			
Description	Body Site	Laterality	Comments
ED injury - Soft tissue - Muscle strain			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
This gentleman presented having felt a twinge and then increasing pain in the left side of his neck whilst lifting weight in the gym.

On examination he was tender over the upper trapezius at the left side of neck, upper back and into the shoulder. The was no midline boney tenderness. There was no neurovascular deficit. There was pain on shoulder shrug and movement of neck but these movements were intact.

He was advised to use analgesia and gentle movement and consult his GP to consider PT referral if no improvement with symptoms.

Senior Review:

Senior Review Comments:

Yours sincerely
Dr Harriet Gordon Jnr Clinical Fellow

Acute Services Division

NHS Fife

V Emergency Department

AJ Stewart
20998/3
Path House Medical Practice
7 Nether Street
Kirkcaldy
Kirkcaldy
KY1 2PG

Victoria Hospital
Hayfield Road
Kirkcaldy
KY2 5AH

Dear Doctor

Mr Thomas Edgar
98 Dallas Drive
Kirkcaldy
KY2 6NG

CHI: 2507860596
ED Consultant:Roy Dr Bappa

The above patient attended the V Emergency Department on 14/10/2017 at 11:38. I outline below some information regarding this attendance.

Present Complaint: FACIAL SWELLING

Diagnosis:			
Description	Body Site	Laterality	Comments
ED diagnosis - Dental (not injury) - Other (see free text)			

Investigation(s)/Treatment(s):

Medication(s):

Additional Notes (for GP):
Dear Doctor,

Mr Edgar presented with right sided facial swelling following dental extractions. He had trauma to the teeth/jaw sustained while swimming and developed pain and swelling in the upper right jaw following this. He attended the dentist the day prior to attendance. The dentist extracted the upper right 4 and part of the upper right 5 (root was unable to be removed). Overnight he developed increasing pain and swelling and feeling generaly unwell. He was reviewed by the Maxillofacial team, given antibiotics to take away and an appointment was made for review in 1 days time.

Kind regards,

Dr Thomas Foster
FY3
VHK A&E

Senior Review:

Senior Review Comments:

Yours sincerely
A&E Locum Card 6

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Tel: 01592 643355
Extension 29062
AMAU
Heather Williamson
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

2507860596

CHI: 2507860596
GD/JFW

Letter ID: 2570637

Dear Dr Stewart

Clinic Date: 20/07/2017

Date: 13/09/2017

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

Consultant: Dr K Baker

Diagnosis: Headache likely secondary to sinusitis.

Medications: Clarithromycin 500mgs bd for 7 seven days
Beclomethasone nasal spray bd for 7 days

Follow up: Nil

Thomas Edgar is a 50 year old gentleman with a past history of costochondritis and lower back pain with associated sciatica. He was referred to ECAS by his GP with sudden onset and severe headache 3 weeks prior to the point of referral.

Mr Edgar described the onset of his headache while lifting heavy weights at the gym. He described right sided frontal pain which radiated behind the eye which was sudden and severe at onset, at this time he felt light headed and fell to his knees but with no loss of consciousness. Since this onset he had been aware of the headache persisting and had no relief with his Naproxen and Tramadol which he used for his back pain. He felt the headache was much worse when leaning forward but otherwise no other exacerbating factors. The GP had trialled this gentleman with Sumatriptan but with no benefit. This gentleman described no visual disturbance and no associated weakness of the arms and legs. He had experienced increased severity when straining or attempting further heavy lifting, this was usually associated with the feeling of being light headed but with no further episodes of further collapse. This gentleman has had no recent infective or coryzal symptoms. He had described that he had had some left sided chest tightness and felt that he was struggling to take a deep breath in over recent weeks. He further describes 2 episodes of haemoptysis that had occurred last week, although he did note that he had a nose bleed earlier those days.

CHI: 2507860596

Mr Edgar lives alone but has a partner and daughter who live nearby. He is a non-smoker and denies regular alcohol. He denies any illicit drug use, specifically any exercise enhancing medication.

On examination observation stable. Pupils equal and reactive. Pulse regular, heart sounds normal. Chest clear. Cranial nerves intact although squint in left eye noted, the patient tells me this is a longstanding issue. No neck, face or scalp tenderness. No focal neurology.

Due to the onset of this gentleman's headache being 3 weeks ago we were required to perform a CT cerebral angiogram. This showed no cerebral abnormalities, and specifically no evidence of aneurysm. They noted a left maxillary sinusitis evident on the scan.

White blood cells 7.1, CRP 0.7. D-dimer performed due to the history of chest pain with associated collapse, this was negative. LFT's, U&E's normal range.

This gentleman has findings compatible with sinusitis and I do wonder if this is what has caused his headaches over the last few weeks. I have treated him with sinusitis and advised him if symptoms do not improve that he should see his GP for further review. As it is possible that since these headaches seem to be exacerbated by exercise that they are specifically exercise induced headaches, I have advised this gentleman to make sure he is well hydrated and to try a non-steroidal anti-inflammatory medication prior to exercise if his symptoms are persisting on after the treatment of sinusitis.

Kind regards.

Yours sincerely

Dr Gillian Devlin
Clinical Fellow in Acute Medicine

Authorised on 15/09/2017 11:02:05 by Kerri Baker.

Victoria Hospital
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KY2 5AH

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Mandy Adamson
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

2507860596

CHI: 2507860596

Letter ID: 2429617

Dear Dr Stewart

Clinic Date: 11/04/2017

Date: 18/04/2017

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

The above named patient failed to attend their orthopaedic out-patient appointment today.

Due to the increased pressure on appointments and in line with NHS Fife Hospital Policy, no further appointment will be arranged.

Yours sincerely

Mr R A E Clayton
Consultant Orthopaedic Surgeon

Authorised on 18/04/2017 17:32:28 by Mr R Clayton.

