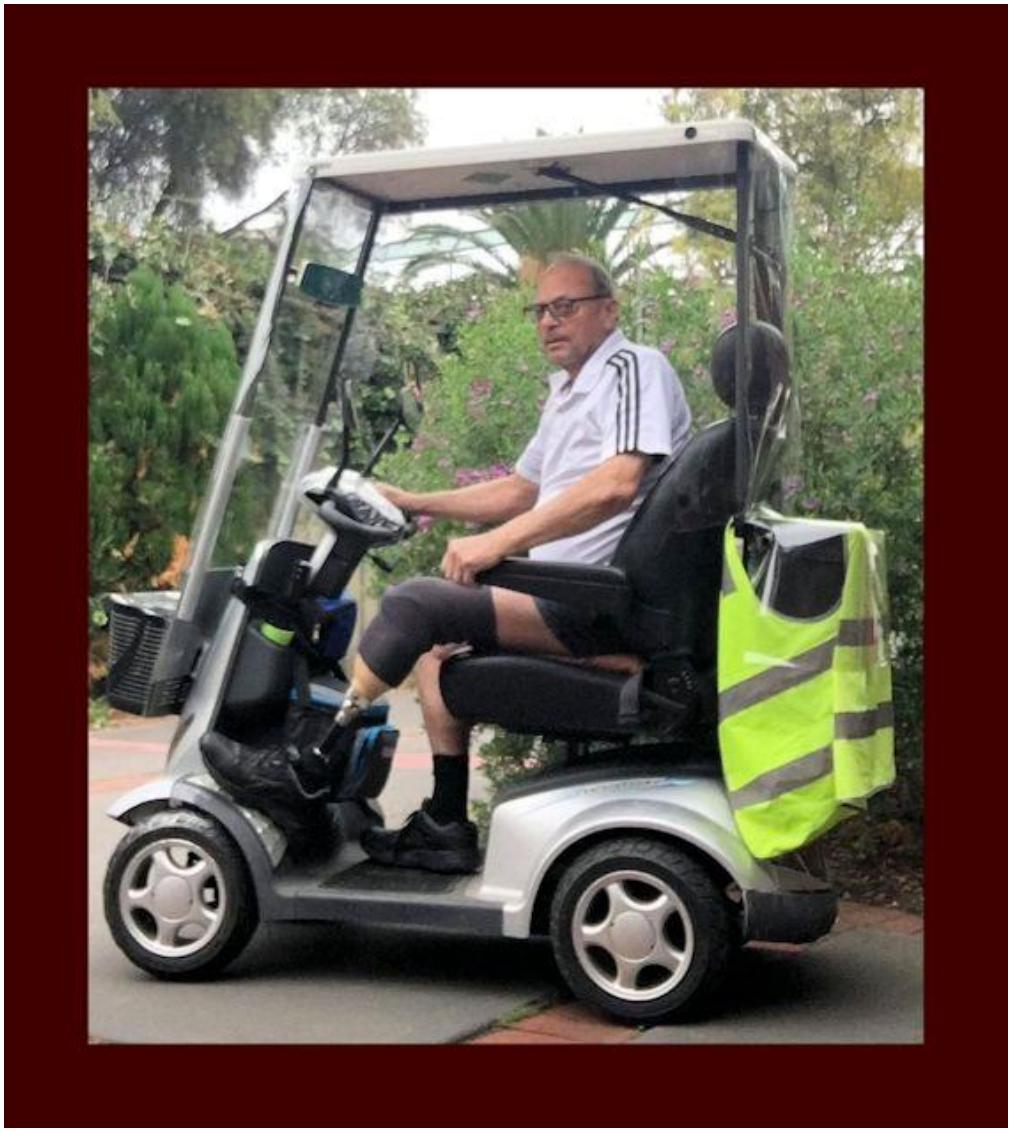


# Medical Diary

# of

# Trevor Alfred Harris

## Born Woodville New Zealand 3 September 1939

By Trevor Alfred Harris (Updated 7 May 2019)

# Table of Contents

# Patient "Trevor Alfred Harris"

Birth Date 3 September 1939.

Unit 3 #29 Woodville Road, Woodville, SA 5011, Ph 0412003447
Queen Elizabeth Hospital Patient Dec 2014-2019 U.R.N: 000830746

## Doctors Past & Present

**Lymphoma Specialists**

Dr Gray (James) 2014,2015,2016

Dr Cheung (Ka Chun) 2017
Dr Jir Ping Boey 2018
Dr Danielle Blunt 2019
Queen Elizabeth Hospital
28 Woodville road, Woodville SA 5011
08 8222 6000

**Amputee Rehab Specialist**
Dr Adrian Winsor from 2014 to 2019
Queen Elizabeth Hospital
28 Woodville road, Woodville SA 5011
08 8222 6000

**Past GP (2018/2019)**
Dr Emily Kilner
Woodville Family Medical Practice
Unit 1, 98-102 Woodville ROAD, WOODVILLE 5011
Phone 08 8445 2618

**Past GP (2017)**
Dr Dalini Selvam
Virginia Medical Centre
Lot 1 Old Port Wakefield Rd, Virginia, SA, 5120
P.O.Box 17 Virginia, SA
Telephone 08 83809145, Fax 08 8380 9999

**Past GP from 2014-2017**
Dr Liew (Fong)
Woodville South Medical Centre
4 Woodville Road, Woodville SA 5011
Ph 08 8345 5341
Email: western.health@gmail.com

**Past GP (2002/2014)**
Dr Sanjay Saluja
Virginia Medical Centre
Lot 1 Old Port Wakefield Rd, Virginia, SA, 5120
P.O.Box 17 Virginia, SA
Telephone 08 83809145, Fax 08 8380 9999
virmedce@promedicus.net

**Past GP (2013/2014)**
Dr Taras Hembram
Clare Medical Centre
41 Old North road, Clare, SA, 5453
PO.Box 237, Clare, SA
Telephone 08 8841 3777, Fax 08 8842 3295

**Lung Specialist (Asbestosis) (2009/2014)**
MBBS FRAcp MCsc, (PN: 2346931K)
Royal Adelaide Hospital
Respiratory & Sleep Medicine
275 North Terrace, Adelaide, 5000, Telephone 08 82225376,

Private Surgery
Northern Respiratory Function Unit
2/23 Philip Highway, Elizabeth, SA 5112,
Telephone 08 8287 2040, Fax 08 8255 5370, nrfu@internode.on.net

**Past Physio (2013)**
Melissa Harris
Physio Clare

326 Main North road, Clare, SA, 5453
Telephone 08 8842 2199

# Immunisation History to May 2019

2005 Tetanus Inoculation Aug Virginia Med centre (Dog bite)

2010 Pneumonia Inoculation (Think lasts 5 years?)

2013 Tetanus Inoculation April 18th Clare Med centre (Crushed fingers)

2014 Flue Inoculation 14th March Virginia Med centre

2015 Flue Inoculation May Woodville South Med Ctr

2016 Flue Inoculation April Woodville South Med Ctr

2017 Flue Inoculation 4 April Woodville South Med Ctr

2017 Pneumonia Booster injection 19 May Woodville South Med Ctr

2018 Flue Inoculation 27 April Woodville Family Medical Centre

2019 Flue Inoculation 30 April Woodville Family Medical Centre

2019 Shingles Inoculation 23 May St Clair Med Centre

# Medical Files by Year

## 1978 Appendicitis:

Trevor Alfred Harris had his Appendix removed (Peritonitis) in 1978

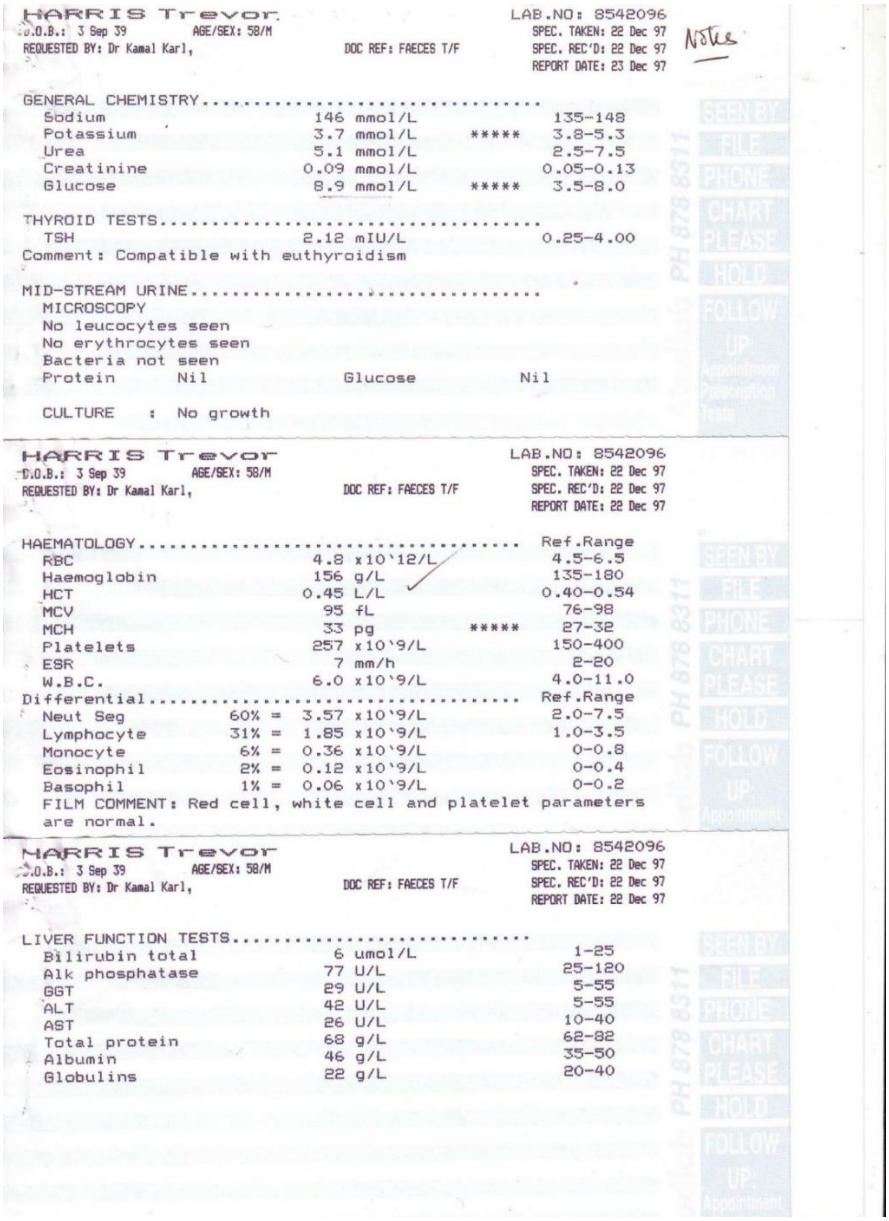
## 1985 Vasectomy:

Had Vasectomy about 1985 (Cut not tied)

## 1990 Haemorrhoid Files

Had operation for Haemorrhoids about 1991

## 1996 Blood Test Files



HARRIS Trevor
D.O.B.: 3 Sep 39 AGE/SEX: 58/M
REQUESTED BY: Dr Kamal Karl, DOC REF: FAECES T/F
LAB.NO: 8542096
SPEC. TAKEN: 22 Dec 97
SPEC. REC'D: 22 Dec 97
REPORT DATE: 23 Dec 97

Notes

GENERAL CHEMISTRY.....

| | | | | |
|---|---|---|---|---|
| Sodium | 146 | mmol/L | | 135-148 |
| Potassium | 3.7 | mmol/L | ***** | 3.8-5.3 |
| Urea | 5.1 | mmol/L | | 2.5-7.5 |
| Creatinine | 0.09 | mmol/L | | 0.05-0.13 |
| Glucose | 8.9 | mmol/L | ***** | 3.5-8.0 |

THYROID TESTS.....

| | | | |
|---|---|---|---|
| TSH | 2.12 | mIU/L | 0.25-4.00 |

Comment: Compatible with euthyroidism

MID-STREAM URINE.....
MICROSCOPY
No leucocytes seen
No erythrocytes seen
Bacteria not seen
Protein Nil Glucose Nil

CULTURE : No growth

HARRIS Trevor
D.O.B.: 3 Sep 39 AGE/SEX: 58/M
REQUESTED BY: Dr Kamal Karl, DOC REF: FAECES T/F
LAB.NO: 8542096
SPEC. TAKEN: 22 Dec 97
SPEC. REC'D: 22 Dec 97
REPORT DATE: 22 Dec 97

| HAEMATOLOGY..... | | | | Ref.Range |
|---|---|---|---|---|
| RBC | 4.8 | x10^12/L | | 4.5-6.5 |
| Haemoglobin | 156 | g/L | | 135-180 |
| HCT | 0.45 | L/L | | 0.40-0.54 |
| MCV | 95 | fL | | 76-98 |
| MCH | 33 | pg | ***** | 27-32 |
| Platelets | 257 | x10^9/L | | 150-400 |
| ESR | 7 | mm/h | | 2-20 |
| W.B.C. | 6.0 | x10^9/L | | 4.0-11.0 |
| Differential..... | | | | Ref.Range |
| Neut Seg | 60% = | 3.57 | x10^9/L | 2.0-7.5 |
| Lymphocyte | 31% = | 1.85 | x10^9/L | 1.0-3.5 |
| Monocyte | 6% = | 0.36 | x10^9/L | 0-0.8 |
| Eosinophil | 2% = | 0.12 | x10^9/L | 0-0.4 |
| Basophil | 1% = | 0.06 | x10^9/L | 0-0.2 |

FILM COMMENT: Red cell, white cell and platelet parameters are normal.

HARRIS Trevor
D.O.B.: 3 Sep 39 AGE/SEX: 58/M
REQUESTED BY: Dr Kamal Karl, DOC REF: FAECES T/F
LAB.NO: 8542096
SPEC. TAKEN: 22 Dec 97
SPEC. REC'D: 22 Dec 97
REPORT DATE: 22 Dec 97

LIVER FUNCTION TESTS.....

| | | | |
|---|---|---|---|
| Bilirubin total | 6 | umol/L | 1-25 |
| Alk phosphatase | 77 | U/L | 25-120 |
| GGT | 29 | U/L | 5-55 |
| ALT | 42 | U/L | 5-55 |
| AST | 26 | U/L | 10-40 |
| Total protein | 68 | g/L | 62-82 |
| Albumin | 46 | g/L | 35-50 |
| Globulins | 22 | g/L | 20-40 |

HARRIS Trevor

LAB. NO. 8051468

D.O.B. : 3 Sep 39
AGE/SEX: 56/M
DOC REF:

REQ'D BY: Dr Kamal Karl,
COPY TO:

SPEC. TAKEN: 13 Feb 96
SPEC. REC'D: 13 Feb 96
REPORT DATE: 13 Feb 96

| | | | | |
|---|---|---|---|---|
| MCV | | 97 fL | | 76-98 |
| MCH | | 36 pg | ***** | 27-32 |
| W.B.C. | | 6.8 x10`9/L | | 4.0-11.0 |
| .....DIFFERENTIAL..... | | | | |
| Neut Seg | 51% = | 3.47 x10`9/L | | 2.0-7.5 |
| Lymphocyte | 39% = | 2.65 x10`9/L | | 1.0-3.5 |
| Monocyte | 7% = | 0.48 x10`9/L | | 0-0.8 |
| Eosinophil | 2% = | 0.14 x10`9/L | | 0-0.4 |
| Basophil | 1% = | 0.07 x10`9/L | | 0-0.2 |
| PLATELET | | 222 x10`9/L | | 150-400 |
| ESR | | 6 mm/h | | 2-20 |

.....COMMENT at 13 Feb 96 .....
Red cells, white cells and platelets appear normal.

721

HARRIS Trevor

LAB. NO. 8051468

D.O.B. : 3 Sep 39
AGE/SEX: 56/M
DOC REF:

REQ'D BY: Dr Kamal Karl,
COPY TO:

SPEC. TAKEN: 13 Feb 96
SPEC. REC'D: 13 Feb 96
REPORT DATE: 14 Feb 96

| | | |
|---|---|---|
| CRP | Negative | |

HARRIS Trevor

LAB. NO. 8051468

D.O.B. : 3 Sep 39
AGE/SEX: 56/M
DOC REF:

REQ'D BY: Dr Kamal Karl,
COPY TO:

SPEC. TAKEN: 13 Feb 96
SPEC. REC'D: 13 Feb 96
REPORT DATE: 15 Feb 96

| | | |
|---|---|---|
| P.S.A. | 3.2 ng/ml | 0-4.0 |

This specimen was tested for PSA by Napier Hospital.

HARRIS Trevor
D.O.B.: 3 Sep 39 AGE/SEX: 58/M
REQUESTED BY: Dr Kamal Karl, DOC REF: NO 1
LAB.NO: 8545343
SPEC. TAKEN: 23 Dec 97
SPEC. REC'D: 23 Dec 97
REPORT DATE: 29 Dec 97

FAECES.....
DESCRIPTION : Loose
Specimen 1

WET FILM : No abnormalities detected.
PARASITOLOGY: No parasites, cysts or ova seen

CULTURE : No Enteric Bacterial Pathogens Isolated.
OCCULT BLOOD: Negative
(Tested by Colon-albumin method.)

HARRIS Trevor
D.O.B.: 3 Sep 39 AGE/SEX: 58/M
REQUESTED BY: Dr Kamal Karl, DOC REF: SPEC NO 2
LAB.NO: 8551597
SPEC. TAKEN: 24 Dec 97
SPEC. REC'D: 24 Dec 97
REPORT DATE: 29 Dec 97

FAECES.....
DESCRIPTION : Soft
Specimen 2

WET FILM : No abnormalities detected.
PARASITOLOGY: No parasites, cysts or ova seen

CULTURE : No Enteric Bacterial Pathogens Isolated.
OCCULT BLOOD: Negative
(Tested by Colon-albumin method.)

HARRIS Trevor
D.O.B.: 3 Sep 39 AGE/SEX: 58/M
REQUESTED BY: Dr Kamal Karl, DOC REF: NO 3
LAB.NO: 8554772
SPEC. TAKEN: 29 Dec 97
SPEC. REC'D: 29 Dec 97
REPORT DATE: 31 Dec 97

FAECES.....
DESCRIPTION : Soft
Specimen 3

WET FILM : No abnormalities detected.
PARASITOLOGY: No parasites, cysts or ova seen

CULTURE : No Enteric Bacterial Pathogens Isolated.
OCCULT BLOOD: Negative
(Tested by Colon-albumin method.)

HARRIS Trevor
D.O.B.: 3 Sep 39 AGE/SEX: 58/M
REQUESTED BY: Dr Kamal Karl, DOC REF: FAECES T/F
LAB.NO: 8542096
SPEC. TAKEN: 22 Dec 97
SPEC. REC'D: 22 Dec 97
REPORT DATE: 30 Dec 97

| | | |
|---|---|---|
| P.S.A. | 2.0 ng/ml | 0-4.0 |

This specimen was tested for PSA by Napier Hospital.

HARRIS Trevor — LAB. NO. 8051468

D.O.B. : 3 Sep 39 | REQ'D BY: Dr Kamal Karl, | SPEC. TAKEN: 13 Feb 96
AGE/SEX: 56/M | COPY TO: | SPEC. REC'D: 13 Feb 96
DOC REF: | REPORT DATE: 13 Feb 96

| | | | |
|---|---|---|---|
| **.....GENERAL CHEMISTRY.....** | | | |
| Urea | 5.0 mmol/L | | 2.5-7.5 |
| Creatinine | 0.10 mmol/L | | 0.05-0.13 |
| Glucose (fasting) | 5.6 mmol/L | | 3.5-6.0 |
| **.....LIVER FUNCTION TESTS.....** | | | |
| Bilirubin total | 12 umol/L | | 5-25 |
| Alk phosphatase | 81 U/L | | 35-95 |
| GGT | 70 U/L | ***** | 5-55 |
| ALT | 73 U/L | ***** | 5-55 |
| AST | 40 U/L | | 10-40 |
| Total protein | 70 g/L | | 62-82 |
| Albumin | 50 g/L | | 35-50 |
| Globulins | 20 g/L | | 20-40 |

719



HARRIS Trevor — LAB. NO. 8051468

D.O.B. : 3 Sep 39 | REQ'D BY: Dr Kamal Karl, | SPEC. TAKEN: 13 Feb 96
AGE/SEX: 56/M | COPY TO: | SPEC. REC'D: 13 Feb 96
DOC REF: | REPORT DATE: 13 Feb 96

| | | | |
|---|---|---|---|
| **ELECTROLYTES.....** | | | |
| Sodium | 144 mmol/L | | 135-148 |
| Potassium | 3.8 mmol/L | | 3.8-5.3 |
| **.....FASTING LIPID TESTS.....** | | | |
| Cholesterol, total | 6.4 mmol/L | ***** | 2.0-6.0 |
| Triglyceride | 2.50 mmol/L | ***** | 0.3-2.0 |
| HDL Cholesterol | 1.3 mmol/L | | over 1.0 |
| LDL Cholesterol | 3.9 mmol/L | | under 4.8 |
| Total/HDL Chol Ratio: | 4.8 | | under 5.5 |
| **.....HAEMATOLOGY.....** | | | |
| | | | Ref.Range |
| RBC | 4.5 x10`12/L | | 4.5-6.5 |
| HAEMOGLOBIN | 166 g/L | | 135-180 |
| HCT | 0.44 L/L | | 0.40-0.54 |

720

SEEN BY FILE PHONE CHART PLEASE HOLD FOLLOW UP: Appointment Prescription Tests
MedTab PH 878 8311

HARRIS Trevor
D.O.B.: 3 Sep 39 AGE/SEX: 59/M
REQUESTED BY: Dr Kamal Karl

LAB.NO: 1043497
SPEC. TAKEN: 14 Jan 99
SPEC. REC'D: 14 Jan 99
REPORT DATE: 14 Jan 99

| HAEMATOLOGY | | | Ref.Range |
|---|---|---|---|
| RBC | 4.9 | x10^12/L | 4.5-6.5 |
| Haemoglobin | 161 | g/L | 135-180 |
| HCT | 0.47 | L/L | 0.40-0.54 |
| MCV | 94 | fL | 76-98 |
| MCH | 32 | pg | 27-32 |
| Platelets | 236 | x10^9/L | 150-400 |
| W.B.C. | 6.8 | x10^9/L | 4.0-11.0 |
| **Differential** | | | **Ref.Range** |
| Neut Seg | 55% = 3.74 | x10^9/L | 2.0-7.5 |
| Lymphocyte | 35% = 2.38 | x10^9/L | 1.0-3.5 |
| Monocyte | 7% = 0.48 | x10^9/L | 0-0.8 |
| Eosinophil | 2% = 0.14 | x10^9/L | 0-0.4 |
| Basophil | 1% = 0.07 | x10^9/L | 0-0.2 |

FILM COMMENT: Red cell, white cell and platelet parameters are normal.



HARRIS Trevor
D.O.B.: 3 Sep 39 AGE/SEX: 59/M
REQUESTED BY: Dr Kamal Karl

LAB.NO: 1043497
SPEC. TAKEN: 14 Jan 99
SPEC. REC'D: 14 Jan 99
REPORT DATE: 14 Jan 99

| GENERAL CHEMISTRY | | | |
|---|---|---|---|
| Glucose | 3.7 | mmol/L | 3.5-8.0 |
| **LIPID TESTS** | | | |
| Cholesterol, total | 5.7 | mmol/L | 2.0-6.0 |

Medlab PH 878 8311
SEEN BY
FILE
PHONE
CHART PLEASE
HOLD
FOLLOW UP:
Appointment
Prescription

HARRIS Trevor
D.O.B.: 3 Sep 39 AGE/SEX: 59/M
REQUESTED BY: Dr Kamal Karl

LAB.NO: 1043497
SPEC. TAKEN: 14 Jan 99
SPEC. REC'D: 14 Jan 99
REPORT DATE: 19 Jan 99

| | | | |
|---|---|---|---|
| P.S.A. | 2.2 | ng/ml | 0-4.0 |

Specimen tested for PSA by Hawkes Bay Hospital.

