

The Central Hospital
Endoscopy Unit - Ext 3677
GASTROSCOPY REPORT

Name:	Stephen Rainey	Address: Unisoft Medical Systems
NHS no:	1234567890	First Floor
		7 London Road
Date of birth:	21/11/1958	Enfield
Case note No:	X123456	EN2 6BN

GP:	Dr K K Singh The Clinic The Town Enfield EN3 5XX	Procedure date 3rd January 2003
		Status: Inpatient/NHS
		Hospital: The General Hospital
		Ward: B7
		Referring Cons: Dr Merrick (General Medicine)

Indications

Abdominal pain, haematemesis and raised WCC.

Consultant/Endoscopist

List consultant: Dr J Fontaign
Endoscopist No1: Dr Eric Halley
Nurses: S/N Jane Minkle & Sr Erin Kalidar

Report

OESOPHAGUS. Moderate candida suspected at (a).
STOMACH. Gastritis: severe erythematous/exudative with no bleeding, severe raised erosive with no bleeding and severe haemorrhagic with recent bleeding at (c).
DUODENUM. Duodenitis: severe and oedematous associated with erosions and nodularity at (b).

Instrument
GS 240 - 651432

Premedication
Midazolam (IV) 2.5mg
Xylocaine (spray)

Diagnoses

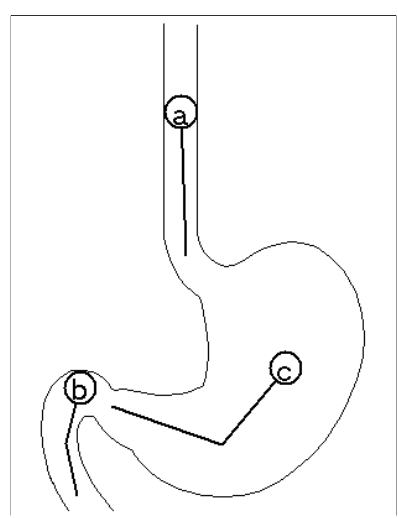
OESOPHAGUS. Candida and oesophagitis/other.
STOMACH. Gastritis.
DUODENUM. Duodenitis.

Medication

Fluconazole 50 mg oral o.d. for 1 week and Pantoprazole 40 mg (iv) b.d. for 6 weeks was prescribed.

Follow up

Return to the ward. Awaiting histopathology results.



- a: An area extending from the middle oesophagus to the lower oesophagus (photographed)
- b: An area extending from the bulb to the third part (photographed)
- c: An area extending from the middle body to the pylorus (photographed)

Specimens taken

Biopsy (x1 site a, x2 site b and x2 site c)

Dr Eric Halley
Registrar to Dr Fontaign

The Central Hospital

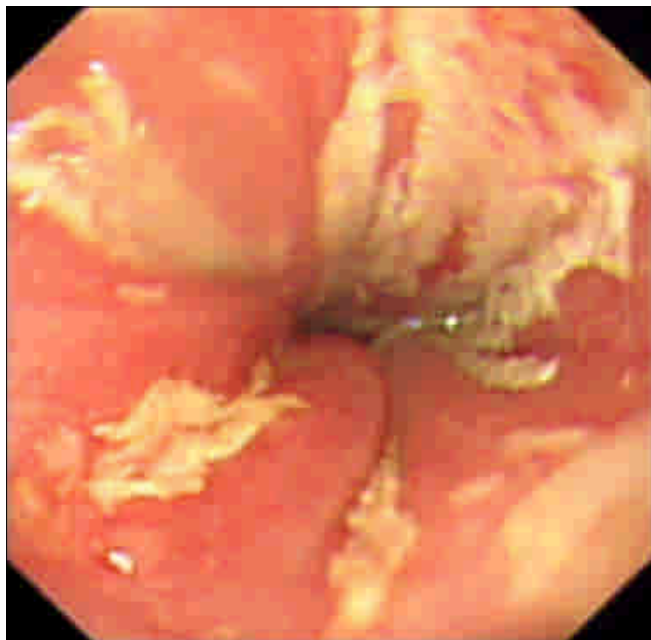
Name: Stephen Rainey
NHS no: 1234567890

Address: Unisoft Medical Systems
First Floor
7 London Road
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Page 1 of 1

