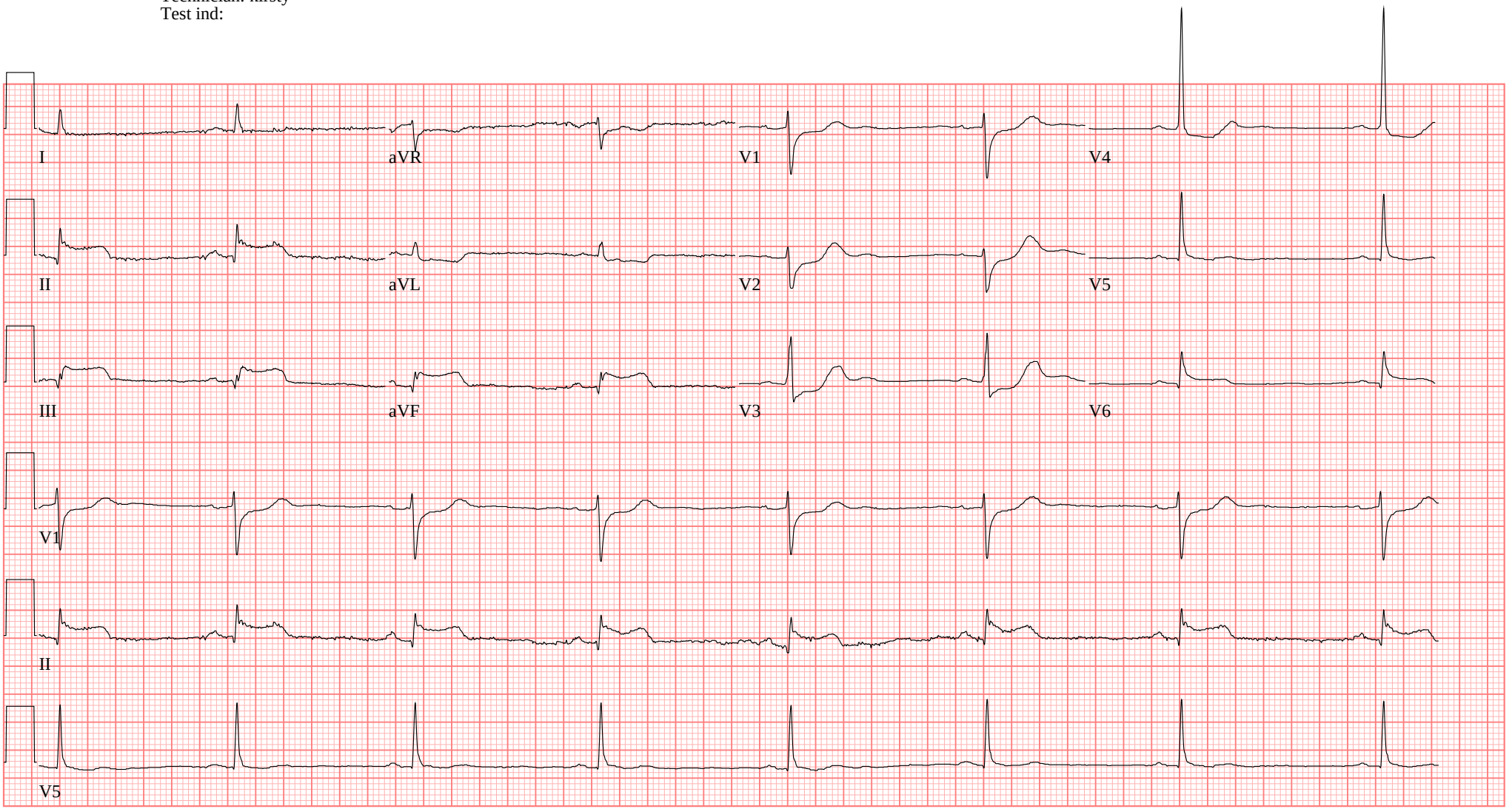
SOAVE, ALAN ID:2911571495 08-Oct-2021 07:37:56 NHS LOTHIAN-RIEECG ROUTINE RECORD

29-Nov-1957 (63 yr)
Male

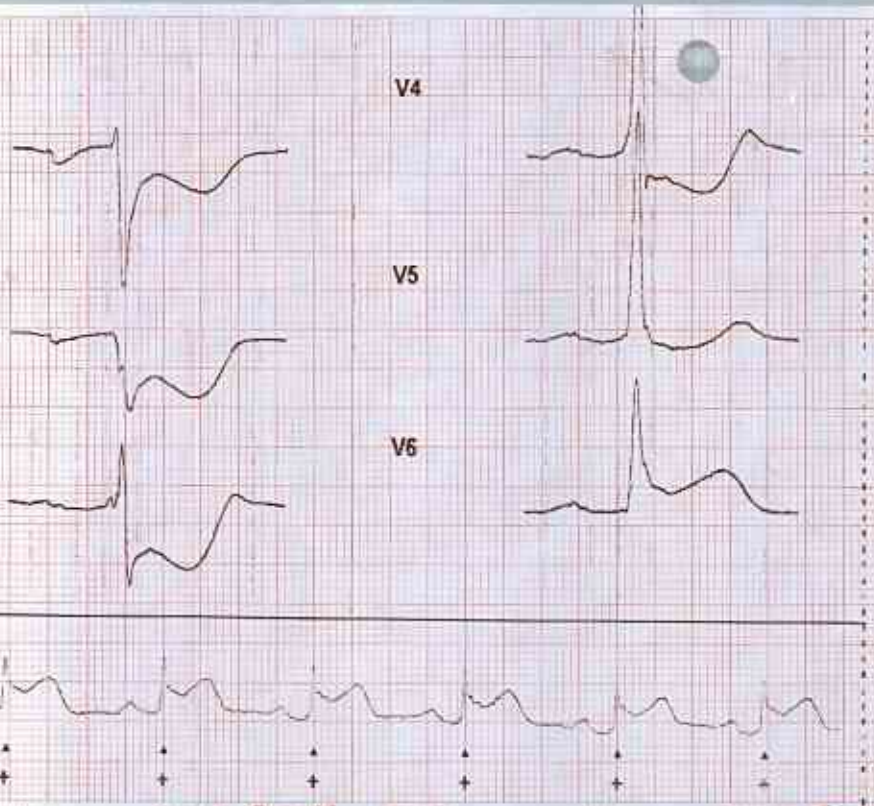
Room:
Loc:2

Vent. rate	44	BPM
PR interval	184	ms
QRS duration	89	ms
QT/QTcB	429/367	ms
P-R-T axes	47 54	96

Technician: kirsty
Test ind:



25mm/s 10mm/mV 150Hz 10.1.3 12SL NO SERIAL CID: SID: 1829011 EID: EDT: ORDER:



hr 74 /min. frontal vectors : P 65°
P 118 ms PR 192 ms QRS 16°
QRS 84 ms T 98°
QT 388 ms QTc 431 ms QTr 111 % normal axis

+---+---+---+---B---B---+---+---+---+---+---+

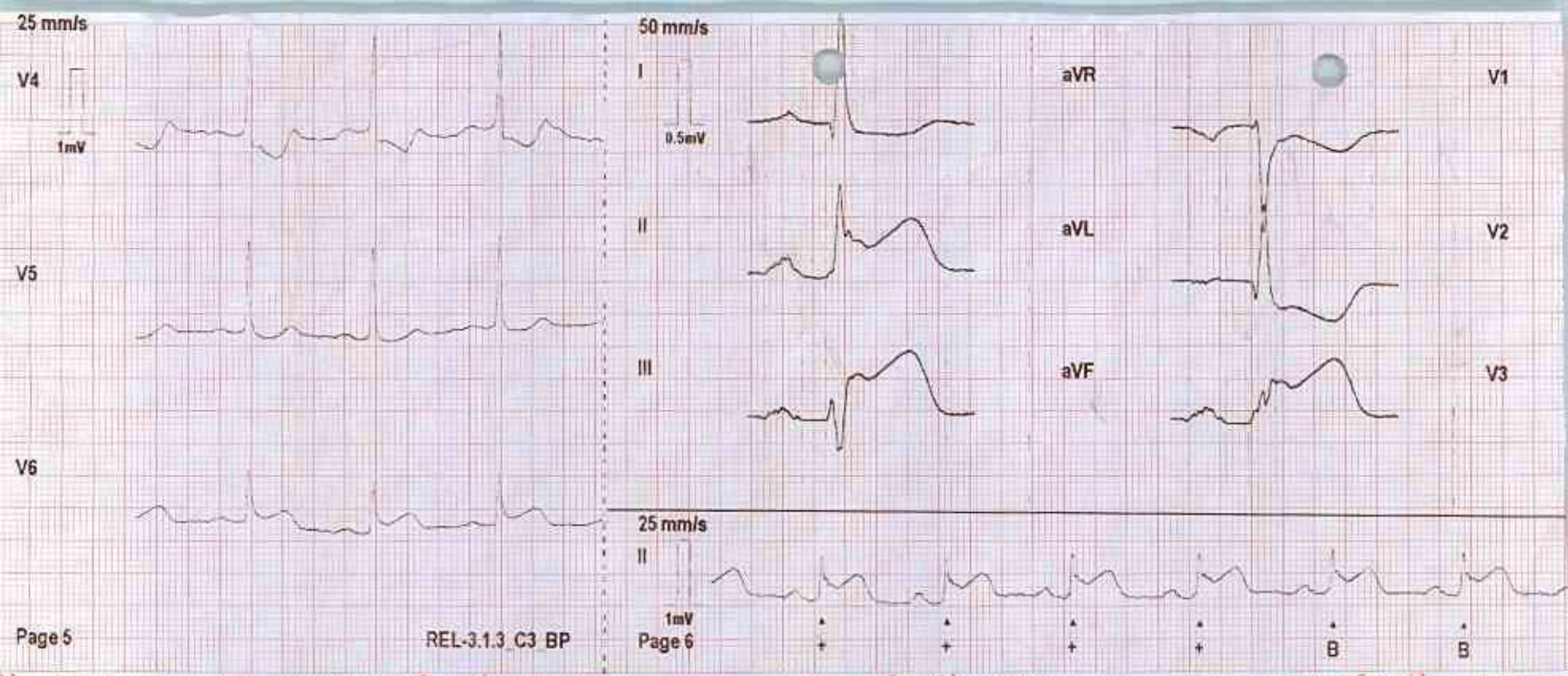
SPECIFIC FINDINGS

noise 8 µV small
RMS: 8 8 8 / 6 7 7 5
consider artificial ECG
LI leads : QR R RS QRS QR R
CH leads : RS R*S *RS RS R R

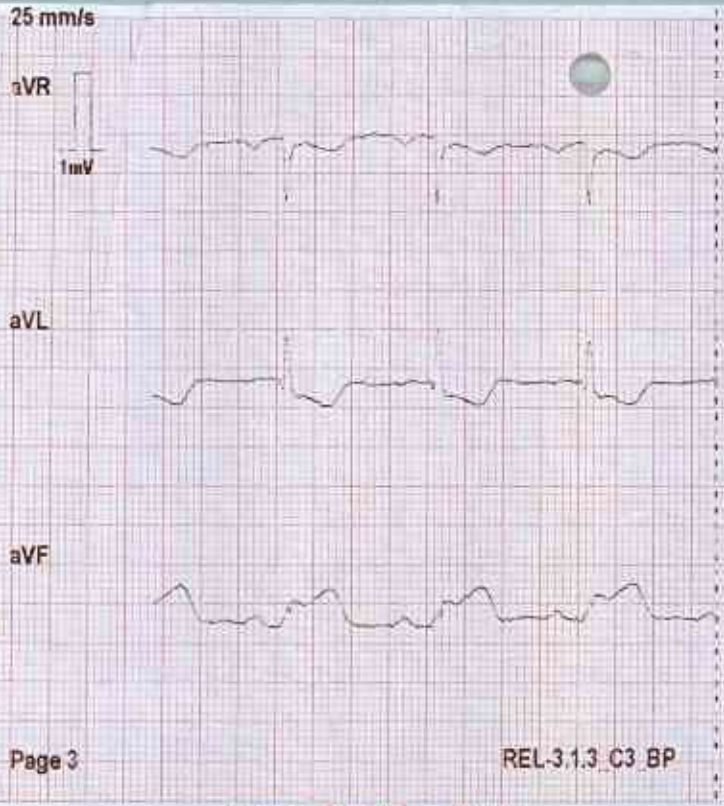
R loss or reduction in: V2
broad R in : V5 V6
ST elevation in : II III AVF
ST depression in : V1 V2 V3 V4
QT-dispersion : Std 34 ms Max 74 ms from 6/8 leads
QT-dispersion : Std 30 ms Max 68 ms from 4/6 CH-leads

remarks: HES EKG 18.24 - 06 b
checked by doctor:

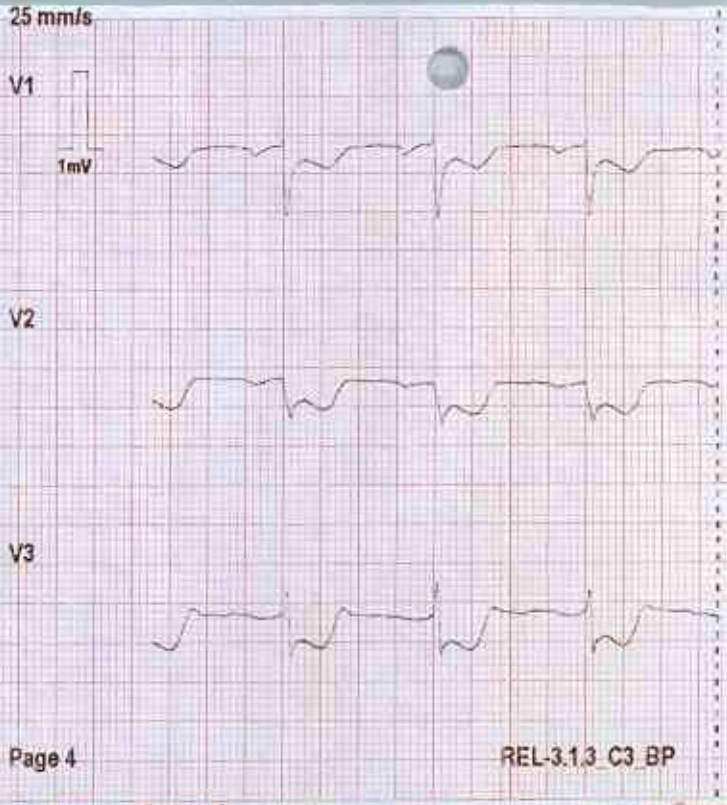
END OF PRINTOUT



REL-3.1.3_C3_BP



Page 3 REL-3.1.3_C3_BP



Page 4 REL-3.1.3_C3_BP

corpuls³ D-ECG (1) 0002525

Mission: 20211008045450 Time: 06:00
Mission start: 08.10.2021 05:54 UTC+01:00

Patient: SOAVE, ALAN
ID: --
Case No.: --
Date of birth (Age): --.--.---- (--)
Sex: --
Weight: --
Height: --

HR: 74 /min
NIBP: --
CO2: -- kPa
RR: -- /min
SpO2: -- %
PR: -- /min
PI: -- %

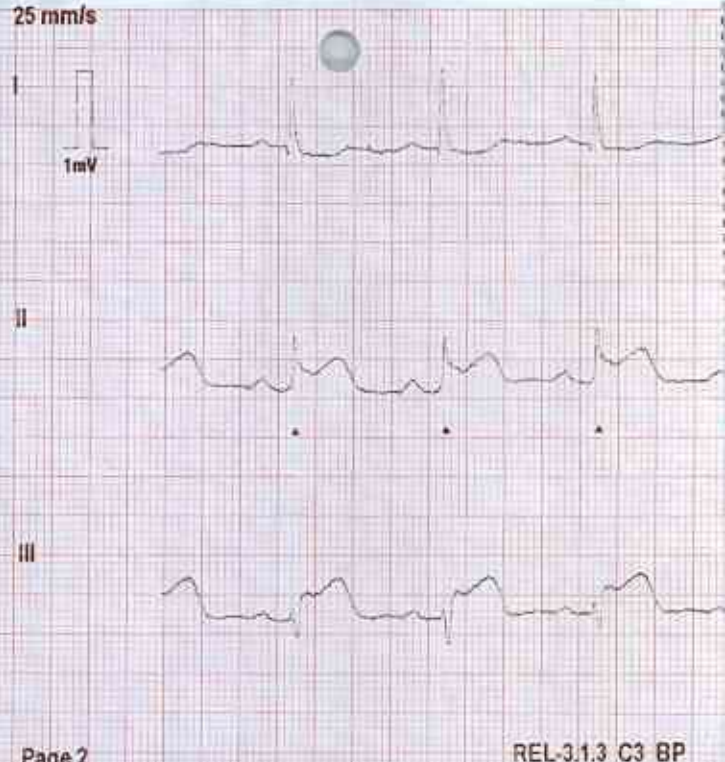
Device: 0002525
Radio: --
Medical team: --
Callback phone: 07756114176

ECG filter: 0.05 - 40 Hz
Mains filter: 50 Hz

Page 1 REL-3.1.3_C3_BP

ECG FILTER ACTIVE - INTERPRETABILITY MAY BE AFFECTED

25 mm/s



Page 2 REL-3.1.3_C3_BP

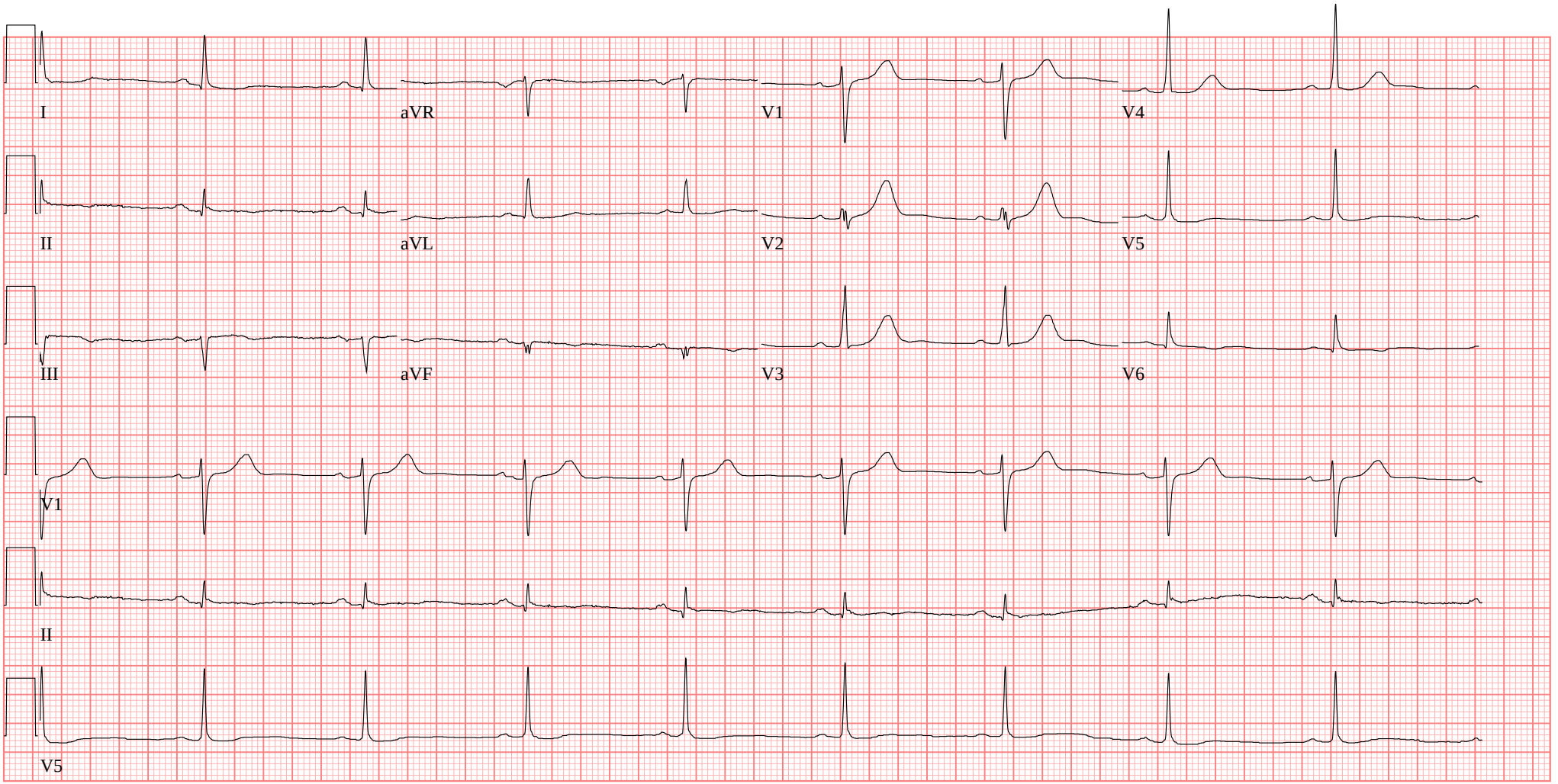
SOAVE, ALAN ID:2911571495 08-Oct-2021 15:16:20 NHS LOTHIAN-RIE114 ROUTINE RECORD

29-Nov-1957 (63 yr)
Male

Room:
Loc:60

Vent. rate	54	BPM
PR interval	178	ms
QRS duration	84	ms
QT/QTcB	456/433	ms
P-R-T axes	36 -10	88

Technician:
Test ind:



25mm/s 10mm/mV 150Hz 10.1.3 12SL NO SERIAL CID:

SID: 1829011 EID: EDT: ORDER:

SOAVE, ALAN ID:2911571495 28-Nov-2023 11:50:23 NHS LOTHIAN-SJHA&E ROUTINE RECORD

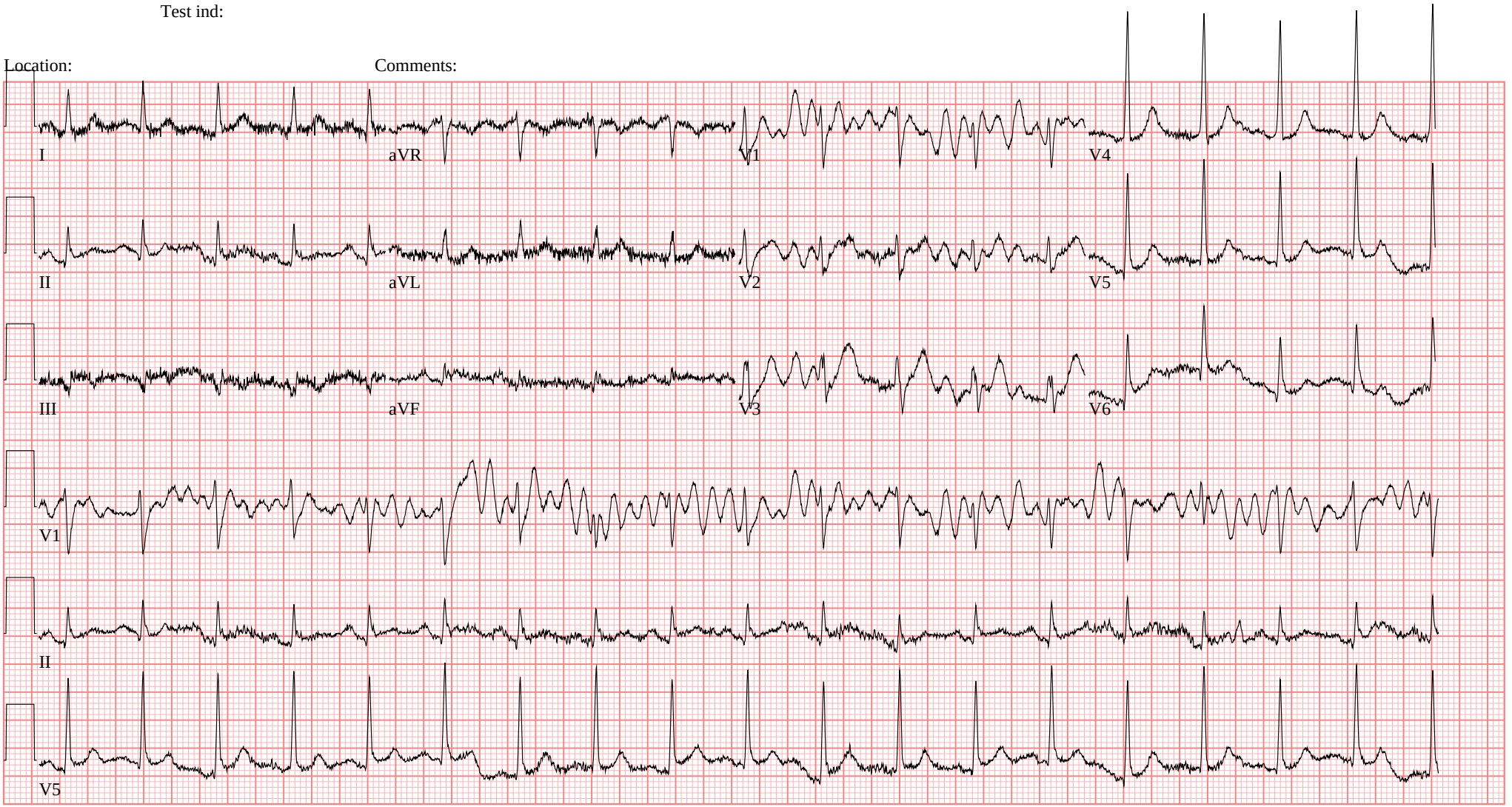
29-Nov-1957 (65 yr)
Male

Room:
Loc:230

Vent. rate	111	BPM
PR interval	190	ms
QRS duration	80	ms
QT/QTcB	306/416	ms
P-R-T axes	55 18	29

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 25108

SID: 1829011 EID: 13 EDT: ORDER:

SOAVE, ALAN ID:2911571495 28-Nov-2023 11:53:23 NHS LOTHIAN-SJHA&E ROUTINE RECORD

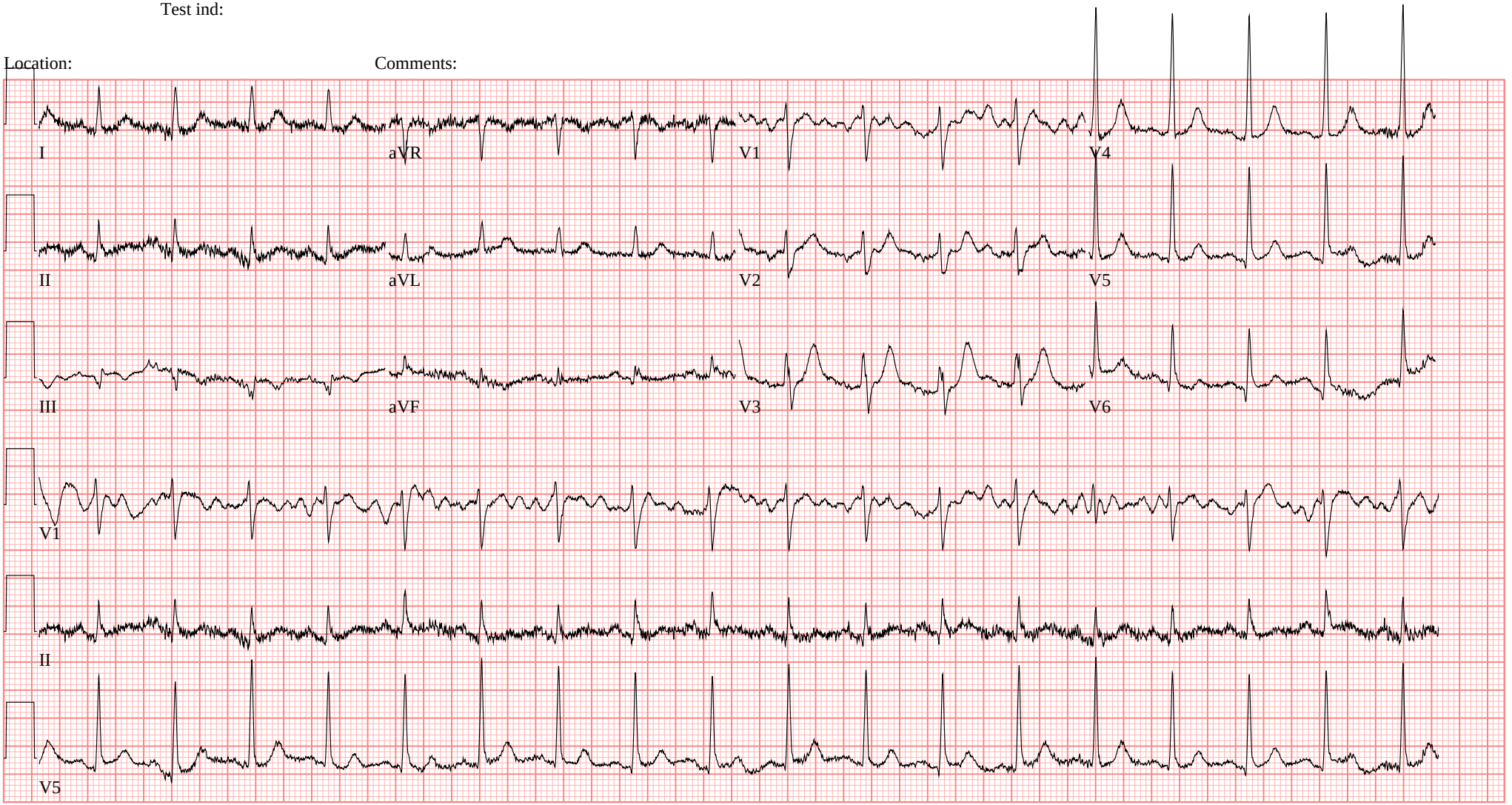
29-Nov-1957 (65 yr)
Male

Room:
Loc:230

Vent. rate	110	BPM
PR interval	158	ms
QRS duration	84	ms
QT/QTcB	316/427	ms
P-R-T axes	55 16	17

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 25108

SID: 1829011 EID: 13 EDT: ORDER:

SOAVE, ALAN
Male
29.11.1957 (65 Years)

Vent. rate	111	BPM
PR interval	190	
QRS duration	80	
QT/QTc-Baz	306/416	ms
P-R-T axes	55 18	29

Patient ID: 2911571495

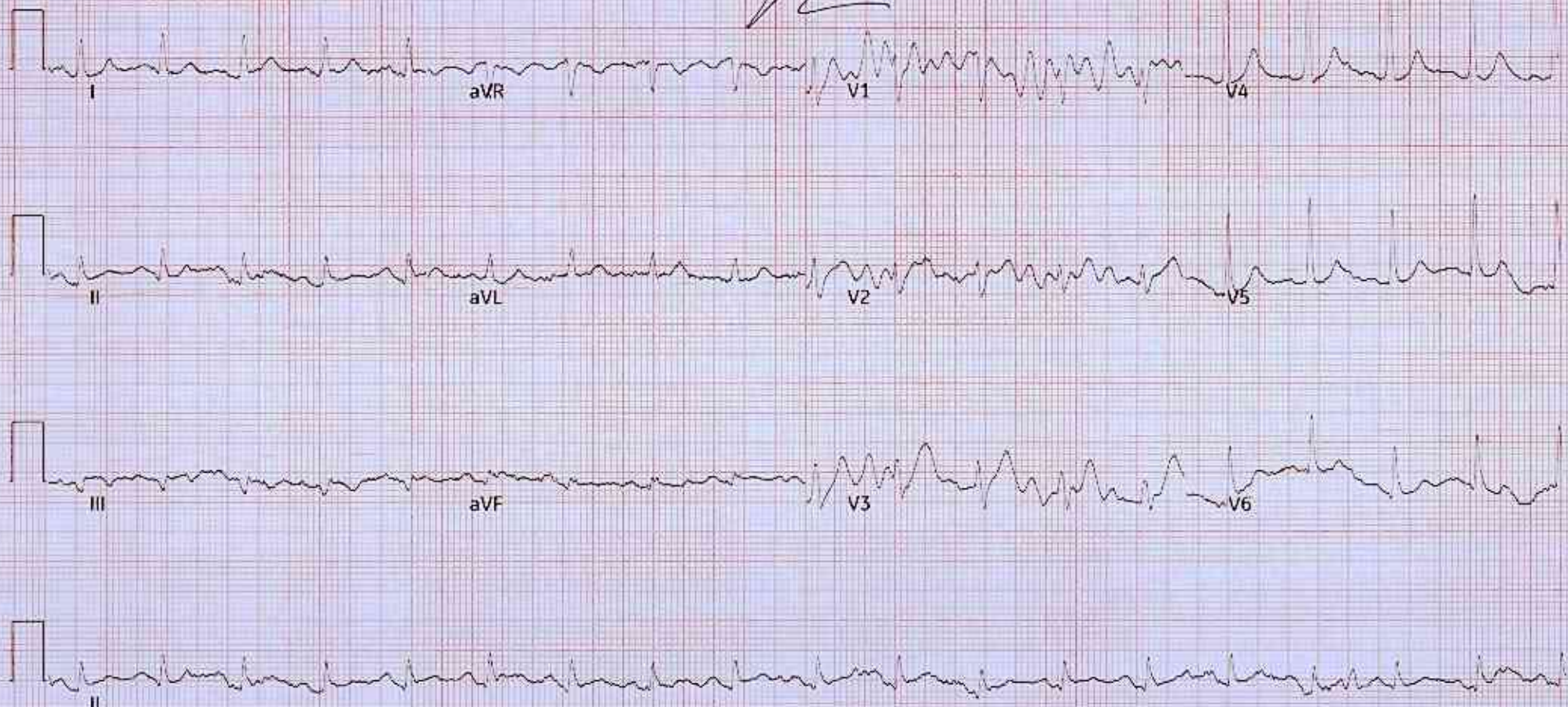
Sinus tachycardia
Left atrial enlargement
Cannot rule out Inferior infarct , age undetermined
Abnormal ECG

28.11.2023 11:50:23
St John's Hospital

Location:
Comments:

SINUS TACHY, III.
NO ISCHAEMIC CHANGES.

Unconfirmed



25mm/s 10.0mm/mV 0.56-20 Hz ZPD 50 Hz MAC™ VU360 1.02 SP01 12SL v23.1 4 by 2.5s + 1 rhythm Id

SOAVE, ALAN GE Healthcare

Male
29.11.1957 (65 Years)

Vent. rate	110	BPM
PR interval	158	ms
QRS duration	84	ms
QT/QTc-Baz	316/427	ms
P-R-T axes	55 16 17	

Patient ID: 2911571495

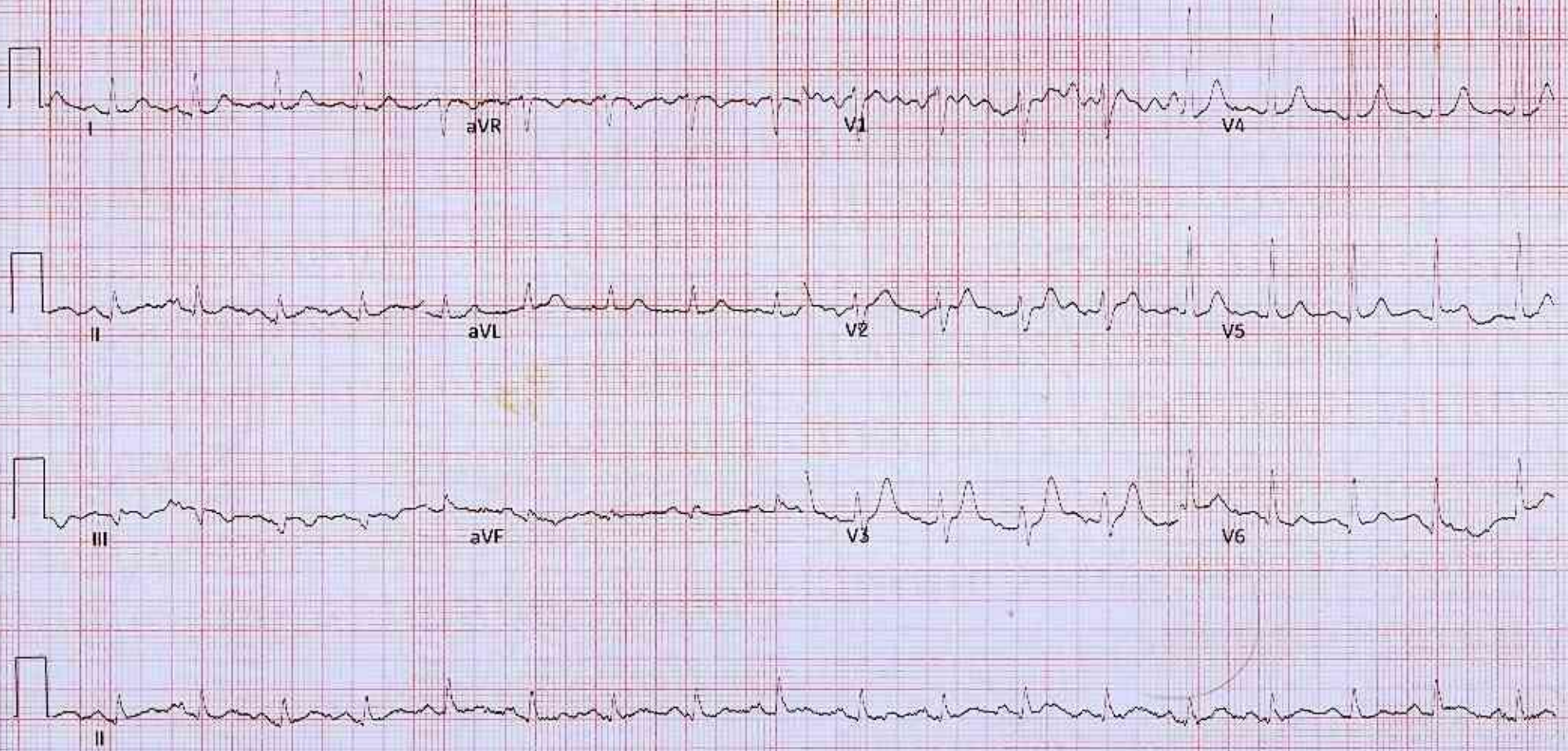
Sinus tachycardia
Possible Left atrial enlargement
Borderline ECG

28.11.2023 11:53:23
St John's Hospital

2

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-20 Hz ZPD 50 Hz MAC™ VU360 1.02 SP01 12SL v23.1 4 by 2.5s + 1 rhythm Id

SOAVE, ALAN
Male
29.11.1957 (65 Years)