Medlab PH 878 8311
SEEN BY
FILE
PHONE
CHART PLEASE
HOLD
FOLLOW UP:
Appointment
Prescription
Tests

## 1996 Cheek (Mark on right cheek) Files

Dr Karl removed a Lesion with scalpel

Medlab Hawkes Bay

ROYSTON LABORATORY, Knight Street, Hastings
Telephone 06-878 8311 Facsimile 06-878 9189
MEDICAL LABORATORY, Vautier Street, Napier
Telephone 06-835 8889 Facsimile 06-835 8889

| | | | |
|---|---|---|---|
| **PATIENT:** | HARRIS Trevor | **RECEIVED:** | 14/02/96 |
| **DOB:** | 03/09/39 | **REPORTED:** | 19/02/96 |
| **SEX:** | M | **COPYTO:** | Dr K Karl |
| **HISTO NO:** | 96 N336 | | |
| **REQUEST NO:** | 96/8054306 | | LJ/AJD |

**HISTOLOGY REPORT**

**CLINICAL INFORMATION:**
Skin biopsy, right cheek

**MACROSCOPIC:**
The specimen comprises an ellipse of skin measuring 1.5 x 1 x 0.3cm. A lesion is not identified in this fixed material.

**MICROSCOPIC:**
Sections show sun-damaged, hairy skin. The epidermis is irregularly thickened, mildly papillomatous and shows hypergranulosis and hyperkeratosis. There are sebaceous lobules high in the dermis and present at the base of the epidermis, focally.

There is no evidence of dysplasia or malignancy.

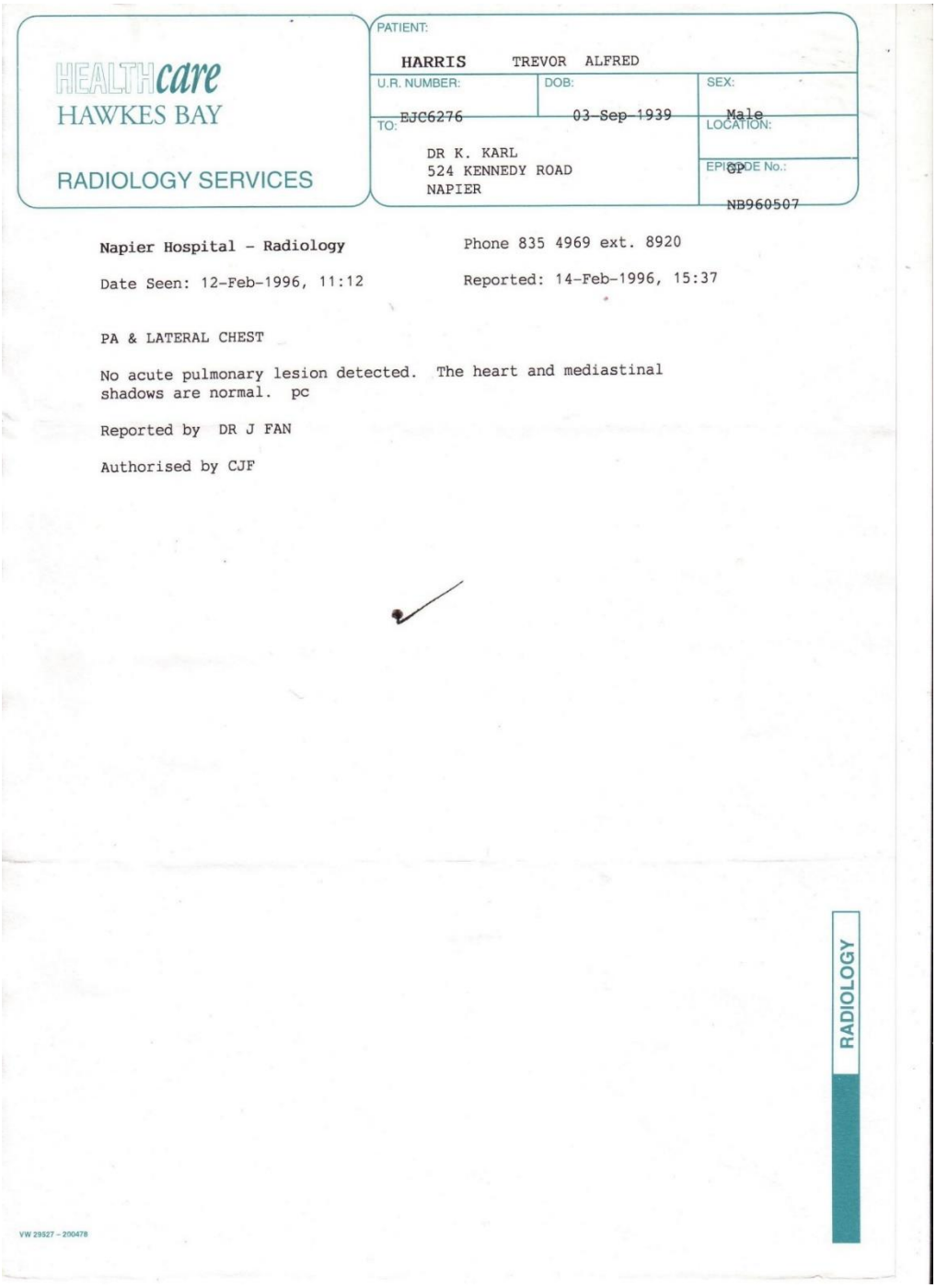
The features suggest an organoid naevus (naevus sebaceous of Jadassohn).

The lesion is present at one margin of the specimen.

**DIAGNOSIS:**
SKIN, RIGHT CHEEK - Consistent with organoid naevus (naevus sebaceous of Jadassohn)

**PATHOLOGIST:** Dr L Joblin

## 1996 Heart Files



HEALTHcare
HAWKES BAY

RADIOLOGY SERVICES

PATIENT:
HARRIS TREVOR ALFRED

U.R. NUMBER: EJC6276
DOB: 03-Sep-1939
SEX: Male

TO:
DR K. KARL
524 KENNEDY ROAD
NAPIER

LOCATION:
GP

EPISODE No.:
NB960507

Napier Hospital - Radiology Phone 835 4969 ext. 8920

Date Seen: 12-Feb-1996, 11:12 Reported: 14-Feb-1996, 15:37

PA & LATERAL CHEST

No acute pulmonary lesion detected. The heart and mediastinal shadows are normal. pc

Reported by DR J FAN

Authorised by CJF

RADIOLOGY

VW 29527 - 200478

STATION STREET
PO Box 4114
Napier
Phone (06) 835-4999

CITY MEDICAL
STATION STREET

Pharmacy Stamp

Y J A O
1 2 3
Z

CITY MEDICAL
STATION STREET

ITEM COUNT

SUBSIDY CARD

MR [A3]
Trevor
HARRIS (20409)
200 WHIRINAKI RD
R.D.2
NAPIER
Ph : 8366217 DOB: 3Sep39

9Feb96 9:12AM
Dear Dr Kamal Karl

DIAGNOSIS/MANAGEMENT

ECG as requested
by Dr. Karl.

MR [A3]
Trevor
HARRIS
200 WHIRINAKI RD
R.D.2
NAPIER
DOB: 3Sep39

9Feb96

| | Period Quantity | Disp. | Dispensing Date | Pharmacist Initials |
|---|---|---|---|---|
| Rx | | 1 | | |
| | | 2 | | |
| | | 3 | | |
| | | | | |
| Rx | | 1 | | |
| | | 2 | | |
| | | 3 | | |
| | | | | |
| Rx | | 1 | | |
| | | 2 | | |
| | | 3 | | |
| | | | | |

Certified Extended Supply

Printing courtesy of Eli Lilly & Co (NZ) Ltd

Dr A. Van der Walt.

NZMC NO.

SIGNATURE OF PRESCRIBER / / DATE

ACC DIAGNOSIS
D.O.A.
REG. No.

M46 NUMBER

SEEN BY: A. Van der Walt

CITY MEDICAL, STATION STREET, BOX 4114, NAPIER

GST 63-094-889

CODE: Y J A O

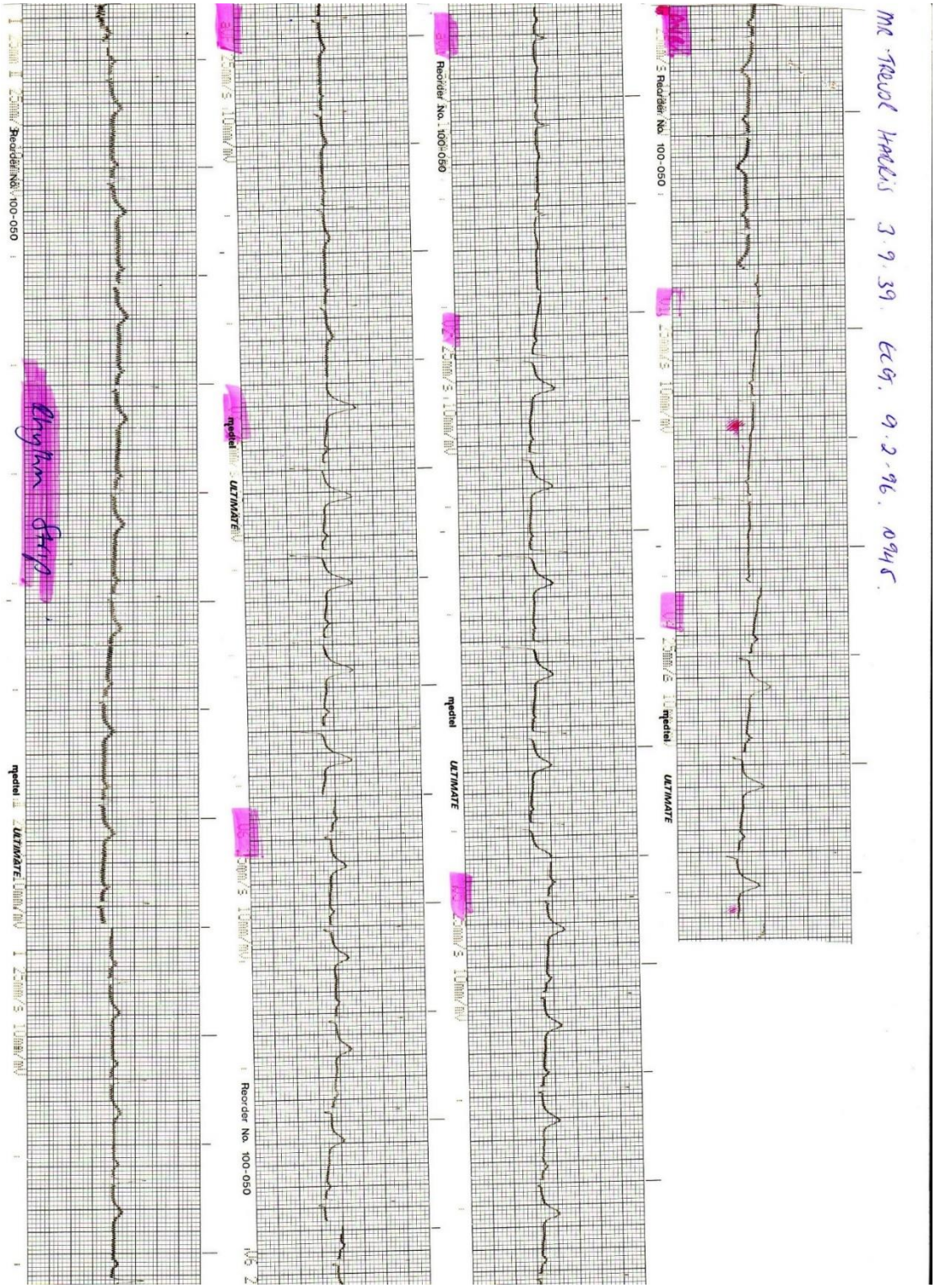
TYPE: IMM GMS ACC MAT 1 2 3 Z

SEEN BY DR:

RECEIVED FROM:

AMOUNT $ ~~15.00~~ 15.25Q

DATE: SIGNED


Mr Trevor Hawkins 3.9.39. ECG. 9-2-96. 0946.
Rhythm strip
Recorder No. 100-050
rqedtel
ULTIMATE

## 2000 Right Foot Files

Perrett
Medical Imaging Pty Ltd

Telephone (08) 8402 0000
Facsimile (08) 8402 0101
Email: perrett@perrett.com.au
Internet: www.perrett.com.au

X-ray, Mammography
Bone Densitometry
Ultrasound
CT Scanning

Magnetic Resonance Imaging
Nuclear Medicine
Digital Angiography
Interventional Radiology

Port Adelaide Medical Centre
Wait
TJ

Dr T M Siaw, Trinity Medical Centre 12A Port Canal Shopping Centre Port Adelaide 5015

**RE: Mr Trevor HARRIS DOB: 03/09/39 Folio: 92266-1**
**70 Tarqui Drive Paralowie 5108**

**RIGHT ANKLE AND FOOT**

Soft tissue swelling is noted over the lateral malleolus, extending down along the lateral aspect of the foot where there appears to be an avulsion fracture from the lateral margin of the distal calcaneum adjacent to the calcaneo-cuboid joint. Soft tissue thickening is noted over this region. Several ossicles are present around the tip of the fibula, these appear longstanding and are unlikely to represent a bony injury. The tip of the 5th metatarsal appears intact. No other bony injury can be seen. Degenerative changes are noted around the 1st MP joints. The other MP joints are quite well preserved. There is no evidence of any ankle joint effusion or bony loose bodies.

Thank you for referring this patient.

Brian Parkinson

Mr TREVOR HARRIS 14th December 2000

A064 S2000

## 2002 Shingles

I had Shingles in 2002

## 2003 Feet Files

Benson radiology
Diagnostic Radiologists

Head Office
559 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr P J Anderson
Dr A J Smith
Dr A B Ufturkar
Dr R C Edwards
Dr B S Ganguly
Dr B E Clark
Dr P B Hopkins
Dr N B Davidson
Dr R F Hannan
Dr R D Hollis
Dr Nick H P Tan
Dr J I Robinson
Dr M W J Hayward
Dr J R Nelson
Dr D A Donovan
Dr A C Biggs

**Gawler Health Service**

**HARRIS Mr Trevor (DOB: 03/09/39)**
**PO Box 454**
**(Lot 3 Tatura Ave, Two Wells) VIRGINIA 5120**

**Dr D J London**
**adelrdl@promedicus.net**
**703905-1**
**12th November 2003**
**ur:**

**RIGHT ANKLE**

There is an oblique fracture of the distal fibular with slight over riding and separation of the fragments. No other fracture detected.

Nick Tan

**Mr Trevor HARRIS - RIGHT ANKLE 12/11/03** **HPT/HMN**

**RE: Mr Trevor HARRIS dob: 03/09/39 Folio: 92266-1**
**PO Box 454 Virginia 5120**

**RIGHT ANKLE**
The lateral malleolar fragments have united in good position with plate fixation. No local complicating features seen in relation to the plate screws. The ankle joint space is well maintained. Normal soft tissue outlines seen.

Thank you for referring this patient.

Bronte Hockley

EMAILED



MIA

Benson radiology
Diagnostic Radiologists

Head Office
229 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr A B Utturkar
Dr R C Edwards
Dr B S Ganguly
Dr B E Clark
Dr N B Davidson
Dr R F Hannan
Dr R D Holle
Dr J I Robinson
Dr M W J Hayward
Dr J R Nelson
Dr D A Donovan
Dr A C Biggs
Dr S F Hobbs
Dr J E Copley

Salisbury

**HARRIS Mr Trevor (DOB: 03/09/39)**
**PO Box 454**
**(Lot 3 Tatura Ave, Two Wells) VIRGINIA SA 5120**

**Dr J Mohsin**
**virmedce@promedicus.net**
**703905-1**
**27th December 2006**
**ur:**
**ABU:MLM**

**XRAY LEFT FOOT**

**Clinical:**
Degenerative and spur formation.

**Findings:**
There is a plantar calcaneal spur. There is slight lack of definition of the under surface of the calcaneum approximately 1cm distal to the spur ? some erosive change. There is a little soft tissue swelling in the underlying region.

There are advanced changes of osteoarthritis in the 1st MTP joint almost amounting to hallux rigidus.

No other significant bone or joint abnormality is shown.

Anil Utturkar

**Dr Anil Utturkar**

# 2003 Prostrate/Testicular Files

Perrett Medical Imaging

A Member Practice of MIA Group Limited
Port Adelaide Medical Centre

Dr C Le, 44 Osborne Road North Haven 5018

Deliver, TG

**RE: Mr Trevor HARRIS dob: 03/09/39 Folio: 92266-1**
**PO Box 454 Virginia 5120**

## RENAL TRACT ULTRASOUND

There was a little scarring in the lower pole of the right kidney. The renal parenchyma on each side otherwise appeared normal as did the central echo complex. The right kidney measured 100mm in its long axis and the left 111mm.

No abnormality could be seen in the bladder which contained 225mls of urine when examined and 135mls after micturition and 62mls after a second micturition.

The prostate was enlarged measuring 57ccs in volume.

## SCROTAL ULTRASOUND

The testes are normal in size. the right measuring 14ccs in volume and the left 13ccs.

On the left side there was a 3 x 5mm small hypodensity in the testis which showed no evidence of any vascularity.

Neoplasm cannot be excluded and further investigations are suggested.

Perrett Medical Imaging

A Member Practice of MIA Group Limited

Vascularity in each testis was normal.

There is a 4mm cyst in the head of the right epididymis and a 5mm cyst in the head of the left. There is a left hydrocele and there was a small mobile concretion here of no significance.

No further extra testicular abnormality could be seen.

Thank you for referring this patient.

Owen Morgan



199 Ward street North Adelaide SA 5006
PO Box 129 North Adelaide SA 5006
tel: (08) 8402 0022 fax: (08) 8402 0101
perrett@perrett.com.au www.perrett.com.au

MIA

Perrett
Medical Imaging

A Member Practice of MIA Group Limited

Port Adelaide Medical Centre

Dr J Aspinall, Harley Chambers 63 Palmer Place North Adelaide 5006
jaspin@promedicus.net

Wait, TAJ

**RE: Mr Trevor HARRIS dob: 03/09/39 Folio: 92266-1**
**PO Box 454 Virginia 5120**

**ULTRASOUND SCROTUM**

The small hypoechoic in the left testis was again noted. This was ill-defined and a little elongated and appeared to be very close to the mediastinum. This is probably minimal duct ectasia only. This was of similar appearance to the earlier scan and was unchanged.

Elsewhere in that testis and the right testis were both clear. There were very small cysts in each epididymal head. Both epididymes were hypoechoic in keeping with post-vasectomy changes. There was a small left side hydrocele also.

Thank you for referring this patient.

Robert Norman

EMAILED

**Mr TREVOR HARRIS 17th September** 2003

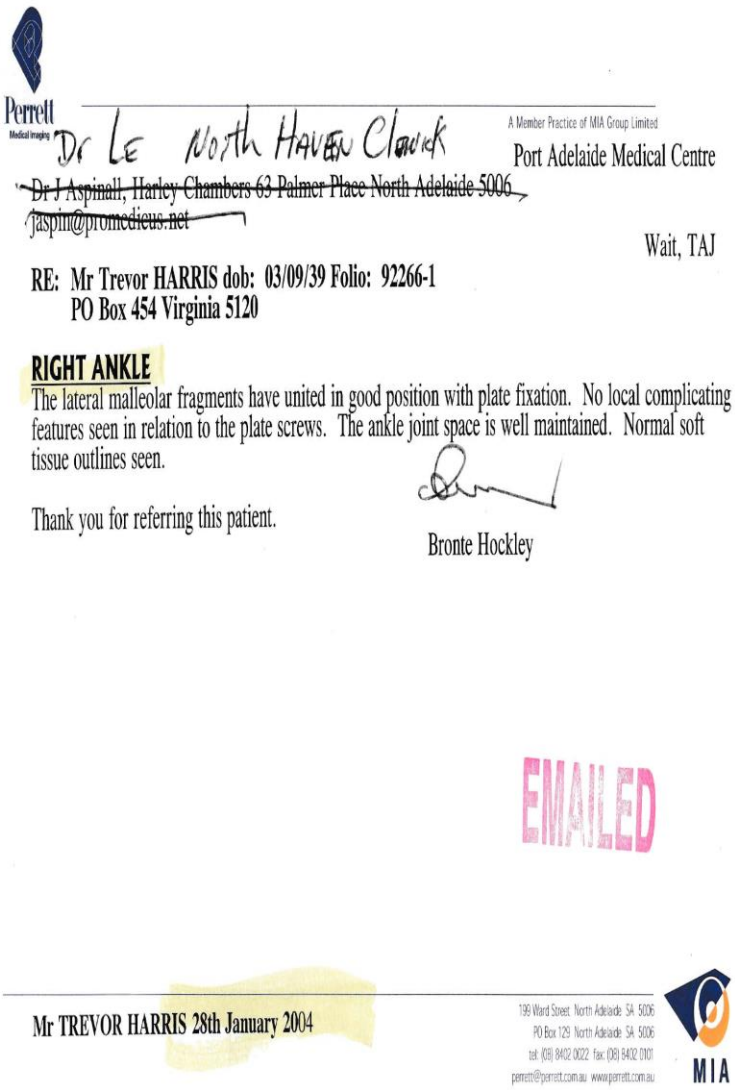
199 Ward Street North Adelaide SA 5006
PO Box 129 North Adelaide SA 5006
tel: (08) 8402 0022 fax: (08) 8402 0101
perrett@perrett.com.au www.perrett.com.au

MIA

## 2003 Prostrate

TURP Operation at the Wakefield Hospital carried out by Dr J Aspinall.

## 2004 Right Ankle Files



Perrett Medical Imaging

Dr LE North Haven Clinic

A Member Practice of MIA Group Limited

Port Adelaide Medical Centre

~~Dr J Aspinall, Harley Chambers 63 Palmer Place North Adelaide 5006~~

~~jaspin@promedicus.net~~

Wait, TAJ

RE: Mr Trevor HARRIS dob: 03/09/39 Folio: 92266-1
PO Box 454 Virginia 5120

**RIGHT ANKLE**

The lateral malleolar fragments have united in good position with plate fixation. No local complicating features seen in relation to the plate screws. The ankle joint space is well maintained. Normal soft tissue outlines seen.

Thank you for referring this patient.

Bronte Hockley

EMAILED

Mr TREVOR HARRIS 28th January 2004

199 Ward Street North Adelaide SA 5006
PO Box 129 North Adelaide SA 5006
tel: (08) 8402 0022 fax: (08) 8402 0101
perrett@perrett.com.au www.perrett.com.au

MIA

## 2004 Spine Xray files

Perrett
Medical Imaging

A Member Practice of MIA Group Limited

Port Adelaide Medical Centre

Dr C Le, 44 Osborne Road North Haven 5018

Wait, VAW
Rep: 01/06/04

**RE: Mr Trevor HARRIS dob: 03/09/39 Folio: 92266-1**
**PO Box 454 Virginia 5120**

**CERVICAL SPINE XRAYS**

There is mild straightening of the normal positional cervical lordosis. There is disc space thinning and endplate changes most pronounced at C3-4 and C5-6 and C6-7, at C3-4 most prominently there is posterior endplate spurring which does encroach onto the area of the bony spinal canal. There is bony foraminal narrowing of the left C4, C5, C6 and C7 exit foramen. There is prominent apophyseal degenerative change at the left side of C3-4 and C4-5 and C5-6. No evidence of a cervical rib. Minor osteophytes at the lateral aspect of the C1-2 lateral mass articulations. No abnormal prevertebral soft tissue is identified.

Thank you for referring this patient.

Evelyn Kat

**Mr TREVOR HARRIS 1st June 2004@**

199 Ward Street North Adelaide SA 5006
PO Box 129 North Adelaide SA 5006
tel (08) 8402 8022 fax (08) 8402 0101
perrett@perrett.com.au www.perrett.com.au

MIA

# 2006 Left Foot Xray Files

Benson radiology
Diagnostic Radiologists

Head Office
229 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr A B Utturkar
Dr R C Edwards
Dr B S Ganguly
Dr B E Clark
Dr N B Davidson
Dr R F Hannan
Dr R D Hoile
Dr J I Robinson
Dr M W J Hayward
Dr J R Nelson
Dr D A Donovan
Dr A C Biggs
Dr S F Hobbs
Dr J E Copley

Salisbury

HARRIS Mr Trevor (DOB: 03/09/39)
PO Box 454
(Lot 3 Tatura Ave, Two Wells) VIRGINIA SA 5120

Dr J Mohsin
virmedce@promedicus.net
703905-1
27th December 2006
ur:
ABU:MLM

**XRAY LEFT FOOT**

**Clinical:**
Degenerative and spur formation.

**Findings:**
There is a plantar calcaneal spur. There is slight lack of definition of the under surface of the calcaneum approximately 1cm distal to the spur ? some erosive change. There is a little soft tissue swelling in the underlying region.

There are advanced changes of osteoarthritis in the 1st MTP joint almost amounting to hallux rigidus.

No other significant bone or joint abnormality is shown.