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NHS Fife

Dr AJ Stewart
Path House Medical Practice
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Kirkcaldy
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CLINIC LETTER

2507860596

CHI: 2507860596
Hospital ID: V440980E

Letter ID: 2382699

Dear Dr Stewart

Clinic Date: 07/03/2017

Date: 09/03/2017

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

Diagnosis: Left grade I ACJ sprain

Outcome: Self-directed range of movement exercises over next 5 weeks
Review in 5 weeks +/- referral to physiotherapy

This gentleman is currently unemployed, but goes to the gym 5 days per week. He was lifting with 50kg dumbbells in a supine position and slipped. The dumbbell fell on to his collar bone. He was able to continue after this, but then later, he felt a sudden severe pain in the anterior aspect of his left shoulder over the ACJ. He tried to continue with exercising with his gym partner, but felt unable and attended A&E the same day on 17 February.

On examination he is a very well built gentleman with good musculature. He is tender over the ACJ on the left. He has some pain radiating down the distribution of the long head of bicep and speed test aggravates pain, but more centered at the ACJ. His rotator cuff is clinically intact, although painful to stress. His range of movement is limited, particularly on movements towards the scarf test. He can however abduct to nearly 90 and externally rotated relatively comfortably.

X-rays show some wispiness to the distal end of the clavicle in-keeping with an ACJ sprain. It is not displaced.

I have asked the patient to keep off upper body gym exercises for the next few weeks. I have recommended he commence pendular exercises with the aid of simple analgesia as tolerated. I have encouraged him to quit smoking if possible. We will clinically re-assess his long head of bicep when his pain is a little bit better and refer to physiotherapy, if required.

Yours sincerely

Mr Thomas Howard
ST3 Orthopaedics

Authorised on 28/03/2017 14:12:51 by Tom Howard.

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KY2 5AH

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NHS Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER

2507860596

CHI: 2507860596
Hospital ID: V440980E

Letter ID: 2362450

Mr Cowie Virtual Fracture Clinic Date: 20/02/2017

Date: 21/02/2017

Dear Dr Stewart

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

Diagnosis: Left shoulder injury

This 30 year old gentleman appears to have injured his left shoulder whilst weightlifting. Certainly the distal end of the clavicle does look abnormal. It is most likely this is some ligamentous injury here. On one of the views it certainly looks like there is a slightly lytic area at the end of the clavicle.

The A&E documentation is extremely difficult to decipher.

I think it would be sensible to see him in the clinic, check if he has an acute injury and examine his shoulder. He may need further imaging of the end of his clavicle.

Yours sincerely

Mr J Cowie
Consultant Orthopaedic Surgeon

Authorised on 03/03/2017 17:33:40 by Mr Jonathan Cowie.

Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
KY1 2ND

Unscheduled Care Assessment Team
Tel: 01592 643355 23999
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER

2507860596

CHI: 2507860596
Hospital ID: SF5532314L

Letter ID: 2106392

Dear Dr Stewart

Clinic Date: 06/08/2016

Date: 10/08/2016

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

Seen on 6 August 2016 in Accident & Emergency, Victoria Hospital, Kirkcaldy by Charge Nurse Lesley Downie and Charge Nurse Anita Syme.

Reason for Referral
Referred by out-of-hours GP with suicidal ideation, low mood and paranoia.

Presenting Complaint
Thomas is a 30 year old gentleman who describes having low mood since January of this year. At this time he split with his long-term partner. He also has a long history of anxiety and paranoia but feels this is "ten times more magnified" at present. Yesterday he was visiting his young daughter and had an argument with his ex.. He stated she had invited people round to the house that had "done bad things to me and her" and that he did not want them being around his daughter. This resulted in him leaving and getting drunk. He felt that he would either do things to harm himself or someone else so he contacted NHS 24 for help. Thomas reports increased paranoia - states he "walks about thinking people are saying things about me"

Past Psychiatric/Medical History
Known to psychiatry as a child due to anger issues.
Psychology referral September 2015. Thomas did not attend, at the time of referral he felt really low however by the time the appointment came he had started feeling better and more positive so did not feel the need for support.
Sciatic back pain. No other medical history.

Current Medication & Allergies

- Naproxen 500mg one tablet twice daily
- Tramadol 50mg one – two tablets four times daily
- Previously prescribed Mirtazapine but stopped taking this as he felt "groggy"

No known allergies.

Personal History
Lived in Grimsby however parents split up when Thomas was young and he moved to Fife with his mother, younger sister and two older brothers. He was placed in care aged 12 for accidentally setting his mother's hair alight whilst playing with a box of matches resulting in her allegedly attempting to strangle him. Thomas had no contact with his father when he was growing up. He was led to believe his father had abused his mother and wanted no contact with him. It turned out his father had been denied contact and had sent letters that had been withheld from Thomas. He made contact with his father last year, sadly his father died a few weeks later, from a smoking related illness, without Thomas meeting him. Raised by his maternal grandparents. His grandfather died two weeks after Thomas was sentenced for attempted murder and Thomas states "it always plays on my mind that I didn't see him before he died". He feels he has not grieved for his grandfather yet because of being in jail. He no longer visits his grandmother as she has a new partner and it "feels weird". Thomas was in the Black Watch Regiment when he was 18, however was discharged half-way through his training after being involved in an assault where someone was trying to set his house on fire whilst he and an ex-partner were inside. Thomas explained he punched the victim three times causing a head injury and resulting in brain damage. He is remorseful for this. He served almost 6 years in prison and was released in September 2011. He is currently unemployed. He previously worked in telesales selling kitchens and bathrooms however left his job in January 2016 after finding out his ex-partner (who works for the same company) had been cheating on him. He would like to work but finds it hard to because of his criminal record. He is currently single. He has one daughter, Chloe, aged 23 months with whom he has regular contact.

Family Psychiatric History
Father ? depression ? suicide attempts.

Social Circumstances
Lives alone in a council tenancy. Thomas was evicted from his property for 6 weeks between May and June this year for abandonment. He stated he had visited Grimsby for just over a week and when he returned his locks had been changed. The council had removed all of his personal belongings. He won his property back and is currently going through a claim for loss of property and breach of human rights. He is in receipt of Employment Support Allowance. He spoke of having friends and enjoying playing pool with them and of also going to house parties every couple of weeks he then contradicted himself by saying that he "used to have loads of pals but I've stopped seeing them because I thought my ex was eyeing them up". Initially Thomas denied any hobbies saying he does "nothing, I get up, I don't feel like doing anything" but then stated he likes outdoor pursuits such as hill walking and gorge walking which he says he does "all the time".

