NHS Lothian

Western General Hospital, Edinburgh

COLONOSCOPY REPORT

Name:	**Deborah BERRY (F)**	Address:	**366- 4 West Granton Road**
Date of birth:	**03/07/1965**		**Edinburgh**
CHI No:	**0307651525**		**EH5 1FE**
Case note no.:	**7900016046R**		

GP: **MACDONALD, LESLEY**
Crewe Medical Centre
135 Boswall Parkway
Edinburgh
EH5 2LY

Procedure date: **21st April 2021 (15:21)**
Priority: **Urgent**
Status: **Outpatient/NHS**
Hospital: **Bowel Cancer Screening Programme**
Referring Cons: **Bowel Screening Programme (Colorectal)**

Indications
National Bowel Scope Screening.Bowel Screening Programme.
Potentially damaging drugs: Intolerant of morphine, fentanyl, codeine.
Clinically important comments: Regular dihydrocodeine & tramadol for pain.

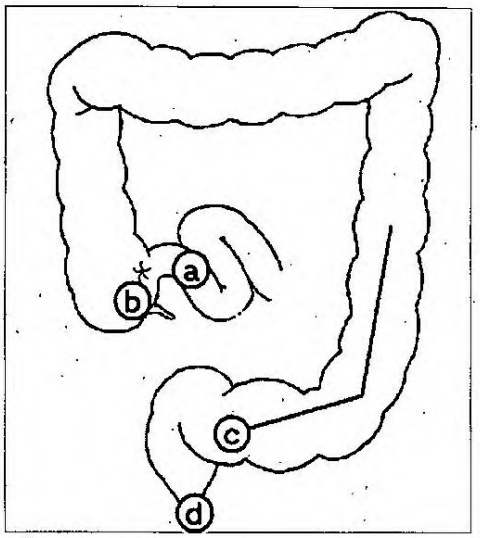
Consultant/Endoscopist
Mr Michael Duff
Nurses: Nathalie Bernard
Samantha Lioia

Instrument
CF HQ290L 2953174

Premedication
Entonox (Inhaled)

Report
Bowel preparation with Moviprep x 1 was good.
A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was identified by the ileocecal valve, the appendicular orifice and ileal intubation.
The scope was retroflexed in the rectum.
The rest of the examination to the limit of insertion was normal.
There were no peri-operative complications.

Site c: An area extending from the distal sigmoid to the mid descending
Diverticula: several.



a: *Terminal ileum (photographed)*
b: *Caecum (photographed)*
c: *An area extending from the distal sigmoid to the mid descending*
d: *Anal margin (photographed)*

Diagnosis
Diverticulosis.

Advice/comments
Moderate sigmoid diverticular change.
Otherwise normal examination through to caecum

Follow up
No specific follow-up required but should partake in Bowel Screening Programme as requested.

Mr Michael Duff
Consultant Colorectal Surgeon

NHS Lothian

Western General Hospital, Edinburgh

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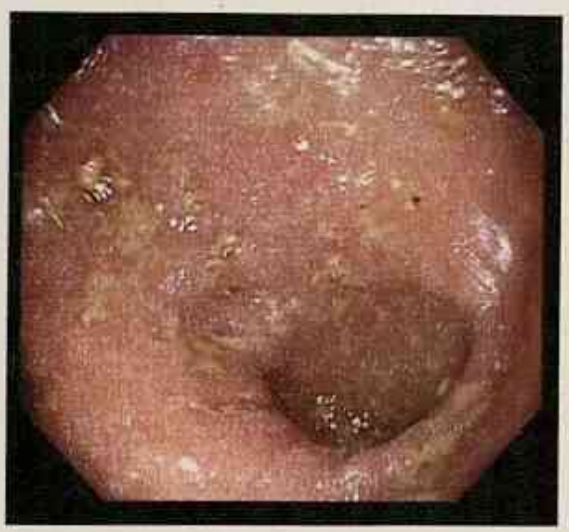
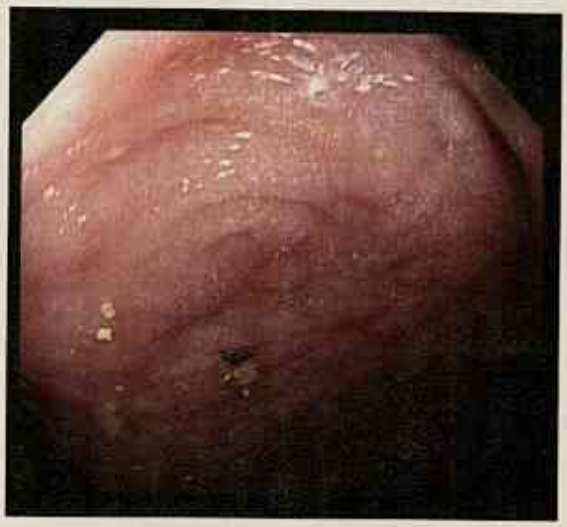
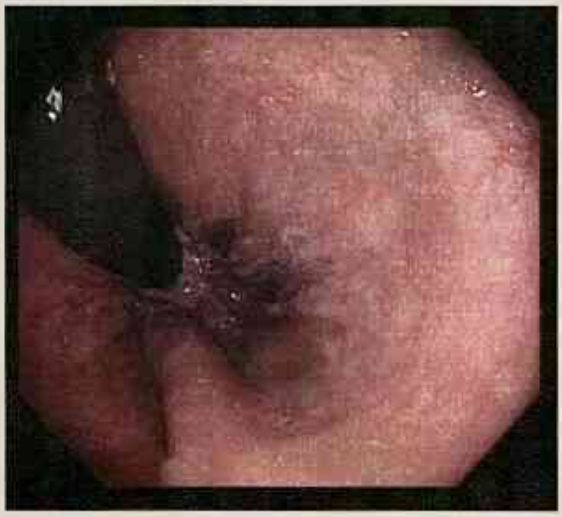