**Dr Anil Utturkar**

## 2007 Back Files

Benson radiology
Diagnostic Radiologists

Head Office
229 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr A B Ufuntar
Dr R C Edwards
Dr B B Ganguly
Dr B E Clark
Dr N B Davidson
Dr R F Hannan
Dr R D Hole
Dr J I Robinson
Dr M W J Hayward
Dr J R Nelson
Dr D A Donovan
Dr A C Biggs
Dr S F Hobbs
Dr J E Copley
Dr E M Yap

Salisbury

HARRIS Mr Trevor (DOB: 03/09/39)
PO Box 454
VIRGINIA SA 5120

Dr S R Nitchingham
virmedce@promedicus.net
703905-1
20th March 2007
ur:
BEC/SUB

**CT LUMBAR SPINE**

**Clinical:**
"Low back pain. Right sided sciatica".

**Findings:**
Please note that there are no plain films for comparison but the lateral CT scout image shows reasonable vertebral body heights and disc heights.

**L1-2 level:**
No significant lesion seen.

**L2-3 level:**
Within normal range apart from some degenerative change in the intervertebral joints.

**L3-4 level:**
Anterior disc marginal osteophytes which are emphasised on the right side. There was a moderate broad based disc prominence at this level (please allow for scoliosis when assessing this level). Safe exit of the L3 nerve roots. No significant compromise of the thecal sac identified. The canal is somewhat narrowed by the mild broad based disc prominence and rather short pedicles. There are very prominent degenerative changes noted in the intervertebral joints.

**L4-5 level:**
Again there is a moderate broad based disc bulge producing a degree of canal stenosis but no clear compromise of the thecal sac or origin of L5 nerve roots. Safe exit of the L4 nerve roots. Again some degenerative change noted in the joints, somewhat less than at the level above.

**L5-S1 level:**
No significant disc pathology. Safe exit of the L5 nerve roots.

Fairly marked degenerative change noted in the joints at this level and medial joint osteophytes due produce a degree of bony canal stenosis and these osteophytes are extremely close to the S1 nerve roots whose lateral recesses are narrowed and this may be a source of irritation. However there is no associated disc prolapse.

Dr Bruce Clark

Surname: HARRIS First Name: TREVOR DOB: 3/0 1939

Patient Address: 19 TATURA AVENUE TWO WELLS SA 5501

Referring Dr: Provider No: 2725653

REBECCA ROSE(CHI)

14 NORTHCOTE TCE

GILBERTON SA 5081

Patient: HARRIS, TREVOR Episode: 0316971

Exam Date: 16/01/2008 10:54:57 AM

Report: MRI LUMBAR SPINE

HISTORY:

The history of constant right-sided sciatica is noted.

The patient reported chronic back pain for two years.

No recent injury was noted.

The patient reported pain in the right L5-S2 dermatome distribution.

TECHNIQUE:

Sagittal T1W, T2W

Axial T2W L3-S2)

FINDINGS:

There is loss of signal in the L2-S1 discs in keeping with disc dehydration.

There is moderate associated loss of L4/5 disc height.

There is a large broad based disc bulge identified at the L4/5 level.

The disc bulge is noted to extend to the right lateral recess.

There is impingement of the right and left L5 nerve roots in the spinal cana

The lumbar nerve roots are noted to exit freely through the neural foramin

There are mild degenerative changes of the right and left facet joints at the L4/5 and L5 levels.

The spinal cord / conus ends at the T12 /L1 disc level.

There is no extradural mass lesion identified.

The signal intensity of the bone marrow is within normal limits.

There is normal signal intensity of the spinal cord.

COMMENT:

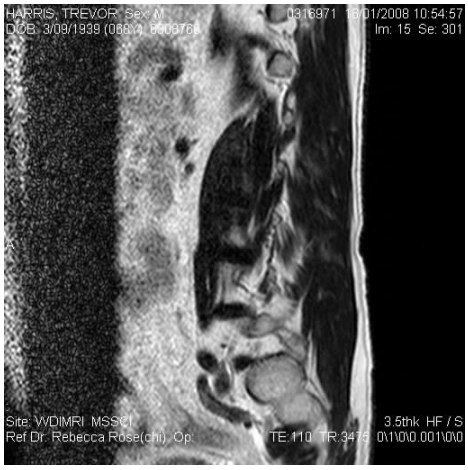
There is a large right central L4/5 disc bulge with nerve root impingement as described

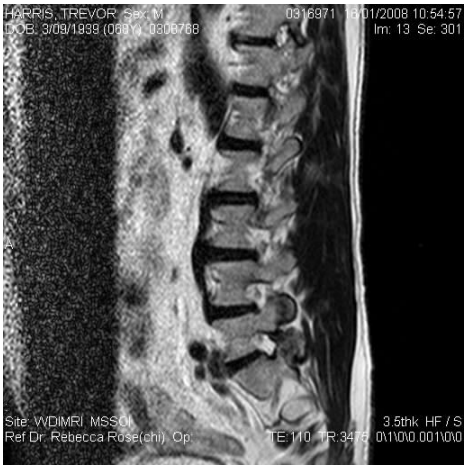
Where there are clinical signs of motor dysfunction or loss of reflexes, specialist review may be required.

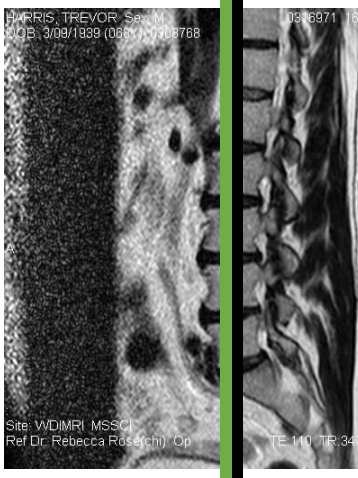
Thank you for referring this patient,

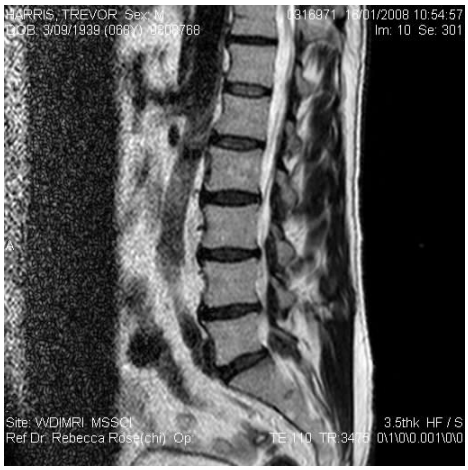
Dr Jacqueline Kew

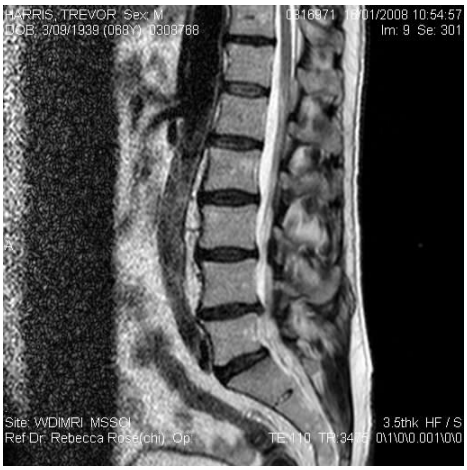
Study also reviewed by Dr Rebecca Linke

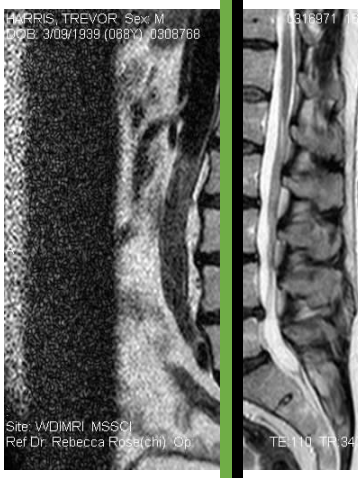

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 15 Se: 301
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

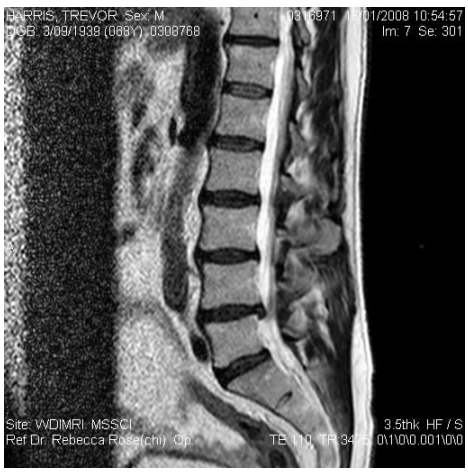

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 13 Se: 301
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

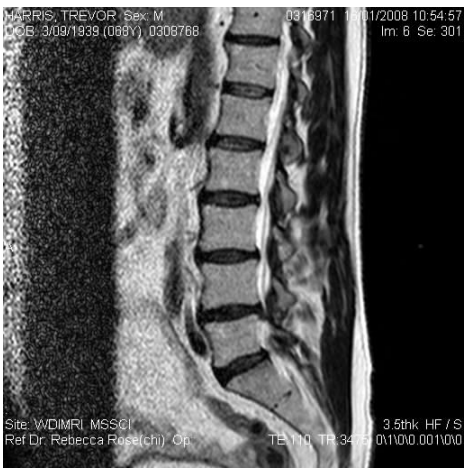

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

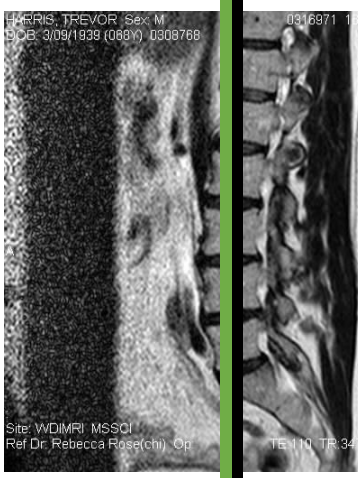

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 10 Se: 301
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

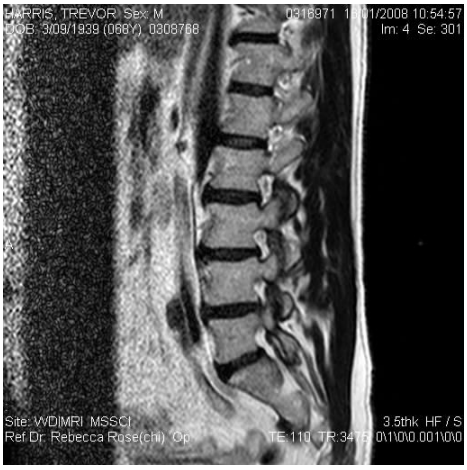

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 9 Se: 301
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

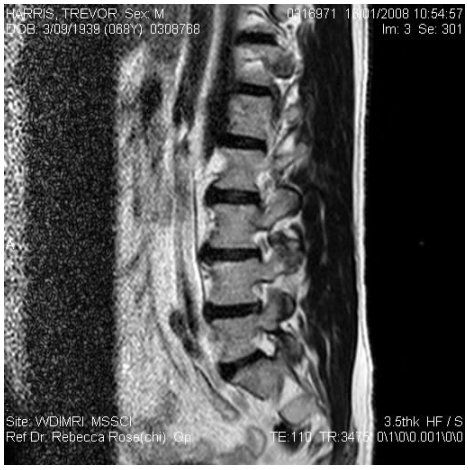

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

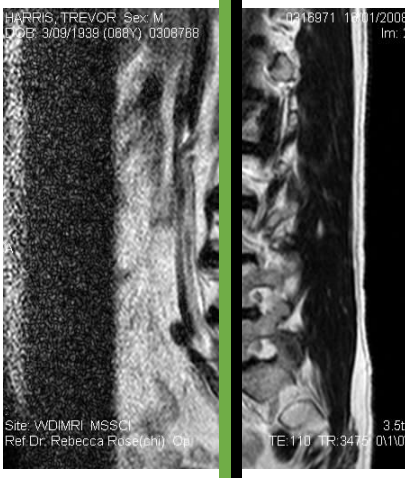

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 7 Se: 301
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

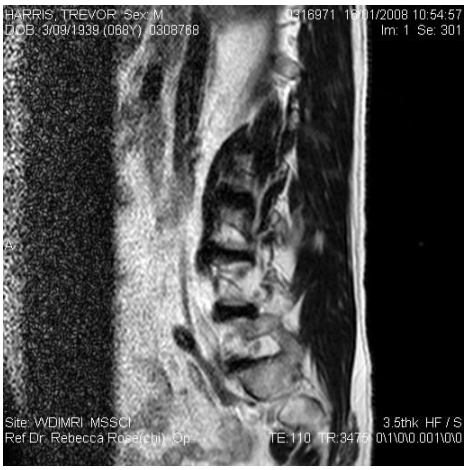

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 6 Se: 301
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

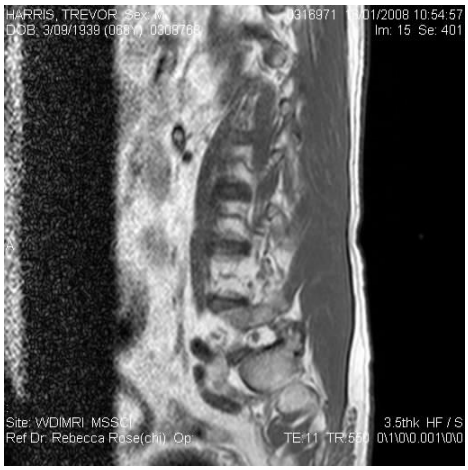

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

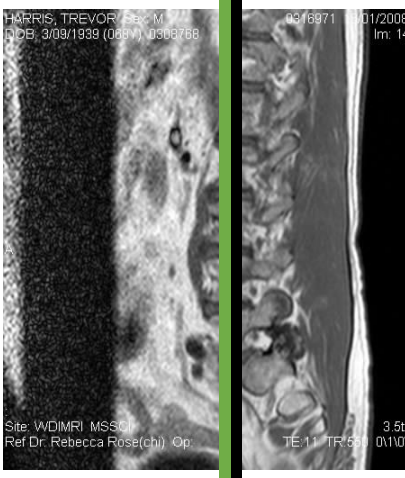

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 4 Se: 301
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

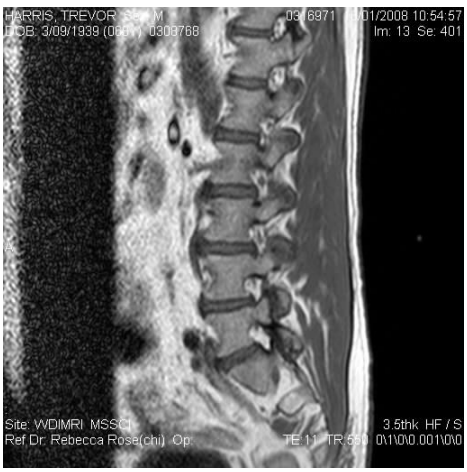

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 3 Se: 301
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

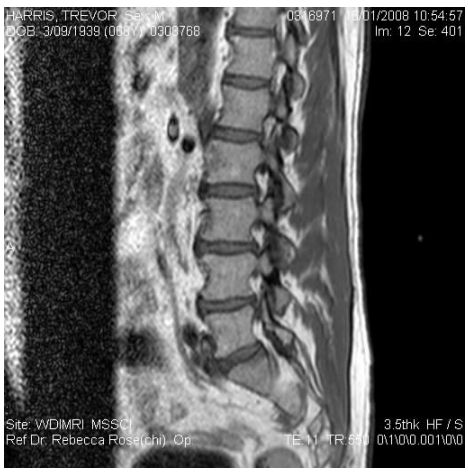

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

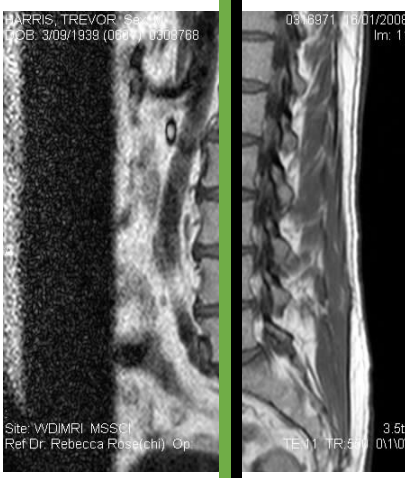

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 1 Se: 301
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

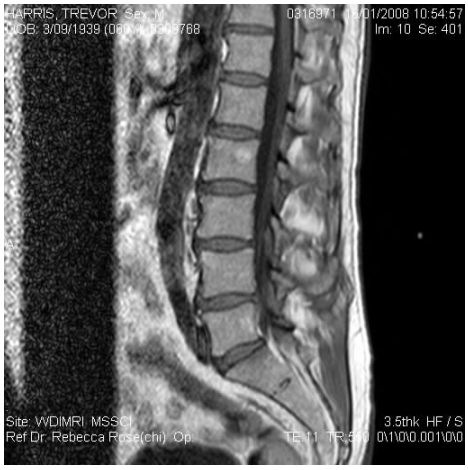

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 15 Se: 401
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

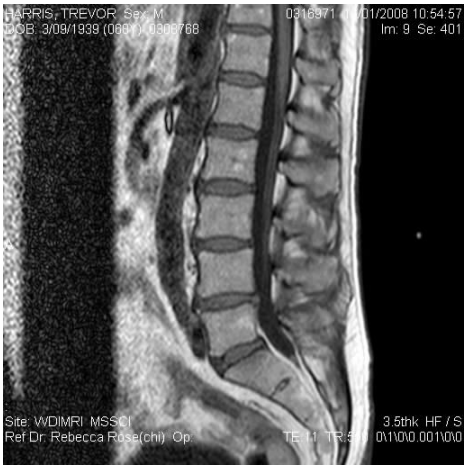

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

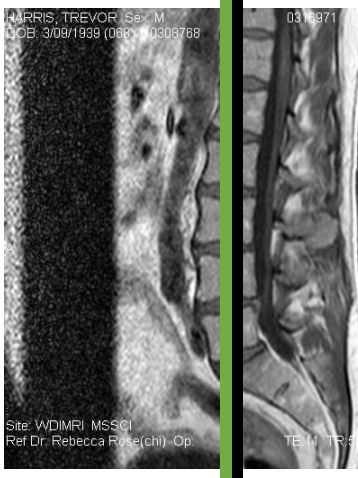

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 13 Se: 401
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

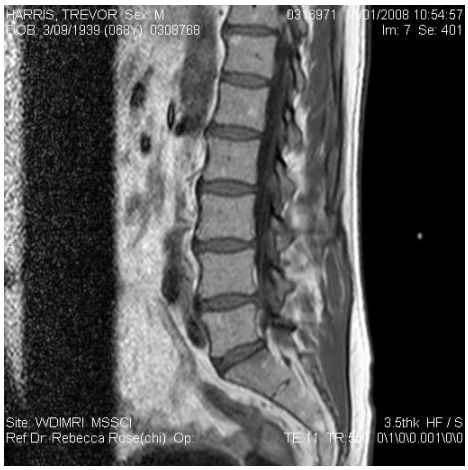

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 12 Se: 401
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
3.5thk HF / S

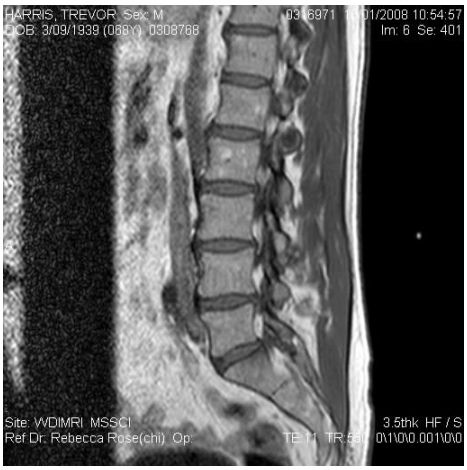

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

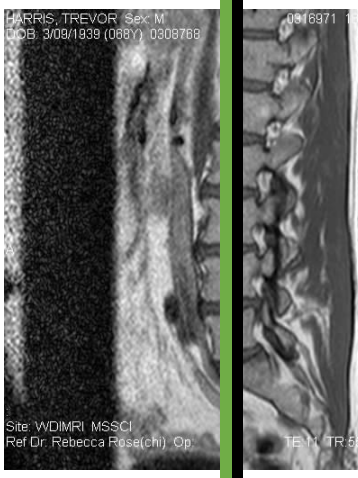

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 10 Se: 401
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op
3.5thk HF / S

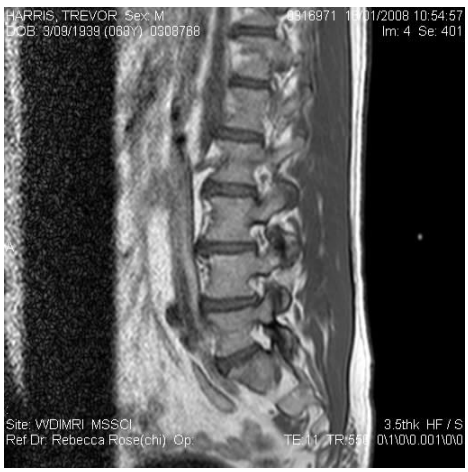

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 9 Se: 401
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op
3.5thk HF / S

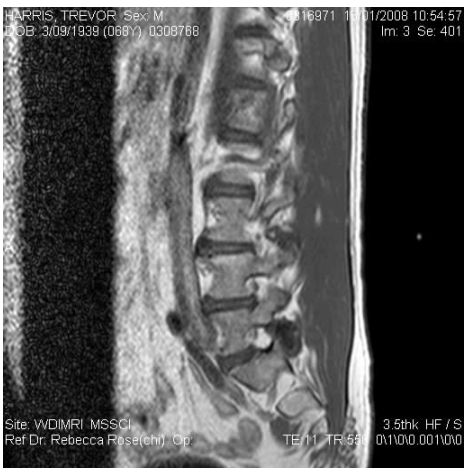

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op

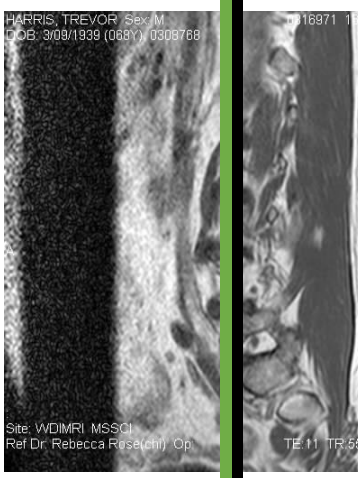

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 7 Se: 401
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op
3.5thk HF / S

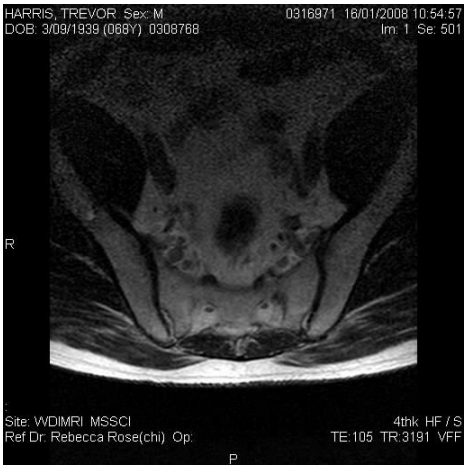

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 6 Se: 401
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op
3.5thk HF / S

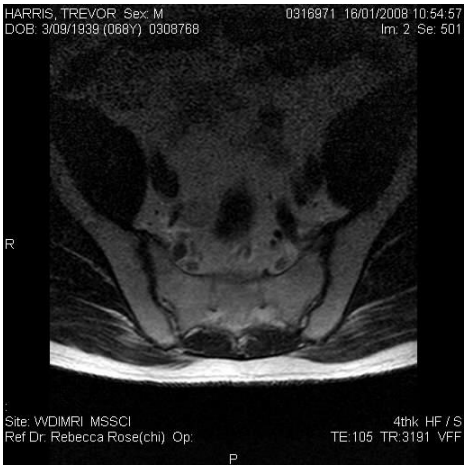

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op

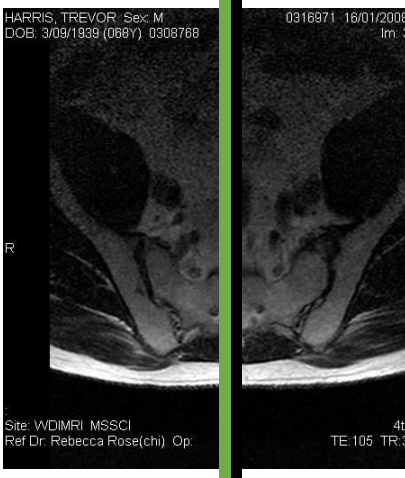

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 4 Se: 401
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op
3.5thk HF / S