Alcohol/Drug & Forensic History
Social cannabis use a couple of times a week. Alcohol use every couple of weeks in the company of friends. Denies any other illicit drug use. Charged with attempted murder aged 18. Jailed for five years. No other forensic history.

Mental State Examination
Appearance/ behaviour

Well kempt, dressed appropriately. No evidence of neglect. Poor eye contact. Thomas appeared relaxed during assessment and willing to engage. Easy to establish a rapport.

Speech
Normal in all modalities.

Mood
Subjectively - Reports to being "up and down" since January. Spoke of having depression, anxiety and paranoia.
Objectively - Displaying some symptoms of low mood with reactive affect.
No issues identified with sleep. Reports to having no appetite and a weight loss of 19kg since January.

Thought Content
Feels his thoughts are "paused". He has the same thoughts constantly "what have I done wrong in my life?", "do I want to be here?" and "why do I fuck everything up?". Denied any current suicidal ideation but states he is impulsive and does not know how long he can keep himself safe. No evidence of formal thought disorder.

Hopelessness
Very negative about himself. States he puts himself down all the time. No evidence of future planning.

Perceptions
Denies any perceptual disturbances. No evidence of same.

Cognition
Fully orientated. Cognition appears intact.

Insight
Feels his current situation may be down to cannabis use but mostly related to childhood. Thomas is usually against medication as he worries about side effects but feels he may require something to help lift his mood.

Current Risk of further Self-Harm/Suicide
Feels negative about himself. No drive or motivation. Impulsive. May not engage with psychology if referred, he does not see how this will help with his thoughts. Previously thought he would be too scared to take his life but recently has been thinking about it more.

Potential for Positive Risk Taking
Denies any current suicidal thoughts or plans. Told us his partner a few weeks ago that he was going to kill himself but sees this as a cry for help, "I obviously don't want to do that if I have told someone". Spoke of his daughter being a protective factor. Realises he needs help to cope and was agreeable to the treatment plan.

Collateral History
.No informant available.

Summary

a) Assessment

Thomas is a 30 year old man with a history of paranoia and low mood. He has a low opinion of himself and has trust issues which add to his anxiety. This is a longstanding problem, he reports, since childhood. Current issues may also be in relation to social stressors (relationship breakdown and unemployment).

b) Risk

No evidence of major mental illness however may benefit from support from psychology to help deal with negative thoughts and feelings. Alcohol and cannabis use may increase further risk.

Treatment Plan

- Discharge home.
- Thomas to make an appointment with GP for review and possible medication introduction. GP to consider referral to Beating the Blues.
- Samaritans contact accepted and arranged.
- Keeping Connected Fife and Calm information provided.
- Refer to LMHT for possible referral to Psychology.
- Thomas agreeable to abstain from cannabis and alcohol use.
- Thomas will contact GP if mental state deteriorates or NHS 24 out-of-hours.

Yours sincerely

Lesley Downie, Charge Nurse
Unscheduled Care Assessment Team

Authorised on 10/08/2016 08:56:07 by Lesley Downie.

Whyteman's Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
KY1 2ND

Tel: 01592 643355 22023
http://www.nhsfife.scot.nhs.uk

Fife Health & Social Care Partnership

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

ADMINISTRATIVE LETTER

2507860596

CHI: 2507860596
Hospital ID: SF5532314L

Letter ID: 2110778

Dear Dr Stewart

Date: 11/08/2016

Thomas Edgar, 98 Dallas Drive, Kirkcaldy, Fife, KY2 6NG

Date of Birth: 25/07/1986

This letter was discussed at the LMHT meeting of today, 10 August 2016. It was agreed that the first number of actions given in the treatment plan were appropriate, i.e., review by yourself with respect to a possible role for medication, abstaining from cannabis and alcohol use and information regarding Keeping Connected Fife and Calm information. It was not thought that a referral to psychology was necessary in the first instance but might be something that is worth considering should there be symptoms not connected to direct stressors in the future.

Yours sincerely

Dr Marie Boilson
Consultant Psychiatrist

Authorised on 11/08/2016 19:12:54 by Marie Boilson.

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Department of Urology
Tel: 01383 623623 Ext: 21162
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER

2507860596

CHI: 2507860596
Hospital ID: V440980E
Our Ref: RJSW/AMK

Letter ID: 1600776

Dear Dr Stewart

Clinic Date: 22/07/2015

Date: 23/07/2015

Thomas Edgar, 62 Smeaton Gardens, Kirkcaldy, Fife, KY2 5BP

Date of Birth: 25/07/1986

This patient was due to be seen in my clinic today but failed to attend. Due to pressure on appointments, we are unfortunately unable to offer a further appointment at this stage. If you would like us to see your patient in the future, please re-refer.

Yours sincerely

Robyn Webber
Honorary Senior Clinical Lecturer
University of Edinburgh

Authorised on 31/07/2015 14:56:12 by Ms Robyn Webber.

Whytemans Brae Hospital
Whyteman's Brae
Kirkcaldy
Fife
KY1 2ND

Orthopaedic Triage Clinic
Outpatients 3
Tel: 01592 643355 Ext: 23977
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr GA Campbell
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER

2507860596

CHI: 2507860596
Hospital ID: V440980E

Letter ID: 1056968

Dear Dr Campbell

Clinic Date: 05/06/2014

Date: 05/06/2014

Thomas Edgar, 21 Maryhall Street, Kirkcaldy, Fife, KY1 1BH
Date of Birth: 25/07/1986

Unfortunately the above patient failed to attend his appointment at my orthopaedic knee triage clinic today. Due to the pressure on appointments and as per departmental policy I will not be sending out any further appointment unless at your request.

Yours sincerely

Dr Lars Halford
GPwSI Orthopaedics

Authorised on 05/06/2014 11:37:47 by Dr Lars Halford.

Queen Margaret Hospital
Whitefield Road
Dunfermline
Fife
KY12 0SU

Department of Ophthalmology
Tel: 01383 623623 22347
http://www.nhsfife.scot.nhs.uk

NHS Fife

Thomas Edgar
21 Maryhall Street
Kirkcaldy
Fife
KY1 1BH

CLINIC LETTER

Consultant on call: Dr Boyle

2507860596

CHI: 2507860596
Hospital ID: V440980E

Letter ID: 1018073

Dear Mr Edgar

Clinic Date: 07/05/2014

Date: 09/05/2014

I note you did not attend your eye clinic appointment today. Due to pressure on clinic spaces we are unable to send another appointment routinely but if you would like to be seen please contact us.