Patient ID: 2911571495

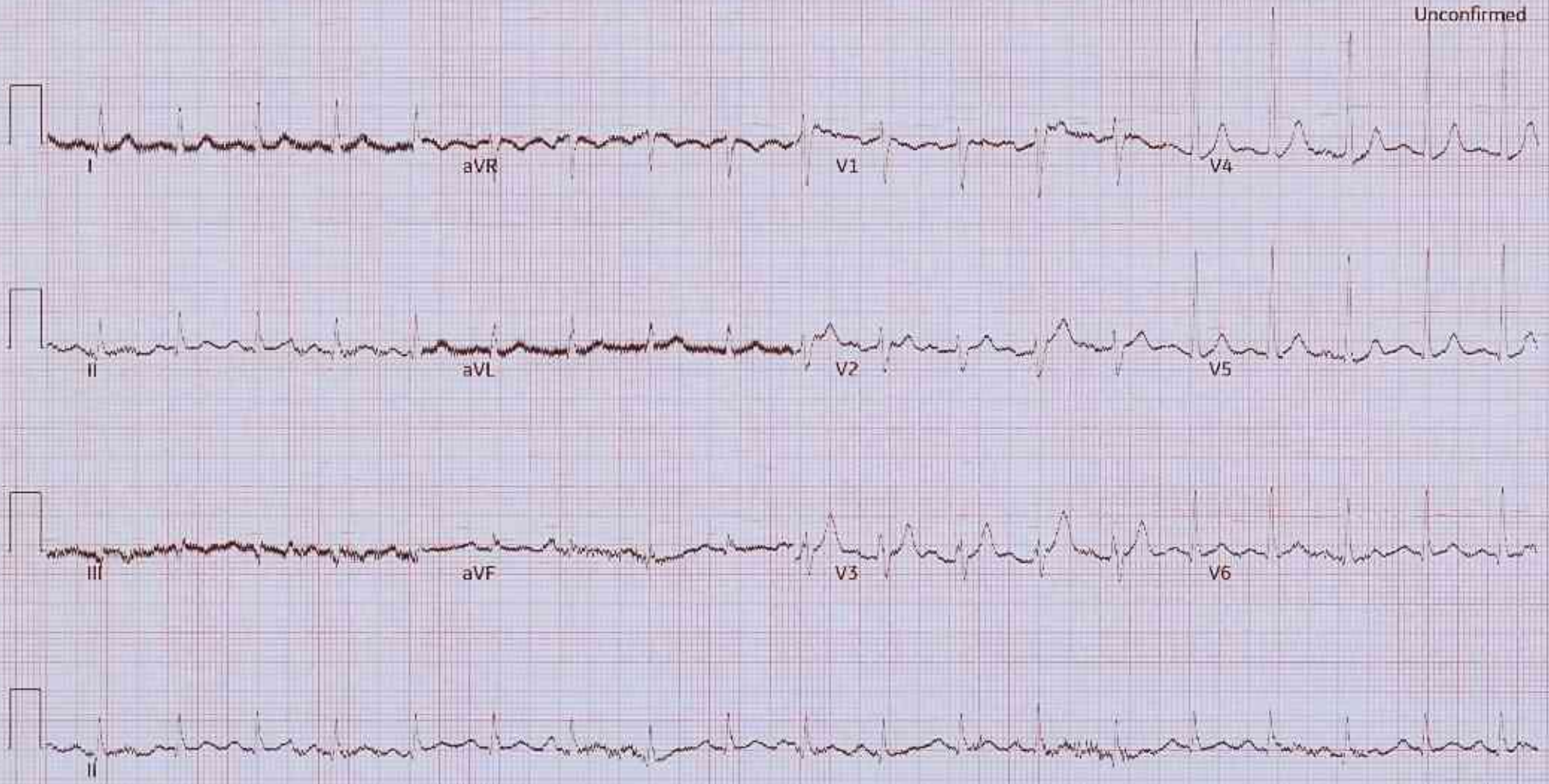
Vent. rate	115	BPM
PR interval	152	ms
QRS duration	84	ms
QT/QTc Baz	304/420	ms
P-R-T axes	77 19 3	

Sinus tachycardia
Otherwise normal ECG

28.11.2023 21:52:48
St John's Hospital

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

SOAVE, ALAN
Male
29.11.1957 (65 Years)

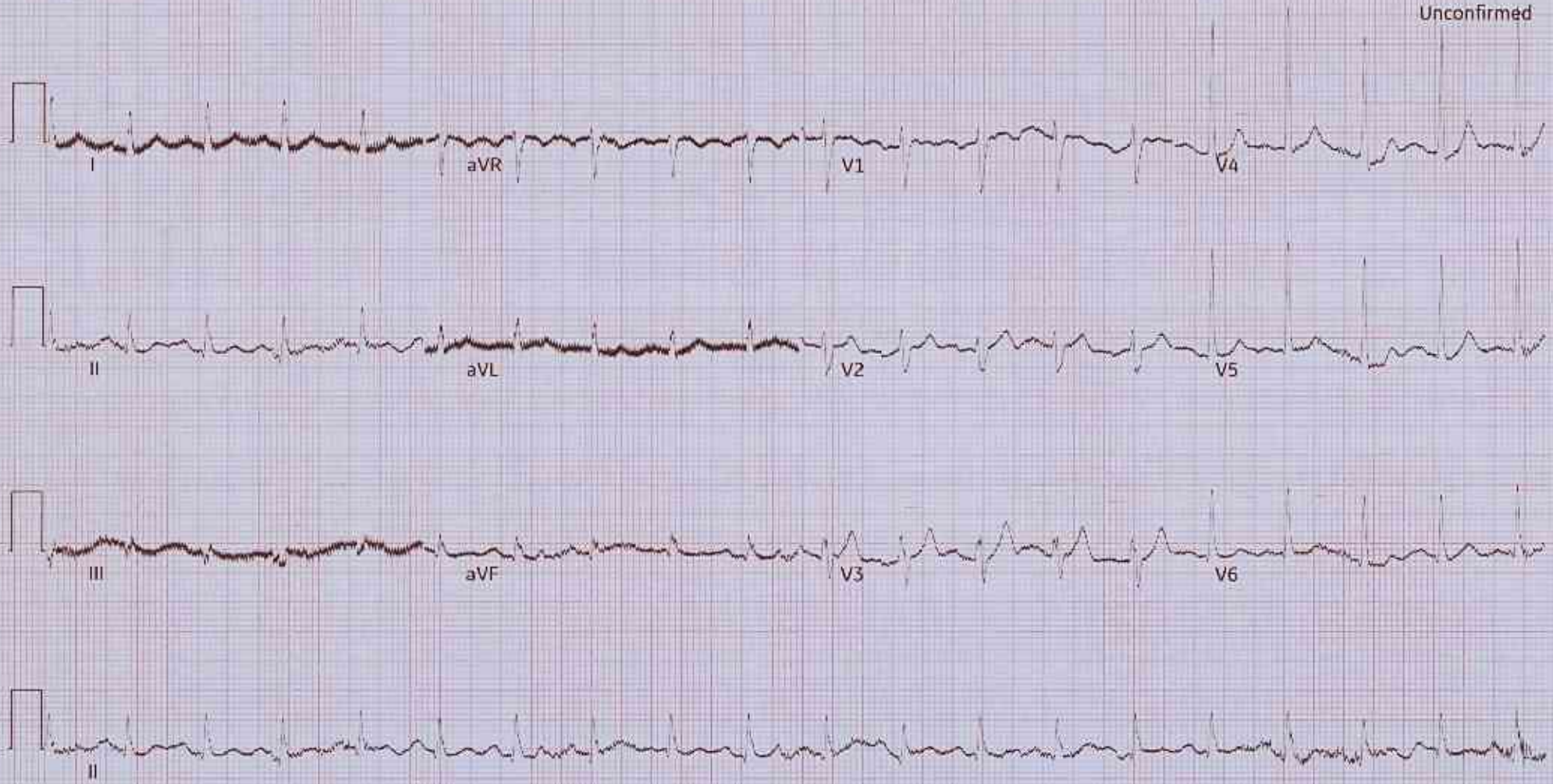
Vent. rate	117	BPM
PR interval	*	ms
QRS duration	[redacted]	ms
QT/QTc Baz	306/426	ms
P-R-T axes	* 22	-9

Patient ID: 2911571495
Sinus tachycardia
Otherwise normal ECG [redacted]

28.11.2023 21:53:19
St John's Hospital

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

[redacted]

SOAVE, ALAN
Male
29.11.1957 (65 Years)

Vent. rate	114	BPM
PR interval	130	ms
QRS duration	90	ms
QT/QTc-Baz	318/438	ms
P-R-T axes	40 21	23

Patient ID: 2911571495

Sinus tachycardia
Possible Inferior infarct , age undetermined
Abnormal ECG

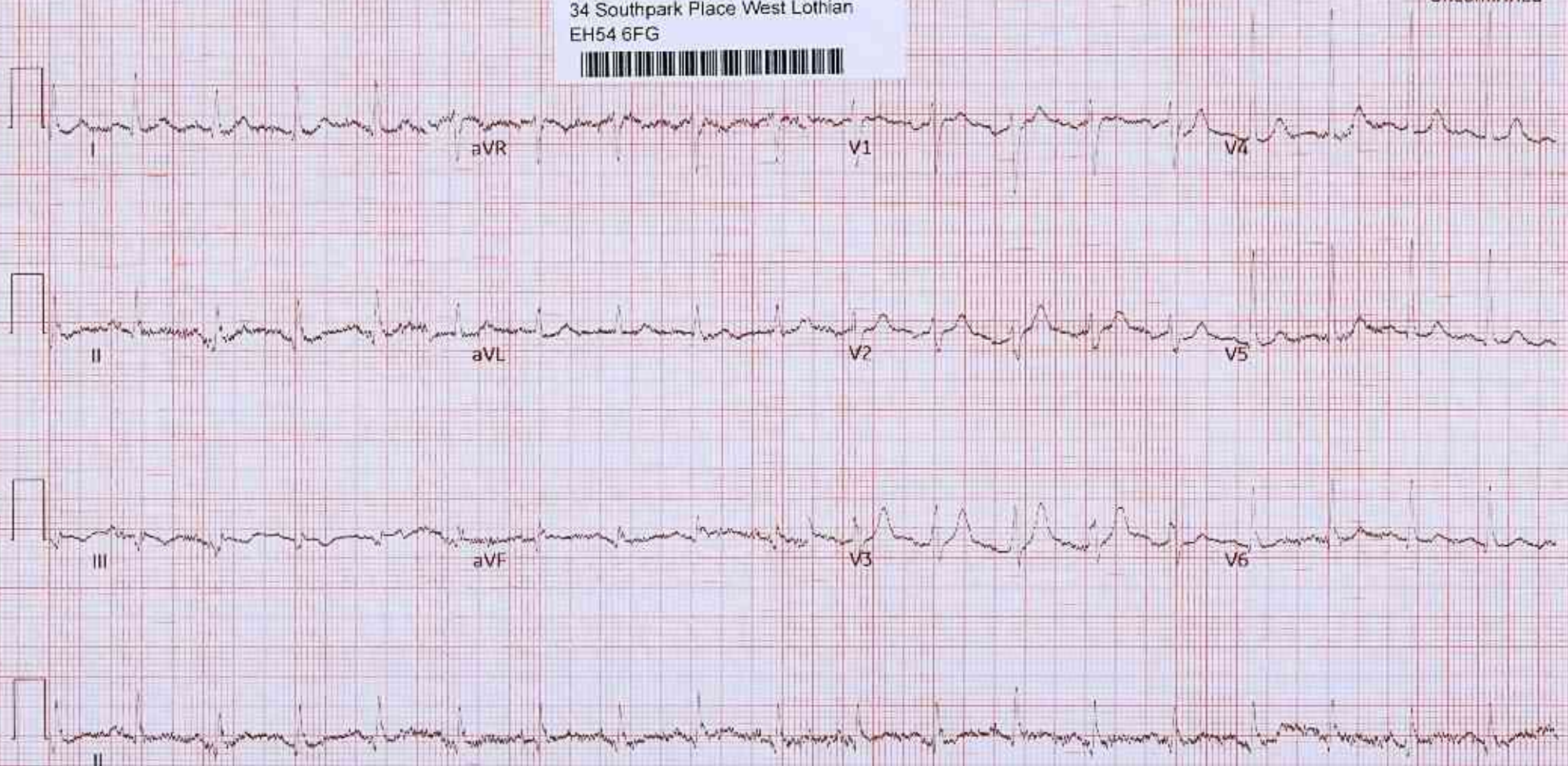
28.11.2023 13:49:03
St John's Hospital

3

800183063V /E5536575 M
SOAVE Alan
29-Nov-57 **CHI:** 291 157 1495
78010 AF Stephen
34 Southpark Place West Lothian
EH54 6FG

Location:
Comments:

Unconfirmed



25mm/s 10.0mm/mV 0.56-100 Hz ZPD 50 Hz MAC™ VU360 1.02 SP01 12SL v23.1 4 by 2.5s + 1 rhythm Id