Site a: Terminal ileum



Site b: Caecum



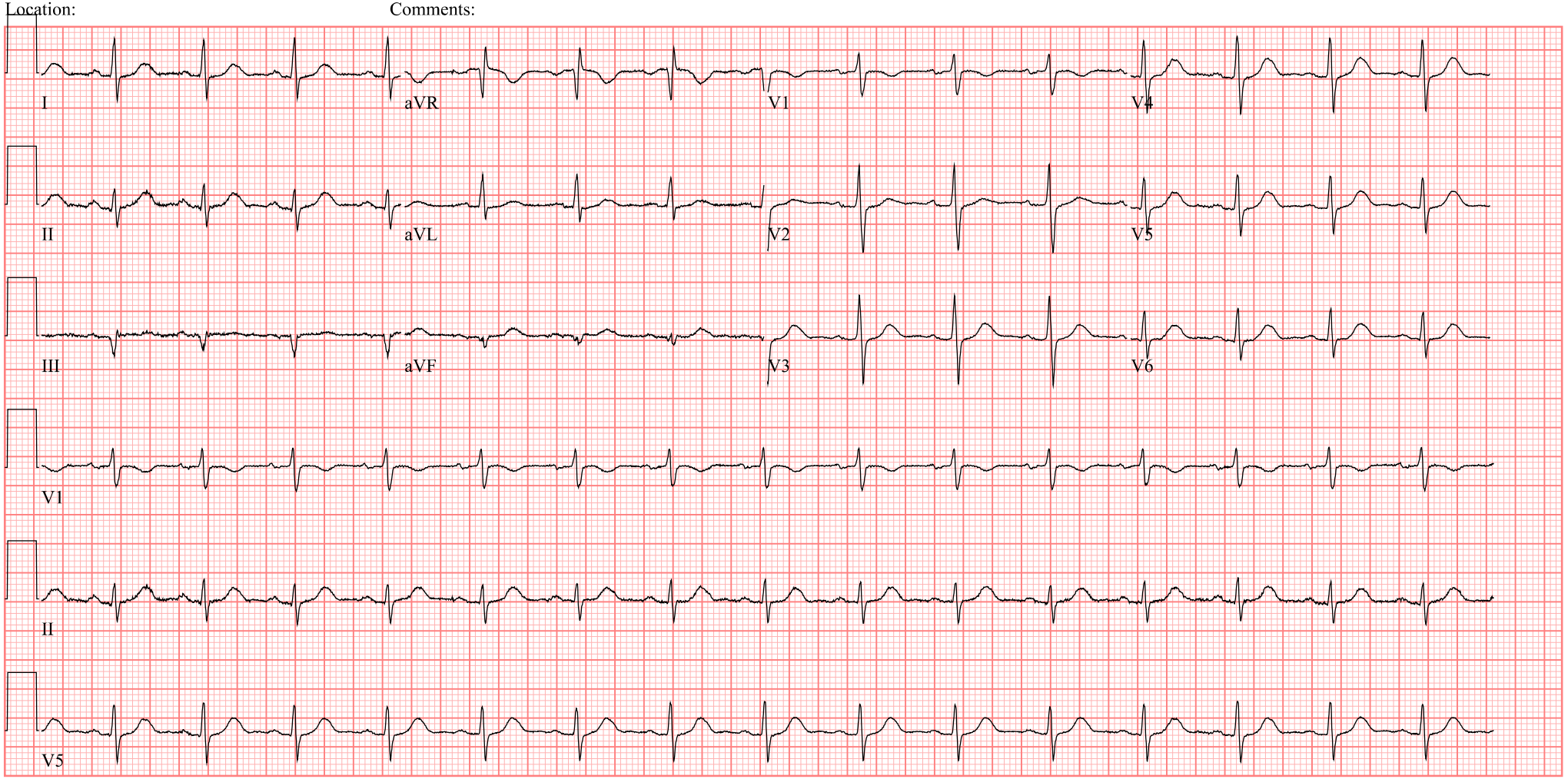
Mr Michael Duff
Consultant Colorectal Surgeon

BERRY, DEBORAH ID:0307651525 13-Feb-2023 13:21:16 NHS LOTHIAN-WGHECG ROUTINE RECORD

03-Jul-1965 (57 yr)	Vent. rate	93	BPM
Female	PR interval	156	ms
	QRS duration	86	ms
Room:	QT/QTcB	352/437	ms
Loc:310	P-R-T axes	24 -32	40

Technician: cc
Test ind:

Location: Comments:



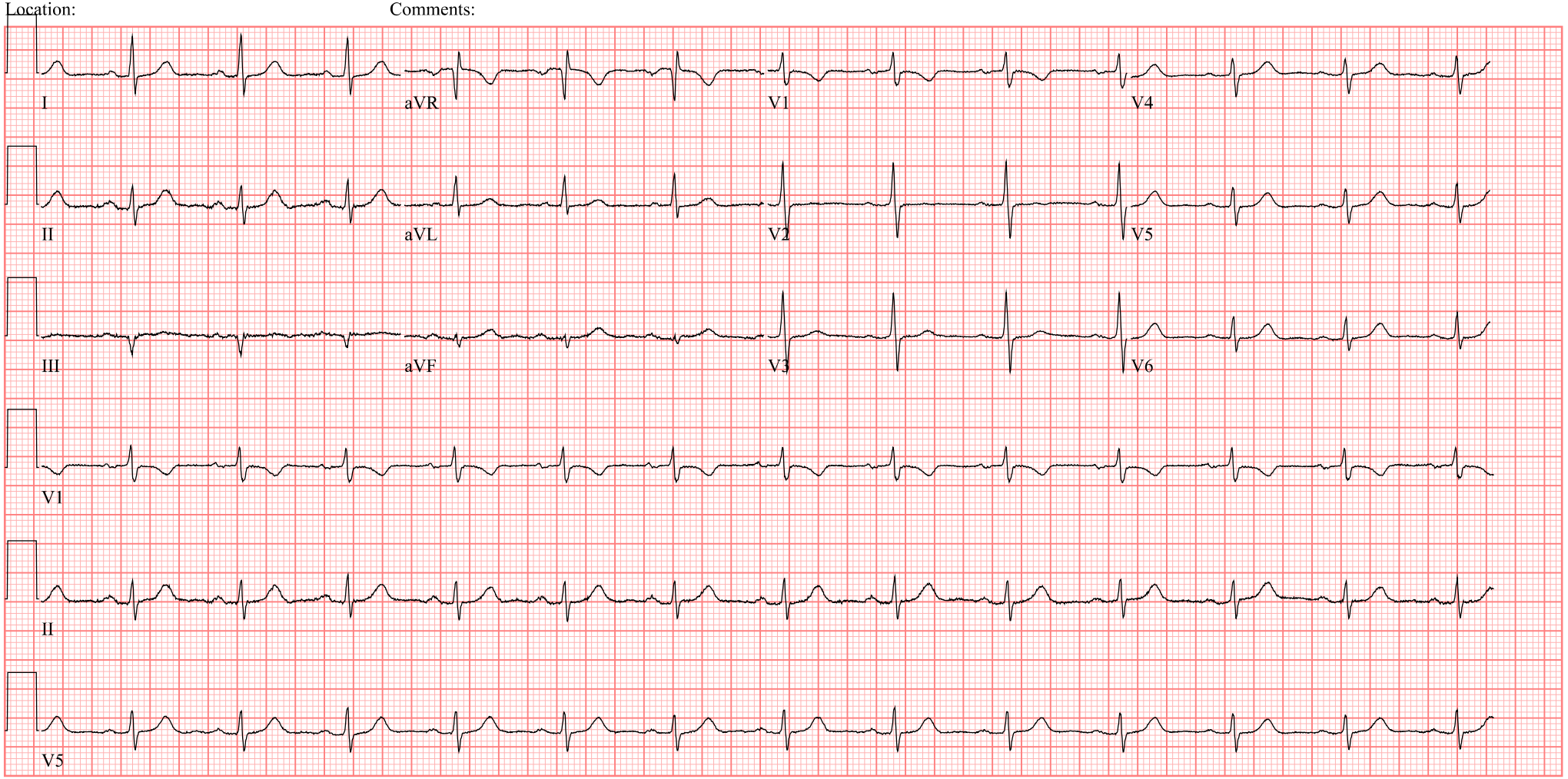
25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 62625 SID: 1916922 EID: 13 EDT: ORDER:

BERRY, DEBORAH ID:0307651525 20-Mar-2023 11:18:23 NHS LOTHIAN-WGHECG ROUTINE RECORD

03-Jul-1965 (57 yr)	Vent. rate	79	BPM
Female	PR interval	168	ms
	QRS duration	80	ms
Room:	QT/QTcB	362/415	ms
Loc:310	P-R-T axes	38 -9	43

Technician: pb
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 62626 SID: 1916922 EID: 13 EDT: ORDER:

BERRY, DEBORAH
Female
03.07.1965 (57 Years)

Vent. rate	79	BPM
PR interval	168	ms
QRS duration	80	ms
QT/QTc-Baz	362/415	ms
P-R-T axes	38 -9 43	