Yours sincerely

Dr M Zuhair Mustafa
ST2 in Ophthalmology

Authorised on 12/05/2014 17:56:12 by Zuhair Mustafa.

(D) Dr GA Campbell, Path House Medical Practice, 7 Nether Street, Kirkcaldy, KY1 2PG

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Ophthalmology
Tel: 01592 643355 28613
http://www.nhsfife.scot.nhs.uk

NHS
Fife

Dr AJ Stewart
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER
Nurse Led Minor Ops Clinic

2507860596

CHI: 2507860596
Hospital ID: V440980E

Letter ID: 1011677

Dear Dr Stewart

Clinic Date: 02/05/2014

Date: 07/05/2014

Thomas Edgar, 21 Maryhall Street, Kirkcaldy, Fife, KY1 1BH

Date of Birth: 25/07/1986

Diagnosis:
Left lower lid meibomian cyst

Visual acuity:
6/5 right eye
6/60 left eye (known left amblyopia)

Management plan:
On examination this gentleman still had a moderate tarsal cyst which he reports has been present for 3-4 months and is now causing discomfort. It has not responded to hot compress and massage. Incision and curettage has been performed today and Chloramphenicol ointment and double pad applied. He can remove the double pad later today but should continue using the Chloramphenicol tds for 5 days. Routine postoperative instructions have been given but no routine follow up is required. However we would be happy to see him again if he experiences any further problems from this.

Yours sincerely

Shirley Miller
Ophthalmic Nurse Practitioner

Authorised on 08/05/2014 08:40:42 by Shirley Miller.

Victoria Hospital
Hayfield Road
Kirkcaldy
Fife
KY2 5AH

Department of Trauma & Orthopaedics
Tel: 01592 643355 ext 28940
Miss Trish Sinclair
http://www.nhsfife.scot.nhs.uk

NHS Fife

Dr EA MacDonald
Path House Medical Practice
7 Nether Street
Kirkcaldy
KY1 2PG

CLINIC LETTER

2507860596

CHI: 2507860596
Hospital ID: V440980E

Letter ID: 180296

Dear Dr MacDonald

Clinic Date: 05/04/2012

Date: 12/04/2012

Thomas Edgar, 1E1 West Bridge Mill, Bridge Street, Kirkcaldy, KY1 1TE

Date of Birth: 25/07/1986

This man did not attend a review appointment today after coming to the casualty department a fortnight ago with an undisplaced fracture at the base of his left fifth metatarsal. I assume he is content to carry on mobilising at his own rate and the injury should gradually recover with time. Please let me know if you want us to see him again.

Yours sincerely

Mr I Weir
Consultant Orthopaedic Surgeon

Authorised on 16/04/2012 09:13:22 by Mr I Weir.

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Foot Lt

Thomas Edgar
XR Foot Lt : Undisplaced fracture at the base of the 5th metatarsal.

Reported by: REID, William Dr
Verified by: REID, William Dr

Last 1 users to access this result

Name	System	Location	Time
Muhammad Ghya Khan	Fife NHS	SCI Store	05/04/2012 11:40:53

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Orthopantomogram Lt

Thomas Edgar
XR Orthopantomogram Left :
There is lucency around the roots of the left 1st and 2nd molar teeth. Lucencies measures up to 4 mm in depth and are suspicious for peridontal infection. No other significant osseous abnormality is demonstrated. Loss of multiple upper teeth.

Reported by: STUBBS, Euan
Verified by: STUBBS, Euan

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Wrist Lt

Thomas Edgar
Clinical History :
Punch injury to left hand, tender over wrist, exclude fracture.

XR Wrist Lt :
No bony injury demonstrated.

Reported by: DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Elbow Rt

Thomas Edgar
XR Elbow Rt : No joint effusion or fracture.

Reported by: REID, William Dr
Verified by: REID, William Dr

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Finger index Lt

Thomas Edgar
Clinical History :
Laceration to proximal interphalangeal joint, exclude retained foreign body.

XR Finger index Lt :
No retained radiopaque foreign body identified.

Reported by: DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

Specimen unlabelled	
Specimen Unlabelled	Specimen unlabelled - rejected.

Sample Comments

Specimen unlabelled - will not be processed as per the Directorate's specimen rejection policy.
Please repeat if required.

Requestor Comments

?UTI

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	13/12/2022 00:27:09
HIC NW Lab	HIC_NWLab	HIC	26/01/2015 16:53:17
Vision	INPSVision	SG033827	20/03/2014 16:02:22

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

US Urinary tract

Thomas Edgar
Clinical History : 3 - 4 days of left renal angle/flank pain.

US Urinary Tract : The kidneys are normal in size and cortical thickness, and show no evidence of calculus or hydronephrosis. The urinary bladder is unremarkable.

Reported by: SOLDATOS, Theodoros
Verified by: SOLDATOS, Theodoros

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Chest

Thomas Edgar
XR Chest : Heart and mediastinum normal.
The lungs are clear.
The ribs are intact.

XR Knee Rt : No significant bony abnormality.

Reported by: GRIEVE, Douglas Dr
Verified by: GRIEVE, Douglas Dr

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Chest

Thomas Edgar
XR Chest :

The lungs are clear.
Heart size is within normal limits.

Reported by: SOLDATOS, Theodoros
Verified by: SOLDATOS, Theodoros

Last 1 users to access this result

Name	System Location	Time
reynoldsd@faht.scot.nhs.uk	Clinical Portal NHS Fife	13/11/2014 11:02:10

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	4.5	3.3 - 6.1	mmol/L	

Requestor Comments

LOIN PAIN

Last 3 users to access this result

Name	System	Location	Time
Clinical Portal	Orion CP	Location	30/11/2021 18:59:58
HIC NW Lab	HIC_NWLab	HIC	24/01/2015 11:21:46
Vision	INPSVision	SG033827	29/05/2014 11:01:05

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Name Changed

Report

Chlamydia trachomatis DNA	
Chlamydia trachomatis DNA	NOT detected

Sample Comments

In Fife, Chlamydia infection is most prevalent in females under 25 and males under 30 years. Testing should be restricted to patients in these age groups unless there are risk factors for STI. When managing non-pregnant females with vaginal discharge, please see the NHS Fife algorithm "High Vaginal Swabs and the Management of Vaginal Discharge".
[http://fife-lmc.org.uk/Supporting%20Papers/high%20vaginal%20swabs.pdf]

Requestor Comments

Clinical Details: orchitis

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	02/12/2015 12:22:03
Vision	INPSVision	SG033827	21/10/2014 11:00:59

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

US Testes

Thomas Edgar
US Testes :
Normal size in echotexture and vascularisation of both testicles and the left epididymis.
Enlarged size of the right epididymis having increased vascularisation in keeping with epididymitis.
A small right sided hydrocoele.