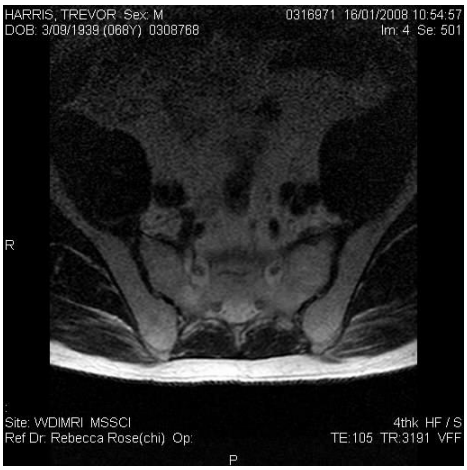

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Im: 3 Se: 401
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op
3.5thk HF / S

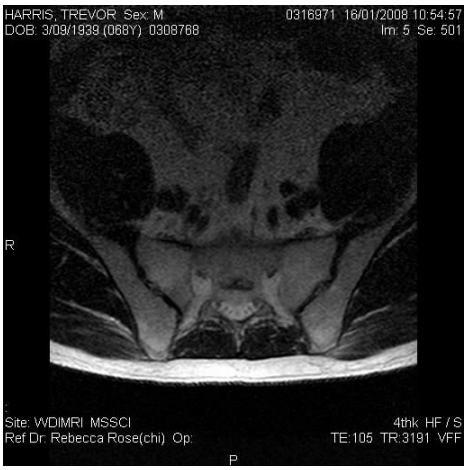

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op

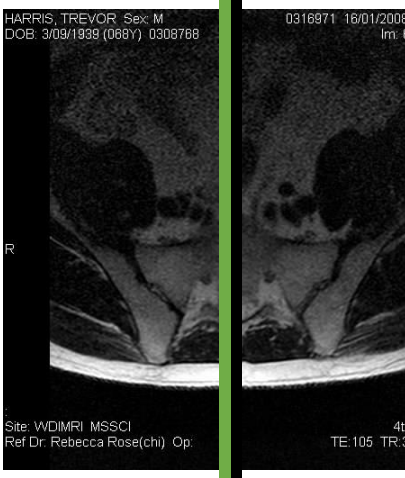

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 1 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

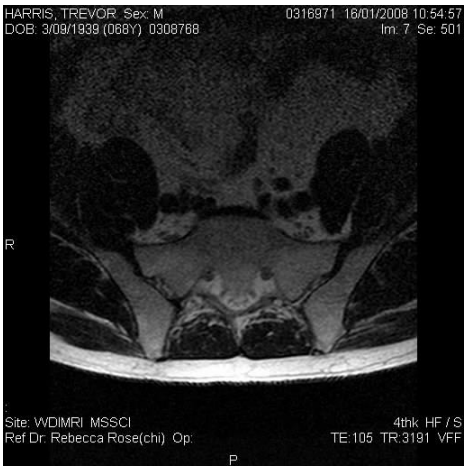

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 2 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

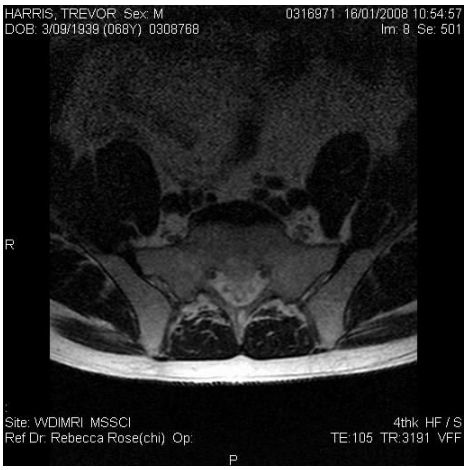

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

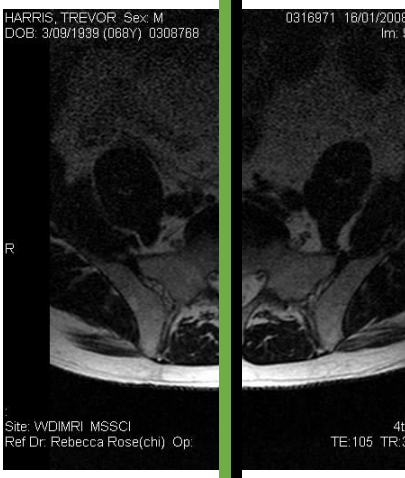

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 4 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

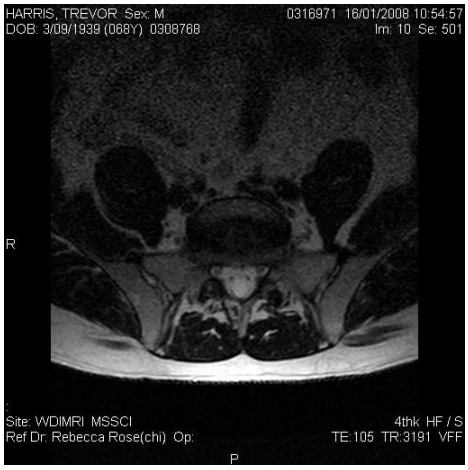

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 5 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

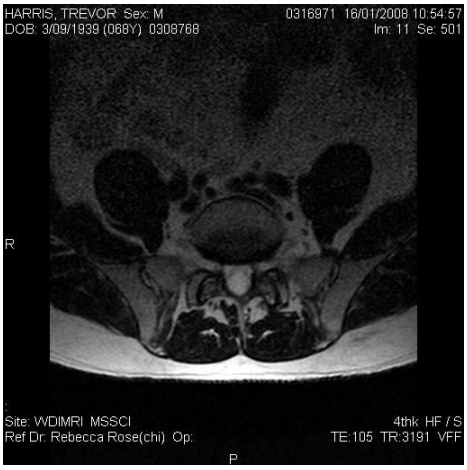

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

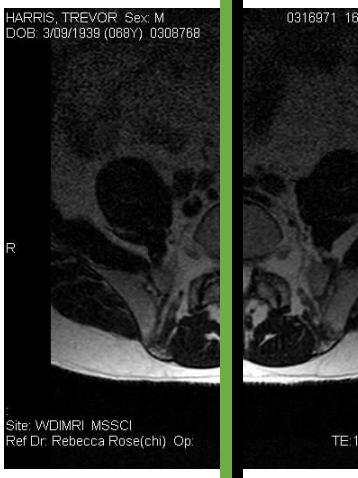

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 7 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

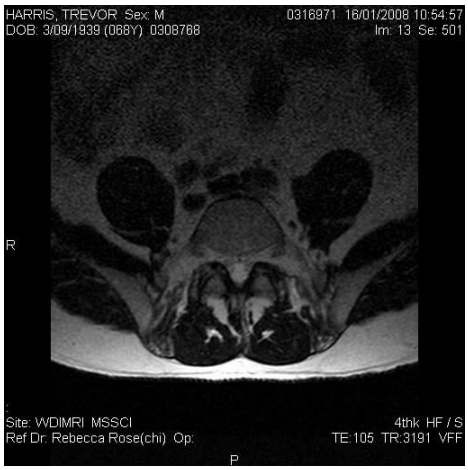

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 8 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

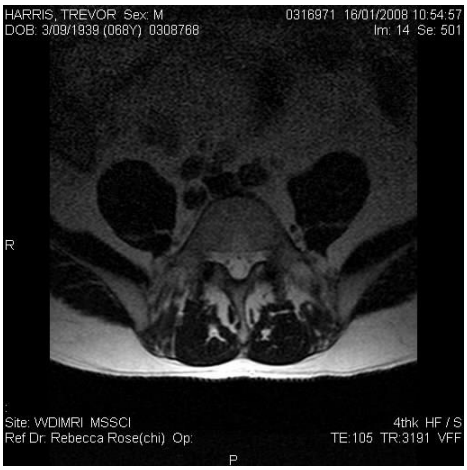

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

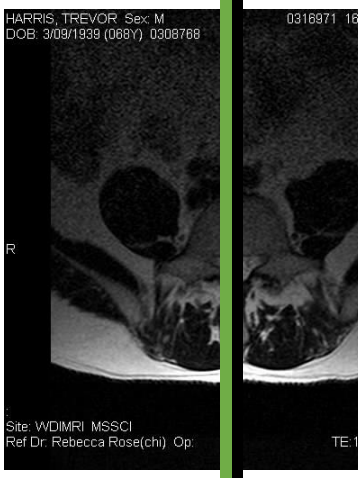

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 10 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

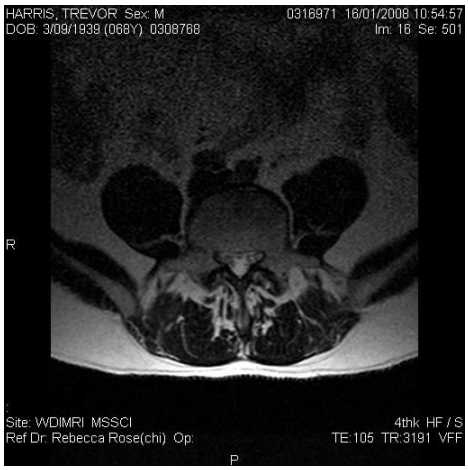

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 11 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

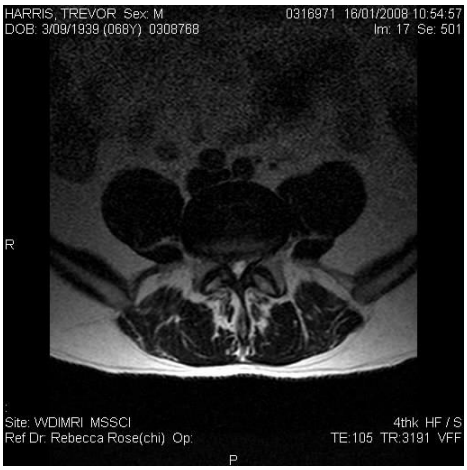

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

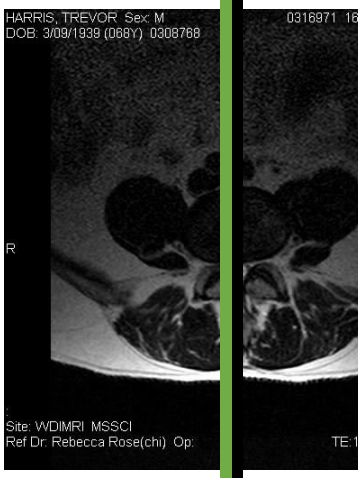

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 13 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

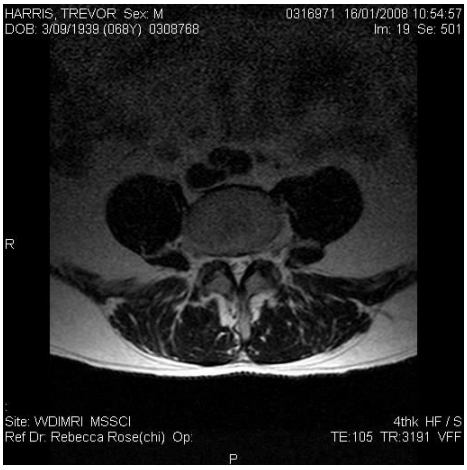

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 14 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

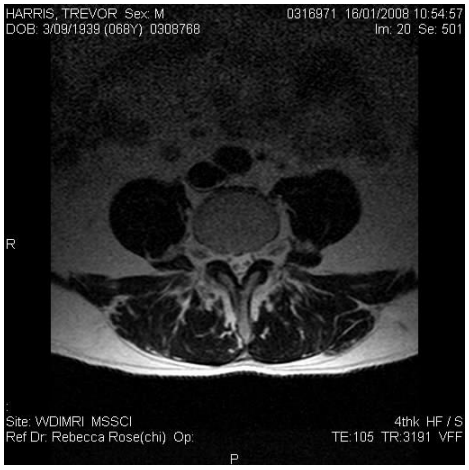

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

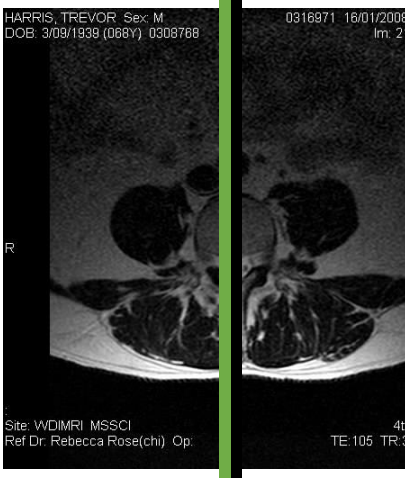

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 16 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

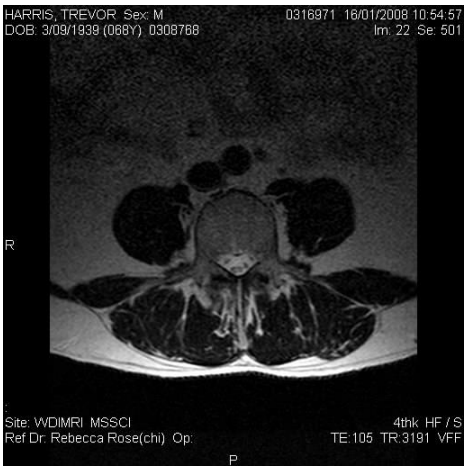

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 17 Se: 501
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:
4thk HF / S
TE:105 TR:3191 VFF
P

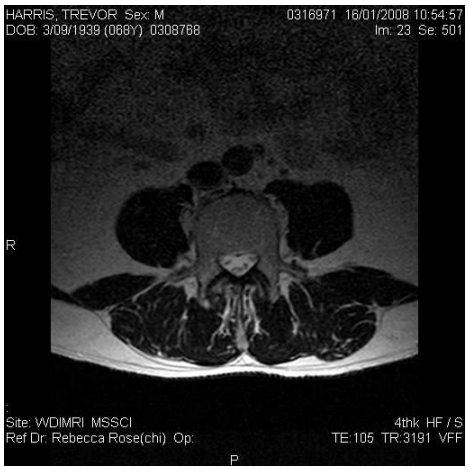

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

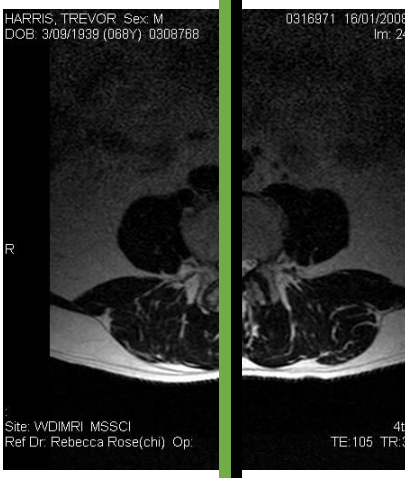

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 19 Se: 501
R
Site: WDIMRI MSSCI
4thk HF / S
Ref Dr: Rebecca Rose(chi) Op:
TE:105 TR:3191 VFF
P

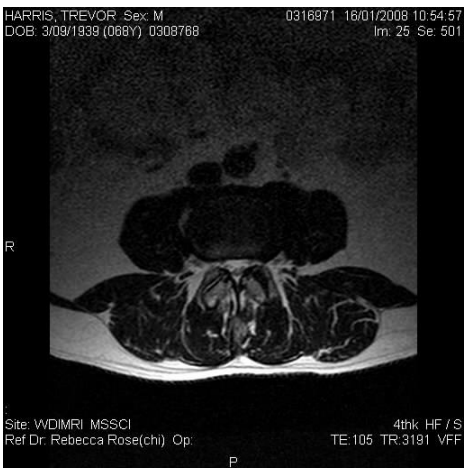

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 20 Se: 501
R
Site: WDIMRI MSSCI
4thk HF / S
Ref Dr: Rebecca Rose(chi) Op:
TE:105 TR:3191 VFF
P

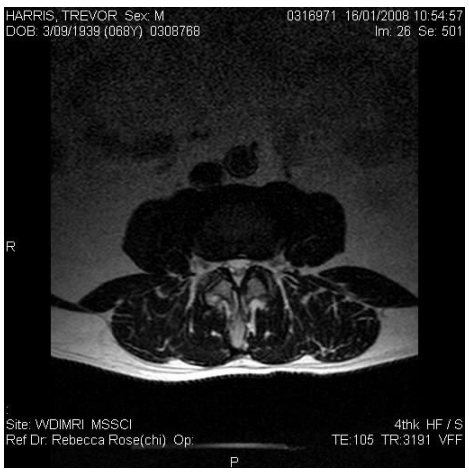

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

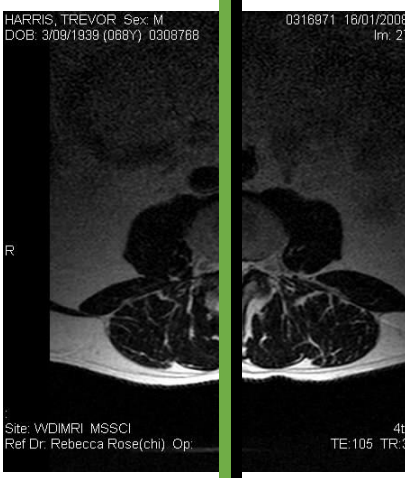

HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 22 Se: 501
R
Site: WDIMRI MSSCI
4thk HF / S
Ref Dr: Rebecca Rose(chi) Op:
TE:105 TR:3191 VFF
P


HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 23 Se: 501
R
Site: WDIMRI MSSCI
4thk HF / S
Ref Dr: Rebecca Rose(chi) Op:
TE:105 TR:3191 VFF
P


HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:


HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 25 Se: 501
R
Site: WDIMRI MSSCI
4thk HF / S
Ref Dr: Rebecca Rose(chi) Op:
TE:105 TR:3191 VFF
P


HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
0316971 16/01/2008 10:54:57
Im: 26 Se: 501
R
Site: WDIMRI MSSCI
4thk HF / S
Ref Dr: Rebecca Rose(chi) Op:
TE:105 TR:3191 VFF
P


HARRIS, TREVOR Sex: M
DOB: 3/09/1939 (068Y) 0308768
R
Site: WDIMRI MSSCI
Ref Dr: Rebecca Rose(chi) Op:

2008 MIR Orbit Head

WOODVILLE DIAGNOSTIC IMAGING
707 PORT RD,WOODVILLE. ph:8440 7707 fax:8440 7708

ELIZABETH DIAGNOSTIC IMAGING
8/127 HAYDOWN RD, ELIZABETH VALE. ph:8255 4868 fax:8255 4867

Diagnostic & Interventional Radiologists

**Surname:** HARRIS **First Name:** TREVOR **DOB:** 3/09/1939 **Sex:** M

**Patient Address:** 19 TATURA AVENUE TWO WELLS SA 5501

**Referring Dr:**
**REBECCA ROSE(CHI)**
**14 NORTHCOTE TCE**
**GILBERTON SA 5081**

**Provider No:** 2725653W

**Patient:** HARRIS, TREVOR
**Exam Date:** 16/01/2008 11:22:11 AM

**Episode:** 0316978

**Report:** ORBITS XRAY

HISTORY:
The patient was sent for MRI - to exclude metallic bodies for investigation.

FINDINGS:
The orbital margins are intact.
The adjacent soft tissue thickness is within normal limits.
No radio-opaque or radiolucent foreign body is identified within the orbital tissues.
The antra are normally aerated and clear.
No focal lytic or sclerotic bony lesion is identified.

COMMENT:
The orbits and margins appear within normal limits.

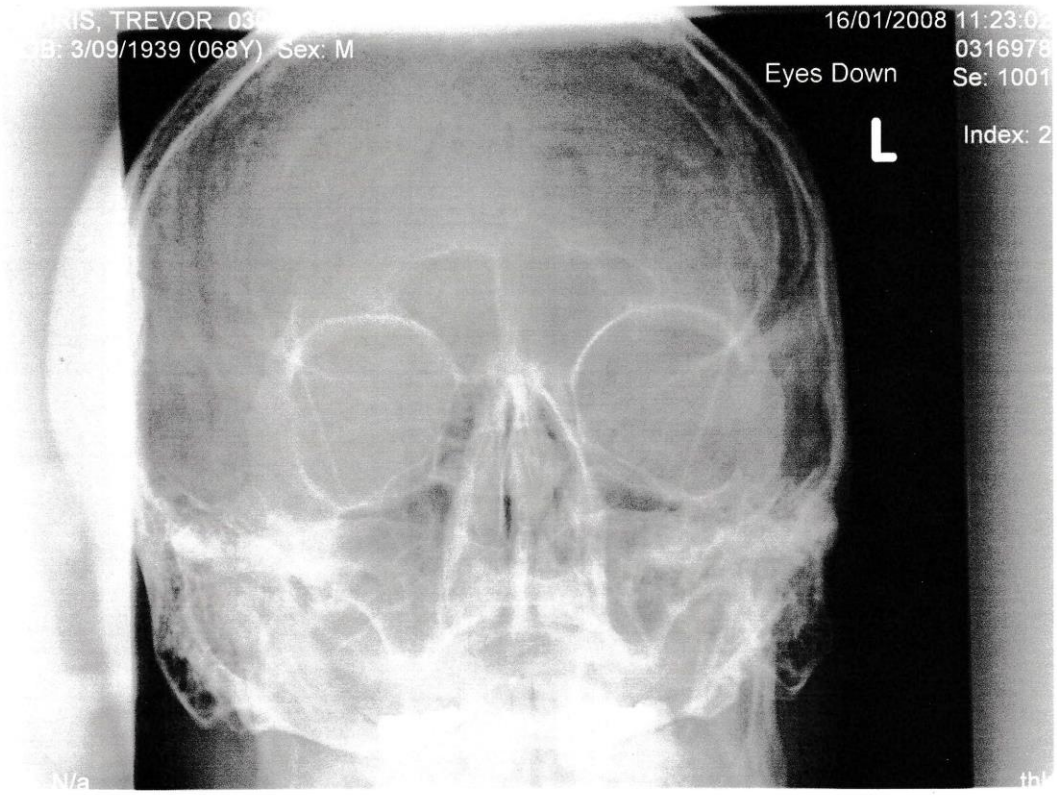
Thank you for referring this patient,

Dr Jacqueline Kew

WOODVILLE
DIAGNOSTIC IMAGING

ELIZABETH
DIAGNOSTIC IMAGING

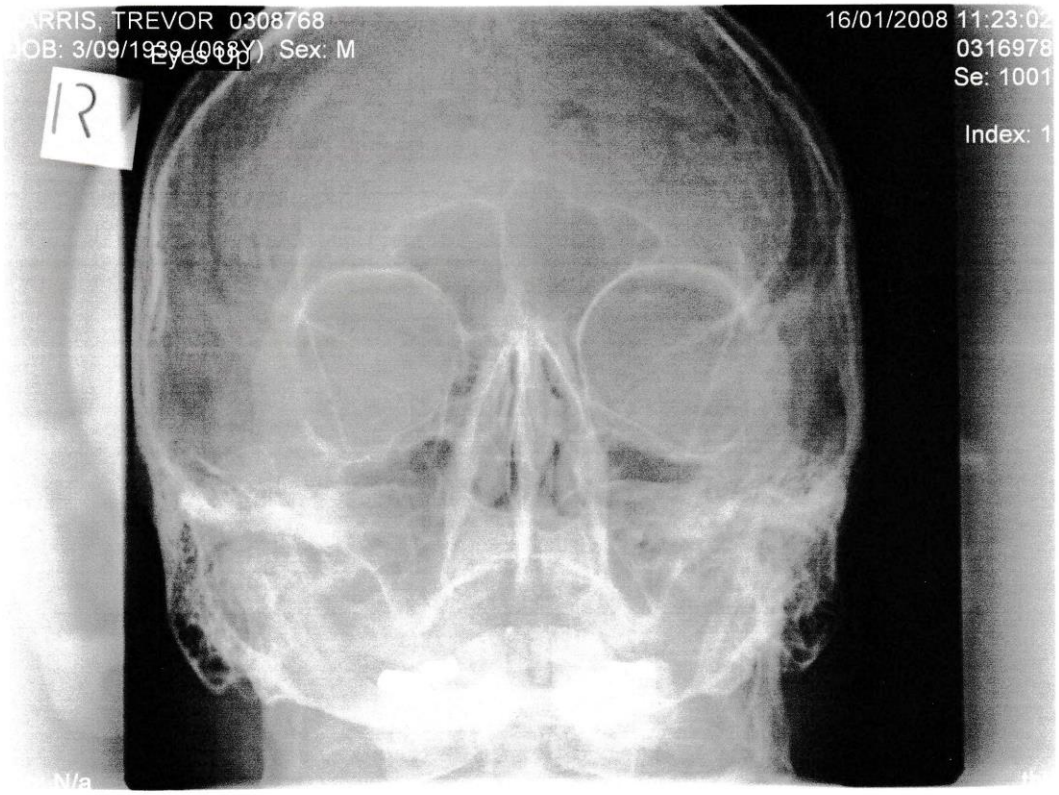
707 PORT RD,WOODVILLE. ph:8440 7707 fax:8440 7708 8/127 HAYDOWN RD, ELIZABETH VALE. ph:8255 4868 fax:8255 4867
Diagnostic & Interventional Radiologists



WOODVILLE
DIAGNOSTIC IMAGING

ELIZABETH
DIAGNOSTIC IMAGING

707 PORT RD,WOODVILLE. ph:8440 7707 fax:8440 7708 8/127 HAYDOWN RD, ELIZABETH VALE. ph:8255 4868 fax:8255 4867
Diagnostic & Interventional Radiologists





Plastic copies are available on request at an extra charge.