Patient ID: 0307651525
Normal sinus rhythm
Normal ECG

20.03.2023 11:18:23
Western General Hospital

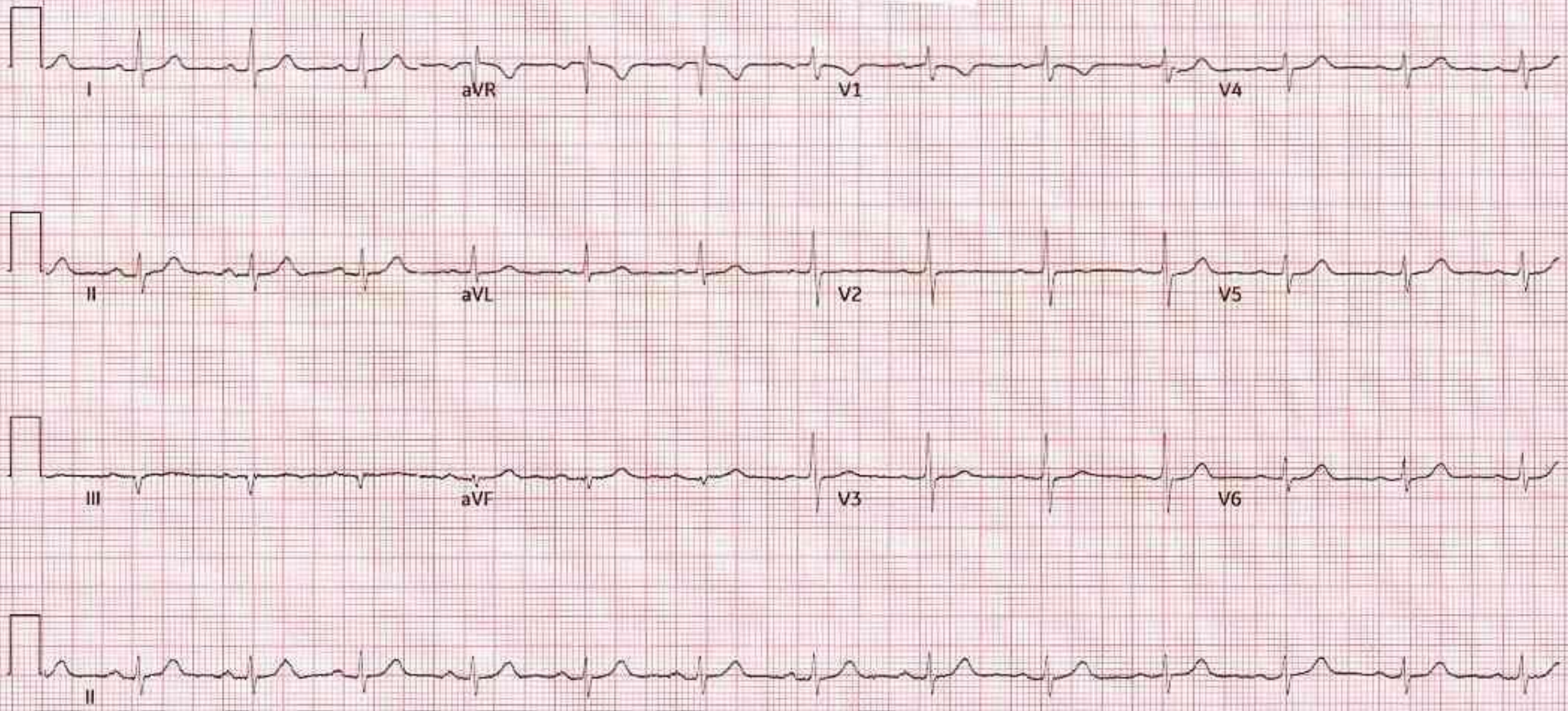
600065926A F 03/07/1965
Berry, Deborah F
190 Pilton Avenue,
Edinburgh,
EH5 2LG

CHI 0307651525
70573 SC Duerden

Technician ID: pb

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-100 Hz ZPD 50 Hz MAC™ VU360 1.02 SP02 12SL v23.1 4 by 2.5s + 1 rhythm Id

Report

Clinical Summary: Unexplained pruritis.
Provisional diagnosis: exclude dermatitis herpetiformis.

Macro Report.

Punch Biopsy Left Forearm.

Micro Report.

Histologically the frozen section appears normal.
Immunofluorescence is negative for IgG, IgA, IgM and C3. There
is nothing to suggest dermatitis herpetiformis.

Pathologist

Dr W A Reid

Medical Codes : Skin of arm and elbow - Normal tissue morphology
Medical Codes : Workload score - Workload score 5

Sample Comments

Suffix Skin Immunofluorescence RIE

Report Information

Requestor	Tidman, Dr M J
Requesting Location	(RIESKOPD) Skin Outpatients Dept, RIE
Report Identifier	UB026289F/05
Sample Date	23/11/2005 15:41:00

First | Previous | Next | Last

Report

Report	Negative ThinPrep, repeat routinely.	(RPT)

Test Comments

(RPT)	Date of Previous Smear : 23/05/2003
(RPT)	Reason for Smear : Risk Group
(RPT)	Patient Condition : Female Sterilisation
(RPT)	Appearance of Cervix : Normal
(RPT)	Patient Symptoms : None
(RPT)	Medical Codes :__Vaginal-cervical cytologic material - Transformation Zone Cells Not Identified - No Malignant Cells Seen

Sample Comments

Suffix Liquid based cytology

Report Information

Requestor	Dalgleish, Dr Juli
Requesting Location	(GSCRE) Crewe Medical Centre
Report Identifier	UC069412X/06
Sample Date	21/11/2006 15:28:00

First | Previous | Next | Last

Thumb
l.Thumb. No fracture seen. Reporting Radiologist: PSBailey

Report Information

Requestor	Freeland, Dr P
Requesting Location	(SJHAE) SJH A&E
Report Identifier	1197948
Sample Date	04/02/2008 13:27:30

Report

Clinical Summary

Early menopause. PMB.

Specimen

Pipelle Endometrial Biopsy.

Macroscopy

Several fragments 10 mm.

Microscopy

This shows proliferative phase endometrium with no evidence of inflammation,
hyperplasia or neoplasia.

Endometrium - Normal proliferative phase.

Medical Codes : Endometrium - Endometrium, proliferative
Medical Codes : Workload score - Workload score 1

Sample Comments

Suffix Curettings Uterine

Report Information

Requestor	Martin, Dr Cameron W
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	UB006742L/08
Sample Date	26/03/2008 08:53:00

US Gynaecology PMB

US Gynaecology PMB

Clinical details

Early menopause. PMB.

Report

TA examination.
The anteverted uterus appears normal in size and shape.
The midline cavity echo appears hyperechoic and thickened with an endometrial thickness of 8mms.
There is a 3.9 x 3.6 x 4.1cm uniloculated cyst noted on the left ovary.
There is a 2.6 x 2.3 x 2.1cm simple cyst noted on the right ovary.
No free fluid seen.

CF/AD

Reporting Radiologist: Carolyn Foggo

Report Information

Requestor	
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	2347532
Sample Date	07/04/2008 16:00:00

US Abdomen and Pelvis

US Abdomen and Pelvis

Clinical details
Sudden onset right iliac fossa pain. Pyrexial. White cell count normal. Mildly elevated CRP. Previous gynaecological investigation for longstanding PV bleed. Currently mid menstrual cycle. ? appendicitis, ? gynae pathology, ? ovarian cyst.

