

Clinic	Day Date	Time	Hospital No.
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0439157  
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## Appointment category Urgent

Glasgow Royal Infirmary

08/06/01

CHI 2704576297

Please arrange for this patient to attend

Medical

Surname **Tamburrini**  
Forename **Victor**  
Address **284e London Rd**

Glasgow

Post code **G40 1PT**  
Previous name  
" address

Previous Hospital Attendance  
Glasgow Royal Infirmary 2000  
Unit number 439157V

Title **Mr.**  
Date of birth **27/04/1957**

Tel

**Dr. Jan Van Den Hoven**  
Bridgeton Health Centre  
201 Abercromby Street  
Glasgow G40 2DA  
Tel: 0141 531 6610  
Fax: 0141 531 6616  
Practice Number 46184

Date referral initiated 08/06/2001  
Date referral printed 08/06/01

*Gues* 2/10/01  
(@) 1.45

Dear Doctor

I would like to refer this 43 year old man who recently developed moderate/severe oedema of both legs. It is painless and usually decreases after a few hours of sleep. Mr Tamburrini has a history of deranged LFTs and had an admission in 1999 for acute pancreatitis, possibly alcohol induced. On that occasion an abdominal ultrasound revealed his pancreas was normal and large stones were visible in the gall bladder. It is worth mentioning that in 1998 he had bilateral gynaecomastia followed by a mastectomy on both sides due to a hypercellular aspirate with benign features.

Mr Tamburrini is certainly not denying that he has been using a lot of alcohol over the years, but feels he has certainly reduced it over recent months. His LFTs were deranged with a bilirubin of 125, Alk phos 670, AsT 156, ALT 93 and gamma GT 115. FBC indicated his continuously low ~~platelets~~ platelets at 86 with slightly increased MCV, MCH and RDW. Otherwise U&E and TFT were normal, with a fasting glucose of 5.5.

Abdominal examination did not reveal any major abnormalities. At the moment there is no jaundice present.

Apart from the above his previous medical history includes lichenoid tissue reaction of the buccal mucosa, effusion of the left knee and ankles 2000, acute pancreatitis, campylobacter food poisoning 1999, bilateral gynaecomastia 1998, alcohol excess, ulcer negative, dyspepsia 1995 and RTA with 18% burns in 1984.

He was commenced on Frusemide 40mg daily which certainly decreased the oedema. Otherwise he is on no regular medication. Hepatitis screen will follow.

I would be grateful for your assessment and management of Mr Tamburrini.

Yours sincerely

Dr. Jan Van Den Hoven

Please see attached sheet(s)