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ROYAL INFIRMARY
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GEOP
JM/LER/ 910336E

17th December 1990

Dr A.R. Lorimer,
Consultant Cardiologist,
GRI

Drs Lorimer/Hutton
Cardiology
Clinic 1

Thurs 7/12/91
3-10pm

Yferr P M
extra room

Dear Dr Lorimer,

Eileen O'Hara (9/10/30)
56, Menzies Road, Glasgow. G21

I am writing on behalf of Dr MacKenzie to request some urgent outpatient appointment for the above named patient. She had a prosthetic mitral valve replacement in 1985. More recently she was referred by her General Practitioner to the Cardiac Surgeons with deranged liver function tests and was felt to have a normally functioning mitral valve. In view of the abnormal liver function tests it was suggested she be seen in the Gastroenterology Outpatient Clinic. She attended our clinic at the beginning of November and was found to have a mildly elevated AsT and ALT. The most striking abnormality, however, on examination was evidence of both mitral and tricuspid regurgitation. This has been checked on echocardiogram and she is reported as having an MV $\frac{1}{2}$ t of 150 msec with moderate to severe mitral regurgitation and mild to moderate tricuspid regurgitation. An Ultrasound of the abdomen shows the liver and spleen to be enlarged with splenic vein dilatations. Overall, these are the appearances we would expect with congestion secondary to primary cardiac abnormality. Certainly we feel that this is the most likely cause of her abnormal liver function tests. I have suggested in the meantime that Mrs O'Hara go onto Frusemide 40 mgs daily and this has improved her symptoms. I do, however, think that she needs further assessment of her valve function. I wonder whether you would agree to see her in your clinic.

Yours sincerely,


J. MORRIS,
REGISTRAR

*States that
Abnormal liver
function tests were
caused by
cardiac congestion*