Report
The liver appears normal in echo texture, there is no biliary dilatation seen. The gallbladder is unremarkable and does not contain any calculus. Both kidneys are normal in size and echo texture. There is a 7.5 mm rounded echogenic focus with no postacoustic shadow at the lower pole of left kidney, which is suggestive of an angiomyolipoma. The pancreas and spleen are unremarkable.
The bladder was not very full despite the patients attempts at filling her bladder. The uterus is anteverted and is unremarkable. The left ovary is normal and has one dominant follicle in keeping with the current menstrual cycle. The right ovary was not visualised.
Within the right iliac fossa, there is a fluid filled tubular structure containing echogenic material. However the structure does not appear thick-walled or inflamed. The patient was clinically very tender on compression over this region.

Comment:
Appendicitis cannot be excluded from this examination. Right ovary not visualised during examination as the bladder was not very full.

Checked with Dr. Ingram.
AWY/BR

Reporting Radiologist: Dr Ai Wain Yong

Report Information

Requestor	
Requesting Location	(RIE106) Ward 106 RIE
Report Identifier	3015968
Sample Date	23/06/2008 00:15:00

Report

Clinical Summary

Right iliac fossa pain. History suggests appendicitis. Laparoscopy early appendicitis.
Provisional diagnosis: appendicitis.

Specimen

Appendix.

Macroscopy

Specimen comprises an appendix measuring 64 x 5 x 8 mm. There is a small piece of attached fat measuring 8 x 12 x 4 mm. The serosa appears fibrosed and slightly haemorrhagic. On sectioning there is a small fecalith close to the tip.

Blocks: (A) resection margin and tip; (B) transverse section.

Microscopy

Sections show appendix with diathermy artefact on the serosa. Small numbers of neutrophils are present throughout the wall and serosa indicating early acute appendicitis. there is no evidence of neoplasia.

Appendix (laparoscopic appendicectomy) - Acute early appendicitis

Medical Codes : Appendix - Inflammation, acute
Medical Codes : Workload score - Workload score 2

Report Information

Requestor	Browning, Mr GGP
Requesting Location	(RIE107) RIE Ward 107
Report Identifier	UB014633C/08
Sample Date	24/06/2008 15:37:00

XR Hand Rt

XR Hand Rt

Clinical details
RHD punch injury r hand bruised and swollen bt 3rd mc head dec ROM

Report
No bony injury.

Reporting Radiologist: Dr Karim Samji

Report Information

Requestor	
Requesting Location	(WGHMIC) WGH Microbiology Laboratory
Report Identifier	3506491
Sample Date	25/08/2008 11:09:00

Report

Clinical Summary

1 year history nodular lesion with central ulceration. Excised with 5 mm margin and deep to muscle.
Provisional diagnosis: BCC

Specimen

Lesion left medial canthus.

Macroscopy

Oval piece of skin 10 x 8 x 2 mm. Central, pale raised lesion 3 x 3 x 1 mm, less than 1 mm to nearest margin. Bisected. Two all taken in one cassette.

Specimen trimmed by: Linda Green.

Microscopy

Excisional biopsy of skin of left medial canthus:

Nodular basal cell carcinoma measuring; 1.7 mm in thickness. Tumour extends to within 2 mm of the closest radial and 0.4 mm of the deep margin.

Case also seen by Dr Goodlad.

Medical Codes : Skin of medial canthus - Basal cell carcinoma
Medical Codes : Workload score - Workload score 4

Sample Comments

Suffix Skin Bx

Report Information

Requestor	Jawad, Dr Ahmad Salhi
Requesting Location	(SJH19) Ward 19, St John's Hospital
Report Identifier	UB065554K/08
Sample Date	24/09/2008 09:49:00

XR Chest

XR Chest

Clinical details
Generally unwell. Aches all over. Collapse. ?Cause.

Report
Heart size normal. No focal collapse or consolidation. No radiological evidence of failure. Artefact on the film.

IMP/LGO

Reporting Radiologist: Dr I M Prossor

Report Information

Requestor	
Requesting Location	(RIEAE2) RIE Immediate Care A&E
Report Identifier	4021956
Sample Date	27/10/2008 23:07:00

US Gynaecology Pelvis ,US Gynaecology Pelvis (TV)

US Gynaecology Pelvis ,US Gynaecology Pelvis (TV)

Clinical details

4mm simple cyst seen on ultrasound 23.06.08 ?resolved ?increased.

Report

TA/TV examination.
The anteverted uterus measures 7 x 3 x 5cms, with a maximum AP endometrial thickness of 7mms.
There is an intramural fibroid measuring 9 x 14 x 10cm in the posterior wall of the uterus.

The left ovary appears normal on scan with no evidence of the previously noted cyst.
The right ovary contains a simple cyst measuring 25 x 25 x 24mm.
No adnexal masses or free fluid seen.

JP/AD

Reporting Radiologist: Jamie Pattinson

Report Information

Requestor	
Requesting Location	(RIERMOP) Reproductive Med. Outpatient Dept
Report Identifier	3943933
Sample Date	04/11/2008 13:15:00

XR Pelvis,XR Hands

XR Pelvis,XR Hands

Clinical details

Report
XR Hands
No bone, joint or soft tissue abnormality.
XR Pelvis
The hip joints and sacro - iliac joints are normal. No bony or soft tissue abnormality.

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor	
Requesting Location	(WGH41OPD) WGH Ward 41 Outpatients
Report Identifier	5212459
Sample Date	15/05/2009 13:08:00

US Thyroid

US Thyroid

Clinical details

Thyroid nodule right side feels larger than 3 years ago. Compared to Ultrasound of 15.09.06.