SOAVE, ALAN ID:2911571495 28-Nov-2023 13:49:03 NHS LOTHIAN-SJHA&E ROUTINE RECORD

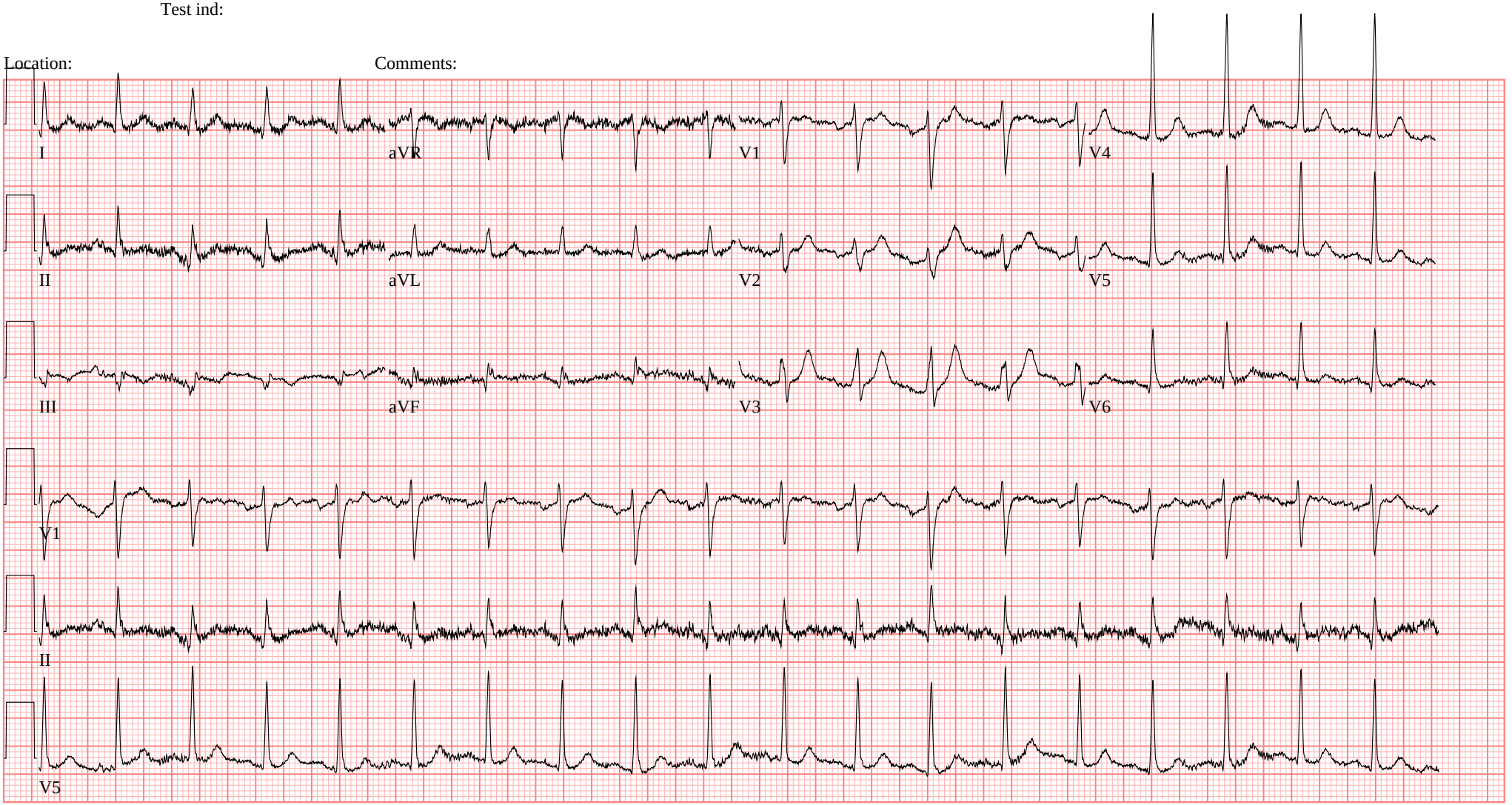
29-Nov-1957 (65 yr)
Male

Room:
Loc:230

Vent. rate	114	BPM
PR interval	130	ms
QRS duration	90	ms
QT/QTcB	318/438	ms
P-R-T axes	40 21	23

Technician:
Test ind:

Location: Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 25108

SID: 1829011 EID: 13 EDT: ORDER:

SOAVE, ALAN ID:2911571495 28-Nov-2023 21:52:48 NHS LOTHIAN-SJHMAU ROUTINE RECORD

29-Nov-1957 (65 yr)
Male

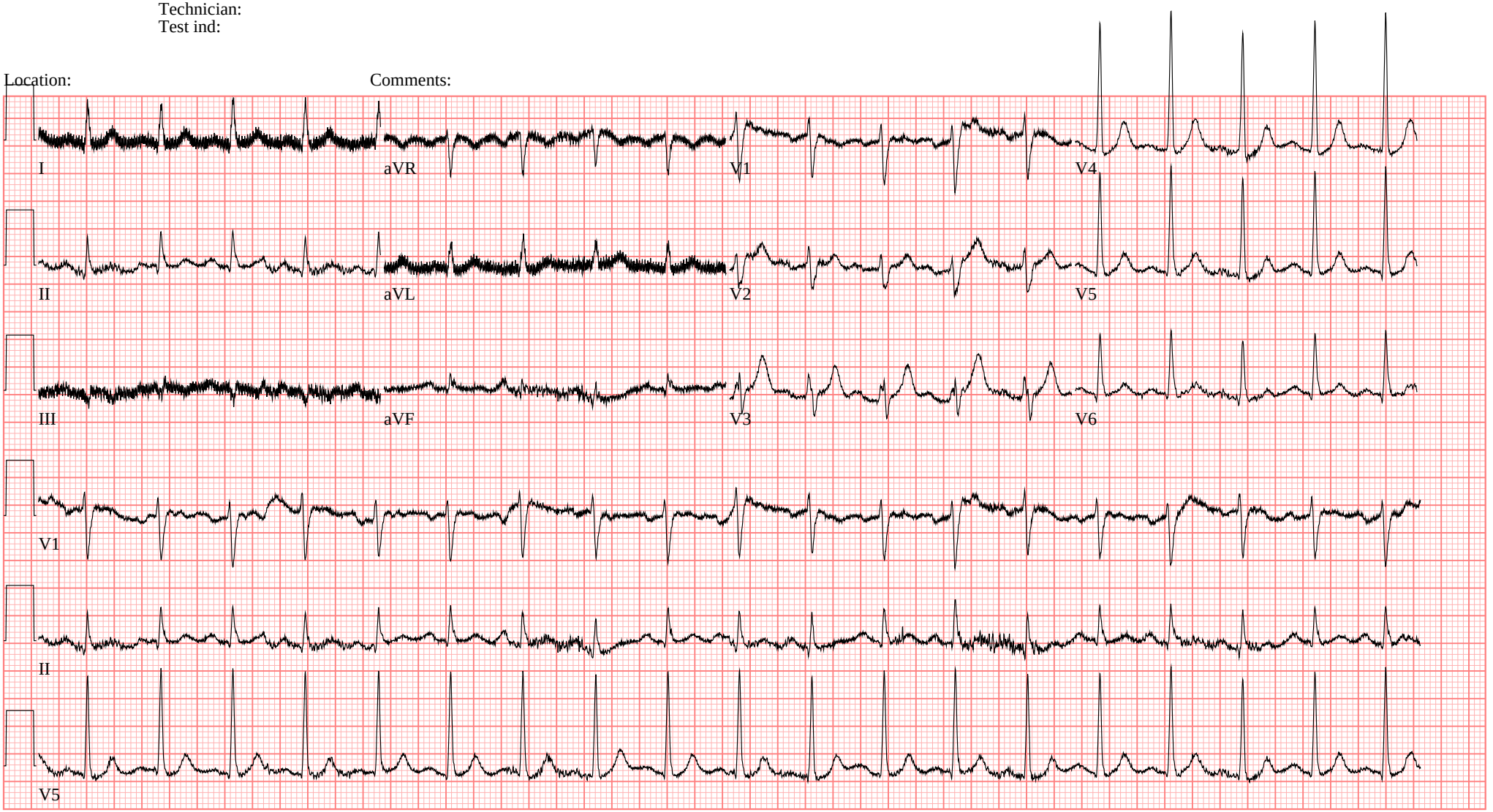
Room:
Loc:220

Vent. rate	115	BPM
PR interval	152	ms
QRS duration	84	ms
QT/QTcB	304/420	ms
P-R-T axes	77 19	3

Technician:
Test ind:

Location:

Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 47638

SID: 1829011 EID: 13 EDT: ORDER:

SOAVE, ALAN ID:2911571495 28-Nov-2023 21:53:19 NHS LOTHIAN-SJHMAU ROUTINE RECORD

29-Nov-1957 (65 yr)
Male

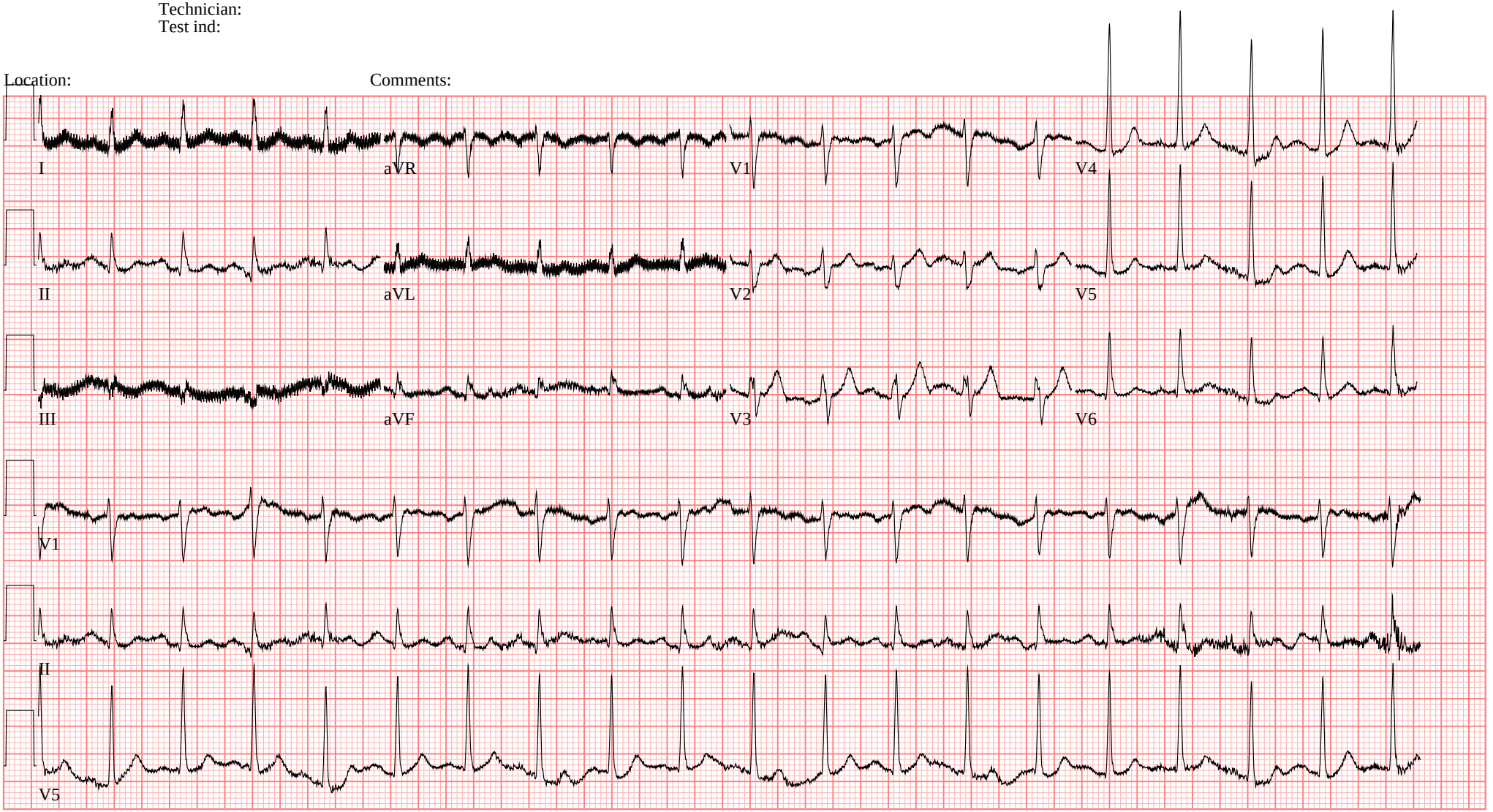
Room:
Loc:220

Vent. rate	117	BPM
PR interval	192	ms
QRS duration	90	ms
QT/QTcB	306/426	ms
P-R-T axes	* 22	-9

Technician:
Test ind:

Location:

Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 47638

SID: 1829011 EID: 13 EDT: ORDER:

