

Medical Discharge Summary

Patient Name: [REDACTED]
Address: 9 MARTIN ST
EAST GEELONG, VIC 3219

UR: 872918
DOB: 9 Jun 1969
Age: 51
Unit: Gastroenterology
Ward: Bellerine Centre 6

Consultant: Beswick, L

GP: Dr. Geoffrey Harrison

Admission Date: 23/07/2020

Discharge Date: 30/07/2020

Discharge Dest: Home/Other

Principal Diagnosis - leading to admission

Severe anaemia for investigation

GP Follow Up Requested:

Dear Doctor

(Summary written from notes)

Thank you for following the care of Samuel Pitt who presented with 3/52 history of epigastric pain and a Hb of 40. He was found to have a duodenal ulcer, (helicobacter igG negative, biopsy not revealing of malignancy.) Samuel also was found to have an incidental diagnosis of Hepatitis C as well as a ureteric stone (obstructive) for which a JJ stent was inserted. It is important that Samuel attends booked follow up for all the above reasons.

With thanks
Medical specialty resident
on behalf of gastroenterology team

Presenting Complaint:

3 weeks of epigastric pain and Hb of 40 on b/g of duodenal ulcers

Reasons For Admission - if different from above:

Anaemia with previous duodenal ulcer

Other Active Admission Problems

Comorbidities:

Schizophrenia

Previous GI bleed 2018

- Duodenal ulcer identified
- follow up scope planned, but FTA

Prev IVDU

Prev R) pneumonectomy

Allergies:

nkda

Relevant Investigations:

Result Name	Date Performed	Status	Full Text
Ct Abdomen & Pelvis C+	24 Jul 2020 11:30	Final	

Note: CT ABDOMEN AND PELVIS

CLINICAL NOTES:

Epigastric pain and symptomatic anaemia. Prior history of gastric ulcer with suggestion of ? Obstruction. ? Malignancy. Not urgent but before gastroscopy early next week.

TECHNIQUE:

Oral contrast has been administered. Portal venous phase postcontrast multi detector spiral scans have been acquired.

FINDINGS:

Mild stranding is noted in the fat between the pancreatic head and duodenum with a small locule of gas situated medial to the duodenal lumen, projecting within the pancreatic head. Gastric appearances are normal. No distension of the stomach or duodenum is seen. No biliary or pancreatic duct dilatation. The remainder of the pancreas has a normal appearance.

No significant focal hepatic lesion is seen. The gal bladder is unremarkable.

Normal splenic size and appearance. No adrenal lesion identified.

A 3 mm calculus is seen within an upper pole calix of the right kidney. A 6 mm x 12 mm calculus is noted at the level of the left PUJ with mild hydronephrosis. No perinephric stranding and the kidneys appear to enhance symmetrically. Right renal cyst noted. Normal appearance of the urinary bladder.

No pathology seen in relation to the small bowel or colon. The appendix is not enlarged.

No retroperitoneal, mesenteric or pelvic lymphadenopathy is seen. No pelvic mass identified.

No free intraperitoneal gas or fluid.

Patchy reticular changes within the right lower lobe predominantly are likely postinflammatory in nature. No evidence of pleural effusion. No focal aggressive bone lesion has been identified. Degenerative changes are noted in the lumbar region. L4 pars defects are present.

Mild elevation of the right hemidiaphragm appears longstanding.

CONCLUSION:

Inflammatory type changes are seen within the pancreatic groove raising the possibility of focal pancreatitis with neoplastic infiltration thought less likely. A small locule of gas is seen within the pancreatic substance in this region. This may lie within a duodenal diverticulum. The possibility of a perforating duodenal ulcer cannot be excluded. No free intraperitoneal gas or retroperitoneal gas identified.

A calculus measuring 12 x 6 mm in size within the left PUJ does not appear to be resulting in high-grade obstruction. A small right renal calculus is also appreciated.

Patchy changes within the right lung are thought most likely postinflammatory in nature. Clinical correlation is required to help exclude the possibility of infection.

HEPATITIS SEROLOGY

27 Jul 2020 12:40

Final

Note: SEROLOGY SPECIMEN: SERUM
HEPATITIS SEROLOGY

Hepatitis B Surface antigen [HBsAg]	Not Detected
Hepatitis B Surface antibody [HBsAb]	218 IU/L
Hepatitis B Core antibody (Total) [HBcT]	Not Detected
** Hepatitis C antibody (Total) [HCV]	DETECTED
** Hepatitis C supplemental test	DETECTED

HEPATITIS B INTERPRETATION

Evidence of protective immunity to Hepatitis B virus.