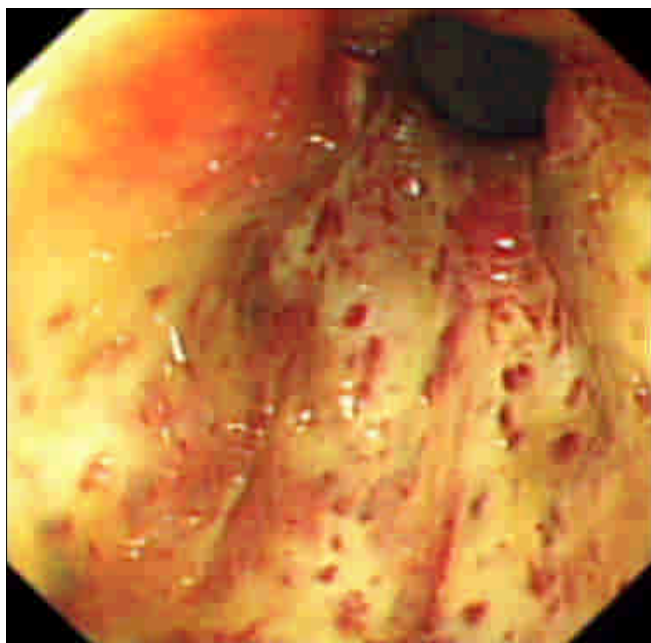
Procedure date: 3rd January 2003



Site a: An area extending from the middle oesophagus to the lower oesophagus
Moderate candida suspected.



Site b: An area extending from the bulb to the third part
Duodenitis: severe and oedematous associated with erosions and nodularity.



Site c: An area extending from the middle body to the pylorus
Gastritis: severe erythematous/exudative with no bleeding, severe raised erosive with no bleeding and severe haemorrhagic with recent bleeding.

Hospital No
X123456

Request for examination
HISTOLOGY
The Central Hospital

Date Collected
3rd January 2003

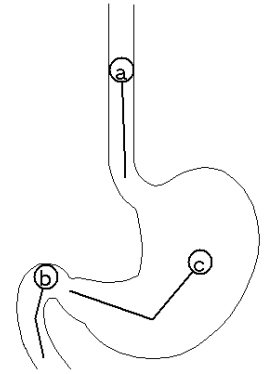
Surname
RAINEY
Forename
STEPHEN
Address
**Unisoft Medical Systems
First Floor
7 London Road
Enfield
EN2 6BN**
DoB (Age) **21st November 1958 (44 years)**
NHS Inpatient (**B7**)
Referring Consultant
Dr Merrick (General Medicine)

Investigations Required

Container ID	Specimens
<input type="text"/>	1 oesophageal biopsy from (a)
<input type="text"/>	2 upper duodenal biopsies from (b)
<input type="text"/>	2 gastric biopsies from (c)

Clinical findings

Indications. Abdominal pain, haematemesis and raised WCC.



- a: An area extending from the middle oesophagus to the lower oesophagus (photographed)
- b: An area extending from the bulb to the third part (photographed)
- c: An area extending from the middle body to the pylorus (photographed)

Previous biopsy numbers

OESOPHAGUS. Moderate candida suspected at (a).
STOMACH. Gastritis: severe erythematous/exudative with no bleeding, severe raised erosive with no bleeding and severe haemorrhagic with recent bleeding at (c).
DUODENUM. Duodenitis: severe and oedematous associated with erosions and nodularity at (b).
Diagnoses. OESOPHAGUS. Candida and oesophagitis/other.
STOMACH. Gastritis.
DUODENUM. Duodenitis.

For Lab Use

Date Rec'd _____ Date Reported _____

COPY TO _____

Signature _____
Dr Eric Halley

The Central Hospital
Endoscopy Unit - Ext 3677
ERCP REPORT

Name: **Stephen Rainey**
NHS no: **1234567890**

Address: Unisoft Medical Systems
First Floor
7 London Road
Enfield
EN2 6BN

Date of birth: **21/11/1958**
Case note No: **X123456**

GP: Dr K K Singh
The Clinic
The Town
Enfield EN3 5XX

Procedure date
2nd January 2003

Status: Inpatient/NHS
Hospital: The General Hospital
Ward: B7
Referring Cons: Dr Merrick
(General Medicine)

Indications

Abnormal enzymes and jaundice. Ultrasound imaging revealed dilated bile ducts.

Consultant/Endoscopist

List consultant: Dr J Fontaign
Endoscopist No1: Dr Ann Craymar
Endoscopist No2: Dr J Fontaign
Nurses: Sr Siobhan Rae & Sr Erin Kalidar

Report

Cannulation via the major papilla to the bile duct was successful using a sphincterotome, and to the pancreatic duct was not attempted. Visualisation: The whole biliary system except the gall bladder, but not the pancreatic system. Contrast media used: hepatobiliary; full strength contrast and half strength contrast.

Instrument
DS 420 - 897634

PAPILLA. Major: no previous surgery at (a).
BILIARY. Stricture: irregular and with upstream dilatation at (b).

Premedication
Buscopan (IV) 40mg
Midazolam (IV) 5mg
Pethidine (IV) 25mg
Xylocaine (spray)

Using the duodenoscope the following upper tract observations were noted.
STOMACH. Gastric ulcer: early healing (regenerative mucosa evident) in the greater curve prepyloric region.