Report
I note that in September, 2006 Ultrasound showed a 5mm diameter cystic nodule in the right side of the isthmus and the remainder of the thyroid gland was normal.

High Resolution Thyroid Ultrasound Scan today reveals the same findings, the 5mm nodule in the right side of the thyroid isthmus is unchanged, and the remainder of the thyroid gland continues to appear normal.

ME/LO

Reporting Radiologist: Dr Martin Errington

Report Information

Requestor	
Requesting Location	(WGH41OPD) WGH Ward 41 Outpatients
Report Identifier	5232554
Sample Date	01/06/2009 09:30:00

MRI Knee Lt ,MRI Knee Rt

MRI Knee Lt ,MRI Knee Rt

Clinical details
Chronic fatique, clicking knees. Right knee locks, marked crepitus on passive movement right more than left.

Report
Both knees show normal appearances to the menisci, cruciate and collateral ligaments, quadriceps and patellar tendons, Hoffa's fat pad and posterolateral corner structures, and cartilage surfaces where visible.

Both knees also have normal appears to distal femur, proximal tibia and fibula and the patella. The bone marrow signal is normal throughout.

Normal peri articular soft tissues bilaterally. Remainder of bilateral MRI knee normal.

CONCLUSION: Normal appearance to both knees on MRI with no cause for symptoms and clinical findings seen on MRI scanning.

ME/JW

Reporting Radiologist: Dr Martin Errington

Report Information

Requestor	
Requesting Location	(WGH41OPD) WGH Ward 41 Outpatients
Report Identifier	5231738
Sample Date	02/06/2009 15:30:00

USSGYN

Reported By: Judi Smith
Date Transcribed: 19/07/2010
30184332 19/07/2010 US Pelvis (Transvaginal), US Pelvis (Transabdominal)
clinical information : PMB 2 episodes unscheduled bleeding
REPORT
Patient states LMP was approximately 4 years ago .
Transabdominal and transvaginal examinations performed.
The urinary bladder was empty and could not be assessed.
Normal size anteverted uterus .
AP endometrial thickness measures 6.8mms
The endometrial thickness exceeds 3mm and this is abnormal for a patient who is not on HRT. Your referral, and a copy of the scan report have been forwarded to Gynaecology and your patient will be sent a clinic appointment.
There is a simple thin walled clear fluid cyst associated with the right ovary measuring 16.6mms
The left ovary is not identified. No obvious left adnexal pathology.
No free fluid
The patient is aware of the findings and the referral to Gynaecology. If the patient has not heard from Gynaecology in 2 weeks they have been asked to contact their GP.
Verified by: Judi Smith

Report Information

Requestor	
Requesting Location	(GP101269) SCOTT RODERICK
Report Identifier	S373018433201
Sample Date	08/07/2010 10:57:00

Report

Clinical Summary

PMB - ultrasound thickness 6.8mm.

Provisional diagnosis: PMB.

Specimen

Endometrial pipelle.

Macroscopy

Fragments, up to 2mm. All processed.

Microscopy

This is a very scanty sample containing occasional superficial strips of inactive endometrial-type glandular epithelium admixed with mucoinflammatory debris and lower genital tract material. There is no evidence of malignancy, but the specimen is very scanty and if symptoms persist, further assessment is advised.

Endometrial pipelle - Very scanty sample; Inactive endometrial-type glandular epithelium (see above report).

Medical Codes : Endometrium - Endometrium, inactive
Medical Codes : Workload score - Workload score 2

Sample Comments

Suffix Pipille

Report Information

Requestor	Beattie, Dr GJ
Requesting Location	(RIE106) Ward 106 RIE
Report Identifier	UB018487K/10
Sample Date	28/07/2010 15:35:00

Report

Clinical Summary

PMB. Hysteroscopy normal.

Specimen

Endometrial Curettings.

Macroscopy

Several fragments of 10 mm in maximum dimension.

Microscopy

Sections show endometrium with a mostly inactive appearance with glands of simple morphology within compact stroma. In places there is evidence of menstrual type breakdown. There is some glandular architectural abnormality but there are no atypical features. There is no evidence of hyperplasia or malignancy.

Endometrium - Inactive.

Sample Comments

Suffix Curettings Uterine

Report Information

Requestor	Mary, Dr Yeruva Nirmala
Requesting Location	(RIEDSU) RIE Day Surgery Unit
Report Identifier	UB027669G/10
Sample Date	10/11/2010 15:38:00

XR Chest

XR Chest

Clinical History
1 year history of cough, for past 4 months has been productive of yellow/green sputum, given antibiotics today. Feels has some occasional wheeze.Ex smoker. No previous lung history. On examination chest was clear but breath sounds were quieter on the right side of the chest, sats 99% on air.?evidence chest pathology / Chest

5452333 03/03/2021 XR Chest
United displaced right lateral rib fractures, and metallic neuro stimulator leads overlying the lower thoracic spine.
Normal cardiac, mediastinal and hilar contours.
The lungs are clear with normal pulmonary vascularity.

—
Dr Colin Turnbull. GMC: 1327812
Consultant Radiologist
Colin.Turnbull@nhslothian.scot.nhs.uk

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor	COLE, ANNE
Requesting Location	Crewe Medical Centre
Report Identifier	38042159
Sample Date	03/03/2021 16:00:00

XR Hands

XR Hands

Clinical History
Pain and swelling in bilateral MCPs. no erythema, not tender on palpation but evidence of boggy joints. ?evidence bony disease / Hands both

5452266 03/03/2021 XR Hands

Early osteoarthritic change of the distal interphalangeal joints.
No other bone or joint abnormality.
No erosions.