HEPATITIS C INTERPRETATION

Serological evidence of current or past (resolved) Hepatitis C infection.

Results available to Australian Clinical Labs suggest this patient may qualify for Hepatitis C RNA PCR testing as a rebatable item (MBS#69499) - HCV antibody positive, provided this test has not been claimed under Medicare in the previous 12 months.

If requesting, please state clinical indication. Two SST blood samples are required, one exclusively for the PCR, one for repeat HCV antibody testing.

HBsAg, HBsAb, HBcT and HCV primary assays performed using Siemens Advia Centaur system.

This result has been notified to the Department of Health and Human Services, Victoria, under Public Health and Wellbeing legislation. Notification by the referring medical practitioner may also be required by law. Please visit www.health.vic.gov.au/notify for further information, or to notify.

HCC-C HCV-C HB6-C ECU-R HEP-C FBE-R HIV-R HAE-R

All tests on this request have now been completed

INPATIENT RECOLLECT PANEL

28 Jul 2020 14:40

Final

Note: Dear Doctor,

We are unable to complete the following test(s): Hepatitis C Viral Load
Incorrect specimen(s) for test(s) requested. Could you please collect the required specimen/s at your earliest convenience. Dear Doctor,

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Incorrect specimen(s) for test(s) requested. Could you please collect the required specimen/s at your earliest convenience.

URINE MICRO/CULTURE

28 Jul 2020 15:30

Final

Note: MICROBIOLOGY SPECIMEN: Urine

CHEMISTRY

pH: 7.0 Protein: ++ Glucose: Nil Blood: +++

MICROSCOPY

* Leucocytes 15 x 10⁶ /L (< 10)
 * Erythrocytes > 1000 x 10⁶ /L (< 10)
 Epithelial Cells Nil

CULTURE

No significant growth.

UC-C UMC-C

All tests on this request have now been completed

HAEMATOLOGY GENERAL

29 Jul 2020 09:50

Final

Note: HAEMATOLOGY

SPECIMEN: WHOLE BLOOD

Date: 29/07/20 28/07/20 27/07/20 (#Refers to current
 Coll. Time: 09:50 10:10 12:40 result only)
 Lab Number: #42038818 42038335 42797831

HAEMOGLOBIN	**	76	***	72	**	80 (125 - 175) g/L
RBC	*	3.84	*	3.64	*	4.09 (4.50 - 6.50)x10 ¹² /L
HCT	*	0.27	*	0.25	*	0.28 (0.40 - 0.55)
MCV	*	70	**	69	**	68 (80 - 99) fL
MCH	*	19.8	*	19.8	*	19.6 (27.0 - 34.0)pg
MCHC	*	283	*	287	*	288 (310 - 360) g/L
RDW	*	25.1	*	25.0	*	25.3 (11.0 - 15.0)%
WCC		5.2		5.9		6.7 (4.0 - 11.0) x10 ⁹ /L
Neutrophils		2.2		3.0		3.1 (2.0 - 8.0) x10 ⁹ /L
Lymphocytes		2.4		2.2		2.9 (1.0 - 4.0) x10 ⁹ /L
Monocytes		0.4		0.4		0.4 (< 1.1) x10 ⁹ /L
Eosinophils		0.2		0.3		0.2 (< 0.7) x10 ⁹ /L
Basophils		< 0.1		< 0.1		0.0 (< 0.3) x10 ⁹ /L
PLATELETS		449		415	*	472 (150 - 450) x10 ⁹ /L

MULTIPLE BIOCHEM ANALYSIS

29 Jul 2020 09:50

Final

Note: GENERAL CHEMISTRY

SPECIMEN: SERUM

Date: 29/07/20 28/07/20 27/07/20
 Coll. Time: 09:50 10:10 12:40
 Lab Number: 42038818 42038335 42797831

Sodium	140	139	139 (135 - 145) mmol/L
Potassium	4.1	4.3	4.1 (3.5 - 5.2) mmol/L
Chloride	106	105	104 (95 - 110) mmol/L
Bicarbonate	27	27	26 (22 - 32) mmol/L
Anion Gap	11	11	13 (9 - 19) mmol/L
Urea	6.8	6.7	6.2 (4.0 - 9.0) mmol/L
Creatinine	94	97	112 (60 - 110) umol/L
eGFR	81	78	65 (> 59) mL/min/1.73m ²
Calcium	*	2.06	(2.15 - 2.55) mmol/L
Adj. Ca.		2.19	(2.15 - 2.55) mmol/L
Magnesium		0.98	(0.70 - 1.10) mmol/L
Phosphate		0.85	(0.75 - 1.50) mmol/L
T.Protein	*	59	(60 - 82) g/L
Albumin	*	30	(35 - 50) g/L
Globulin		29	(23 - 39) g/L
ALP		81	(30 - 120) U/L
Bilirubin		5	(< 25) umol/L
GGT		36	(< 51) U/L
AST		12	(< 41) U/L
ALT		25	(< 51) U/L

42038818 History of renal impairment.

HELICOBACTER IGG AB

29 Jul 2020 09:50

Final

Note: HELICOBACTER PYLORI ANTIBODIES

Helicobacter pylori IgG antibody Negative

COMMENT: No serological evidence of past or present exposure of H.pylori infection.

