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NHS TRUST

Stobhill NHS Trust
Balornock Road, Glasgow G21 3UW
Telephone: 0141-201 3000

DEPARTMENT OF CARDIOLOGY

Dr. F.G. Dunn
Dr. K.J. Hogg
Dr. A. Rae

Fax. No. 0141 557 0468

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Typed 5th January, 1995.

Dr. E.H. McLaren,
Consultant Physician,
Stobhill NSH Trust,
Glasgow, G21.

Dr. Davda

Dear ~~Dr. McLaren~~,

Eileen O'Hara, d.o.b. 9.10.30, Unit No. 093961
56 Menzies Road, Glasgow, G21.

Following your discussions with Dr. Dunn, this lady was seen by Dr. Dunn and I together in his clinic today.

I note that you detected hepatosplenomegaly during routine clinical examination at your clinic, and subsequent ultrasound of the abdomen showed possible fat infiltration of the liver with prominence of the portal vein and marked splenomegaly. Review of the correspondence from the Royal Infirmary indicates that abnormalities of her LFT's were noted in 1990 five years after her first valve replacement. Review in the gastroenterology clinic at that time revealed one finger breadth of hepatomegaly with the tip of the spleen possibly being palpable at that time. Since she had developed mitral restenosis with a degree of pulmonary hypertension, this was clearly attributed to right heart failure and does not appear to have been rechecked following her mitral valve redo in 1991.

She is now generally well and although she feels unrestricted by chest pain or breathlessness, she is unable to carry shopping because of dyspnoea. She also admits to three pillow orthopnoea. She does, however, manage reasonably well on the flat and she can manage one flight of stairs. She has noted moderate ankle oedema, although has marked bilateral varicosities.

Her present therapy is Gliclazide, Warfarin, Diumide-K and Digoxin. She is a non-smoker and does not take regular alcohol.

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Eileen O'Hara cont'd.

/On examination she appeared quite well and was non-icteric. Marked palmar erythema was noted. Pulse was 80 on atrial fibrillation. JVP was elevated 3 or 4 cms. with mild bilateral ankle oedema. The apex beat is displaced at the anterior axillary line. The prosthetic heart sounds are normal with a soft apical systolic murmur audible. There were some coarse late inspiratory crepitations of the left side posteriorly.

The present degree of right heart failure would suggest an alternative cause for her hepatosplenomegaly and further investigations would appear to be indicated. I have taken blood today for serum ferritin, hepatitis screen, and an auto-immune screen in addition to repeating her blood count, ESR and LFT's. We have arranged an Echocardiogram just to check the pulmonary artery pressures and repeated her chest x-ray and ECG. She will require CT scan of the abdomen and will probably also require a bone marrow and liver biopsy.

Since she was previously under Dr. Dunn's care, he would be happy to arrange these further investigations if this is agreeable to you.

With best wishes.

Yours sincerely,

Graeme W. Tait

G.W. TAIT
Career Registrar

c.c. Dr. A. Davda, Springburn Health Centre.