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DEPARTMENT OF CARDIOLOGY

Dr. F.G. Dunn
Dr. K.J. Hogg
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DR/CB

Dict. 14.7.95
Typd. 2.8.95

Dr. A. Davda,
Springburn Health Centre,
200 Springburn Way,
GLASGOW G21.

Dear Dr. Davda,

Eileen O'Hara, dob 9.10.30, Unit No. 093961
56 Menzies Road, Glasgow G21 3LY

Date of Admission: 20.6.95 Date of Discharge: 5.7.95

Diagnosis: Arranged admission for bone marrow and liver biopsy for
investigation of hepatosplenomegaly

This pleasant lady was admitted on 20 June as an arranged admission for liver biopsy and bone marrow trephine and aspirate as further investigation of her hepatosplenomegaly. As you know her past medical history includes mitral valve replacement, and redo 1985 and 1991 respectively, and type II diabetes mellitus, post herpetic neuralgia, and previous hepatitis C infection. She was started on heparin and Warfarin stopped to allow us to carry out these procedures. In this lady's case this took several days to achieve safe levels to go ahead with biopsy.

I am happy to report that the marrow trephine showed no evidence of malignant infiltration with reactive changes only. A liver biopsy showed cirrhosis with lymphocytic infiltrate. Appearances were non-specific but in keeping with hepatitis C. There is no evidence of lymphoma or of malignancy seen. The patient has been informed of these results and she was allowed home to be followed up in the clinic in 6-8 weeks.

Medication on discharge Digoxin 250ug, Gliclazide 80mg, Diumide K 2 tablets once a day, Co-codamol 2 tablets as required, and Warfarin.

Yours sincerely,

D. Reid
SHO