Helicobacter pylori serology is performed using the Siemens Immulite system.

HEL-C LFT-R ECU-R FBE-V HAE-V

This request has other tests in progress at the time of reporting

X-ray Wrist Left

29 Jul 2020 12:15

Final

Note: CLINICAL INDICATION:
 Fall today. Left wrist tenderness on dorsiflexion. ? Fracture.

FINDINGS:

No fracture or malalignment is identified. No scaphoid fracture is evident. Please note, scaphoid fractures can be occult on initial radiograph and if the patient has persisting anatomical snuffbox tenderness, immobilisation and repeat imaging is recommended.

Operations/Procedures:

rigid cystoscopy, left RGPG and insertion of JJ stent
Gastroscopy

Conditions Arising During Care:**Summary Of Treatment:**

- #L) obstructing ureteric stone
 - Found on CTAP
 - 6 mm x 12 mm calculus is noted at the level of the left PUJ
 - with mild hydronephrosis
 - JJ stent inserted 26/7
 - Booked for CAT1 uteroscopy and laser

#Severe anaemia

- Nadir Hb40
- associated iron deficiency suggesting chronicity
- 5 units pRBC transfused
- 1500mg Ferric Derisomaltose infused on 30/7
- Stable post transfusion

#Gastric ulcer + D1/D2 stricture

- 15mm cleanbase ulcer found within stricture
- Biopsy not suggestive of malignancy
- Helicobacter serology negative
- Started on PPI plan for repeat surveillance scopes

#Hepatitis C infection

- as per patient recent needle sharing ~5weeks prior
- Viral load requested but sample missing
- Diagnosis disclosed to patient

#Fall onto outstretched hand (left)

- FOOSH
- Xray not revealing of fracture

Post-discharge Management Plan:**Plan**

1. D/C home
2. Cat 1 uroscopy and laser
3. Outpatient repeat G + Cscope +/- dilatation of strictures required as outpatient before gastro clinic follow up (~6weeks)
- 4 Gastro clinic in 8/52 for follow up of ulcer and Hepatitis C
5. Continue PPI
6. to Represent if any overt bleeding or symptoms of anaemia.

Appointments Booked:

Appointment Date	Clinic
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Changes To Patient Medications During Admission:

Medication	Change	Description
ESOMEPRAZOLE 40mg EC TABLET	Ceased	
FERRIC DERISOMALTOSE (MONOFER) 500mg/5mL INJECTION	Added	
PANTOPRAZOLE 40mg EC TABLET	Added	
ZOLPIDEM 10mg TABLETS	Changed	Dose has been changed from 20 mg to 10-20 mg

Phongsakone (Shaun) Inthavong

Gastroenterology Intern

5/08/2020

Generated by.....



Appendix 1 - Medications On Discharge

Medication	Dose	Frequency	Route
ATENOLOL 50mg TABLETS	50 mg	daily	PO
Diazepam 5mg Tablets Note: weekly pick up	5 mg	tds	PO
DOMPERIDONE 10mg TABLETS	10 mg	bd	PO
OXazepam 30mg TABLETS Note: weekly pick up	30 mg	nocte	PO
PARACETAMOL-CODEINE 500mg-30mg TABLETS Note: daily	2 tablets	per added instructn	PO
PREGABALIN 150mg CAPSULES	150 mg	daily	PO
QUETIAPine 200mg TABLETS Note: weekly pickup	200 mg	daily	PO
tRAMadol 50mg CAPSULES Note: tds	50 mg	per added instructn	PO
VENLAFAXINE 150mg SR CAPSULES	150 mg	daily	PO
ZOLPIDEM 10mg TABLETS Note: weekly pick up	10-20 mg	nocte	PO
PANTOPRAZOLE 40mg EC TABLET	40 mg	bd	PO
FERRIC DERISOMALTOSE (MONOFER) 500mg/5mL INJECTION Note: given 30/7/20	1500 mg	as a single dose	IV