# 2009 CT Spine Files

Benson radiology
Diagnostic Radiologists

Head Office
229 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr A B Utturkar, Dr R C Edwards, Dr B S Ganguly, Dr N B Davidson, Dr R F Hannan, Dr R D Hoile, Dr J I Robinson, Dr J R Nelson, Dr D A Donovan, Dr A C Biggs, Dr S F Hobbs, Dr J E Copley, Dr E M Yap, Dr F Voyvodic

Salisbury

**HARRIS, Mr Trevor (DOB: 03/09/1939)**
**PO Box 454**
**VIRGINIA SA 5120**

**Dr S Unnikrishnan**
**virmedce@promedicus.net**
**703905-1_4**
**13th February 2009**
**ur:**
**BD/MLM**

## CT LUMBOSACRAL SPINE

**Clinical:**
Complaining of back aches previous CT spine stenosis, disc bulge. Worsening of pain numbness left thigh.

**Procedure:**
Multi-slice CT scanning was employed with images of the L2/3 to L5/S1 levels obtained. Images of the current examination were compared with images of the previous examination of 20.03.07.

**Findings:**
**L2/3 Level:**
Minor generalised disc bulge is present with minor broad based posterior disc bulge impinging upon the thecal sac and central spinal canal. Further focal left sided disc protrusion is present with this impinging slightly upon the thecal sac and central spinal canal plus impinging upon the left L2 nerve root within its neural foramen.

Minor central spinal canal narrowing is seen. The right L2 nerve root is seen to exit the spinal canal unimpinged.

The left sided posterior disc bulge was not demonstrated on the previous examination with no evidence of impingement upon the exiting left L2 nerve root demonstrated previously.

Facet joint arthropathy was demonstrated on both examinations.

**L3/4 Level:**
Generalised disc bulge is present with the broad based posterior component impinging slightly upon the thecal sac and central spinal canal, combining with bilateral facet joint arthropathy and slight prominence of the ligamentum flava to produce minor central spinal canal narrowing. This is unchanged since the previous examination.

**L4/5 Level:**
Moderate central spinal canal narrowing is present secondary to broad based posterior disc bulge, prominence of the ligamentum flava and facet joint arthropathy. No evidence of impingement upon the exiting L4 nerve roots was seen.

Benson radiology
Diagnostic Radiologists

Head Office
229 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr A B Utturkar
Dr R C Edwards
Dr B S Ganguly
Dr B E Clark
Dr N B Davidson
Dr R F Hannan
Dr R D Holle
Dr J I Robinson
Dr M W J Hayward
Dr J R Nelson
Dr D A Donovan
Dr A C Biggs
Dr S F Hobbs
Dr J E Copley
Dr E M Yap

Salisbury

**HARRIS Mr Trevor (DOB: 03/09/39)**
**PO Box 454**
**VIRGINIA SA 5120**

**Dr S R Nitchingham**
**virmedce@promedicus.net**
**703905-1**
**20th March 2007**
**ur:**
**BEC/SUB**

**CT LUMBAR SPINE**

**Clinical:**
"Low back pain. Right sided sciatica".

**Findings:**
Please note that there are no plain films for comparison but the lateral CT scout image shows reasonable vertebral body heights and disc heights.

**L1-2 level:**
No significant lesion seen.

**L2-3 level:**
Within normal range apart from some degenerative change in the intervertebral joints.

**L3-4 level:**
Anterior disc marginal osteophytes which are emphasised on the right side. There was a moderate broad based disc prominence at this level (please allow for scoliosis when assessing this level). Safe exit of the L3 nerve roots. No significant compromise of the thecal sac identified. The canal is somewhat narrowed by the mild broad based disc prominence and rather short pedicles. There are very prominent degenerative changes noted in the intervertebral joints.

**L4-5 level:**
Again there is a moderate broad based disc bulge producing a degree of canal stenosis but no clear compromise of the thecal sac or origin of L5 nerve roots. Safe exit of the L4 nerve roots. Again some degenerative change noted in the joints, somewhat less than at the level above.

**L5-S1 level:**
No significant disc pathology. Safe exit of the L5 nerve roots.

Fairly marked degenerative change noted in the joints at this level and medial joint osteophytes due produce a degree of bony canal stenosis and these osteophytes are extremely close to the S1 nerve roots whose lateral recesses are narrowed and this may be a source of irritation. However there is no associated disc prolapse.

**Dr Bruce Clark**

# 2009 Ultra sound Renal Tract-Scrotal

Perrett Medical Imaging

A Member Practice of MIA Group Limited
Port Adelaide Medical Centre

Dr C Le, 44 Osborne Road North Haven 5018

Deliver, TG

**RE: Mr Trevor HARRIS dob: 03/09/39 Folio: 92266-1**
**PO Box 454 Virginia 5120**

## RENAL TRACT ULTRASOUND

There was a little scarring in the lower pole of the right kidney. The renal parenchyma on each side otherwise appeared normal as did the central echo complex. The right kidney measured 100mm in its long axis and the left 111mm.

No abnormality could be seen in the bladder which contained 225mls of urine when examined and 135mls after micturition and 62mls after a second micturition.

The prostate was enlarged measuring 57ccs in volume.

## SCROTAL ULTRASOUND

The testes are normal in size. the right measuring 14ccs in volume and the left 13ccs.

On the left side there was a 3 x 5mm small hypodensity in the testis which showed no evidence of any vascularity.

Neoplasm cannot be excluded and further investigations are suggested.

Mr TREVOR HARRIS 9th July 2009@

199 Nort[illegible] Street North Adelaide SA 5006
PO Box 129 North Adelaide 5006
tel (08) 8407 0022 fax (08) [illegible]2 0101
p.perrett@perrett.com.au www.perrett.com.au

M | A

# 2010 Blood Test Files

Start patient : HARRIS,TREVOR
19 TATURA AVENUE TWO WELLS 5501
Birthdate: 03/09/1939 Age: 71 Sex: M
Your Reference : 375736138
Lab. Reference: 7839982
Medicare Number: 5112 46652 3
Phone Enquiries: (08) 8366 2000
Referred by : DR SAIRA UNNIKRISHNAN
Copy To :
Addressee : DR SAIRA UNNIKRISHNAN 2916281W
Collected: 08/10/2010 09:03
Requested tests: Lipids + HDL. Total PSA . CBP. E/LFT(Serum). VITAM
Requested: 15/04/2010
Performed: 08/10/2010
Test name: Lipids + HDL

Clinical Notes : FASTING SPECIMEN HYPERLIPIDAEMIA

| | | | |
|---|---|---|---|
| Total Cholesterol | 5.4 | mmol/L | ( < 5.5 Desirable) |
| Triglycerides | 1.5 | mmol/L | ( 0.3 - 2.0 ) |
| HDL Cholesterol | 1.5 | mmol/L | ( 0.9 - 2.0 ) |
| Calculated LDL Chol | 3.2 | mmol/L | ( 0 - 3.7 ) |
| Total Chol/HDL Chol ratio | * 3.6 | | ( < 3.5 Desirable) |

Start patient : HARRIS,TREVOR
19 TATURA AVENUE TWO WELLS 5501
Birthdate: 03/09/1939 Age: 71 Sex: M
Your Reference : 375736138
Lab. Reference: 7839982
Medicare Number: 5112 46652 3
Phone Enquiries: (08) 8366 2000
Referred by : DR SAIRA UNNIKRISHNAN
Copy To :
Addressee : DR SAIRA UNNIKRISHNAN 2916281W
Collected: 08/10/2010 09:03
Requested tests: Lipids + HDL. Total PSA . CBP. E/LFT(Serum). VITAM
Requested: 15/04/2010
Performed: 08/10/2010
Test name: E/LFT(Serum)

Clinical Notes : FASTING SPECIMEN HYPERLIPIDAEMIA

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Na | 144 | mmol/L | ( 135 - 145 ) | Ca | 2.27 | mmol/L | (2.15 - 2.55) |
| K | 4.5 | mmol/L | ( 3.5 - 5.5 ) | Phos | 0.84 | mmol/L | (0.80 - 1.50) |
| Cl | 102 | mmol/L | ( 95 - 110 ) | TProt | 69 | g/L | ( 65 - 85 ) |
| Bic | 29 | mmol/L | ( 20 - 32 ) | Alb | 46 | g/L | ( 38 - 50 ) |
| Ure | 5.2 | mmol/L | ( 2.5 - 8.5 ) | Glob | 23 | g/L | ( 22 - 38 ) |
| Creat | 82 | umol/L | ( 50 - 110 ) | Bil | 11 | umol/L | ( 2 - 20 ) |
| UA | 0.42 | mmol/L | (0.20 - 0.50) | ALT | * 43 | U/L | ( 5 - 40 ) |
| Gluc | 4.5 | mmol/L | ( 3.6 - 6.0 Fasting) | AST | 35 | U/L | ( 10 - 40 ) |
| Chol | 5.4 | mmol/L | ( < 5.5 Desirable) | GGT | * 67 | U/L | ( 5 - 50 ) |
| LDH | 218 | U/L | ( 120 - 250 ) | ALP | 84 | U/L | ( 30 - 120 ) |

eGFR 80 mL/min/1.73m^2 (For Interpretation see www.kidney.org.au)

BIOCHEMISTRY - Cumulative Report:

| | Previous results for comparison | |
|---|---|---|
| | 08-10-10 09:03 | 23-09-10 11:30 |
| Sodium | 144 | 142 |
| Potassium | 4.5 | 4.0 |
| Chloride | 102 | 103 |
| Bicarbonate | 29 | 30 |
| Urea | 5.2 | 4.6 |
| Creatinine | 82 | 86 |
| Uric Acid | 0.42 | 0.34 |
| Glucose | 4.5 | 5.9 |
| Cholesterol | 5.4 | 4.5 |
| Calcium | 2.27 | 2.23 |
| Phosphate | 0.84 | *0.68 |
| Total Prot | 69 | 67 |
| Albumin | 46 | 44 |
| Globulins | 23 | 23 |
| Bilirubin | 11 | 13 |
| ALT | *43 | *62 |
| AST | 35 | *46 |
| GGTP | *67 | *57 |
| ALP | 84 | 91 |
| LDH | 218 | *259 |

Start patient : HARRIS,TREVOR
19 TATURA AVENUE TWO WELLS 5501
Birthdate: 03/09/1939 Age: 71 Sex: M
Your Reference : 375736138
Lab. Reference: 7839982
Medicare Number: 5112 46652 3
Phone Enquiries: (08) 8366 2000
Referred by : DR SAIRA UNNIKRISHNAN
Copy To :
Addressee : DR SAIRA UNNIKRISHNAN 2916281W
Collected: 08/10/2010 09:03
Requested tests: Lipids + HDL. Total PSA . CBP. E/LFT(Serum). VITAM
Requested: 15/04/2010
Performed: 08/10/2010
Test name: VITAMIN D (OH25)

Clinical Notes : FASTING SPECIMEN HYPERLIPIDAEMIA

25 - OH Vitamin D

| | | | |
|---|---|---|---|
| Vitamin D | * 46 | nmol/L | ( 51 - 140 ) |

Due to the prolonged half-life of 25-OH Vitamin D, reassessment of Vitamin D status should not be undertaken until at least 3 to 4 months after implementing supplementation or changing the dose of replacement therapy. According to the Position Statement Vitamin D and adult bone health in Australia and New Zealand MJA, 182(6):281-285, 2005, Vitamin D status is defined as:

| | | | |
|---|---|---|---|
| Mild Deficiency | 25 | - 50 | nmol/L |
| Moderate Deficiency | 12.5 | - 25 | nmol/L |
| Severe Deficiency | <12.5 | | nmol/L |

Start patient : HARRIS,TREVOR P.O Box 454, Virginia, 5120
~~19 TATURA AVENUE, TWO WELLS 5501~~
Birthdate: 03/09/1939 Age: Y71 Sex: M
Telephone: 85107004
Your Reference : 398737802
Lab. Reference: 448829988
Medicare Number: 5112466523
Phone Enquiries: Supervising Path.
Referred by : DR SAIRA UNNIKRISHNAN
Copy To :
Addressee : DR SAIRA UNNIKRISHNAN 2916281W
Collected: 06/12/2010 00:00
Requested tests: FOB1,FOB2,FOB3
Requested: 01/12/2010
Performed: 06/12/2010
Test name: FOB1

Clinical Notes : RECENT CHANGE IN BOWEL HABS

**Faecal Occult Blood**

| | |
|---|---|
| Specimen: | No. 1 |
| Immunochemical: | Negative |

Comment on Lab ID 448829988

This immunochemical test (faecal haemoglobin) is not suitable for the detection of upper GI bleeding.

For Clinical advice please call Dr M Metz 83662000

## 2010 CT Abdomen

Benson radiology
Diagnostic Radiologists

Head Office
229 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr A B Utturkar
Dr R C Edwards
Dr B S Ganguly
Dr N B Davidson
Dr R F Hannan
Dr R D Hoile
Dr J I Robinson
Dr J R Nelson
Dr D A Donovan
Dr A C Biggs
Dr S F Hobbs
Dr J E Copley
Dr E M Yap
Dr F Voyvodic

Gawler Health Service

HARRIS, Mr Trevor (DOB: 03/09/1939)
PO Box 454
VIRGINIA SA 5120

Dr S Unnikrishnan
virmedce@promedicus.net
703905-1_8
6th December 2010
ur:
RCE/TW

## CT ABDOMEN AND PELVIS

**Clinical:**
Constipation.

**Procedure:**
Post contrast scans.

**Findings:**
The liver has a normal size and texture. The bile ducts are not dilated and no calcified gallstone is seen. The spleen is a little bulky, it has a normal uniform texture. No abnormality is seen in the pancreas, adrenals or kidneys. No abnormal mass or fluid collection is seen in the upper abdomen or the pelvis and there is no lymphadenopathy. Small bowel loops have a normal calibre and no focal small bowel lesion is seen. Gas and faecal material is seen in a non distended colon. No colonic mass is seen. Should there still be clinical suspicion of a large bowel pathology, either colonoscopy or double contrast barium enema is suggested in further assessment.

**Dr Ron Edwards**
**Electronically signed Mon 6/12/2010 12:58 pm**

# 2010 Xray Finger

Benson radiology
Diagnostic Radiologists

Head Office
229 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr A B Utturkar
Dr R C Edwards
Dr B S Ganguly
Dr N B Davidson
Dr R F Hannan
Dr R D Hoile
Dr J I Robinson
Dr J R Nelson
Dr D A Donovan
Dr A C Biggs
Dr S F Hobbs
Dr J E Copley
Dr E M Yap
Dr F Voyvodic

Gawler

HARRIS, Mr Trevor (DOB: 03/09/1939)
PO Box 454
VIRGINIA SA 5120

Dr S Unnikrishnan
virmedce@promedicus.net
703905-1_7
28th April 2010
ur:
ABU/ACP

## XRAY AND ULTRASOUND EXAMINATION RIGHT INDEX FINGER

**Clinical:**
Painful and tender right index finger.

**Findings:**
**Xray**
There are changes of osteoarthritis involving the interphalangeal joints of the index finger with the distal joint showing much more involvement. Some degenerative change is also noted in the metacarpophalangeal joint with narrowing of the joint space. There is some soft tissue swelling on the dorsal aspect of the proximal IP joint but no soft tissue calcification is shown.

**Ultrasound**
The region of interest is at the distal end of the metacarpal close to the MCP joint. The overlying extensor tendons appeared normal. There is no gross joint capsular distension and no overt signs of tendosynovitis or synovitis within the joint. No effusion within the joint.

**Dr Anil Utturkar**
**Electronically signed Wed 28/04/2010 1:24 pm**

## 2010 Asbestosis Files


***Virginia Medical Centre***

***Dr Saira Unnikrishnan***

***Mbbs***

*2916281W*

Lot 1 Old Port Wakefield Rd VIRGINIA SA 5120
P.O. Box 17 VIRGINIA SA
Telepone 8380 9145 Fax 8380 9999


TO: Dr Chen Li Liew
Northern RespiratoryCentral Districts Private Hospital
ELIZABETH VALE SA 5112
Phone: 82825257
Fax: 82825334

22/4/2010

RE: Mr Trevor Harris
19 Tatura Ave
TWO WELLS SA 5501
Phone: 0412003447
Date of Birth: 3/9/1939
Medicare No.: 5112 46652 3 / 1
5112 46652 3 / 1

Dear Dr Liew,

Thankyou for seeing Mr Trevor Harris, age 70 yrs, for further management -- prev h/o asbestos exposure-- HRCT reported as showing s/o asbestos exposure, kindly do the needful.

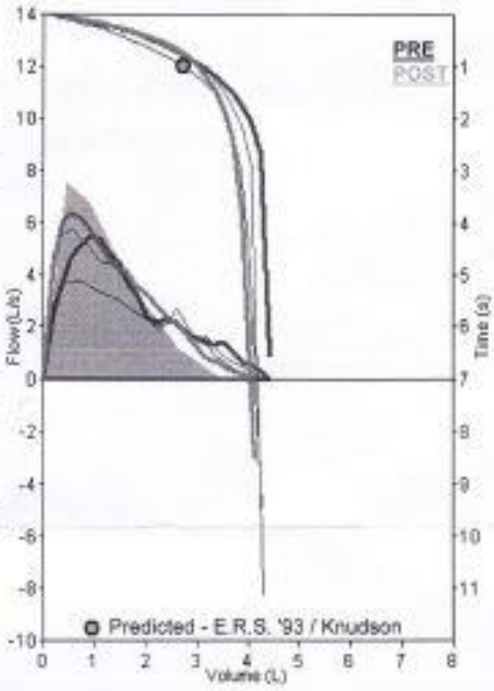
| Date | Condition |
|---|---|
| 1979 | PERITONITIS |
| 1986 | HEMORRHOIDECTOMY |
| September 2003 | TURP |
| November 2003 | FRACTURE - ANKLE |
| 22 March 2007 | SPINAL CANAL STENOSIS FORM OSTOPHYTOSIS- L5-S1 |

No known allergies.

| Drug Name | Strength | Dosage | Reason | Last script |
|---|---|---|---|---|
| BECONASE ALLERGY AND HAYFEVER 12 HOUR Nasal Spray (Beclomethasone Dipropionate) | 50mcg/spray | 2 PUFFS b.d. | | 03/08/2009 |

ry Function Test Results

Flow / Volume and Volume / Time Loops




**Visit date 15/04/2010**

| | | | |
|---|---|---|---|
| ID | 8791 | | |
| Last name | HARRIS | Age | 70 |
| First name | TREVOR | Gender | Male |
| Date of birth | 3/09/1939 | Height, cm | 170 |
| Ethnic group | Caucasian | Weight, kg | 78 |
| Smoke | Non smoker | Pack-Year | |

**Interpretation**

Mild Obstruction
No Significant Bronchodil.

**Conclusion / Medical report**

**PRE Trial date 15/04/2010 8:48:26 AM** — **POST Bronchodilation with Salbutamol - 9:13:07 AM**

| Parameters | BTPS | Pred | PRE | %Pred | POST | %Pred | %Chg | Notes |
|---|---|---|---|---|---|---|---|---|
| **Forced Vital Capacity** | | | | | | | | |
| Best values from all loops | | | | | | | | |
| FVC | L | 3.48 | 4.43 | 127 | 4.12 | 118 | -7 | |
| FEV1 | L | 2.75 | 3.08 | 112 | 3.12 | 114 | 1 | |
| FEV1/FVC | % | 79.6 | 69.5 | 87 | 75.7 | 95 | 9 | |
| PEF | L/s | 7.54 | 5.77 | 77 | 6.54 | 87 | 13 | |
| Values from best loop | | | | | | | | |
| FEF2575 | L/s | 2.78 | 2.26 | 81 | 2.56 | 92 | 13 | |
| FEF25 | L/s | 6.89 | 5.19 | 75 | 5.23 | 76 | 1 | |
| FEF50 | L/s | 3.53 | 2.27 | 64 | 2.99 | 85 | 32 | |
| FEF75 | L/s | 1.18 | 1.38 | 117 | 0.95 | 81 | -31 | |
| FIVC | L | 3.48 | | | 0.00 | 0 | | |
| FIV1 | L | 2.75 | | | 0.00 | 0 | | |
| FIV1/FIVC | % | 79.6 | 0.0 | 0 | 0.0 | 0 | | |
| ELA | Years | 70 | 70 | | 70 | 100 | 0 | |
| **Lung Volumes and breathing pattern** | | | | | | | | |
| VC | L | | | | | | | |
| IVC | L | | | | | | | |
| FEV1/VC | % | | | | | | | |
| ERV | L | | | | | | | |
| IC | L | | | | | | | |
| **Maximum Voluntary Ventilation** | | | | | | | | |
| MVV | L/min | | | | | | | |

*Signature*

Instrument used
Spirobank_MF S/N 005864

1 / 1

Benson radiology
Diagnostic Radiologists

Head Office
229 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr A B Utturkar
Dr R C Edwards
Dr B S Ganguly
Dr N B Davidson
Dr R F Hannan
Dr R D Hoile
Dr J I Robinson
Dr J R Nelson
Dr D A Donovan
Dr A C Biggs
Dr S F Hobbs
Dr J E Copley
Dr E M Yap
Dr F Voyvodic

Salisbury

HARRIS, Mr Trevor (DOB: 03/09/1939)
PO Box 454
VIRGINIA SA 5120

Dr S Unnikrishnan
virmedce@promedicus.net
703905-1_5
12th April 2010
ur:
MS;MAN

**CHEST**

**Clinical:**
? COPD.

**Findings:**
There are calcifications seen in the mid zones bilaterally thought to reflect pleural calcification. There is some pleural thickening seen at the left mid zone laterally also. There is no significant COPD change. There is no collapse or consolidation. There are no pleural effusions.

The mediastinal contours appear normal. There is no advanced fibrotic change demonstrated.