SOAVE, ALAN ID:2911571495 16-Dec-2023 07:23:50 NHS LOTHIAN-SJHMAU ROUTINE RECORD

29-Nov-1957 (66 yr)
Male

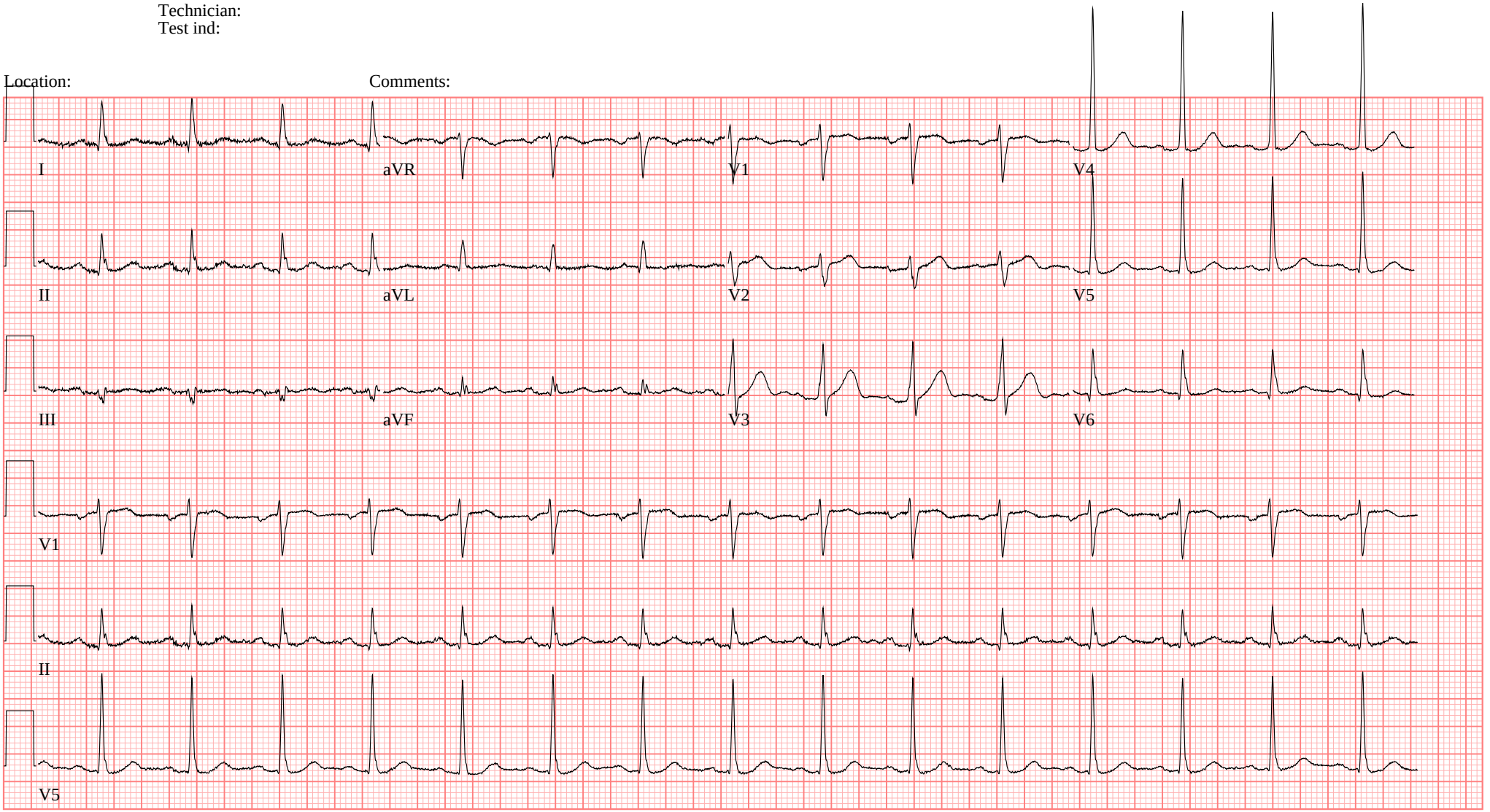
Room:
Loc:220

Vent. rate	92	BPM
PR interval	172	ms
QRS duration	86	ms
QT/QTcB	350/432	ms
P-R-T axes	42 21	54

Technician:
Test ind:

Location:

Comments:



25mm/s 10mm/mV 150Hz 10.1.3 12SL 243 CID: 47638

SID: 1829011 EID: 13 EDT: ORDER:

SOAVE, ALAN GE Healthcare
Male
29.11.1957 (66 Years)

Vent. rate	92	BPM
PR interval	172	ms
QRS duration	86	ms
QT/QTc-Baz	350/432	ms
P-R-T axes	42 21	54

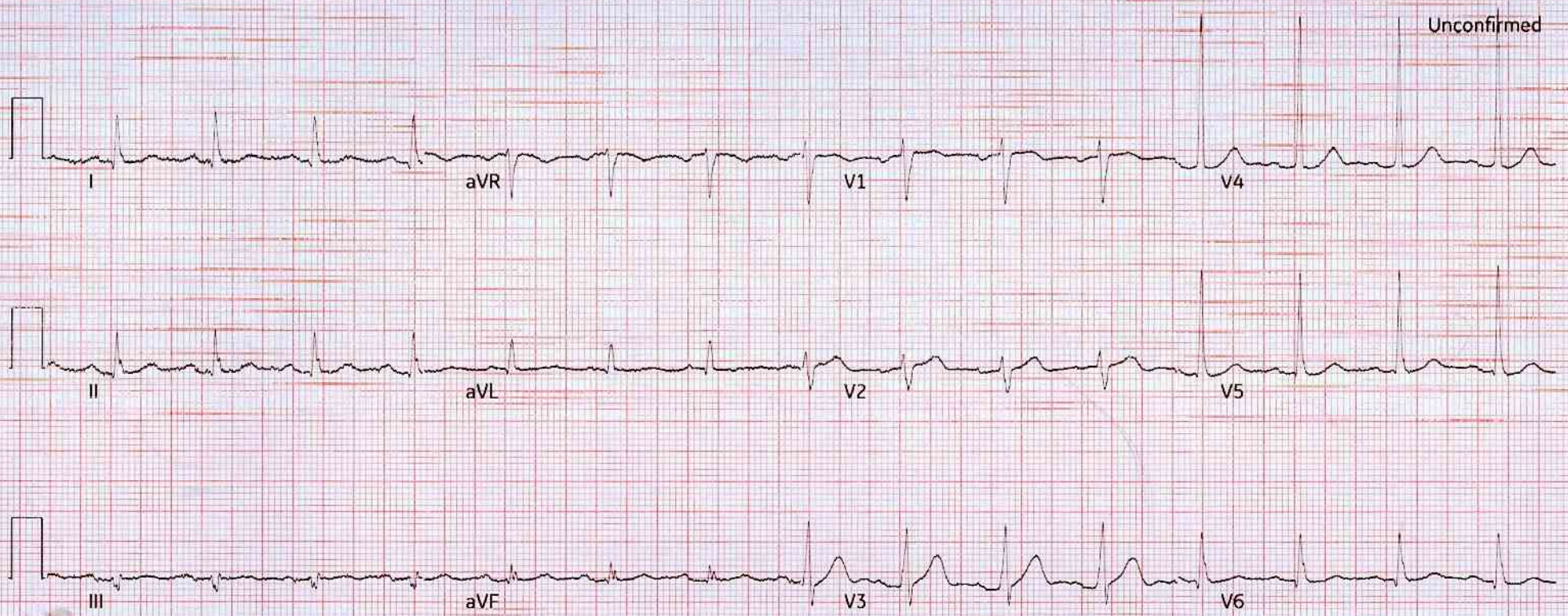
Patient ID: 2911571495
Normal sinus rhythm
Normal ECG

16.12.2023 07:23:50
St John's Hospital

NSR

Location:
Comments:

Unconfirmed



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

Start of Record
i-STAT CG4+

Patient ID:
66
Result Date:
29NOV2023 18 36

Result Info

37.0°C

pH	7.557 *	
Reference Range:	7.350 - 7.450	
PCO2	3.69 ↓	kPa
Reference Range:	4.70 - 6.40	
PO2	11.6	kPa
Reference Range:	11.1 - 14.4	
HCO3	24.6	mmol/L
Reference Range:	21.0 - 29.0	
BE,ecf	2	mmol/L
Reference Range:	-2 - 3	
sO2	98	%
TCO2	25	mmol/L
Lac	1.92	mmol/L

↑/↓ - Abnormal High/Low

Sample Type:
Capillary

◊ ◊ ◊ ◊ ◊ ◊

Operator ID:
22

◊ ◊ ◊ ◊ ◊ ◊

Cartridge Lot:
M23265
Internal Simulator:
Pass
Instrument:
804835
Profile:
Western General Hospital
Firmware:
OS:18(A-500.3.41-1)
CLEW:
D46
Record Printed:
29NOV2023 18 37

Physician Name

End of Record

- - - Tear Here - - -

Start of Record
i-STAT CG4+

Patient ID:
00
Result Date:
29NOV2023 09:11

Result Info

37.0°C

pH	7.622 ↑	
Reference Range	7.350 - 7.450	
PCO2	2.78 ↓	kPa
Reference Range	4.70 - 6.40	
PO2 85% +10L	17.0 ^ ↓ 80%	kPa
Reference Range	11.1 - 14.4	
HCO3	21.5	mmol/L
Reference Range	21.0 - 29.0	
BE,ecf	0	mmol/L
Reference Range	-2 - 3	
sO2	99	%
TCO2	22	mmol/L
Lac	2.22	mmol/L

↑/↓ - Abnormal High/Low

Sample Type: Capillary

◊ ◊ ◊ ◊ ◊ ◊

Operator ID:
0000

◊ ◊ ◊ ◊ ◊ ◊

Cartridge Lot:
M23230
Internal Simulator:
Pass
Instrument:
804835
Profile:
Western General Hospital
Firmware:
OS118iA-500.3.41-1
CLEW:
D46
Record Printed:
29NOV2023 09:12

Physician Name

End of Record

Patient Information

ALAN SOAVE

Age/Gender: 65 years 11 months 30 days Old Male
Address:

DOB: 29/11/1957
CHI:
Ethnicity:

Date: 28/11/2023
Incident Number: CR010399348
Incident Type: EMG
Incident Location: MEDICAL CENTRE
CARMONDEAN CENTRE
CARMONDEAN
LIVINGSTON, EH54 8PY

Scottish Ambulance Service

Presenting Complaint

?PULMONARY EMBOLISM

Additional Comments

999 call to 65yomwho has had 7 day hx of flu like symptoms. Fever,cough,sob. Coughing up brown substance,global chest pain. Pt went to dr this morning as symptoms not resolving. o/a Pt in chair tachypneic. Obs recorded. Tachycardic, low sats which are not improving with high flow 02. Ecg sent to ppci. Pt had 1gram paracetamol and 400mcg ibuprofen at 9am. Blue light to resus at st johns ?pulmonary embolism.

PATIENT ASSESSMENT

ACVPU	Alert	<C>	No
A	Clear		
B			
C			
D			

Observations

Time	P	RR	BP	SpO2	CR	GCS	ACVPU	ETCO2	T	BM	ECG	P(L)	P(R)	PEF	CrewID
11:53	108	36	102/78	79	<=2s	15	Alert		36.6	3.9	Sinus Tachy				E9886611
11:40	107	36	104/78	92	<=2s	15	Alert		36.6	3.9	Sinus Tachy				E9886611

NEWS2

Time	RR	SpO2 Scale 1	SpO2 Scale 2	Air/O2	BP	P	ACVPU	T	Total
11:53	36 (3)	79 (3)		2	102 (1)	108 (1)	Alert (0)	36.6 (0)	10
11:40	36 (3)	92 (2)		2	104 (1)	107 (1)	Alert (0)	36.6 (0)	9

Drugs

Time	Drug	Dosage	Units	Route	Drug Expiry Date	Pain Before	Pain After	CrewID
11:35	Oxygen	15	ltrs	INH				E9886611
11:52	Glucose 40% Oral Gel	25	g	OR	05/2025			E9882170

HISTORY

AMPLE

Allergies None

Medication REFER TO ECS

Past Medical History HYPOTHYROIDISM

MI How Many:1
When:2021

Last Eaten >4 Hours Ago

Events Prior 7 DAY HX FLU AND SOB

Social History

Lives alone No **Living With** WIFE **Patient Occupation** Retired

Patients General Appearance	Normal
Patient Mobility	Fully Mobile
Patient Communication	No Help Required
Patient Clinical Risk Factors	None Identified
Patient Enviromental Risk Factors	None Identified

CLOSE RECORD

Treatment On Scene	Emergency

Conveyance

Transport To Hospital	Emergency driving	Pre-Alert	Yes	Patient Accompanied By	WIFE

INCIDENT LOG

Time Call Received	11.21	Allocated	11 23	Mobile	11.24
First Resource On Scene		Crew On Scene	11:29	Crew Left Scene	11:54
Crew At Hosp	11.59	Receiving Hospital	ST JOHNS HOSPITAL	Clear Time	

Crew ID	Crew Grade	Driver
E9882170	Paramedic	YES
E9886011	Paramedic	NO

Start of Record
CG4+

Patient ID:
29115/1495

Result Date:
30NOV2023 07:53

Result Info

37.0°C

pH	7.554 ⇧	
Reference Range:	7.350 - 7.450	
PCO2	4.01 ⇩	kPa
Reference Range:	4.70 - 6.40	
PO2	11.1	kPa
Reference Range:	11.1 - 14.	
HCO3	26.5	mmol/L
Reference Range:	21.0 - 29.0	
BE,ecf	4 ⇧	mmol/L
Reference Range:	-2 - 3	
sO2	98	%
TCO2	27	mmol/L
Lac	1.81	mmol/L

