

45

JM/RS/010336
5th November 1999

Dr. A. Davda
Springburn Health Centre
200 Springburn Way
Glasgow

Dea Dr. Davda,

RE: Eileen O'Hara (9.10.30) 56 menzies Road, Glasgow

Thank you for referring this pleasant 60 year old woman to the Gastroenterology Clinic where she was seen on behalf of Dr. MacKenzie today. She tells me that approximately six months ago she consulted you with a cramping discomfort in the right hand and at that time routine investigations discovered abnormal liver function tests, particular elevation of AST and ALT. On systematic enquiry today she really offered only two complaints, these were of loose bowelmotions occurring 2-6 times per day associated with flatulence and occasional breathlessness on exertion. Her weight is relatively steady. This womans previous medical history includes recent diagnosed diabetes controlled by diet and mitral valve replacement five years ago. There is no family history of hepatic disease. Current medication is Digoxin 0.25mg daily along with Warfarin 4mg daily.

Examination in the Clinic revealed a well looking woman, pulse 80ⁱⁿ atrial fibrillation, JVP raised to earlobes, heart sounds soft, pan systolic murmur at apex with prostatic sounds and mild peripheral oedema. Chest examination fine bilateral insiratory crepitations. Abdominal examination, one finger breadth palpable, hepar with possible spleen offtip palpable. No other mass or organomegaly.

Overall my impression was that your patient had mild congestive cardiac failure but I do not feel this explained her abnormal liver function tests. Although, I was unsure whether she received blood transfusion with her various operations in the past, but I suppose this remains a possibility and I have therefore checked hepatitis screens including Hepatitis C, further more I have rechecked liver function tests, urea and electrolytes, chest x-ray, ECG, echocardiogram autoantibodies and an abdominal ultrasound. I think it is important that we check on the function of her valve replacement to whether there is any regurgitation contributing to heart failure. Secondly we have persistent abnormal LFT's and hopefully the above investigations will give some idea on how we should proceed with further investigations. This may well be on the basis of a liver biopsy should the other investigations fail to turn up a clue totthe problems. A further letter will follow in due course.

Yours sincerely