

## **GASTROSCOPY REPORT**

Name: Ogd 7 Nedtest (Female)

Date of birth: **01/01/1944 (80)**NHS No: **309 321 709** 

Hospital no: XX00002331

Address:

Waverley Gate 40 Waterloo Place

Edinburgh EH1 3EG

GP: Dr S AGARWAL Procedure Date: 16 Oct 2024 (14:17 - 15:17)
ABERCYNON HEALTH CENTREABERCYNON Priority: Routine

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HEALTH CENTRE, Status: Outpatient
YNYSMEURIG ROAD, Referring Cons: GP

ABERCYNON, MID GLAMORGAN,

**CF45 4YB** 

**Indications** 

Dyspepsia - Dyspepsia - UlcerType, Injection of botulinum toxin The patient is taking anti-coagulant or anti-platelet medication.

Allergies: none

ASA Status: Not assessed

Report

Pre-procedure checklist completed

The patient has given consent.

Insufflation gas - Carbon dioxide.

The apparent mucosal junction: 4 cm J manoeuvre performed. The procedure was completed successfully to the D3.

Procedure discomfort - Mild: More than 2 episodes of discomfort without

Patient Management: Pulse oximetry. Adverse events: Consent signed in room.

Site 1: Upper Body

- Gastritis: Gastric atrophy with no bleeding. Inspection time: 60 minutes.

- **Specimens taken**: Biopsy (4 taken using Sydney Protocol from multiple sites), - Biopsy sites: Antrum - lesser curvature at 0 cm, 1 Qty, Incisura at 0 cm, 3 Qty.

**Diagnoses** 

Oesophagus: normal.

Stomach: Gastric atrophy and Gastritis.

Duodenum: normal.

Follow up

Awaiting pathology results.

Consultant/Endoscopist

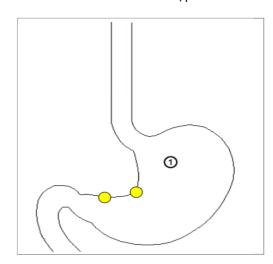
List Consultant: mr Huss Dow Endoscopist No1: mr Huss Dow

Nurses: . Jerry Bohun mr Huss Dow

Instrument

GA870 - 933762 GA870 - 933762

**Drugs**No sedation/premedication



mr Huss Dow, Imported Consultant Physician



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## **Patient Report**

Procedure:	Gastroscopy				
Procedure Date:	16 Oct 2024 (14:17 -	15:17)			
Procedure Completed:	Yes				
Medication:					
Results:					
Biopsies have been ta	ken.				
• Results will be sent to your consultant, who will let your GP know in 4-10 working days.					
Follow-Up:					
				No futher followup or procedure required	
Clinical:				Follow up to follow in the post	
Date &Time of appointm	nent:	/	0		
			U	Discharge to GP	
If you have any questions please ask the nursing staff who will be happy to explain anything you are unclear about. If you have any further concerns please phone QLQLQLQLQLQLQLQLQ					
Signature					
Name and Designation					
You have been referred to a Clinical Nurse Specialist					
A clinical appointment with your consultant has been made for you					

Hospital no XX00002331 NHS No 309 321 709

## Request for examination **HISTOLOGY**

My Hospital Name reasonable length

Date/Time Collected
16 Oct 2024 (14:17 - 15:17)
Laboratory Number
This request is;
Urgent pathway;
Routine;

**Patient Category** 

Urgent;

2 WW;

NHS or PP IP or OP or DC

Name: Ogd 7 Nedtest
Date of birth (age): 01/01/1944 (80)

Gender: Female

**Outpatient (Not Available)** 

Referring Consultant: GP Practice:

**Dr S AGARWAL** 

ABERCYNON HEALTH CENTREABERCYNON

HEALTH CENTRE, YNYSMEURIG ROAD, ABERCYNON, MID GLAMORGAN,

**CF45 4YB** 

Address: Waverley Gate
40 Waterloo Place
Edinburgh
EH1 3EG

Investigations Required					
Container ID Specimens					
4 gastric biopsies for histology from (1) Upper Body					
1 biopsy for histology from Antrum - lesser curvature					
3 biopsies for histology from Incisura					
Clinical Findings					
Indications Dyspepsia - UlcerType, Injection of botulinum toxin					
The patient is taking anti-coagulant or anti-platelet medication.					
Allergies: none					
ASA Status: Not assessed					
Follow up Awaiting pathology results.					
, watering patrology results.					
Previous biopsy numbers					
For Lab Use					
Date/time rec'd COPY TO					
Date Reported					