⇧/⇩ - Abnormal High/Low

Sample Type:
Capillary

◊ ◊ ◊ ◊ ◊ ◊

Operator ID:
29115/1495

◊ ◊ ◊ ◊ ◊ ◊

Cartridge Lot:
M23265

Internal Simulator
Pass

Instrument:
804835

Profile:
Western General Hospital

Firmware:
OSi18(A-500 3.41-1)

CLEW:
D46

Record Printed:
30NOV2023 07:54

Physician Name

End of Record

Tear Here

Start of Record
i-STAT CG4+

Patient ID: 2911571495

Result Date: 30NOV2023 17:02

Result Info

37.0 C

pH	7.482 ^	
Reference Range:	7.350 - 7.450	
PCO2	4.75	kPa
Reference Range:	4.70 - 6.40	
PO2	12.5	kPa
Reference Range:	11.1 - 14.4	
HCO3	26.7	mmol/L
Reference Range:	21.0 - 29.0	
BE,ecf	3	mmol/L
Reference Range:	-2 - 3	
sO2	98	%
TCO2	28	mmol/L
Lac	1.76	mmol/L

^/v - Abnormal High/Low

Sample Type: Capillary

FIO2: 80.00

◊ ◊ ◊ ◊ ◊ ◊

Operator ID: 332874

◊ ◊ ◊ ◊ ◊ ◊

Cartridge Lot: M23265

Internal Simulator: Pass

Instrument: 804835

Profile: Western General Hospital

Firmware: GSr18(A-500.3.41-1)

CLEW: D

Record Printed: 30NOV2023

Physician Name

Respiratory Physiology Service

Name: ALAN SOAVE **DOB:** 29-November-1957

Sex: M **Age:** 66.2 **Ht:** 1.680m **Wt:** 75.0kg **BMI:** 26.6

CHI: 2911571495 **Report to:** Dr Grecian

Exhaled Fraction of Nitric Oxide Report

FeNO (ppb)	7

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (16-Feb-2024): SMOKER; Previous Pneumonia; ?- C.O.P.D.;

No inhalers

FeNO < 25 ppb = Low Probability of eosinophilic inflammation. Symptoms unlikely to respond to corticosteroids.

FeNO 25 - 40 ppb = Intermediate - interpret in conjunction with other clinical information if patient is symptomatic may respond to corticosteroids.

FeNO >40 ppb = High probability of eosinophilic inflammation. Symptoms highly likely to respond to corticosteroids.

Respiratory Physiology Service

Name: ALAN SOAVE **DOB:** 29-November-1957

Sex: M **Age:** 66.2 **Ht:** 1.680m **Wt:** 75.0kg **BMI:** 26.6

CHI: 2911571495 **Report to:** Dr Grecian

Flow-Volume Loops Report

Expiratory Loop	Pre-Bronchodilator	Post-Bronchodilator		Predicted	Range*
		Salbutamol			
FEV1 (L)	2.46	2.52		2.96	2.17 -- 3.70
FVC (L)	3.48	3.47		3.83	2.87 -- 4.80
FEV/FVC (%)	70.7	72.6		77.2	64.3 -- 88.6
PEF (L/s)	5.40	5.66		7.62	5.61 -- 9.63
FEF50 (L/s)	2.20	2.48		3.97	1.79 -- 6.15
FEF75 (L/s)	0.62	0.72		1.32	0.03 -- 2.61
FEF25-75	1.63	1.80		3.11	1.39 -- 4.83
Inspiratory Loop					
FVC (L)	2.54	3.30			
FIF50 (L/s)	2.83	2.69			
FEF50/FIF50	0.78	0.92			

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

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (16-Feb-2024): SMOKER; Previous Pneumonia; ?- C.O.P.D.;

Ventilatory capacity is within the normal range. Flow volume loops demonstrated a reduced PEF.
WK/SM

Respiratory Physiology Service

Name: ALAN SOAVE **DOB:** 29-November-1957

Sex: M **Age:** 66.2 **Ht:** 1.680m **Wt:** 75.0kg **BMI:** 26.6

CHI: 2911571495 **Report to:** Dr Grecian

Gas Transfer / Lung Volumes / Plethysmography Report

Date			16-Feb-2024				
	Value	Value	Value	%Pred	Predicted	Range*	
Ventilatory Capacity							
FEV1 (L)			2.46	83	2.96	2.17 -	3.70
VC (L)			3.59	94	3.83	2.87 -	4.80
FEV1/VC (%)			68.5		77.2	64.3 -	88.6
PEFR (L/Min)			324	71	457	337 -	578
Response to Bronchodilator							
Dose 1			2.5 mg neb				
Bronchodilator			Salbutamol				
Time after Admin (mins)			20				
FEV1 (L)			2.52	85			
VC (L)			3.47	91			
FEV1/VC (%)			72.6				
PEFR (L/Min)							
Lung Volumes							
FRC (L)					3.44	2.45 -	4.43
RV (L)					2.43	1.75 -	3.11
VC (L)					3.83	2.87 -	4.80
TLC (L)					6.34	5.19 -	7.50
RV/TLC (%)					39.8	30.8 -	48.8
Lung Volumes (Body Pleth)							
Thor. Gas Vol. (L)							
RV (L)					2.43	1.75 -	3.11
VC (L)					3.83	2.87 -	4.80
TLC (L)					6.34	5.19 -	7.50
RV/TLC (%)					39.8	30.8 -	48.8
Airways Resistance [Raw] (kPa/L/S)					Normal Limit < 0.2		
Specific Conductance (L/Raw per L)					Normal Limit > 1.1		
CO Transfer Factor							
TCO (mmol/min/kPa)			4.50	54	8.26	5.93 -	10.59
KCO (mmol/min/kPa/L)			0.83	64	1.30	0.85 -	1.75
V_A (L)			5.42				
TCO (Hb corr)							
KCO (Hb corr)							

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (16-Feb-2024): SMOKER; Previous Pneumonia; ?- C.O.P.D.;

Ventilatory capacity is within the normal range. Transfer factor (uncorrected for Hb) is moderately-severely reduced. No clear response demonstrated to nebulised Salbutamol. FeNO = 7ppb.
WK/SM

Respiratory Physiology Service

Name: ALAN SOAVE **DOB:** 29-November-1957

Sex: M **Age:** 66.2 **Ht:** 1.680m **Wt:** 75.0kg **BMI:** 26.6

CHI: 2911571495 **Report to:** Dr Grecian

Peak Expiratory Flow Report

		Predicted	Range*
Baseline PEF (L/Min)	324	457	337 - 578
Post Bronchodilator PEF (L/Min)			

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (16-Feb-2024): SMOKER; Previous Pneumonia; ?- C.O.P.D.;

Respiratory Physiology Service

Name: ALAN SOAVE **DOB:** 29-November-1957

Sex: M **Age:** 66.2 **Ht:** 1.680m **Wt:** 75.0kg **BMI:** 26.6

CHI: 2911571495 **Report to:** Dr Grecian

Response to Bronchodilators Report

Date			16-Feb-2024			
	Value	Value	Value	%Pred	Predicted	Range*
Response to Bronchodilators						
Baseline						
FEV1 (L)			2.46	83	2.96	2.17 - 3.70
VC (L)			3.59	94	3.83	2.87 - 4.80
FEV1/VC (%)			68.5		77.2	64.3 - 88.6
PEFR (L/Min)			324	71	457	337 - 578
Dose 1			2.5 mg neb			
Bronchodilator			Salbutamol			
Time after admin (mins)			20			
FEV1 (L)			2.52	85		
VC (L)			3.47	91		
FEV1/VC (%)			72.6			
PEFR (L/Min)						

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (16-Feb-2024): SMOKER; Previous Pneumonia; ?- C.O.P.D.;

Ventilatory capacity is within the normal range. Transfer factor (uncorrected for Hb) is moderately-severely reduced. No clear response demonstrated to nebulised Salbutamol. FeNO = 7ppb.
WK/SM

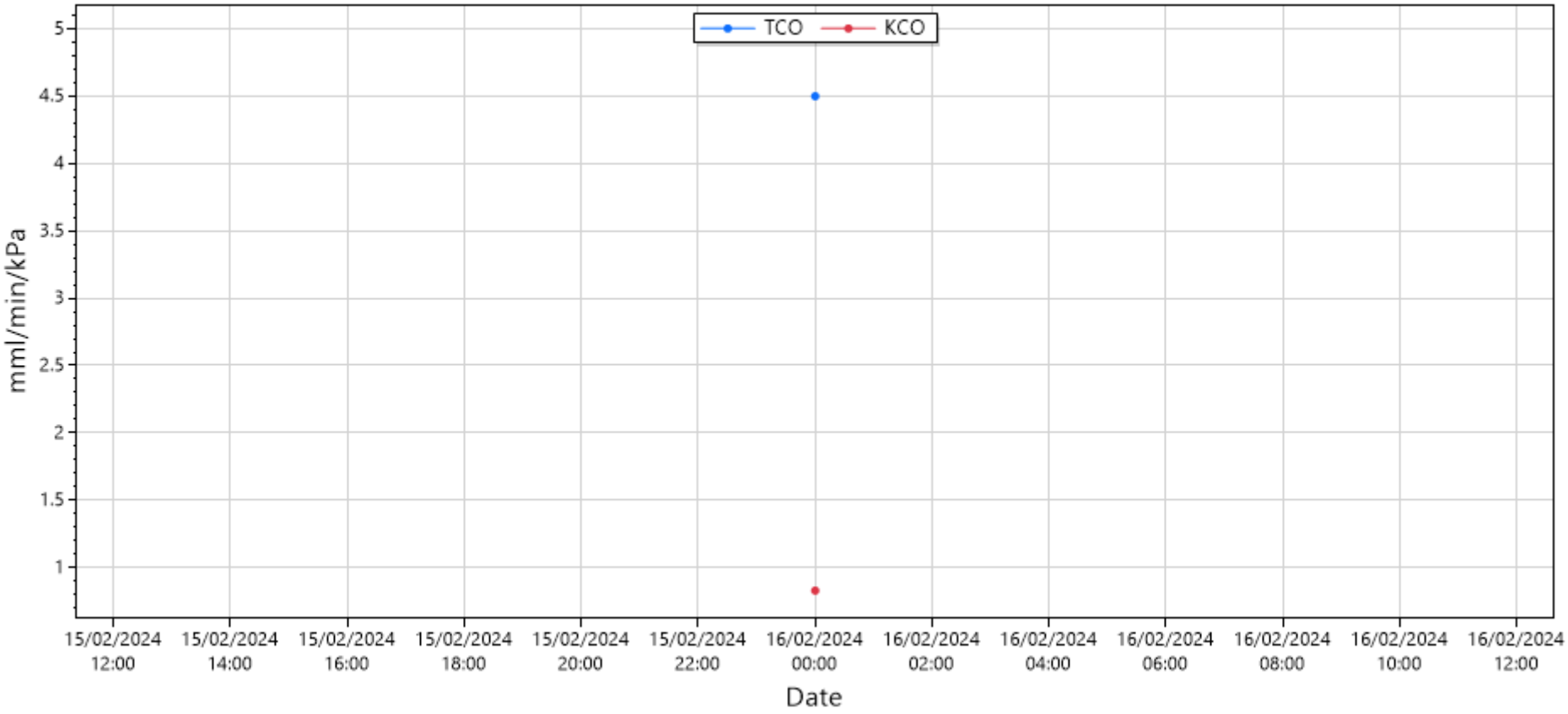
Respiratory Physiology Service

Name: ALAN SOAVE **DOB:** 29-November-1957

Sex: M **Age:** 66.2 **Ht:** 1.680m **Wt:** 75.0kg **BMI:** 26.6

CHI: 2911571495 **Report to:** Dr Grecian

Transfer Factor Graph



Respiratory Physiology Service

Name: ALAN SOAVE **DOB:** 29-November-1957

Sex: M **Age:** 66.2 **Ht:** 1.680m **Wt:** 75.0kg **BMI:** 26.6

CHI: 2911571495 **Report to:** Dr Grecian

Ventilatory Capacity Report

Date			16-Feb-2024					
	Value	Value	Value	%Pred	Predicted	Range*		
Ventilatory Capacity								
FEV1 (L)			2.46	83	2.96	2.17	-	3.70
VC (L)			3.59	94	3.83	2.87	-	4.80
FEV1/VC (%)			68.5		77.2	64.3	-	88.6
PEFR (L/Min)			324	71	457	337	-	578

* This range encompasses 90% of the normal distribution

Spirometry predict methodology: Global Lung Initiative (GLI) 2012

Clinical Details (16-Feb-2024): SMOKER; Previous Pneumonia; ?- C.O.P.D.;

Ventilatory capacity is within the normal range. Transfer factor (uncorrected for Hb) is moderately-severely reduced. No clear response demonstrated to nebulised Salbutamol. FeNO = 7ppb.
WK/SM