—
Sarah Carrigan. HCPC: RA67003
Reporting Radiographer. sarah.carrigan@nhslothian.scot.nhs.uk

Reporting Radiologist: Sarah Carrigan

Report Information

Requestor	COLE, ANNE
Requesting Location	Crewe Medical Centre
Report Identifier	38041913
Sample Date	03/03/2021 16:00:00

Colonoscopy report

NHS Lothian

Western General Hospital, Edinburgh

COLONOSCOPY REPORT

Name:	**Deborah BERRY (F)**	Address:	**366- 4 West Granton Road**
Date of birth:	**03/07/1965**		**Edinburgh**
NHS No:	**0307651525**		**EH5 1FE**
Case Note No:	**7900016046R**		

GP:	**MACDONALD, LESLEY**	Procedure date:	**21st April 2021 (15:21)**
	Crewe Medical Centre	Priority:	**Urgent**
	135 Boswall Parkway	Status:	**Outpatient/NHS**
	Edinburgh	Hospital:	**Bowel Cancer Screening Programme**
	EH5 2LY	Ward:	**Ward - Not specified**
		Referring Cons:	**Bowel Screening Programme (Colorectal)**

Indications

National Bowel Scope Screening.Bowel Screening Programme.
Potentially damaging drugs: Intolerant of morphine, fentanyl, codeine.
Clinically important comments: Regular dihydrocodeine & tramadol for pain.

Consultant/Endoscopist

Mr Michael Duff
Nurses: Nathalie Bernard
Samantha Lioia

Instrument

CF HQ290L 2953174

Premedication

Entonox (Inhaled)

Report

Bowel preparation with Moviprep x 1 was good. A digital rectal examination was performed.
The colonoscope was inserted via the anus to the caecum, which was identified by the ileocecal valve, the appendicular orifice and ileal intubation. The scope was retroflexed in the rectum. The rest of the examination to the limit of insertion was normal. There were no peri-operative complications.

Site c: An area extending from the distal sigmoid to the mid descending
Diverticula: several.

Diagnoses

diverticulosis.

Advice/Comments

Moderate sigmoid diverticular change. Otherwise normal examination through to caecum

Follow up

No specific follow-up required but should partake in Bowel Screening Programme as requested.

Report Information

Requestor	PROGRAMME
Requesting Location	
Report Identifier	UNI311109-0307651525
Sample Date	21/04/2021 15:21:53

Mr Michael Duff
Consultant Colorectal Surgeon

First | Previous | Next | Last

XR Knee Rt

XR Knee Rt

Clinical History
worsening right knee painOE: mild crepitus. no effusion. tender joint lines bilaterally. from / Knee right

5987017 26/10/2021 XR Knee Rt

Age-related features only. Minimal effusion. Minor medial compartment narrowing. Some retropatellar sclerosis.

Dr John H Miller GMC 3291168
Consultant Radiologist MB(Ed) FRCR FRCP DIMC RCS(Ed)

john.miller@nhslothian.scot.nhs.uk

Reporting Radiologist: Dr John H Miller

Report Information

Requestor	MCEVOY, MALACHY
Requesting Location	Crewe Medical Centre
Report Identifier	40221223
Sample Date	26/10/2021 13:15:00

CT Spine Lumbar

CT Spine Lumbar

Clinical History
bilateral lumbar back pain, radiating into both legs, difficulty voiding bladder, bilateral and saddle paraesthesia, known L3-S1 bulging discs - in Australia ?cauda equina

6404122 08/04/2022 CT Spine Lumbar
No previous for comparison.
Patient has a spinal nerve stimulator which is non MRI compatible. CT performed instead.
At L2/3, left subarticular protrusion likely compresses the left L3 roots.
At L4/5, the disc bulges broadly and a right subarticular protrusion likely compresses the right L5 roots.
At L5/S1, left subarticular protrusion likely compresses the left S1 roots.
Discs at other levels imaged are unremarkable.
No bony abnormality. Alignment is satisfactory.

Comment
No cauda equina compression.
Multilevel subarticular protrusion likely compress roots as described. Acuity cannot be determined.

—
Alexandru Calciu - ST2 Radiology
Verified by Prof. A Farrall, Consultant Neuroradiologist

Reporting Radiologist: Dr Alexandru Calciu

Report Information

Requestor	Dean, Rebecca Olwyn
Requesting Location	(RIEAE3) 3 - Exam, A&E
Report Identifier	41813157
Sample Date	08/04/2022 14:55:00

First | Previous | Next | Last

XR Chest

XR Chest

Clinical History
"Haemopytsis this morning for the first time. " / Chest

6990463 14/12/2022 XR Chest

Spinal nerve stimulator leads overlying the mid lower thoracic spine.
Multiple united displaced right posterolateral rib fractures.
Normal cardiac, mediastinal and hilar contours.
The lungs are clear with normal pulmonary vascularity.
No change from the previous radiograph of 03/03/2021.

—
Dr Colin Turnbull. GMC: 1327812
Consultant Radiologist.

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor	DALGLEISH, JULI
Requesting Location	Crewe Medical Centre
Report Identifier	43980433
Sample Date	14/12/2022 14:30:00

XR Lumbar Spine

XR Lumbar Spine

Clinical History
Pain in finger joints. Stiffness and swelling. Pain on MCP squeeze. Lower back ache. States neuromodulator put in place in austrailia. Tender over spine. ?Signs of inflammatory arthritis ?OA/Lumbar spine crush fractures / Hand Both

7447857 19/06/2023 XR Hands

Mild osteoarthrosis with slight joint space narrowing, subchondral sclerosis and minimal
marginal osteophytosis involving the in distal interphalangeal joints of the index and long fingers of both hands, slightly more marked on the right.
No other significant bone, joint or soft tissue abnormality.
No erosive arthropathy.