Reported by: KARAMANI, Kanella-eleni
Verified by: KARAMANI, Kanella-eleni

Last 1 users to access this result

Name	System Location		Time
FarquharsonS@faht.fife	Clinical Portal	NHS Fife	13/12/2014 10:46:44

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	139	133 - 146	mmol/L	
Potassium	4.9	3.5 - 5.3	mmol/L	
Urea	5.9	2.5 - 7.8	mmol/L	
Creatinine	112	50 - 120	umol/L	
eGFR	> 60			

Bicarbonate

Description	Value	Range	Unit	Normalcy Notes
Bicarbonate	29	22 - 29	mmol/L	

Requestor Comments

Clinical Details: well score 0. 28y sudden onset sharp pleuritic chest pain with SOBOE. FHx VTE, smoker.

Last 2 users to access this result

Name	System	Location	Time
Clinical Portal	Orion CP	Location	30/11/2021 19:00:09
HIC NW Lab	HIC_NWLab	HIC	13/03/2015 15:52:00

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Chest

Thomas Edgar
XR Chest :

Heart and mediastinum normal. The lungs are clear.

Reported by: GRIEVE, Douglas Dr
Verified by: GRIEVE, Douglas Dr

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	
Name Changed						

Report

XR Hand Lt

Thomas Edgar
Clinical History :
Hyperextension injury to hand.
Pain to all fingers and over the 4th metacarpal.

XR Hand Lt:
No fracture.

Reported by: MCLENACHAN, Suzanne and SERHAN, Jonathan Dr
Verified by: SERHAN, Jonathan Dr

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Foot Lt

Thomas Edgar
Clinical history.
The patient dropped a 20 kg weight onto left foot. Painful with problems with weightbearing, exclude fracture.

No fracture demonstrated.
Prov A&E Opinion - Agree

Reported by: THOMSON, Eleanor and REID, William Dr
Verified by: REID, William Dr

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

CT Head

Thomas Edgar
Clinical History :
Lifting heavy weight in the gym 1 day ago. Presyncope, then attempted to stand with sudden onset 8/10 frontal headache with one episode of vomiting. Now has ongoing 5/10 frontal headache and mild photophobia. No focal neurology.

CT Head :
The cerebrum, cerebellum and brain stem appears normal. There is no evidence of any recent intracranial haemorrhage or extra-axial collection demonstrated. No space occupying lesion is identified. The ventricles and basal cisterns are normal. There is no CT contraindication to lumbar puncture. No skull lesion is demonstrated. Some mucosal thickening noted in the ethmoid sinuses.

Reported by: MATTHEWS, Alastair Dr
Verified by: MATTHEWS, Alastair Dr

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Name Changed

Report

XR Cervical spine

Thomas Edgar
XR Cervical spine :

Normal alignment. Disc spaces preserved. No sign of any bony injury.

Reported by: GRIEVE, Douglas Dr
Verified by: GRIEVE, Douglas Dr

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Shoulder Lt

Thomas Edgar
Clinical History :
Using weights bench pressing, felt pain in anterior aspect of clavicle, exclude fracture.

XR Shoulder Lt :
There is some irregularity with multiple small bony flakes demonstrated at the distal aspect of the left clavicle within the acromioclavicular joint, appearances are suggestive of an avulsion fracture of the distal aspect of the clavicle. The glenohumeral and acromioclavicular joints remain intact.

Prov A&E Opinion - Agree

Reported by: DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Clavicle Lt

Thomas Edgar
XR Clavicle Lt :
Irregularity of the superior third of the articular cortex of the clavicle at the acromioclavicular joint, unchanged from the previous radiographs of 17/02/2017.
No definite skeletal injury and normal alignment of the acromioclavicular and glenohumeral joints.

Reported by: TURNBULL, Colin Dr
Verified by: TURNBULL, Colin Dr

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

Glucose

Description	Value	Range	Unit	Normalcy Notes
Glucose	5.0	3.3 - 6.1	mmol/L	

Requestor Comments

Clinical Details: headache

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	15/05/2018 22:46:21
Jean Whaites	Fife NHS	SCI Store	14/08/2017 10:39:47
Shona Gibson	Fife NHS	SCI Store	20/07/2017 14:15:26

Actions Select Action...

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

C-reactive protein

Description	Value	Range	Unit	Normalcy Notes
C-reactive protein	0.7	0 - 5	mg/L	

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Albumin	45	35 - 50	g/L	
Alkaline phosphatase	50	30 - 130	U/L	
Alanine transaminase	8	5 - 55	U/L	
Bilirubin (Total)	6	0 - 21	umol/L	

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	141	133 - 146	mmol/L	
Potassium	4.6	3.5 - 5.3	mmol/L	
Urea	5.2	2.5 - 7.8	mmol/L	
Creatinine	99	50 - 120	umol/L	
eGFR	> 60			

Requestor Comments

Clinical Details: headache

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	15/05/2018 22:46:21
Jean Whaites	Fife NHS	SCI Store	14/08/2017 10:39:37
Shona Gibson	Fife NHS	SCI Store	20/07/2017 14:15:33

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Chest

Thomas Edgar
Clinical History

XR Chest

Cardiac and mediastinal contour is normal. The lungs are clear.