**Conclusion:**
**Calcifications in the mid zones thought to reflect calcified pleural plaques. No COPD change.**

**Dr Matthew Sampson**
**Electronically signed Mon 12/04/2010 2:40 pm**

Benson radiology
Diagnostic Radiologists

Head Office
229 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr A B Utturkar
Dr R C Edwards
Dr B S Ganguly
Dr N B Davidson
Dr R F Hannan
Dr R D Holle
Dr J I Robinson
Dr J R Nelson
Dr D A Donovan
Dr A C Biggs
Dr S F Hobbs
Dr J E Copley
Dr E M Yap
Dr F Voyvodic

Salisbury

HARRIS, Mr Trevor (DOB: 03/09/1939)
PO Box 454
VIRGINIA SA 5120

Dr S Unnikrishnan
virmedce@promedicus.net
703905-1_5
12th April 2010
ur:
MS;MAN

**CHEST**

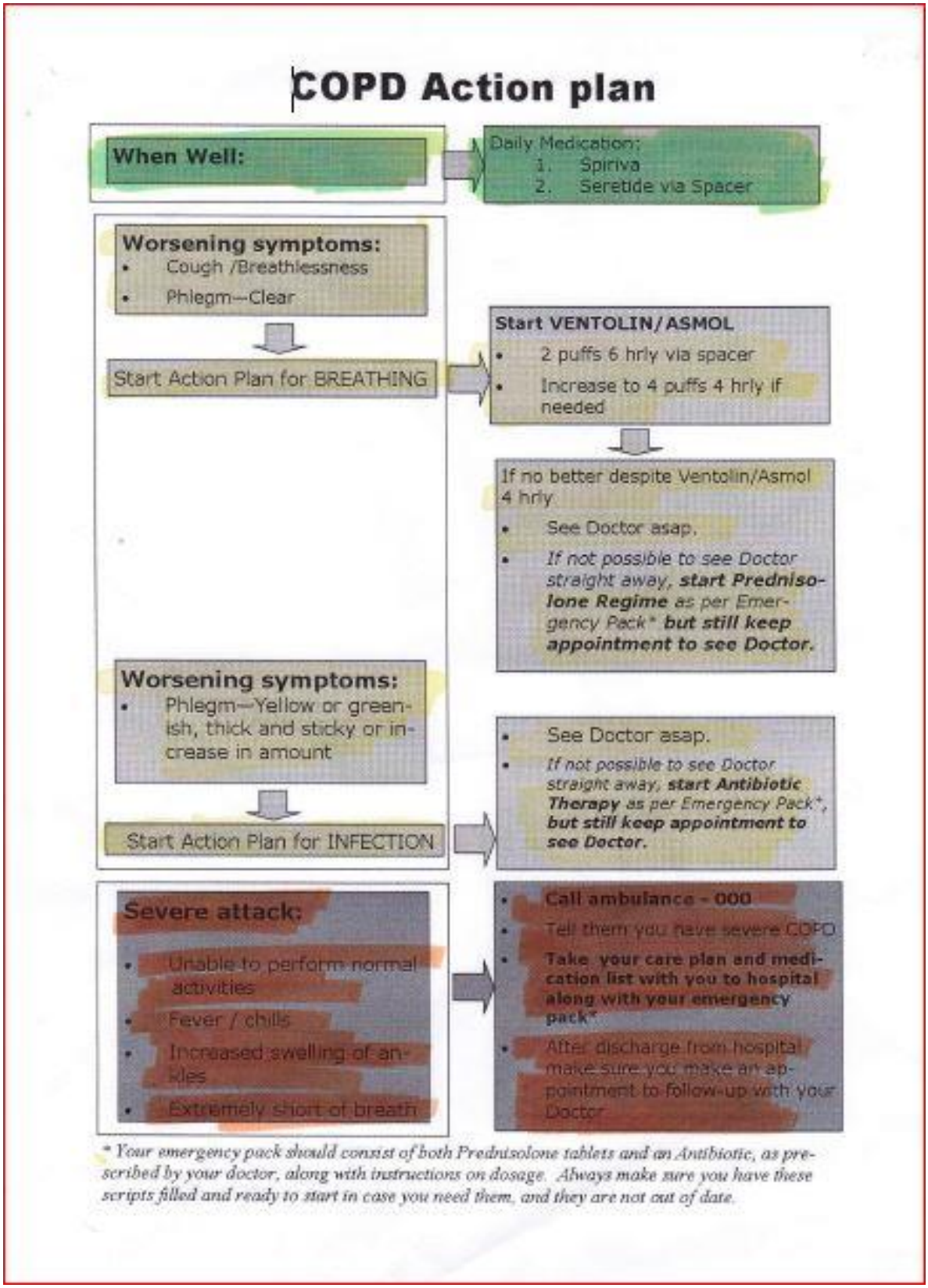
**Clinical:**
? COPD.

**Findings:**
There are calcifications seen in the mid zones bilaterally thought to reflect pleural calcification. There is some pleural thickening seen at the left mid zone laterally also. There is no significant COPD change. There is no collapse or consolidation. There are no pleural effusions.

The mediastinal contours appear normal. There is no advanced fibrotic change demonstrated.

**Conclusion:**
**Calcifications in the mid zones thought to reflect calcified pleural plaques. No COPD change.**

**Dr Matthew Sampson**
**Electronically signed Mon 12/04/2010 2:40 pm**


COPD Action plan
When Well:
Daily Medication:
1. Spiriva
2. Seretide via Spacer
Worsening symptoms:
• Cough /Breathlessness
• Phlegm—Clear
Start Action Plan for BREATHING
Start VENTOLIN/ASMOL
• 2 puffs 6 hrly via spacer
• Increase to 4 puffs 4 hrly if needed
If no better despite Ventolin/Asmol 4 hrly
• See Doctor asap.
• If not possible to see Doctor straight away, start Prednisolone Regime as per Emergency Pack* but still keep appointment to see Doctor.
Worsening symptoms:
• Phlegm—Yellow or greenish, thick and sticky or increase in amount
Start Action Plan for INFECTION
• See Doctor asap.
• If not possible to see Doctor straight away, start Antibiotic Therapy as per Emergency Pack*, but still keep appointment to see Doctor.
Severe attack:
• Unable to perform normal activities
• Fever / chills
• Increased swelling of ankles
• Extremely short of breath
• Call ambulance - 000
• Tell them you have severe COPD
• Take your care plan and medication list with you to hospital along with your emergency pack*
• After discharge from hospital make sure you make an appointment to follow-up with your Doctor
* Your emergency pack should consist of both Prednisolone tablets and an Antibiotic, as prescribed by your doctor, along with instructions on dosage. Always make sure you have these scripts filled and ready to start in case you need them, and they are not out of date.

The Australian Lung Foundation

# COPD Action Plan For Breathing and Infection

| | |
|---|---|
| Patient Name: Mr Trevor Harris | Date of Birth: 3/9/1939 |
| GP Name: Dr Saira Unnikrishnan | GP Phone: 83809145 |
| Do you identify as Aboriginal or Torres Strait Islander? | After Hours Phone: |
| Consultant Name: | Consultant Phone: |
| Outreach/Community Nurse Phone: | Ambulance Phone: |

**USUAL TREATMENT WHEN STABLE:**

| | | | |
|---|---|---|---|
| Best $FEV_1$: | | Best FVC | |
| Room air $O_2$ saturation: (%) | | $CO_2$ Retainer | |
| Oxygen: (L/min) | | Oxygen: (hours/day) | |

**MEDICATIONS:**

| Drug Name | Strength | Dosage | Reason | Last script |
|---|---|---|---|---|
| BECONASE ALLERGY AND HAYFEVER 12 HOUR Nasal Spray (Beclomethasone Dipropionate) | 50mcg/spray | 2 PUFFS b.d. | | 03/08/2009 |
| CHLOROMYCETIN Eye Oint. (Chloramphenicol) | 1% | apply t.i.d. 5 days | | 06/05/2010 |
| KEFLEX Capsule (Cephalexin) | 500mg | 1 t.i.d. 5 days, to start tomorr | | 06/05/2010 |
| SYMBICORT TURBUHALER 200/6 Turbuhaler (Budesonide/Eformoterol Fumarate Dihydrate) | 200mcg-6mcg/dose | 2 puffs b.d. | | 03/08/2009 |
| VIAGRA Tablet (Sildenafil Citrate) | 100mg | 1/2-1 1/2 HR BEFORE INTERCOURSE | | 22/04/2010 |

**MODERATE ATTACK:** (UNWELL BUT NOT SEVERE)

- NOTIFY GP OR OTHER HEALTH PROFESSIONAL

- More wheezy/breathless
- Increased cough and sputum

Change in colour of sputum

Becomes thick and sticky

Loss of appetite / sleep

Taking more reliever medication than usual

**OTHER HELPFUL TIPS**

- Eat small amounts more often
- Increase fluid intake

Use controlled breathing techniques

Use a huff and puff cough to clear secretions

Use anxiety/stress management techniques

| EXTRA RELIEVER | STRENGTH | DOSE | ROUTE | HOW OFTEN |
|---|---|---|---|---|
| Ventolin Puffer | | 2 - 4 Puffs | Oral | 4 hrly as needed |

ANTIBIOTIC - DOXYCYCLINE - 100g DAILY × 7DAYS

| PREDNISOLONE (reducing schedule) | STRENGTH | TABS / DOSE | DAYS |
|---|---|---|---|
| 20mg start | 5mg | 4 tablets ~~daily~~ TWICE DAILY | 4 days |

3 TABLETS TWICE DAILY 3 DAYS

2 TABS TWICE DAILY × 2DAYS

1 TAB TWICE DAILY × 4 DAY

T.A.Harris
19 Tatura ave (NOT Postal)
Two Wells South Australia 5501
(Postal Address)
P.O.Box 454
Virginia
South Australia 5120
Phone 61 8 75107004
Mobile 61412003447
trevorharris@baonline.com.au

10/08/2010

Dr Liew.
Central Districts Hospital.
Adelaide

Dear Doctor Liew, Regards being diagnosed with Asbestosis and having lived in New Zealand for 59 years, I have approached the NZ ACC (Accident Compensation Commission) who handle ALL claims. This is a Government Dept.

As attached, it seems they don't want to wait till my next appointment with you, they have asked me to file all details to date and will follow up later if required?

Could you please complete the Medical Practitioner Questionnaire as per ACC request.

Thank you.

Yours sincerely,

Trevor A. Harris

# 2010 Colon Files

**DR. S. SATHANANTHAN** M.B.B.S., F.R.A.C.P.
GASTROENTEROLOGIST

MODBURY PRIVATE ENDOSCOPY SERVICE
GROUND FLOOR, SMART ROAD
MODBURY SA 5092
Telephone: 8265 3088
Fax: 8396 6472
Provider No: 452127L
ABN 22 062 761 979

13th December 2010

Mr Trevor Harris
PO BOX 454
VIRGINIA SA 5120

Dear Trevor

We have received a referral letter requesting a **colonoscopy** for you at **Modbury Hospital**. Please find set out below the appointment details:

**Tuesday 29th March 2011**

**at**

**10.40 a.m.**

**Gastroenterology Department**
**Modbury Public Hospital**
**Level 1, Smart Road**
**MODBURY SA 5092**

**Ph 82653088**

Please ring and confirm your appointment.

**You will need to come in one week prior to your appointment to pick up a bowel preparation kit.** This is to be taken for 24 hours leading up to your procedure, during which time you will NEED to stay at home. You will not be able to drive following the sedation so please organise for someone to take you home.

As we are part of the public health system, our waiting list can be up to six months. Therefore if you cannot attend this appointment for any reason we request **at least 7 days notice** to ensure all available appointments are filled.

With kind regards

Melanie Searle
Secretary to Dr S Sathananthan

*Unfortunately we sometimes receive two copies of your referral and double bookings can occur. If you receive this letter, but already have an appointment, please contact our rooms.*

Benson radiology
Diagnostic Radiologists

Head Office
229 Melbourne Street North Adelaide
South Australia 5006
Telephone 08 8239 0550
Facsimile 08 8239 1150

Partners
Dr A B Utturkar
Dr R C Edwards
Dr B S Ganguly
Dr N B Davidson
Dr R F Hannan
Dr R D Hoile
Dr J I Robinson
Dr J R Nelson
Dr D A Donovan
Dr A C Biggs
Dr S F Hobbs
Dr J E Copley
Dr E M Yap
Dr F Voyvodic

Gawler Health Service

HARRIS, Mr Trevor (DOB: 03/09/1939)
PO Box 454
VIRGINIA SA 5120

Dr S Unnikrishnan
virmedce@promedicus.net
703905-1_8
6th December 2010
ur:
RCE/TW

**CT ABDOMEN AND PELVIS**

**Clinical:**
Constipation.

**Procedure:**
Post contrast scans.

**Findings:**
The liver has a normal size and texture. The bile ducts are not dilated and no calcified gallstone is seen. The spleen is a little bulky, it has a normal uniform texture. No abnormality is seen in the pancreas, adrenals or kidneys. No abnormal mass or fluid collection is seen in the upper abdomen or the pelvis and there is no lymphadenopathy. Small bowel loops have a normal calibre and no focal small bowel lesion is seen. Gas and faecal material is seen in a non distended colon. No colonic mass is seen. Should there still be clinical suspicion of a large bowel pathology, either colonoscopy or double contrast barium enema is suggested in further assessment.

**Dr Ron Edwards**
**Electronically signed Mon 6/12/2010 12:58 pm**

Start Patient : HARRIS,TREVOR
19 TATURA AVENUE,TWO WELLS 5501
Birthdate: 03/09/1939 Age: 72 Y Sex: M
Telephone: 0412 003 447
Your Reference : 436540809
CPP Reference : 449443878
Medicare Number: 5112466523
Phone Enquiries: Supervising Path. GC, NT

Referred by : Dr Georgelin Puthiyathu Kurian
Addressee : Dr Georgelin Puthiyathu Kurian 288078HT
Lab. Reference: 449443878-C-C205
Requested: 14/12/2011
Performed: 15/12/2011
Test name: LIPHDL

Clinical Notes : FOR CHECK UP

| **Date** | 15/12/11 | 08/10/10 | 13/04/10 | 17/02/09 | | |
|---|---|---|---|---|---|---|
| **Time F-Fast** | 0820 F | 0903 | 0825 | Unkn | | |
| **Lab ID** | 449443878 | 7839982 | 9907209 | 9277915 | Units | Range |
| Status | Fasting | | | | | |
| Cholesterol | 5.0 | 5.4 | * 6.1 | * 5.8 | mmol/L | (3.5-5.5) |
| Triglycerides | * 1.6 | 1.5 | 1.8 | * 2.5 | mmol/L | (0.0-1.5) |
| HDL Chol. | 1.1 | 1.5 | 1.4 | 1.2 | mmol/L | (1.0-2.2) |
| LDL Chol. | * 3.2 | 3.2 | * 3.9 | 3.5 | mmol/L | (0.0-2.5) |
| Chol/HDL Ratio | 4.5 | * 3.6 | * 4.4 | * 4.8 | | (0.0-4.5) |

Comments on Collection 15/12/11 0820 F:
N.B. NHF target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

| | |
|---|---|
| Total Cholesterol | <4.0 mmol/L |
| LDL- Cholesterol | <2.0 mmol/L |
| HDL- Cholesterol | >1.00 mmol/L |
| Triglyceride | <1.5 mmol/L |

Progress lipid levels.

For Clinical advice please call Dr M Metz 83662000

# 2013 Blood Test Files

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

Report generated: 28/06/2013 18:10

From: Institute of Medical and Veterinary Science
Name: MR TREVOR A HARRIS
Address: 91 MAIN STREET BRINKWORTH 5464
DOB: 03/09/1939 Sex: M
Your Reference: 134021
Lab. Reference: 13-37610859-PSM-0
Medicare Number: 51124665241
Phone Enquiries:
Referred By: DR DYNE CORREA (2756945T)
Provider Nbr: 2756945T
Copy to:
Addressee: DR DYNE CORREA (2756945T)
Requested: 25/06/2013
Collected: 28/06/2013 8:50:00 AM
Received by lab: 28/06/2013 8:50:00 AM
Reported: 28/06/2013 6:05:00 PM
Request/Result Status: F - Final
Specimen:
Test Name: PROSTATE SPECIFIC ANTIGEN
Clinical Notes: No clinical notes provided.

**Institute of Medical and Veterinary Science** (Lab ref: 13-37610859-PSM)

Clinical notes: No clinical notes provided.

| | |
|---|---|
| Collection Date | 28/06/13 |
| Request Number | 37610859 |
| Analytical System: Siemens Centaur | |
| Total PSA (ug/L) | 0.73 |

Total PSA Reference Intervals
<60 y (0 - 4)
60 - 70 y (0 - 5)
>70 y (0 - 6)

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

Report generated: 28/06/2013 18:05

From: Institute of Medical and Veterinary Science
Name: MR TREVOR A HARRIS
Address: 91 MAIN STREET BRINKWORTH 5464
DOB: 03/09/1939 Sex: M
Your Reference: 134021
Lab. Reference: 13-37610859-GL-0
Medicare Number: 51124665241
Phone Enquiries:
Referred By: DR DYNE CORREA (2756945T)
Provider Nbr: 2756945T
Copy to:
Addressee: DR DYNE CORREA (2756945T)
Requested: 25/06/2013
Collected: 28/06/2013 8:50:00 AM
Received by lab: 28/06/2013 8:50:00 AM
Reported: 28/06/2013 1:55:00 PM
Request/Result Status: F - Final
Specimen:
Test Name: GLUCOSE ANALYSIS
Clinical Notes: No clinical notes provided.

**Institute of Medical and Veterinary Science** (Lab ref: 13-37610859-GL)

Clinical notes: No clinical notes provided.

Fasting status - fasting

From: Institute of Medical and Veterinary Science
Name: MR TREVOR A HARRIS
Address: 91 MAIN STREET BRINKWORTH 5464
DOB: 03/09/1939 Sex: M
Your Reference: 134021
Lab. Reference: 13-37610859-FES-0
Medicare Number: 51124665241
Phone Enquiries:
Referred By: DR DYNE CORREA (2756945T)
Provider Nbr: 2756945T
Copy to:
Addressee: DR DYNE CORREA (2756945T)
Requested: 25/06/2013
Collected: 28/06/2013 8:50:00 AM
Received by lab: 28/06/2013 8:50:00 AM
Reported: 28/06/2013 6:25:00 PM
Request/Result Status: F - Final
Specimen:
Test Name: IRON STUDIES
Clinical Notes: No clinical notes provided.

**Institute of Medical and Veterinary Science** (Lab ref: 13-37610859-FES)

Clinical notes: No clinical notes provided.

| | | | |
|---|---|---|---|
| Ferritin | 252 | ug/L | (20-300) |
| Iron | 23 | umol/L | (8-30) |
| Transferrin | 2.27 | g/L | (2.00-4.00) |
| Transferrin Saturation | 40 | % | (10-55) |

Satisfactory iron studies.

All tests on this request have been completed.

Report generated: 28/06/2013 18:25

From: Institute of Medical and Veterinary Science
Name: MR TREVOR A HARRIS
Address: 91 MAIN STREET BRINKWORTH 5464
DOB: 03/09/1939 Sex: M
Your Reference: 134021
Lab. Reference: 13-37610859-TFT-0
Medicare Number: 51124665241
Phone Enquiries:
Referred By: DR DYNE CORREA (2756945T)
Provider Nbr: 2756945T
Copy to:
Addressee: DR DYNE CORREA (2756945T)
Requested: 25/06/2013
Collected: 28/06/2013 8:50:00 AM
Received by lab: 28/06/2013 8:50:00 AM
Reported: 28/06/2013 6:10:00 PM
Request/Result Status: F - Final
Specimen:
Test Name: THYROID FUNCTION TESTS
Clinical Notes: No clinical notes provided.

**Institute of Medical and Veterinary Science** (Lab ref: 13-37610859-TFT)

Clinical notes: No clinical notes provided.

| | |
|---|---|
| Collection Date | 28/06/13 |
| Request Number | 37610859 |

Performed on Centaur

| | | | |
|---|---|---|---|
| TSH | (0.5-4.0) | mIU/L | 1.9 |

Results from different labs may vary slightly. Interpret with caution.

37610859 Consistent with normal thyroid function.

Copy to:
Addressee: DR DYNE CORREA (2756945T)
Requested: 25/06/2013
Collected: 28/06/2013 8:50:00 AM
Received by lab: 28/06/2013 8:50:00 AM
Reported: 28/06/2013 1:45:00 PM
Request/Result Status: F - Final
Specimen:
Test Name: LIPID STUDIES
Clinical Notes: No clinical notes provided.

**Institute of Medical and Veterinary Science** (Lab ref: 13-37610859-MLP)

Clinical notes: No clinical notes provided.

| | | |
|---|---|---|
| Date: | 28/06/13 | |
| Request Number: | 37610859 | |
| Sample Type | Fasting | |
| | | (mmol/L) |
| Total Triglycerides | 1.6 | (0.3-2.0) |
| Total Cholesterol | 4.9 | (< 5.5) |
| HDL Cholesterol | 1.2 | (0.9-2.0) |
| LDL Cholesterol (calculated) | 3.0 | (< 3.7) |
| Total Cholesterol/HDL ratio | 4.1 | (< 5.0) |

37610859 Unless clinical review indicates higher absolute risk for CHD, the current lipid profile is satisfactory.

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

Report generated: 28/06/2013 13:45

From: Institute of Medical and Veterinary Science
Name: MR TREVOR A HARRIS
Address: 91 MAIN STREET BRINKWORTH 5464
DOB: 03/09/1939 Sex: M
Your Reference: 134021
Lab. Reference: 13-37610859-MHA-0
Medicare Number: 51124665241
Phone Enquiries:
Referred By: DR DYNE CORREA (2756945T)
Provider Nbr: 2756945T
Copy to:
Addressee: DR DYNE CORREA (2756945T)
Requested: 25/06/2013
Collected: 28/06/2013 8:50:00 AM
Received by lab: 28/06/2013 8:50:00 AM
Reported: 28/06/2013 1:10:00 PM
Request/Result Status: F - Final
Specimen:
Test Name: COMPLETE BLOOD EXAM
Clinical Notes: No clinical notes provided.

**Institute of Medical and Veterinary Science** (Lab ref: 13-37610859-MHA)

Clinical notes: No clinical notes provided.

| | | | | | |
|---|---|---|---|---|---|
| Haemoglobin | 162 | | g/L | | (135-175) |
| R.B.C. | 4.69 | | x10^12/L | | (4.50-6.00) |
| P.C.V. | 0.45 | | L/L | | (0.40-0.50) |
| M.C.V. | 96.6 | | fl | | (80.0-98.0) |
| * M.C.H. | 34.5 | | pg | | (27.0-33.0) |
| M.C.H.C. | 358 | | g/L | | (310-360) |
| R.D.W. | 12.8 | | % | | (12.0-15.0) |
| Platelets | 181 | | x10^9/L | | (150-450) |
| White Cell Count | | | 5.32 | x10^9/L | (4.00-11.00) |
| Neutrophils | 62.3 | % | 3.31 | x10^9/L | (1.80-7.50) |
| Lymphocytes | 29.5 | % | 1.57 | x10^9/L | (1.50-3.50) |
| Monocytes | 5.6 | % | 0.30 | x10^9/L | (0.20-0.80) |

Glucose 5.5 mmol/L Fasting (3.2-5.5)

Time of collection 08:50
Date of collection 28/06/2013

It is recommended that a glucose tolerance test is performed in patients with a fasting plasma glucose between 5.5 to 6.9 mmol/L and the patient is not a known diabetic.

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

Report generated: 28/06/2013 13:55

From: Institute of Medical and Veterinary Science
Name: MR TREVOR A HARRIS
Address: 91 MAIN STREET BRINKWORTH 5464
DOB: 03/09/1939 Sex: M
Your Reference: 134021
Lab. Reference: 13-37610859-MCH-0
Medicare Number: 51124665241
Phone Enquiries:
Referred By: DR DYNE CORREA (2756945T)
Provider Nbr: 2756945T
Copy to:
Addressee: DR DYNE CORREA (2756945T)
Requested: 25/06/2013
Collected: 28/06/2013 8:50:00 AM
Received by lab: 28/06/2013 8:50:00 AM
Reported: 28/06/2013 1:45:00 PM
Request/Result Status: F - Final
Specimen:
Test Name: BLOOD BIOCHEMISTRY
Clinical Notes: No clinical notes provided.

**Institute of Medical and Veterinary Science** (Lab ref: 13-37610859-MCH)

Clinical notes: No clinical notes provided.