7447872 19/06/2023 XR Lumbar Spine

Spinal nerve stimulator generator box in the left lower abdomen and electrodes in the lower thoracic spine, unchanged from the CT scan of the lumbar spine of 08/04/2022.
Normal vertebral alignment.
The disc spaces are preserved.
No plain radiographic signs of recent or previous skeletal injury.
Normal apophyseal and sacroiliac joints.

—
Dr Colin Turnbull. GMC: 1327812
Consultant Radiologist.

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor	DALGLEISH, JULI
Requesting Location	Crewe Medical Centre
Report Identifier	45665870
Sample Date	19/06/2023 11:30:00

XR Hands

XR Hands

Clinical History
Pain in finger joints. Stiffness and swelling. Pain on MCP squeeze. Lower back ache. States neuromodulator put in place in austrailia. Tender over spine. ?Signs of inflammatory arthritis ?OA/Lumbar spine crush fractures / Hand Both

7447857 19/06/2023 XR Hands

Mild osteoarthrosis with slight joint space narrowing, subchondral sclerosis and minimal
marginal osteophytosis involving the in distal interphalangeal joints of the index and long fingers of both hands, slightly more marked on the right.
No other significant bone, joint or soft tissue abnormality.
No erosive arthropathy.

7447872 19/06/2023 XR Lumbar Spine

Spinal nerve stimulator generator box in the left lower abdomen and electrodes in the lower thoracic spine, unchanged from the CT scan of the lumbar spine of 08/04/2022.
Normal vertebral alignment.
The disc spaces are preserved.
No plain radiographic signs of recent or previous skeletal injury.
Normal apophyseal and sacroiliac joints.

—
Dr Colin Turnbull. GMC: 1327812
Consultant Radiologist.

Reporting Radiologist: Dr Colin Turnbull

Report Information

Requestor	DALGLEISH, JULI
Requesting Location	Crewe Medical Centre
Report Identifier	45665825
Sample Date	19/06/2023 11:30:00

CT Cardiac Angiogram Coronary

CT Cardiac Angiogram Coronary

Clinical History
57F attending RACPC with exertional central chest tightness. ex-smoker, HTN, obesity. Started on angina treatment. please could she have CTCA for ?angina, discussed with Dr Henrisken.

7230529 15/11/2023 CT Cardiac Angiogram Coronary

CT coronary angiography following betablocker and GTN.

Heart rate73 bpm
Good quality study.

Coronary arteries:
Dominance:Right, normal anatomy.
LM:Normal
LAD:Proximal mixed plaque, 50-70 % stenosis. Calcified plaque first diagonal branch, less than 50% stenosis.
CX:Normal .
RCA: Mixed plaque proximal segment, less than 25% stenosis.

Cardiac findings:
Normal valves and chambers.

Non-cardiac findings:
Normal visualised chest.

Conclusion:
Possibly obstructive disease in the mid LAD, otherwise nonobstructive coronary artery disease in the first diagonal branch and RCA.

—
Dr Anda Bularga. GMC: 7451772
Clinical Research Fellow.
Prof David Newby, Cardiology
Prof Edwin J.R. van Beek
Honorary Consultant Radiologist
edwin.vanbeek@nhslothian.scot.nhs.uk
GMC: 3185502

Reporting Radiologist: Prof DE Newby

Report Information

Requestor	Turner, Dr Rose
Requesting Location	(WGHOECG) WGH ECG Department, Ground Floor, Anne Ferguson Building
Report Identifier	44880336
Sample Date	15/11/2023 13:30:00

CT Abdomen/Pelvis With Contrast

CT Abdomen/Pelvis With Contrast

Clinical History
59F presented with abdo pain post- roux-en-y gastric bypass on 25/9, presented pyrexic with abdo pain, peritonitic ? post-op complication ? collection. With oral contrast

8628092 02/10/2024 CT Abdomen/Pelvis With Contrast

Portal venous study.
No previous for comparison. I note a gastric bypass was performed in Turkey.
Unfortunately oral contrast has not been administered.

Mild anterior abdominal wall inflammatory stranding in keeping with recent surgery. No pneumoperitoneum. No intraperitoneal collection.
Gastric sleeve with gastrojejunostomy.
Background diverticular disease. The bowel is otherwise unremarkable. No small bowel dilatation. Normal liver, gallbladder, biliary tree, pancreas, spleen, adrenals and kidneys allowing for simple renal cysts. No frankly enlarged nodes within the abdomen or pelvis.
Left basal atelectasis. Imaged lung bases are otherwise clear.
No destructive skeletal lesions. Nerve stimulation device in situ.

Opinion
No intra-abdominal collection or perforation. Normal appearances following recent surgery.

—
Dr Andrew Walker GMC: 6157472
Consultant Radiologist.

Andrew.e.walker@nhslothian.scot.nhs.uk

Reporting Radiologist: Dr Andrew E Walker

Report Information

Requestor	Garland, Dr Shona
Requesting Location	(RIESOE) Surgical Obs Emergency
Report Identifier	50004972
Sample Date	02/10/2024 14:45:00

First | Previous | Next | Last

XR Finger Middle Lt

XR Finger Middle Lt

Clinical History
FOOSH today, tripped over carpet. ? hyperextension middle finger. BT at PIIPJ and PP ? #

9309336 23/06/2025 XR Finger Middle Lt

No fracture dislocation.
Dorsal soft tissue swelling.

—
Kim Jameson. HCPC: RA41911
Reporting Radiographer.

Reporting Radiologist: Kim Jameson

Report Information

Requestor	Campbell, Gillian
Requesting Location	(TEMPMIU) Temp MIU
Report Identifier	52445594
Sample Date	23/06/2025 16:17:00