

Riverside Health Centre

22 River Walk, Sunningdale, SU2 4CD
Tel: 01632 960112 | Email: referrals.riverside@health.net

Date: 26 February 2026

To:

Dr. Elena Rostova
Consultant Hepatologist (Viral Hepatitis Service)
Sunningdale University Hospital
Medical Wing, SU1 9ZZ

ROUTINE REFERRAL: VIRAL HEPATITIS CLINIC

Patient Details:

Name: Ms. Clara Higgins
DOB: 05/09/1983 (Age: 42)
Gender: Female
NHS Number: 987 654 3210
Address: Flat 4, Birch Court, Sunningdale, SU2 5EE
Contact: 07700 900456

Dear Dr. Rostova,

Presenting Complaint:

I am writing to refer Ms. Higgins, a 42-year-old female, for specialist evaluation and initiation of direct-acting antiviral (DAA) therapy following the incidental diagnosis of a chronic Hepatitis C virus (HCV) infection. She is currently asymptomatic and the diagnosis was made during a routine sexual health and general wellbeing screening which she requested proactively.

History of Presenting Complaint:

Ms. Higgins feels entirely well in herself. She reports normal energy levels, an excellent appetite, and denies any history of jaundice, right upper quadrant pain, pruritus, or cognitive slowing. A thorough systems review reveals no extrahepatic manifestations of HCV; she specifically denies any arthralgia, sicca symptoms, neuropathic pain, or unexplained skin rashes.

Relevant Medical History:

- Mild atopic eczema (managed purely with topical emollients and mild steroids).
- History of intravenous drug use (IVDU). Ms. Higgins used intravenous heroin between the ages of 19 and 24. She admits to sharing injecting equipment on multiple occasions during that period. She successfully completed a methadone rehabilitation programme in 2008 and has been remarkably resilient, maintaining complete abstinence from all illicit substances for the past 18 years.
- No history of prior blood transfusions.
- Never previously tested for blood-borne viruses to her knowledge.

Medication History:

- Hydrocortisone 1% cream PRN for eczema flare-ups.
- Combined oral contraceptive pill (Rigevidon) OD.
- No regular hepatotoxic medications or paracetamol overuse.
- No known drug allergies.

Alcohol, Smoking, and Social History:

Ms. Higgins is employed full-time as a senior graphic designer. She smokes approximately 5 cigarettes per day and is contemplating cessation. Her alcohol consumption is well within recommended safe limits, typically consuming 2 glasses of wine on the weekend (roughly 6–8 units per week). She is in a stable, long-term monogamous relationship. She has two professional tattoos acquired in licensed UK parlours in 2015.

Examination Findings:

Clinical examination today was entirely unremarkable. She is of healthy build with a BMI of 22.5 kg/m². Vitals are all within normal parameters. She is well-perfused, anicteric, and has no xanthelasma. Thorough inspection of the skin reveals no spider naevi, palmar erythema, excoriations, or caput medusae. Abdominal examination reveals a soft, non-tender abdomen. The liver is not palpable below the costal margin, and percussion reveals a normal liver span of 11 cm. Traube's space is tympanic, and there is no splenomegaly. Shifting dullness is negative. Neurological exam reveals no asterixis.

Investigation Results:

Virology & Immunology (Drawn 22/02/2026):

- Anti-HCV Ab: Positive
- HCV RNA Quantitative: 1.4×10^6 IU/mL (Confirming active viraemia)
- HCV Genotype: Genotype 3a
- HBsAg: Negative
- Anti-HBc (Core): Negative
- Anti-HBs (Surface): <10 mIU/mL (Non-immune)
- HIV 1/2 Ag/Ab: Negative
- Syphilis screen (Treponemal Ab): Negative

Laboratory Findings (Drawn 20/02/2026):

- Bilirubin: 12 μ mol/L (Ref: <21)
- ALP: 85 U/L (Ref: 30–130)
- ALT: 72 U/L (Ref: 0–35) [Mild chronic elevation]
- AST: 65 U/L (Ref: 0–35) [Mild chronic elevation]
- GGT: 45 U/L (Ref: 10–71)
- Albumin: 42 g/L (Ref: 35–50)
- FBC: Hb 135 g/L, WCC 5.8×10^9 /L, Platelets 245×10^9 /L (Ref: 150–400) [Normal platelets suggestive of absent severe portal hypertension]
- U&Es, Thyroid Function Tests (TSH), and HbA1c are all normal.
- Liver Autoantibody Screen (ANA, AMA, SMA): Negative.

Imaging (Abdominal Ultrasound – 24/02/2026):

“Normal liver size with homogeneous echotexture. No focal hepatic lesions identified. No surface nodularity. The portal vein measures 10mm with normal hepatopetal flow. Spleen size is normal at 10.5 cm. No evidence of ascites. Normal gallbladder and biliary tree.”

Provisional Diagnosis:

Chronic Hepatitis C Infection (Genotype 3a), likely acquired via historical IVDU.

Reason for Referral:

I am referring Ms. Higgins for formal specialist evaluation, fibrosis staging (via transient elastography/FibroScan), and the prescription of pan-genotypic direct-acting antiviral (DAA) therapy.

She is highly motivated to commence treatment. I have provided initial counseling regarding the diagnosis, transmission precautions (avoiding sharing razors/toothbrushes), and the highly curative nature of modern HCV treatments. Furthermore, we have commenced the Hepatitis A and B accelerated vaccination schedule at the practice today. I would appreciate your advice on her ongoing management.

Yours sincerely,

Dr. Marcus Sterling, MRCGP
General Practitioner
Riverside Health Centre