Diagnosis

AMPULLA. Normal.
BILIARY. Extrahepatic: stricture: probably malignant.

Therapeutic procedures

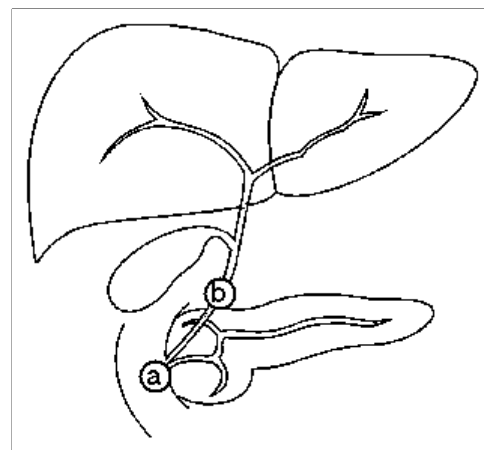
Papillotomy: using bow string, with no bleeding. (site a)
Stent insertion: one straight (length 12 cm, diameter 10 Fr) (b)

Follow up

Return to the ward.

Advice/comments

Suggest spiral CT to look for mass lesion



a: Major papilla
b: Common bile duct

Dr Ann Craymar
Specialist Registrar

The Central Hospital
Endoscopy Unit - Ext 3677
COLONOSCOPY REPORT

Name: **Stephen Rainey**
NHS no: **1234567890**

Address: Unisoft Medical Systems
First Floor
7 London Road
Enfield
EN2 6BN

Date of birth: **21/11/1958**
Case note No: **X123456**

GP: Dr K K Singh
The Clinic
The Town
Enfield EN3 5XX

Procedure date
3rd January 2003

Status: Inpatient/NHS
Hospital: The General Hospital
Ward: B7
Referring Cons: Dr Merrick
(General Medicine)

Indications

Following up a transverse colectomy within the last month. Previous carcinoma.

Consultant/Endoscopist

List consultant: Mr G Cosgrove
Endoscopist No1: Dr T Sangster
Endoscopist No2: Mr G Cosgrove
Nurses: S/N Jane Minkle & Sr Siobhan Rae

Report

Bowel preparation with two sachets of Picolax was good. The colonoscope was inserted via the anus to the caecum. The caecum was identified positively by transillumination and the tri-radiate caecal fold.
Calibre: post operative stricture (length 5cm) at (b). Lesions: 1 pedunculated polyp (10mm) excised, retrieved and sent to labs from (a).
The rest of the examination to the point of insertion was normal.

Instrument
CS 240 - 749237

Premedication
Midazolam (IV) 7.5mg

Diagnoses

Colonic polyps and post operative stricture.

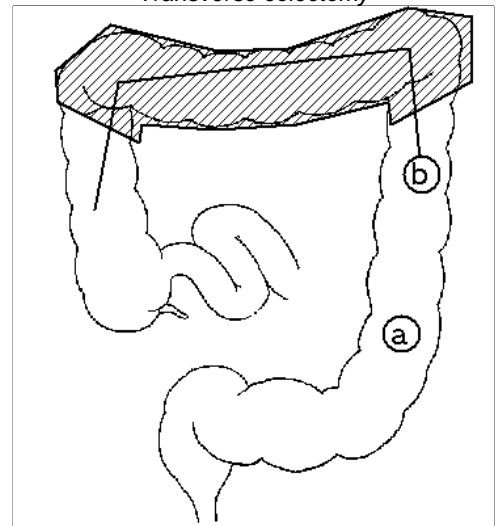
Therapeutic procedures

Polypectomy: 1 excised (site a)
Balloon dilatation (b)

Follow up

Awaiting histopathology results. Further colonoscopy in 3 months.

** Resected colon *
Transverse colectomy*



a: Distal descending
b: An area extending from the proximal descending through the anastomosis to the proximal ascending

Specimens taken
Polyps (x1 site a)

Dr T Sangster
Registrar to Mr Cosgrove

Hospital No
X123456

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The Central Hospital

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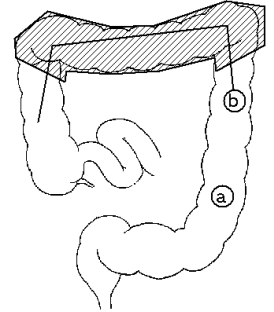
 1 colonic pedunculated polyp from (a)

Clinical findings

Indications. Following up a transverse colectomy within the last month. Previous carcinoma.

Calibre: post operative stricture (length 5cm) at (b).
Lesions: 1 pedunculated polyp (10mm) excised, retrieved and sent to labs from (a).
The rest of the examination to the point of insertion was normal.
Diagnoses. colonic polyps and post operative stricture.

* Resected colon *
Transverse colectomy



a: Distal descending
b: An area extending from the proximal descending through the anastomosis to the proximal ascending

Previous biopsy numbers

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Dr T Sangster