Dr Peter Maclean (4444338)
Consultant Radiologist, WGH Edinburgh
peter.maclean@nhslothian.scot.nhs.uk

Reported by: MACLEAN, Peter Dr and MACLEAN, Peter Dr
Verified by: MACLEAN, Peter Dr

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

CT Angiogram

Thomas Edgar
Clinical History:
30 year old male. Sudden onset severe headache while lifting weights 3 weeks ago. Lightheaded and collapse at onset. Right sided headache frontal and behind eye, severe. Neck stiffness. Persisting. Increased severity when tried to lift weights again or straining, associated lightheadedness.
?evidence aneurysm

(Entered By DEVLING on Jul 20, 2017 at 12:14:47 PM)

CT Angiogram:

There is no evidence of intracranial bleeding, acute territorial infarction, space-occupying lesion, extra-axial fluid collection. The ventricles and CSF spaces are central, symmetrical and appropriate for age. No bony abnormality visible.
Inflammatory changes seen within the left maxillary sinus.

Angio-CT size is degraded by motion artefact.
No evidence of aneurysm in the circle of Willis arteries. No evidence of thrombosis or dissection.

Conclusion:

No acute abnormality seen within the brain.
Normal appearances of intracranial arteries.

Reported by: WEREWKA-MACZUGA, Agnieszka and WEREWKA-MACZUGA, Agnieszka
Verified by: WEREWKA-MACZUGA, Agnieszka

Last 2 users to access this result

Name	System	Location	Time
Baker, Kerri	Clinical Portal	NHS Fife	20/07/2017 14:19:59
Shona Gibson	Fife NHS	SCI Store	20/07/2017 14:14:45

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Toe great Rt

Thomas Edgar
Clinical History
kicked main front door last night, bruised and tender throughout 1st and 2nd metatarsal, distal and proximal phalanx of great toe. Exclude bony injury please
Ordered by Fleming Laura Jane (FlemingL)
~~(Information via Order Comms)

XR Toe great Rt

Minimally displaced fracture of the proximal phalanx of the large toe.
No other fracture identified.

Dr Allan Green. GMC: 7264761
Radiology Registrar (FRCR). RIE Edinburgh. allangreen@nhs.net

Reported by: GREEN, Allan and GREEN, Allan
Verified by: GREEN, Allan

Last 1 users to access this result

Name	System	Location	Time
ChemoCare ADT Interface	syscode		15/02/2020 00:31:26

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Scaphoid Rt

Thomas Edgar
Clinical History:
FOOSH from quad travelling 40-50mph. Tender ASB and carpus ?#
Ordered by Aitken Sarah (aitkensa)
~~(Information via Order Comms)

XR Scaphoid Rt:
No bony injury demonstrated, however if a fractured scaphoid is suspected review in 7-10 days is recommended.

Reported by:
Margaret Diamond
Consultant Radiographer
RA22552

Reported by: Margaret Diamond

Reported by: DIAMOND, Margaret and DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Wrist Rt

Thomas Edgar
Clinical History:
Quadbike injury to right wrist ?scaphoid
Ordered by Mceachan Jane (McEachanJ)
~~(Information via Order Comms)

XR Wrist Rt:
No bony injury demonstrated, however if a fractured scaphoid is suspected review in 7-10 days is recommended.

Reported by:
Margaret Diamond
Consultant Radiographer
RA22552

Reported by: Margaret Diamond

Reported by: DIAMOND, Margaret and DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Wrist Rt

Thomas Edgar
Clinical History:
Quadbike injury to right wrist ?scaphoid
Ordered by Mceachan Jane (McEachanJ)
~~(Information via Order Comms)

XR Wrist Rt:
No bony injury demonstrated, however if a fractured scaphoid is suspected review in 7-10 days is recommended.

Reported by:
Margaret Diamond
Consultant Radiographer
RA22552

Reported by: Margaret Diamond

Reported by: DIAMOND, Margaret and DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Scaphoid Rt

Thomas Edgar
Clinical History:
Quadbike injury to right wrist ?scaphoid
Ordered by Mceachan Jane (McEachanJ)
~~(Information via Order Comms)

XR Scaphoid Rt:

No plain radiographic signs of recent or previous skeletal injury.
No change from the previous radiographs of 17/06/2020

Reported by
Dr Colin M Turnbull
Consultant Radiologist
GMC 1327812

Reported by: Dr Colin Turnbull

Reported by: TURNBULL, Colin Dr and TURNBULL, Colin Dr
Verified by: TURNBULL, Colin Dr

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Hand Rt

Thomas Edgar
Clinical History:
Tender index metacarpal following injury ?fracture
Ordered by Harrison Simon (harrisonsi)
~~(Information via Order Comms)

XR Hand Rt:
No bony injury demonstrated.

Reported by:
Margaret Diamond
Consultant Radiographer
RA22552

Reported by: Margaret Diamond

Reported by: DIAMOND, Margaret and DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

MRI Wrist Rt

Thomas Edgar
Clinical History
right wrist injury 2 months ago - continued radial sided wrist and hand pain ?stress fracture at CMCJ ? radiocarpal ligament injury
Ordered by Harrison Simon (harrisonsi)
~~(Information via Order Comms)

MRI Wrist Rt
Images hampered by patient movement. There is oedema in the distal ulna and some irregularity of the cortex deep to the triangular fibrocartilage. There is high signal in the triangular fibrocartilage fluid deep to the triangular fibrocartilage and between the distal radius and ulna suggesting there is tear of the triangular fibrocartilage.
No radio-carpal effusion.
No carpal bone oedema or ligamentous injury.
No tendon abnormality.
No other soft tissue abnormality.

Opinion: Unfortunately, because of patient movement the images not ideal however they are suggestive of a tear of the triangular fibrocartilage with nondisplaced avulsion fracture of the distal ulnar cortex.

