**Scottish Adult Congenital Cardiac Service**

Dr John Doe

Consultant Cardiologist

Wishaw General Hospital

50 GlasgowSample2 St

GlasgowSample2

GSAM PLE2

Consultant: Dr Jane Doe

Direct Dail: 223456

E-Mail: [sample.sample@sample.com](mailto:sample.sample@sample.com)

Fax: 223456

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Dear Dr John

**Patient Name**: David Sample2 **CHI**: 2234562 **DOB**: 02/02/2222

**Patient Address**: 202 Sample2 Road, GlasgowSample2, Glasgow, KY11 8DE

**Cardiac Anatomy:**

1. Univentricular physiology
2. Situs solitus, levocardia
3. Unbalanced AVSD favouring the dominant LV
4. Ventriculo-arterial concordance
5. Large atrial and ventricular components of the AVSD

**Previous Intervention**:

1. Pulmonary artery band – 1997
2. Bidirectional Glenn anastomosis – 2001
3. TCPC completion with fenestrated extra-cardiac 20mm Goretex conduit 2003
4. Device closure of fenestration with a 5mm Amplatzer septal occluder

**Diagnoses**:

1. Moderately impaired dominant LV systolic function at MRI 2020
2. Good Common AV value function
3. Moderate sub pulmonary stenosis with severe residua obstruction at the level of the pulmonary artery band
4. Unobstructed cavo-pulmonary pathway at MRI
5. Fontan associated liver disease with stable benign focal lesions requiring annual MRI
6. Currently under investigation for possible Cushing’s syndrome

**Medication**:

1. Warfarin
2. Thyroxine
3. Candesartan 20mg daily
4. Fluoxetine

**Plan:**

David is doing fine. He has not experienced any cardiac abnormalities. His heart is fine. No one bothers him.