# Grampian University Hospitals

**WARD 25/26**

**General/Renal Medicine, Aberdeen Royal Infirmary**

**Foresterhill, Aberdeen AB25 2ZN**

**Tel: 01224 552122 Fax: 01224 840914**

***Consultants***

Dr I H Khan Dr C Daly

**Prof. A J Rees Prof. S Ralston**

Prof. A M MacLeod Dr N Fluck


IMF/KH/0182596

Dr M E Johnston
Calsayseat Medical Practice
2 Calsayseat Road
Aberdeen
AB25 3UY

CRN: 0182596M

CHI: 0712232036

Date Dictated: 16/12/01 Date Typed: 21/12/01

Dear Dr Johnston

**Mr Alexander Laing (07/12/1923) 6 Hilton Street, Aberdeen, AB24 4QX**

**CONSULTANT:** Dr D Kluth

**ADMITTED:** 08.12.01

**DISCHARGED:** 11.12.01

**DIAGNOSIS:**
1. Obstructive jaundice due to ?gallstone disease

**PREVIOUS DIAGNOSIS:**
1. Duodenal ulcer
2. Duke C rectal carcinoma
3. Hepatitis C positive
4. Cervical spondylosis

**MEDICATION:** Quinine Sulphate 200mg nocte
Paracetamol 1g prn

**FOLLOW UP:**

31 DEC 2001

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| C | MAKE APPOINTMENT |
| L | FOR PRESCRIPTION |
| D | NOTES PLEASE ✓ |
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**History:** This very pleasant 78 year old gentleman presented with a history of anorexia, lower abdominal and back pain, insomnia, dark urine, light stools, coming on over a period of 2-3 weeks.

On examination he was apyrexial, had a pulse of 72 (regular) and a blood pressure of 132/70. Cardiovascular, abdominal and respiratory examinations were all entirely normal.

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Blood results on admission showed deranged LFT's with albumin 32, total bilirubin 32, AAT 161, alkphos 132 and GGT 769. Amylase was also elevated at 151 and he had a CRP of 25. In the haematology results MCV and MCH were raised at 107 and 36 respectively, platelets were reduced at 103. Chest x-ray on admission was clear. In view of the deranged LFTs, Mr Laing was sent for an abdominal ultrasound scan. Apart from a simple cyst in the upper pole of the right kidney, the ultrasound scan report failed to reveal any abnormalities. In particular there was no evidence of any metastatic disease in the liver and there was no dilatation of the bile ducts. However, gallstones were not noted in the gallbladder.

During the time of admission his LFTs began to improve and the symptoms began to recede. In view of the above it was decided that the blood results and they symptoms had been due to gallstones disease which had now passed away. It is advisable therefore that this gentleman is referred on an outpatient basis to the General Surgeons for later cholecystectomy. There is no follow up arranged by this department. However, if there are any further questions please do not hesitate to get in touch.

With kind regards

Yours sincerely

Jamieka SHO.

**IMALI M FERNANDO**
**Senior House Officer**

31 DEC 2001

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