Dr Simon McGurk. GMC: 4220035
Consultant Radiologist. NHS Lothian/Borders. Simon.McGurk@nhslohian.scot.nhs.uk

Reported by: Dr Simon McGurk

Reported by: MCGURK, Simon Dr and MCGURK, Simon Dr
Verified by: MCGURK, Simon Dr

Last 1 users to access this result

Name System	Location	Time
Clinical Orion Portal CP	orionportal.fife.scot.nhs.uk	11/09/2020 21:31:30

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Name Changed

Report

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	138	133 - 146	mmol/L	
Potassium	4.1	3.5 - 5.3	mmol/L	(KA)
Urea	5.5	2.5 - 7.8	mmol/L	
Creatinine	95	50 - 120	umol/L	
eGFR	> 60			

Test Comments

(KA) Mild haemolysis, true result may be slightly lower

C-reactive protein

Description	Value	Range	Unit	Normalcy Notes
C-reactive protein	10.3	0 - 5	mg/L	HI

AKI

AKI	Unable to calculate

Bicarbonate

Description	Value	Range	Unit	Normalcy Notes
Bicarbonate	26	22 - 29	mmol/L	

Requestor Comments

? Pulmonary Embolism
?VTE

Last 3 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	03/07/2022 02:24:00
Clinical Portal	Orion CP	Location	30/11/2021 18:59:28
ChemoCare ADT Interface	syscode		26/04/2021 13:12:41

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

D-Dimer

Description	Value	Range	Unit	Normalcy Notes
D-Dimer	256	0 - 500	ng/ml	

Set Comments

For patients with a low wells score for thromboembolism D-Dimers <500ng/ml gives a 98% negative predictive value.

Requestor Comments

? Pulmonary Embolism
?VTE

Last 2 users to access this result

Name	System	Location	Time
ChemoCare ADT Interface	syscode		26/04/2021 13:12:26
HIC NW Lab	HIC_NWLab	HIC	09/04/2021 22:42:03

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Chest

Thomas Edgar
XR Chest:

Cardiac contour normal. Lungs clear.

Reported by:
Dr William Reid
Consultant Radiologist
GMC 2333885

Reported by: Dr William Reid

Reported by: REID, William Dr and REID, William Dr
Verified by: REID, William Dr

Last 2 users to access this result

Name	System	Location	Time
Clinical Portal	Orion CP	Location	30/11/2021 18:59:35
ChemoCare ADT Interface	syscode		26/04/2021 13:38:36

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

Clotting screen

Description	Value	Range	Unit	Normalcy Notes
Prothrombin Time	11	9 - 13	Secs	
APTT	28	20 - 35	Secs	
Fibrinogen	3.4	2.0 - 6.0	g/l	

D-Dimer

Description	Value	Range	Unit	Normalcy Notes
D-Dimer	235	0 - 500	ng/ml	

Set Comments

For patients with a low wells score for thromboembolism D-Dimers <500ng/ml gives a 98% negative predictive value.

Requestor Comments

positv covid chest pain increased sob
Other
?VTE

Last 2 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	23/01/2022 22:41:52
Alan Stewart	Fife NHS	SCI Store	20/01/2022 17:23:26

Actions Select Action...

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

C-reactive protein

Description	Value	Range	Unit	Normalcy Notes
C-reactive protein	25.7	0 - 5	mg/L	HI

Calcium

Description	Value	Range	Unit	Normalcy Notes
Calcium	2.27	2.2 - 2.6	mmol/L	
Corrected calcium	2.29	2.2 - 2.6	mmol/L	
Albumin	44	35 - 50	g/L	

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Alkaline phosphatase	60	40 - 129	U/L	
Alanine transaminase	6	5 - 55	U/L	
Bilirubin (Total)	3	0 - 21	umol/L	

Magnesium

Description	Value	Range	Unit	Normalcy Notes
Magnesium	0.72	0.7 - 1.0	mmol/L	

Urea

Description	Value	Range	Unit	Normalcy Notes
Urea	4.9	2.5 - 7.8	mmol/L	

Urea & Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	138	133 - 146	mmol/L	
Potassium	3.9	3.5 - 5.3	mmol/L	
Creatinine	119	50 - 120	umol/L	
eGFR	> 60			

TSH

Description	Value	Range	Unit	Normalcy Notes
TSH	2.52	0.27 - 4.2	mU/L	
Free Thyroxine	17	12 - 22	pmol/L	

Bicarbonate

Description	Value	Range	Unit	Normalcy Notes

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Chest

Thomas Edgar
XR Chest:

Cardiac contour normal. Lungs clear.

Reported by:
Dr William Reid
Consultant Radiologist
GMC 2333885

Reported by: Dr William Reid

Reported by: REID, William Dr and REID, William Dr
Verified by: REID, William Dr

Last 1 users to access this result

Name	System	Location	Time
Clinical Portal	Orion CP	Location	04/03/2022 12:13:50

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Name Changed

Report

CT Cardiac angiogram coronary

Thomas Edgar
Clinical History:
Atypical chest pain. Smoker. Family history of premature coronary artery disease. ? Obstructive coronary artery disease.
Ordered by Yerramasu Ajay (yerramasua)
~~(Information via Order Comms)

CT Cardiac angiogram coronary:

Coronary calcium score of zero is in keeping low cardiovascular risk.

Good quality retrospective ECG gating.

Dominant right coronary artery.
Normal appearances to the right coronary artery, left main-stem, LAD and left circumflex artery.

No significant extracardiac finding

Summary

No significant coronary arterial abnormality.

Reported By:
Dr Thomas Hartley
Consultant Radiologist
GMC 6049522

Reported by: Dr Tom Hartley

Reported by: HARTLEY, Thomas Dr and HARTLEY, Thomas Dr
Verified by: HARTLEY, Thomas Dr

Last 2 users to access this result

Name	System	Location	Time
Clinical Portal	Orion CP	Location	27/04/2022 13:53:12
ChemoCare ADT Interface	syscode		11/03/2022 08:20:20

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Lumbar spine

Thomas Edgar
Clinical History:

XR Lumbar spine:

Radiographs of the lumbar spine show the cause of normal lumbar lordosis. No evidence of vertebral compressions or new disc space reductions .
The mild sclerosis of the inferior endplates of L4 and L5 vertebral bodies are longstanding, as they are seen in a May 2009 radiograph too. Is there any history of old injury ?

Reported by:
Dr Pothera Ramachandran
Consultant Radiologist
GMC 6088890

Reported by: Dr Pothera Ramachandran

Reported by: RAMACHANDRAN, Pothera and RAMACHANDRAN, Pothera
Verified by: RAMACHANDRAN, Pothera

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Shoulder Lt

Thomas Edgar
Clinical History:
power lifting
felt something pop in the left shoulder
pain anterior shoulder and glenohumeral joint xr to exclude bony injury
Ordered by Bonellie James (NMR) (BonellieJ)
~~(Information via Order Comms)

XR Shoulder Lt:
There is a small depressed fracture of the superior aspect of the left humeral head, the glenohumeral and acromioclavicular joints remain intact.