PLASMA BIOCHEMISTRY RESULTS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Sodium | 139 | mmol/L (137-145) | | Tot.Ca | 2.33 mmol/L | (2.10-2.55 |
| | Potassium | 4.2 | mmol/L (3.5-4.9) | | calc.IC | 1.21 mmol/L | (1.10-1.30 |
| | Chloride | 104 | mmol/L (100-109) | | Albumin | 39 g/L | (34-48) |
| | Bicarb. | 31 | mmol/L (22-32) | | Glob. | 30 g/L | (21-41) |
| | Anion Gap | 8 | mmol/L (7-17) | | Protein | 69 g/L | (65-85) |
| * | Glucose | 5.9 | mmol/L (3.2-5.5)Fast | | Tot.Bil | 15 umol/L | (2-24) |
| | Urea | 4.6 | mmol/L (2.7-8.0) | | GGT | 56 U/L | (0-59) |
| | Creat. | 97 | umol/L (50-120) | | ALP | 88 U/L | (30-110) |
| | eGFR | 67 | mL/min/1.73m2 | | ALT | 25 U/L | (0-54) |
| | Cholesterol | 4.9 | mmol/L (0.0-5.4) | | AST | 23 U/L | (0-44) |
| | Urate | 0.45 | mmol/L (0.15-0.45) | * | LD | 241 U/L | (110-230) |
| | Phosphate | 0.92 | mmol/L (0.65-1.45) | | | | |

Note: eGFR has been calculated using CKD-EPI formula.
For interpretation of eGFR see http://www.kidney.org.au

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

Report generated: 28/06/2013 13:45

From: Institute of Medical and Veterinary Science
Name: MR TREVOR A HARRIS
Address: 91 MAIN STREET BRINKWORTH 5464
DOB: 03/09/1939 Sex: M
Your Reference: 134021
Lab. Reference: 13-37610859-MLP-0
Medicare Number: 51124665241
Phone Enquiries:
Referred By: DR DYNE CORREA (2756945T)
Provider Nbr: 2756945T

## 2013 Asbestosis Files

Benson radiology

Experience Precision Care

**Branch: Salisbury**
8281 2066

**Mr Trevor HARRIS**
PO BOX 454 VIRGINIA 5120
DOB: 03/09/1939
Folio: 703905-1
UR:
**Accession No: 6945669**

**Referred by: Dr C Holmes-Liew**

Your Ref No:
JIR:PP

**Examination Date: 15/04/13**

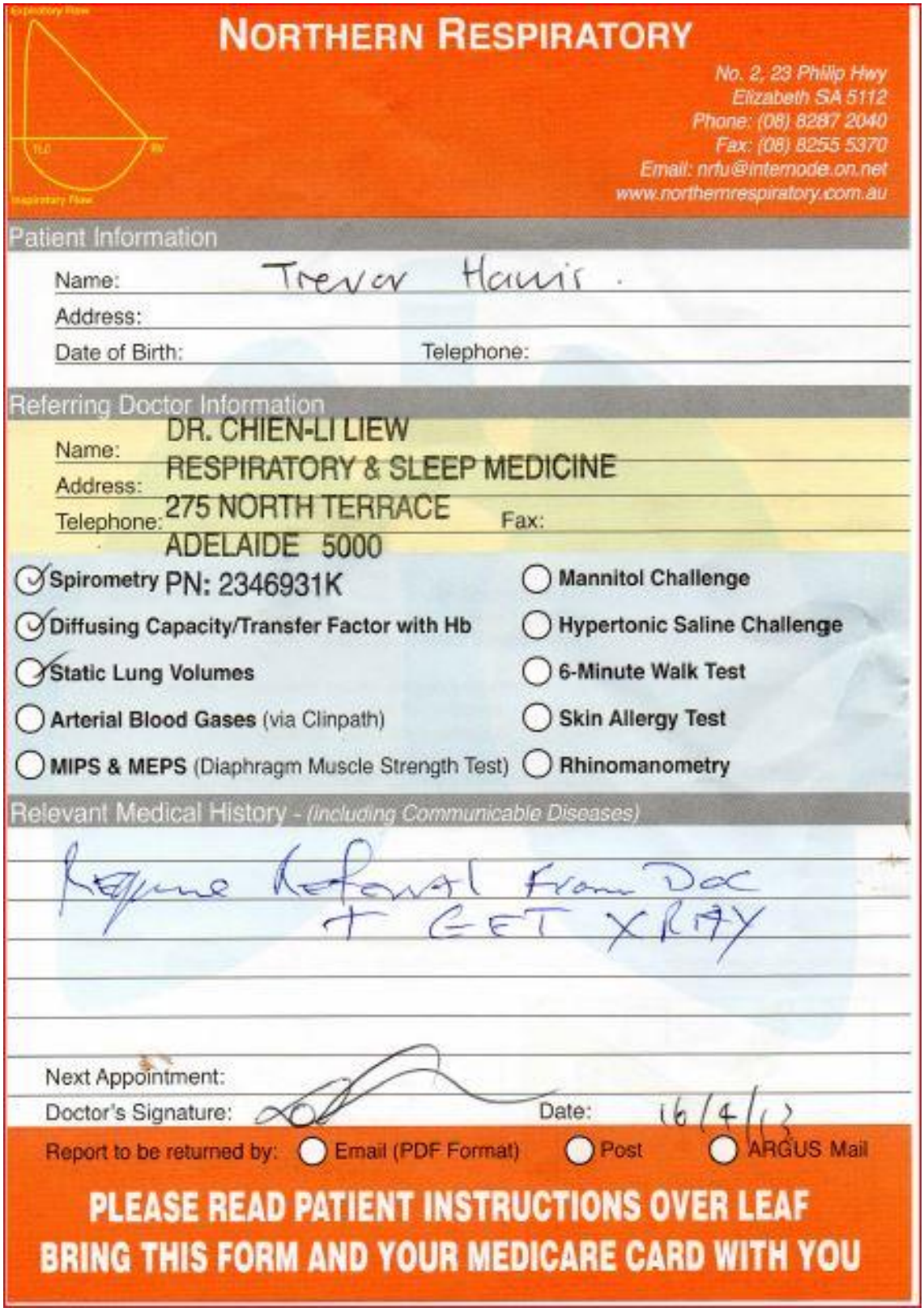
**XRAY CHEST**

**Clinical:**
Asthma and mild asbestoses.

**Findings:**
Comparison with the examination performed in 2010 has been made. The heart is not enlarged. Hila and mediastinal contours are normal. There are small calcified pleural plaques present bilaterally. There is no segmental lung lesion demonstrated. The pleural reflections are clear. There has been no significant change in comparison with the examination performed in 2010.

**Dr Jill Robinson**
**Electronically signed Mon 15/04/2013 9:57 am**

Appointment



# NORTHERN RESPIRATORY

No. 2, 23 Philip Hwy
Elizabeth SA 5112
Phone: (08) 8287 2040
Fax: (08) 8255 5370
Email: nrfu@internode.on.net
www.northernrespiratory.com.au

## Patient Information

Name: Trevor Harris.

Address:

Date of Birth: Telephone:

## Referring Doctor Information

Name: DR. CHIEN-LI LIEW

Address: RESPIRATORY & SLEEP MEDICINE

Telephone: 275 NORTH TERRACE Fax:

ADELAIDE 5000

- ☑ **Spirometry** PN: 2346931K
- ☑ **Diffusing Capacity/Transfer Factor with Hb**
- ☑ **Static Lung Volumes**
- ○ **Arterial Blood Gases** (via Clinpath)
- ○ **MIPS & MEPS** (Diaphragm Muscle Strength Test)
- ○ **Mannitol Challenge**
- ○ **Hypertonic Saline Challenge**
- ○ **6-Minute Walk Test**
- ○ **Skin Allergy Test**
- ○ **Rhinomanometry**

## Relevant Medical History - *(including Communicable Diseases)*

Resume Referral from Doc
+ GET XRAY

Next Appointment:

Doctor's Signature: Date: 16/4/13

Report to be returned by: ○ Email (PDF Format) ○ Post ○ ARGUS Mail

**PLEASE READ PATIENT INSTRUCTIONS OVER LEAF**

**BRING THIS FORM AND YOUR MEDICARE CARD WITH YOU**

* Requires Referral from DOCTOR KAY

| Test / Consult | Date | Time |
|---|---|---|
| FLFT | 7-4-15 | 9-00am |
| Dr Liew | 7-4-15. | 9-30am |

## PATIENT PRE-TEST INSTRUCTIONS

- Recommended: No smoking on day of test. Must be at LEAST 4 HOURS prior to testing
- Check the following table and note respiratory medications **NOT** to be taken before each test.

  *BUT...*
- If you become SHORT OF BREATH or WHEEZY before your appointment, take your medication and telephone us on 8287 2040.

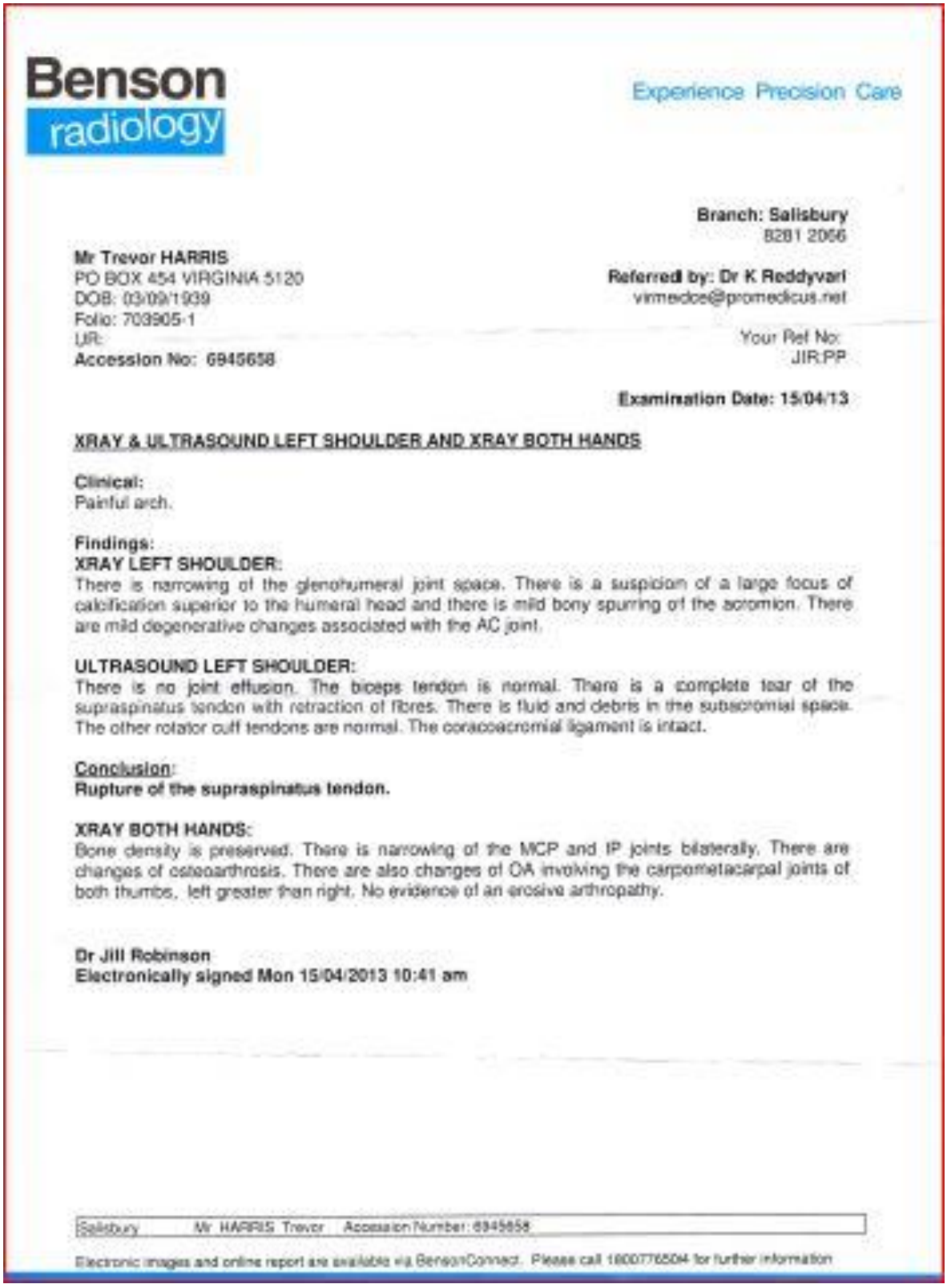
| TEST | DO NOT USE : TIME PRIOR TO TESTING |
|---|---|
| Spirometry, Diffusing Capacity and Lung Volumes | Ventolin, Bricanyl, Airomir, Asmol, Brondecon, Atrovent, Ipratrin : 6 hours<br>Serevent, Seretide, Oxis, Symbicort, Foradile, Nuelin SR : 12 hours<br>Spiriva, Onbrez, Alvesco : 24 hours |
| * Mannitol Challenge & Hypertonic Saline | Ventolin, Bricanyl, Airomir, Asmol, Brondecon, Atrovent, Ipratrin : 6 hours<br>Serevent, Seretide, Oxis, Symbicort, Foradile, Nuelin SR : 12 hours<br>Spiriva, Onbrez, Alvesco : 24 hours<br>Intal : 48 hours<br>All antihistamines including: Telfast, Polaramine, Zadine, Periactin, Phenergen, Benadryl : 48 hours<br>Claratyne, Claramax, Zyrtec, Avil : 48 hours |
| * Skin Allergy Testing | All antihistamines including: Telfast, Polaramine, Zadine, Phenergen, Benadryl : 48 hours<br>Claratyne, Claramax, Zyrtec, Avil : 48 hours |
| 6 Minute Walk | Please take all medications as normal including inhalers |

* Please note:
Other medications with antihistamine activity should also be ceased 48 hours prior to testing, ie **Stemetil** and some **anti-depressants** such as Sinequan, Tryptanol, Endep, Tofranil, Tolvan, Surmontil.


IF YOU HAVE ANY QUERIES REGARDING YOUR TEST PLEASE RING THE UNIT ON

**(08) 8287 2040**

## 2013 Arthritis Files



Benson radiology

Experience Precision Care

Branch: Salisbury
8281 2066

Mr Trevor HARRIS
PO BOX 454 VIRGINIA 5120
DOB: 03/09/1939
Folio: 703905-1
UR:
Accession No: 6945658

Referred by: Dr K Reddyvari
virmedoe@promedicus.net

Your Ref No:
JIR:PP

Examination Date: 15/04/13

XRAY & ULTRASOUND LEFT SHOULDER AND XRAY BOTH HANDS

Clinical:
Painful arch.

Findings:
XRAY LEFT SHOULDER:
There is narrowing of the glenohumeral joint space. There is a suspicion of a large focus of calcification superior to the humeral head and there is mild bony spurring of the acromion. There are mild degenerative changes associated with the AC joint.

ULTRASOUND LEFT SHOULDER:
There is no joint effusion. The biceps tendon is normal. There is a complete tear of the supraspinatus tendon with retraction of fibres. There is fluid and debris in the subacromial space. The other rotator cuff tendons are normal. The coracoacromial ligament is intact.

Conclusion:
**Rupture of the supraspinatus tendon.**

XRAY BOTH HANDS:
Bone density is preserved. There is narrowing of the MCP and IP joints bilaterally. There are changes of osteoarthrosis. There are also changes of OA involving the carpometacarpal joints of both thumbs, left greater than right. No evidence of an erosive arthropathy.

Dr Jill Robinson
Electronically signed Mon 15/04/2013 10:41 am

Salisbury Mr HARRIS Trevor Accession Number: 6945658

Electronic images and online report are available via BensonConnect. Please call 1800776504 for further information

# Benson
## radiology
### Experience Precision Care

**Branch: Salisbury**
8281 2066
**Mr Trevor HARRIS**
PO BOX 454 VIRGINIA 5120
DOB: 03/09/1939
Folio: 703905-1
UR:
**Accession No: 6945658**
**Referred by: Dr K Reddyvari**
virmedGe@promedlcus.net
Your Ref No:
JIR:PP
**Examination Date: 15/04/13**

**XRAY & ULTRASOUND LEFT SHOULDER AND XRAY BOTH HANDS**

**Clinical:**
Painful arch.

**Findings:**

**XRAY LEFT SHOULDER:**
There is narrowing of the glenohumeral joint space. There is a suspicion of a large focus of calcification superior to the humeral head and there is mild bony spurring of the acromion. There are mild degenerative changes associated with the AC joint.

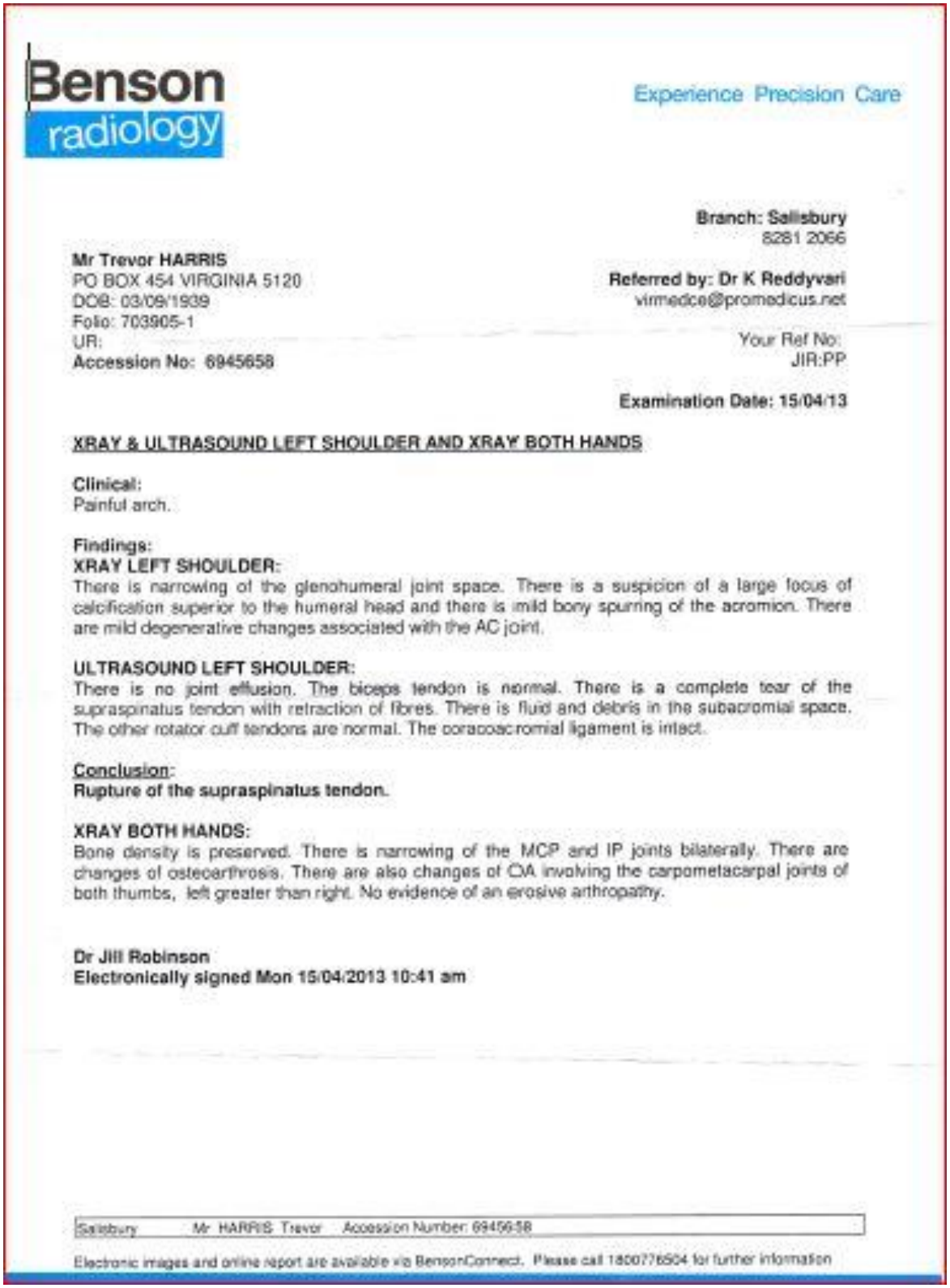
**ULTRASOUND LEFT SHOULDER:**
There is no joint effusion. The biceps tendon is normal. There is a complete tear of the supraspinatus tendon with retraction of fibres. There is fluid and debris in the subacromial space. The other rotator cuff tendons are normal. The coracoacromial ligament is intact.

**Conclusion:**
**Rupture of the supraspinatus tendon.**

**XRAY BOTH HANDS:**
Bone density is preserved. There is narrowing of the MCP and IP joints bilaterally. There are changes of osteoarthrosis. There are also changes of OA involving the carpometacarpal joints of both thumbs, left greater than right. No evidence of an erosive arthropathy.

**Dr Jill Robinson**
**Electronically signed Mon 15/04/2013 10:41 am**

## 2013 Shoulder-Hands Files



Benson radiology

Experience Precision Care

**Branch: Salisbury**
8281 2066

**Mr Trevor HARRIS**
PO BOX 454 VIRGINIA 5120
DOB: 03/09/1939
Folio: 703905-1
UR:
**Accession No: 6945658**

**Referred by: Dr K Reddyvari**
virmedce@promedicus.net

Your Ref No:
JIR:PP

**Examination Date: 15/04/13**

**XRAY & ULTRASOUND LEFT SHOULDER AND XRAY BOTH HANDS**

**Clinical:**
Painful arch.

**Findings:**
**XRAY LEFT SHOULDER:**
There is narrowing of the glenohumeral joint space. There is a suspicion of a large focus of calcification superior to the humeral head and there is mild bony spurring of the acromion. There are mild degenerative changes associated with the AC joint.

**ULTRASOUND LEFT SHOULDER:**
There is no joint effusion. The biceps tendon is normal. There is a complete tear of the supraspinatus tendon with retraction of fibres. There is fluid and debris in the subacromial space. The other rotator cuff tendons are normal. The coracoacromial ligament is intact.

**Conclusion:**
**Rupture of the supraspinatus tendon.**

**XRAY BOTH HANDS:**
Bone density is preserved. There is narrowing of the MCP and IP joints bilaterally. There are changes of osteoarthrosis. There are also changes of OA involving the carpometacarpal joints of both thumbs, left greater than right. No evidence of an erosive arthropathy.

**Dr Jill Robinson**
**Electronically signed Mon 15/04/2013 10:41 am**

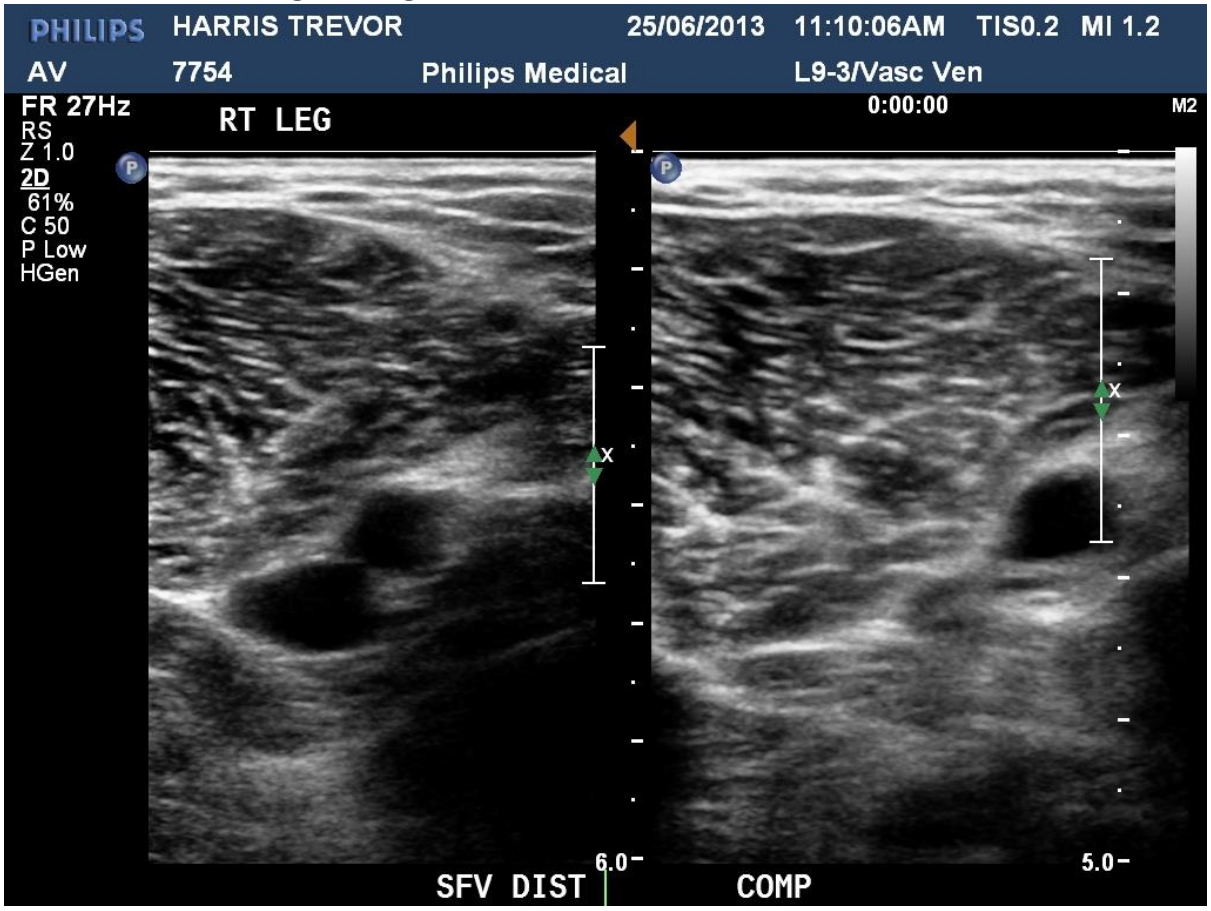
Salisbury Mr HARRIS Trevor Accession Number: 6945658