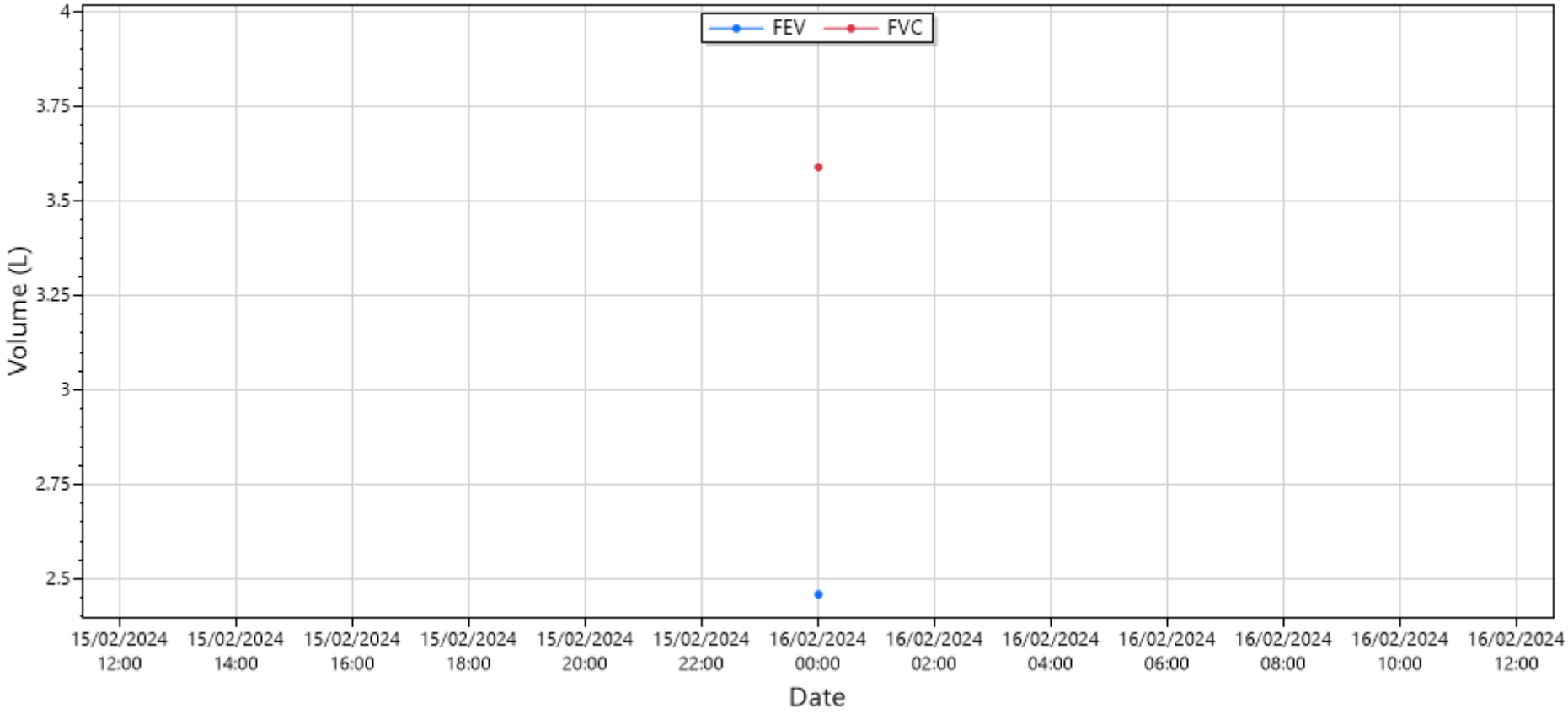
Respiratory Physiology Service

Name: ALAN SOAVE **DOB:** 29-November-1957

Sex: M **Age:** 66.2 **Ht:** 1.680m **Wt:** 75.0kg **BMI:** 26.6

CHI: 2911571495 **Report to:** Dr Grecian

Ventilatory Capacity Graph



First | Previous | Next | Last

XR Chest

XR Chest

Clinical History
65M, chest pain & SOB, low sats

7857493 28/11/2023 XR Chest

AP

No prior imaging available for comparison.

Widespread opacification in the right mid and right lower zone with air bronchograms. Appearances suggest dense consolidation. Exact aetiology uncertain due to limited clinical history. Does the patient have infective symptoms? Is the patient a smoker? Suggest CXR follow-up in the first instance and CT imaging if appearances do not improve. Possible minor consolidation in the left lower zone also noted.

—
Dr Stephen Walker GMC 7084675
Consultant Radiologist.

Reporting Radiologist: Stephen P Walker

Report Information

Requestor	Buckley, Dr Joseph
Requesting Location	(SJHAE) SJH A&E
Report Identifier	47161660
Sample Date	28/11/2023 12:11:00

CT Angiogram Pulmonary

CT Angiogram Pulmonary

Clinical History
65M COVID+ve + bacterial pneumonia. Significant pleuritic chest pain. Hypoxic on 15L NRB. ?PE

7858304 28/11/2023 CT Angiogram Pulmonary

Reasonable opacification pulmonary arterial tree. No central or lobar PE.
Gross consolidation of the right lower lobe with further significant consolidation within the lingula. Further inflammatory nodularity within the left upper lobe. Enlarged, likely reactive mediastinal nodes. No endobronchial lesion evident on CT. Moderate right pleural effusion but no CT features to suggest empyema.

Background emphysema. No destructive bone lesion.

Comment: No PE. Extensive consolidation and inflammatory changes.

—
Dr Domenyk Brown. GMC: 4403432
Consultant Radiologist.

Reporting Radiologist: Dr Domenyk Brown

Report Information

Requestor	Buckley, Dr Joseph
Requesting Location	(SJHHDU) High Dependency Unit, SJH
Report Identifier	47163070
Sample Date	28/11/2023 14:41:00

XR Chest

XR Chest

Clinical History
portable cxr for HDU, ? worsening efusion

7868303 02/12/2023 XR Chest

AP, portable examination. Reference made to previous from 27 November. Persistent but slightly improved right lower lobe consolidation with worsening left upper lobe consolidation.

—
Dr Domenyk Brown. GMC: 4403432
Consultant Radiologist.

Reporting Radiologist: Dr Domenyk Brown

Report Information

Requestor	Wlaker, Dr Stephen
Requesting Location	(SJHHDU) High Dependency Unit, SJH
Report Identifier	47198404
Sample Date	02/12/2023 09:36:00

XR Chest

XR Chest

Clinical History
recent CAP & Covid - HDU admission. reattends with T 41 deg at home/rash/mild hypoxia

7903683 15/12/2023 XR Chest

Comparison with the film of 02/12/2023.
Normal heart size and mediastinal contours.
Interval improvement in extent of pneumonitis and right-sided consolidation.
Significant changes persist on the right but the associated pleural effusion is smaller.

Ongoing radiological follow-up advised.

—
Dr Fiona Ewing. GMC: 3542747
Consultant Radiologist.

Reporting Radiologist: Dr Fiona Ewing

Report Information

Requestor	McKechnie, Mr Martin DJ
Requesting Location	(SJHAE) SJH A&E
Report Identifier	47329945
Sample Date	15/12/2023 20:02:00

CT Angiogram Pulmonary

CT Angiogram Pulmonary

Clinical History
66 M presenting to ED with right sided thoracic back pain on inspiration - recent prolonged ITU admission with chest sepsis (COVID/pneumonia) ~2 weeks on HFNO. CXR appears worsening. Wells 4.5

7903823 16/12/2023 CT Angiogram Pulmonary

Comparison with the CT of 28/11/2023.

Satisfactory opacification of the pulmonary arteries. No evidence of PE.

Extensive right lower lobe pneumonia with further pneumonic consolidation in the middle lobe, lingula and left lower lobe. In addition there is widespread ground-glass change, particularly in the upper lobes consistent with infection, possibly atypical and including COVID-19 pneumonitis. The background lungs are moderately emphysematous.

The right-sided pleural effusion shown previously has resolved. Overall appearances are broadly similar to the previous CT with some slight improvement in extent of right lower lobe consolidation. Enlarged mediastinal nodes are considered reactive in the context of significant infection.

Normal appearances of the partially imaged upper abdomen. No focal skeletal abnormality.

Opinion
No PE.
Ongoing but slightly improving extensive infection.

—
Dr Fiona Ewing. GMC: 3542747
Consultant Radiologist.

Reporting Radiologist: Dr Fiona Ewing

Report Information

Requestor	Jones, Dr Marc Deya
Requesting Location	(SJHHDU) High Dependency Unit, SJH
Report Identifier	47330805
Sample Date	16/12/2023 01:40:00

First | Previous | Next | Last

XR Chest

XR Chest

Clinical History
Recent admission with CAP and Covid. CXR with consolidations.

7884417 29/12/2023 XR Chest

Reference made to previous from 15 December. Persistent and essentially unchanged extensive consolidation.

—
Dr Domenyk Brown. GMC: 4403432
Consultant Radiologist.

Reporting Radiologist: Dr Domenyk Brown

Report Information

Requestor	Mirza, Dr Sheher Bano
Requesting Location	(SJH21) Ward 21, St John's Hospital
Report Identifier	47257400
Sample Date	29/12/2023 10:15:00

First | Previous | Next | Last

XR Chest

XR Chest

Clinical History
Recent admission with CAP and Covid. CXR with consolidations.

7884417 29/12/2023 XR Chest

Reference made to previous from 15 December. Persistent and essentially unchanged extensive consolidation.

—
Dr Domenyk Brown. GMC: 4403432
Consultant Radiologist.

Reporting Radiologist: Dr Domenyk Brown

Report Information

Requestor	Mirza, Dr Sheher Bano
Requesting Location	(SJH21) Ward 21, St John's Hospital
Report Identifier	47257400
Sample Date	29/12/2023 10:15:00

XR Chest

XR Chest

Clinical History
OP F/U XR. please send out letter to patient. Adm with pneumonia, RLL with additional consolidation throughout. XR to ensure resolution.

7909140 29/01/2024 XR Chest
Comparison to previous radiographs including most recent 29/12/2023

Interval improvement in the dense, right-sided consolidation, but there is persistent basal atelectasis / focal scarring.
The left lung is also slightly improved from previous, but there is persistent patchy alveolar opacification with left midzone atelectasis / scarring.

Unremarkable cardiomediastinal contours.
No focal destructive skeletal abnormality.

Dr Scott McKinnon. GMC: 7582396
Radiology Registrar

Verified by Dr Allan Green
Consultant Radiologist

Reporting Radiologist: Dr Scott McKinnon

Report Information

Requestor	( )
Requesting Location	(SJH21) Ward 21, St John's Hospital
Report Identifier	47353165
Sample Date	29/01/2024 12:00:00

XR Chest

XR Chest

Clinical History
OUTPATIENT. discussed with andy baird. further interval CXR mid march 2024 please. pneumonia ?continuiong to ressolve on CXR.

8067280 27/03/2024 XR Chest

Comparison with x-ray of 29/01/2024. Persistent atelectasis/ scarring in the right lower zone that site to previous consolidation. Left lung inflammatory changes have resolved. Remainder of the lungs are clear. No pleural effusion.

Dr Anisha Patel
Consultant Radiologist. GMC: 6120478
anisha.patel@nhs.scot

Reporting Radiologist: Dr Anisha Patel

Report Information

Requestor	Grecian, Dr Robert J
Requesting Location	(OPSVIRT) SJH Virtual Outpatient Desk
Report Identifier	47954079
Sample Date	27/03/2024 09:15:00

XR Chest

XR Chest

Clinical History
OP F/U XR. please send out letter to patient. Adm with pneumonia, RLL with additional consolidation throughout. XR to ensure resolution.

7909140 29/01/2024 XR Chest
Comparison to previous radiographs including most recent 29/12/2023

Interval improvement in the dense, right-sided consolidation, but there is persistent basal atelectasis / focal scarring.
The left lung is also slightly improved from previous, but there is persistent patchy alveolar opacification with left midzone atelectasis / scarring.

Unremarkable cardiomediastinal contours.
No focal destructive skeletal abnormality.

Dr Scott McKinnon. GMC: 7582396
Radiology Registrar

Verified by Dr Allan Green
Consultant Radiologist

Reporting Radiologist: Dr Scott McKinnon

Report Information

Requestor	( )
Requesting Location	(SJH21) Ward 21, St John's Hospital
Report Identifier	47353165
Sample Date	29/01/2024 12:00:00

XR Chest

XR Chest

Clinical History
OUTPATIENT. discussed with andy baird. further interval CXR mid march 2024 please. pneumonia ?continuiong to ressolve on CXR.

8067280 27/03/2024 XR Chest

Comparison with x-ray of 29/01/2024. Persistent atelectasis/ scarring in the right lower zone that site to previous consolidation. Left lung inflammatory changes have resolved. Remainder of the lungs are clear. No pleural effusion.

Dr Anisha Patel
Consultant Radiologist. GMC: 6120478
anisha.patel@nhs.scot

Reporting Radiologist: Dr Anisha Patel

Report Information

Requestor	Grecian, Dr Robert J
Requesting Location	(OPSVIRT) SJH Virtual Outpatient Desk
Report Identifier	47954079
Sample Date	27/03/2024 09:15:00