Provisional A&E opinion-No opinion

Reported by:
Margaret Diamond
Consultant Radiographer
RA22552

Reported by: Margaret Diamond

Reported by: DIAMOND, Margaret and DIAMOND, Margaret
Verified by: DIAMOND, Margaret

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Foot Lt

Thomas Edgar
Clinical History:
38 yo M, dropped 20kg weight plate at gym onto left foot. significant swelling and bruising. tender to 1st MTPJ / 2nd distal metatarsal
Ordered by Robertson Heather (robertsonhe)
~~(Information via Order Comms)

XR Foot Lt:

No acute bone or joint injury.

Reported by:
Jane Anderson
Reporting Radiographer
RA34807

Reported by: Jane Anderson

Reported by: ANDERSON, Jane and ANDERSON, Jane
Verified by: ANDERSON, Jane

Last 1 users to access this result

Name	System	Location	Time
ChemoCare ADT Interface	syscode		13/05/2025 12:44:11

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Name Changed

Report

XR Chest

Thomas Edgar
XR Chest:

.
Comparison: CXR 20/01/2022.
.
.
Normal cardiac and mediastinal contours.
.
Lungs are clear.
.
No pleural effusion.
.
No pneumothorax.
.
Bony thorax unremarkable.
.

Reported by:
Dr Sami Syed
Radiology Consultant
GMC 7582457

Reported by: Sami Syed

Reported by: SYED, Ali and SYED, Ali
Verified by: SYED, Ali

Last 2 users to access this result

Name	System	Location	Time
Clinical Portal	Orion CP	Location	14/11/2025 11:10:04
ChemoCare ADT Interface	syscode		26/08/2025 18:44:17

Actions Select Action...

This report has history

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

Liver Function Tests

Description	Value	Range	Unit	Normalcy Notes
Bilirubin (Total)	10	0 - 21	umol/L	
Alanine transaminase	6	5 - 55	U/L	
Alkaline Phosphatase	68	40 - 129	U/L	
Albumin	44	35 - 50	g/L	

Electrolytes

Description	Value	Range	Unit	Normalcy Notes
Sodium	137	133 - 146	mmol/L	
Potassium	4.5	3.5 - 5.3	mmol/L	
Creatinine	109	50 - 120	umol/L	
eGFR	>60		mL/min/1.73m2	
AKI	Unable to calculate			

C-reactive protein

Description	Value	Range	Unit	Normalcy Notes
C-reactive protein	24.2	0.0 - 5.0	mg/L	HI

Urea

Description	Value	Range	Unit	Normalcy Notes
Urea	6.8	2.5 - 7.8	mmol/L	

Requestor Comments

? PE

?VTE

Last 4 users to access this result

Name	System	Location	Time
HIC NW Lab	HIC_NWLab	HIC	18/12/2025 23:12:58
Clinical Portal	Orion CP	Location	14/11/2025 13:07:57
Clinical Portal	Orion CP	Location	14/11/2025 13:07:56
Clinical Portal	Orion CP	Location	14/11/2025 12:40:23

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Chest

Thomas Edgar
Clinical History
ongoing pleuritic pain in the R lower region of chest, good air entry throughout chest. Will need CTPA, for CXR prior to this
Ordered by Entwistle-Thompson Alexandra (7934208)
~~(Information via Order Comms)

XR Chest

Study has been superseded by CT on the same date - please see superseding CT report.

Dr Colum O'Hare. GMC: 7073188
Radiology Consultant. NHS Lothian. colum.o'hare@nhslothian.scot.nhs.uk

Reported by: Colum O'Hare

Reported by: O'HARE, Colum and O'HARE, Colum
Verified by: O'HARE, Colum

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

CT Angiogram pulmonary

Thomas Edgar
Clinical History:
7 week history of R sided pleuritic chest pain following travel to spain, pain radiates to the posterolateral aspect of chest, sharp on inspiration, ongoing new shortness of breath with this and reduced exercise tolerance. Started on inhaler for ?asthma from GP due to abnormal spirometry but no improvement in symptoms. To rule out PE please.
Ordered by Entwistle-Thompson Alexandra (7934208)
~~(Information via Order Comms)

CT Angiogram pulmonary:

Comparison is made to the lumg images on the cardiac CT 02/03/2022.

Adequate opacification of the pulmonary arteries and no significant breathing motion artefact therefore study is diagnostic.
No pulmonary artery filling defect is identified.
There is some moderate widespread bronchial wall thickening involving the both main bronchi and smaller airways with some features of air trapping at the lung bases.
Appearances indicate an inflammatory cause of shortness of breath such as bronchitis.
No focal consolidation or focal lung nodule.

Summary: Diffuse bronchial wall thickening affecting the central and peripheral airways indicates an inflammatory/ infective cause of symptoms.
Negative for acute pulmonary embolus.

Reported by:
Dr Claire Smith
Consultant Radiologist
GMC: 6159505

Reported by: Claire Smith

Reported by: SMITH, Claire and SMITH, Claire
Verified by: SMITH, Claire

Actions Select Action...

Patient

Patient Name	CHI	Date Of Birth	Age	GP	GP Practice	Consultant Ward/Location
THOMAS DAVID EDGAR Name Changed	2507860596	25/07/1986	39	Narayana, Suguna	Path House Medical Practice	

Report

XR Ankle Rt

Thomas Edgar
Clinical History:
Swollen Rt ankle. Tender over posterior and inferior aspect of lateral malleolus. Unable to weightbear at all.
Neurovascularly intact
?Ankle fracture
Ordered by MacDonald Matthew (8109518)
~~(Information via Order Comms)

XR Ankle Rt:
There is an ankle joint effusion present

Only seen on the lateral view there is a faint vertically oriented lucent line at the lateral malleolus raising the possibility of an undisplaced fracture here although this may be due to overlying composite shadow and clinical correlation is advised.

Early osteophytic degenerative changes are noted at the dorsal aspect of the navicular.

Provisional A&E opinion-No opinion

Reported by:
John Richardson
Consultant Radiographer
RA33821

Reported by: John Richardson

Reported by: RICHARDSON, John and RICHARDSON, John
Verified by: RICHARDSON, John