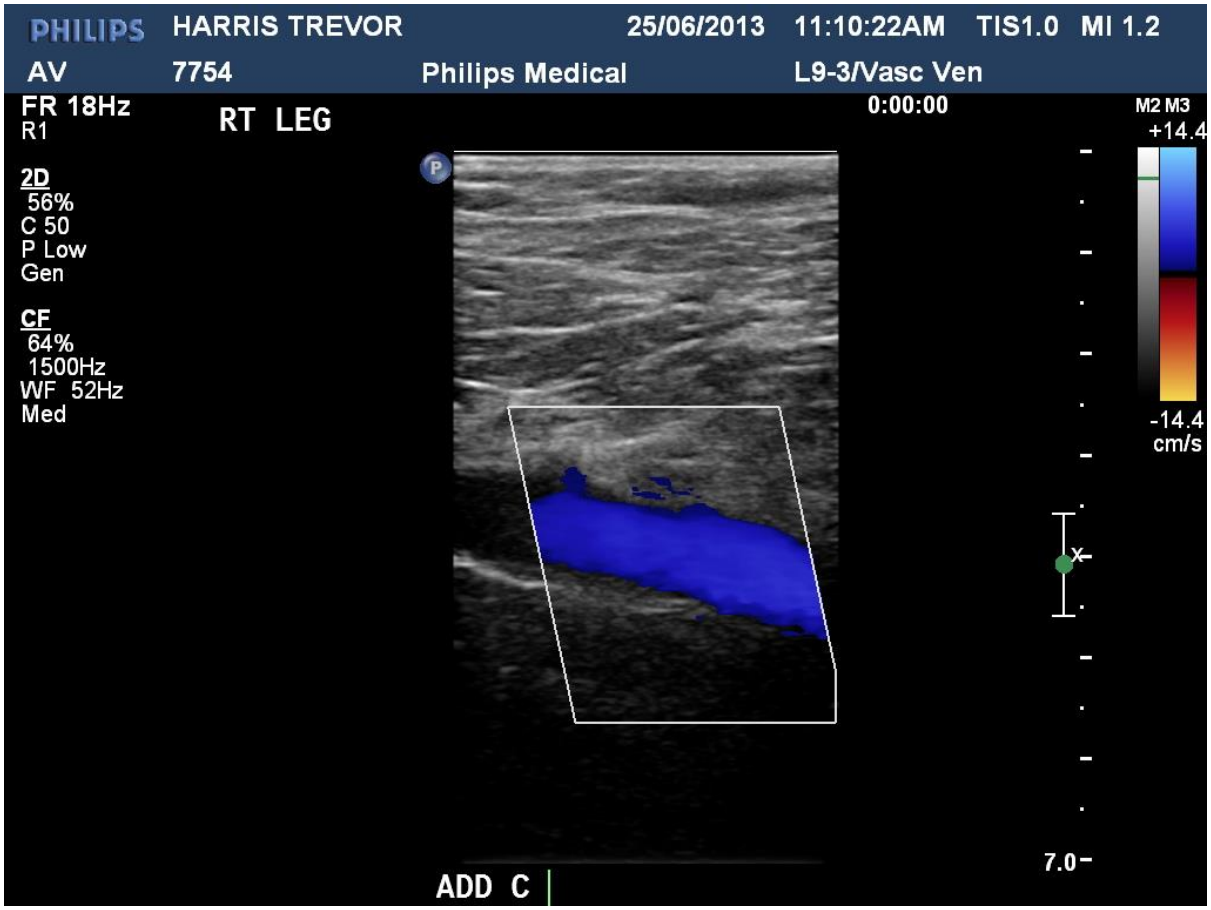
Electronic images and online report are available via BensonConnect. Please call 1800776504 for further information

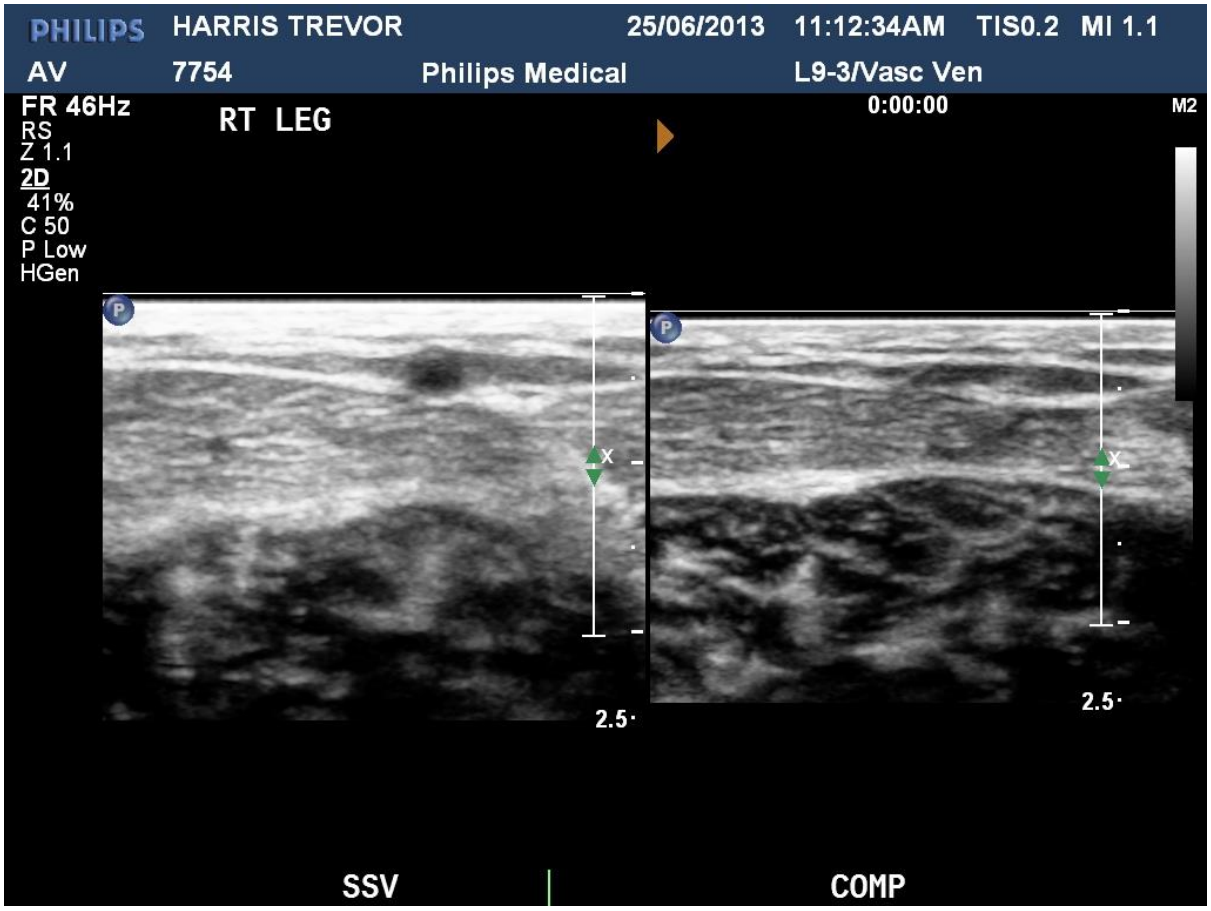
## 2013 Melissa Harris (Physio Clare)

Physio of Left Shoulder due to torn ligament.

## 2013 Swollen Right Leg Files




PHILIPS
HARRIS TREVOR
25/06/2013
11:10:22AM
TIS1.0
MI 1.2
AV
7754
Philips Medical
L9-3/Vasc Ven
FR 18Hz
R1
RT LEG
0:00:00
M2 M3
+14.4
2D
56%
C 50
P Low
Gen
CF
64%
1500Hz
WF 52Hz
Med
-14.4
cm/s
7.0
ADD C


PHILIPS
HARRIS TREVOR
25/06/2013
11:12:34AM
TIS0.2
MI 1.1
AV
7754
Philips Medical
L9-3/Vasc Ven
FR 46Hz
RS
Z 1.1
RT LEG
0:00:00
M2
2D
41%
C 50
P Low
HGen
2.5
2.5
SSV
COMP

## 2014 Lymphoma-Amputation Files

harris, trevor MRN: 7754

***** Header *****

Study Arrival Date: 03/17/2014 7:43 PM EDT
Report Approval Date: 03/18/2014 5:07 AM EDT

***PATIENT***
Name: **harris, trevor**
Mrn: **7754**
Gender: **m**
Age: **074Y**
Birthday: **Sep 03, 1939**

***STUDY***
**Mar 18, 2014**
Date: **09:31:59**
Institution Name: **LNH Medical**
Referring Physician: **dr Tibor**
Modality Type: **CR**
Description: **not supplied**
Body Part(s): **-CHEST**

***INTERPRETING PHYSICIAN***
Name: **Dr. Bert Gutmann**

** help info **

--- Start Report ---

VIRGINIA MEDICAL CENTRE
NO FURTHER ACTION - FILE
NOTES REQUIRED YES/NO
DATE 19 MAR 2014
APPT NEEDED YES/NO
RESULT CAN BE GIVEN YES/NO
DOCTORS SIG.....

**RE: HARRIS, Trevor**
**DOB: 03 September 1939**
**Reference:**
**Examination Date: 18 March 2014**

Dr T Pinczel

**X-RAY CHEST**

**HISTORY:** Three week history of productive cough. History of asbestosis.

**FINDINGS:** There is a density overlying the anterior left 4th rib and a larger area of moderately circumscribed faint density overlying the anterior right 5th rib, and 4th and 5th interspaces.

Slight streaky density is seen at the left lung base.

The heart, mediastinum, lungs, bones and soft tissues are otherwise normal. No interstitial fibrotic change can be seen. No parenchymal mass lesion is noted.

A soft tissue density overlying the anterior 5th interspace on each side is thought to be a nipple shadow.

**CONCLUSION:** The study demonstrates appearances consistent with pleural plaques, consistent with the history of previous asbestos exposure. Slight streaky density at the left base suggests slight scarring. No other sequelae of asbestos

**The Queen Elizabeth Hospital**

**Radiology Report**

***PATIENT DEMOGRAPHICS***

**MRN :** 830746-QEH
**NAME :** HARRIS, TREVOR
**D.O.B.** 03/09/1939 **AGE :** 76 y
**GENDER:** Male

SERVICE : CT Angiography ABF (TQEH Only);
STATUS : Final
REQUESTED BY : GRAY, James
EXAMINED : 24/04/2014 21:10
REPORTED : 29/04/2014 15:47

---

CT ANGIOGRAM AORTO BIFEMORAL
CLINICAL DETAILS: Ischaemic left foot weaker femoral and popliteal pulse. No dorsalis pedis/popliteal.
TECHNIQUE: Arterial imaging of the abdominal aorta and lower limb arteries performed.
REPORT: Additional clinical history of T cell lymphoma noted.
There is calcification of the abdominal aorta which is non aneurysmal. There is no stenosis seen involving the aorta or its anterior branches. The renal arteries are widely patent.
The common iliac arteries show further evidence of calcified plaque. There is a 50% stenosis secondary to calcific plaque at the origin of the left common iliac artery. No external or internal iliac artery stenosis detected.
LEFT LEG: Densely calcified plaque causes a 90% stenosis of the proximal common femoral artery. This results in significant delay and contrast opacification beyond this vessel although its still is seen to remain patent.
The superficial femoral and popliteal arteries are widely patent with no significant atheromatous disease.
Multi focal occlusive disease involves the anterior tibial artery through its length and there is an occlusion of the posterior tibial artery at the mid calf level. The peroneal artery is occluded close to its origin. There is reconstitution of flow via collaterals seen in the distal anterior tibial artery at the ankle levels.
RIGHT LEG: Eccentric calcified plaque involves the CFA without significant stenosis. The SFA popliteal arteries are widely patent.
There is three vessel runoff to the ankle identified although visualisation of the vessels at the ankle level are somewhat limited by metallic artefact from a distal fibular plate and screw fixator.
Findings discussed without formal reconstruction.
OTHER FINDINGS: There is gross splenomegaly in numerous retroperitoneal lymph nodes consistent with the additional history of lymphoma.
A right basal pleural effusion with associated

**The Queen Elizabeth Hospital**

**Radiology Report**

***PATIENT DEMOGRAPHICS***

**MRN :** 830746-QEH

**NAME :** HARRIS, TREVOR
**D.O.B.** 03/09/1939 **AGE :** 76 y
**GENDER:** Male

**SERVICE :** CT Angiography ABF (TQEH Only);
**STATUS :** Final
**REQUESTED BY :** GRAY, James
**EXAMINED :** 24/04/2014 21:10
**REPORTED :** 29/04/2014 15:47

---

atelectasis/consolidation identified. A small left effusion is seen. Multiple calcified pleural plaques are identified. The pancreas, visualised portion of the liver, adrenals and kidneys appear normal. There are multiple mesenteric lymph nodes seen.

The gallbladder is contracted. There is an impression of mild gallbladder wall thickening although assessment is limited due to lack of distention.

There is a small amount of free fluid noted in the paracolic gutters bilaterally.

COMMENT: There is a critical stenosis measuring > 90% secondary to calcified plaque at the proximal left CFA level.

Through the left calf arteries show multifocal disease and are occluded throughout. There is reconstitution of flow suspected within the distal ATA likely via collateral.

Findings were discussed with the referring vascular clinicians at the time of scanning.

REPORTED BY: DR N REZAIAN / DR C POZZA / md
TYPED 26/04/2014

**Dr James X Gray** BSc PhD MD FRACP FRCPA
**Consultant Haematologist**
(Provider No 2297367K)

**Department of Haematology and Oncology**
Tel: 08 8222 6528
Fax: 08 8222 7054

JG to

23rd October 2015

**Haematology**
A/Prof Peter Bardy
Dr Uwe Hahn
Dr Simon McRae
Dr Malcolm Green
Dr Kathryn Robinson
Dr Wilfrid Jaksic
Dr Cindy Lee
Dr James Gray

**Oncology**
A/Prof Ken Pittman
A/Prof Tim Price
Dr Kevin Patterson
Dr Amanda Townsend
Dr Rachel Roberts-Thomson
Dr Vy Broadbridge

Dr Fong Liew
Woodville South Medical Centre
4 Woodville Road
Woodville, SA 5011

Dear Dr Liew

**Re: Trevor HARRIS** **DOB: 3.9.39** **TQEH UR: 83 07 46**

**Diagnosis:**

1. **Angioimmunoblastic T-cell NHL**
   **Treatment: DA-EPOCH x six cycles, completed September 2014**
2. **Peripheral vascular disease**
   **Venous thromboembolic disease, left cephalic vein, by non-occlusive thrombus**
3. **Left below knee amputee**
4. **Asbestosis**
5. **Hypertension**

**Current medications**: Pregabalin, PRN (phantom pain), Aspirin

Mr Trevor Harris, accompanied by his son, was reviewed in the outpatient clinic at TQEH. As you know, Trevor is 76 years of age, diagnosed with angioimmunoblastic T-cell lymphoma in April 2014. His presentation was complicated by acute ischaemia of left leg and angiography revealed critical, 90%, stenosis at the left common femoral artery. Endarterectomy with thrombectomy was unsuccessful and embolisation resulted in full occlusion of distal artery on the left side. Trevor underwent a below knee amputation in April 2014. Staging of T-cell lymphoma by CT and PET, revealed widespread disseminated lymphadenopathy. Bone marrow biopsy revealed lymphoma infiltration. In addition, Trevor has a past history of asbestos exposure and plaques were noted on the pleura at CT scan. Trevor was treated with dose adjusted EPOCH (etoposide, prednisone, vincristine, cyclophosphamide and doxorubicin). This was complicated by venous thrombosis of the left cephalic vein. Ultimately Trevor received six cycles of dose adjusted EPOCH, which was completed in September 2014.

On review today, Trevor remains in good spirits, appears to walk effortlessly on his prosthetic left leg and continues to work delivering meals on wheels. Trevor reports that he was unwell three weeks ago with upper respiratory tract infection, but recovered well. On examination there is no lymph-adenopathy in axillary or cervical regions. Abdominal examination shows no organomegaly and lung fields are clear auscultation. Blood cell indices are normal with Hb 145, WCC 5.4 and platelets 154. Serum electrolytes are normal and liver function test shows mild abnormalities which are chronic.

In summary, Trevor is in complete remission and I have made no changes to current management. I will review him on a biannual basis, keeping you informed of developments.

Yours sincerely

*Dictated, checked but not signed*

**James X Gray, PhD MD FRACP FRCPA**
**Staff Haematologist**

# 2015 Right Foot Big Toe Files

Government of South Australia
SA Health

SA Medical Imaging

The Queen Elizabeth Hospital

**PATIENT MRN:** 000830746
**PATIENT NAME:** TREVOR HARRIS
**DATE OF BIRTH:** 03/09/1939
**STUDY DATE:** 28/09/2015 **STUDY TIME:** 09:31 AM
**REFERRING DR:** NG,ASHLEY,433340DJ,WOODVILLE
**WARD | UNIT:** General Practitioner Clinic | GP Referral

**EXAMINATION:**
XRFOORI - XR Foot Right

**CLINICAL DETAILS:**
Pain in the right great toe for 3 months. ? OA. History of lymphoma and left BKA.

**COMPARISON:**

**FINDINGS:**
Previous distal right fibula internal fixation noted. No obvious hardware complication.

There is moderate degeneration in the first MTP joint. There is mild degeneration in the second MTP joint and in the DIP joint of the second toe. The remaining visualised joints are relatively well preserved. No evidence of chronic tophaceous gout or inflammatory arthropathy.

No acute fracture. No significant ankle joint effusion. There is a broad-based bony spur in the calcaneus deep to the attachment of the plantar fascia.

**CONCLUSION:**

IMAGING REPORT

**REPORTED BY:** KHIMSENG TEW,Consultant, 28/09/2015 12:30 PM

## 2015 Left Knee Files

December 2015, I went to turn left and my Prosthetic leg court on floor and I pushed down to stabilize and tore my left knee, had x-rays, nothing broken just swelling.

## 2016 Asbestosis Files

Government of South Australia
SA Health

SA Medical Imaging
The Queen Elizabeth Hospital

**PATIENT MRN:** 000830746
**PATIENT NAME:** TREVOR HARRIS
**DATE OF BIRTH:** 03/09/1939
**STUDY DATE:** 20/04/2016 **STUDY TIME:** 12:25 PM
**REFERRING DR:** LIEW,FONG,045510CY,WOODVILLE
**WARD | UNIT:** General Practitioner Clinic | GP Referral

**EXAMINATION:**
XRCHE - XR Chest

**CLINICAL DETAILS:**
Known asbestosis

**COMPARISON:**
None available at time of report

**FINDINGS:**
Cardiac size is normal. The lung fields are clear. Bilateral calcified pleural plaques are noted. There are no features of mesothelioma present. No effusions are seen.

**CONCLUSION:**

# 2017 Ultrasound Abdomen

## Gall-stone

patient Name: I{ARRIS. TREVOR
Patient Address: 3/29 WOODVILLE ROAD. WOOI)Vtl.l-ll SOt.lTH SA
D.O.B: 3 09 1939 Gender: N4
lledicare No.: 51124665251 IHI No.:
Lab. Reference: 36298"/7 Provider: Benson Radiologl'
Addressee: DR DALINI SELV:\N4 Referred by: DR DALINI SELVAM
Date Requested: l"/l)8l20l'7 Date Performed: 2110812017
Date Collected : 211()812017 Complete: Final
Specimen:
Subject(Test Name): ULTRASOtltT-D ABDO/PIrl-VIC/I{ENAL DOPPT-ER
Clinical Information:
This report is for: Dr D. Selvam
Referred By:
Dr D. Se-ivam
ULTF.ASOUND ABDOMtrN 2I/aB/2A11 Reference: 3629871
ABDCM]NAL ULTRASOUND
Sunrmary:
1. Diffuse hepar-ic steatosis with smal-l area of fatty sparing. 1Omm segr.ent i focus ? further focal fatty sparing versus a solio Liver Lesrcn. Consider: formal characterisation with multiphase CT in the -sr irstance.
2. Cholelithiasis - 14mnL caLculus.
i. i{rLd splenomegaly.
Clr:ri,cai:
Deranged LFTs for previcus llmphoma. In remission. Drinks 3 SD
F^ o-y. . f- Ll -.lel
E incrings :
Pancreas: Limited vtews, Far*,icuLarLy of the head and tail and there is no mass or duct ciilatation demonstrated.
Aorta: Non-aneurysmal 14mro. AF.
GaLlbtadder and biliary tract: ChoLelithiasis with a 14mm mobile calculus. No evidence of cholecystrtis or bitiary traci obstruction.
CB! 3.8mm.
'l-;er: Diffuse increase in echotextut:e and attenuation of the '.^-::ascund beam consistent with hepaiic steatosis. SmalL geographic r.-','poechcic region ad j acenl- the gallbladder in keeping with m.lnor :a--r-i, sparing. Smooth liver contour without nodular cirrhotic change.
-inr:, hl,poechoic focal iesion in segment 7 ? fccat fatty sparing cr solid liver lesion. Unable to be further characterised with ul:rasound. Portaf vein not dilated (11mn') and demonstrating hepar,opetal f iow.
Kidneys: Rr-ght 10.6cm. Lef t 11.1cm.
Nornal. No mass, calcuius or hydrcnephrosis.
SpLeerL: Length 14.4cm, mildly enlarged. No focal lesion.
Radiclogist: Dr M. Reid
Sonographer:

# 2017 Blood Tests

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454779213-H-H902 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 17/08/2017 | **Date Performed:** | 17/08/2017 |
| **Date Collected:** | 17/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | HAEMATOLOGY | | |
| **Clinical Information:** | | | |

Clinical Notes : MACROCYTOSIS

**Haematology**

| **Date** | 17/08/17 | 11/08/17 | 21/03/14 | 09/08/12 | | |
|---|---|---|---|---|---|---|
| **Time F-Fast** | 1030 | 1140 | 1120 F | 1045 F | | |
| **Lab ID** | 454779213 | 454781731 | 450786239 | 449784898 | Units | Reference |
| **Haemoglobin** | 147 | 149 | 163 | 190 H | g/L | (128-175) |
| RCC | 4.1 L | 4.2 | 4.7 | 5.5 | x10*12/L | (4.2-6.2) |
| Haematocrit | 0.44 | 0.44 | 0.47 | 0.53 | l/L | (0.36-0.53) |
| MCV | 107 H | 106 H | 99 | 97 | fL | (80-100) |
| MCH | 36.0 H | 35.6 H | 34.4 H | 34.8 H | pg | (27.0-32.0) |
| MCHC | 337 | 336 | 349 | 357 | g/L | (310-360) |
| RDW | 14.8 | 14.5 | 12.7 | 13.2 | | (10.0-15.0) |
| **WCC** | 4.2 | 4.9 | 9.8 | 6.1 | x10*9/L | (4.0-11.0) |
| Neutrophils | 2.64 | 3.15 | 5.86 | 3.63 | x10*9/L | (1.7-7.5) |
| Lymphocytes | 0.96 L | 1.04 | 2.79 | 1.90 | x10*9/L | (1.0-4.0) |
| Monocytes | 0.41 | 0.51 | 1.10 H | 0.45 | x10*9/L | (0.0-1.0) |
| Eosinophils | 0.11 | 0.15 | 0.53 H | 0.06 | x10*9/L | (0.0-0.5) |
| Basophils | 0.03 | 0.05 | 0.07 | 0.02 | x10*9/L | (0.0-0.3) |
| **Platelets** | 164 | 180 | 180 | 198 | x10*9/L | (150-450) |

Comments on Collection 17/08/17 1030:
No significant change since our previous report.

Clinical advice (Drs only) call Dr L Nath 83662057

Clinpath Laboratories NATA No:3307

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454779213-C-C151 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 17/08/2017 | **Date Performed:** | 17/08/2017 |
| **Date Collected:** | 17/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | IRON STUDIES | | |
| **Clinical Information:** | | | |

Clinical Notes : MACROCYTOSIS

**IRON**

| **Date** | 17/08/17 | 21/03/14 | 09/08/12 | 15/12/11 | | |
|---|---|---|---|---|---|---|
| **Time F-Fast** | 1030 | 1120 F | 1045 F | 0820 F | | |
| **Lab ID** | 454779213 | 450786239 | 449784898 | 449443878 | Units | Reference |
| Iron | 37.8 H | 5.2 | 23.2 | 29.1 | umol/L | (5.0-30.0) |
| Transferrin | 2.1 | 1.9 L | 2.7 | 2.5 | g/L | (2.0-3.2) |
| Saturation | 79 H | 11 | 34 | 45 | % | (10-45) |
| Ferritin | 1225 H | 369 | 242 | 562 H | ug/L | (30-500) |

Comments on Collection 17/08/17 1030:
These results indicate iron overload. Previous liver dysfunction is also noted. While iron overload may occur in a number of diseases including chronic liver disease and iron loading anaemias, haemochromatosis should be excluded. Genetic testing for haemochromatosis is recommended.

Advice (Drs only) call Dr Metz/Dr Thomas 83662000

Clinpath Laboratories NATA No:3307

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454779213-C-H246 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 17/08/2017 | **Date Performed:** | 17/08/2017 |
| **Date Collected:** | 17/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | B12/FOLATE | | |
| **Clinical Information:** | | | |

Clinical Notes : MACROCYTOSIS

**Vitamin B12, Serum Folate, Red Cell Folate**

| **Date** | 17/08/17 | 12/02/16 | 21/03/14 | 09/08/12 | | |
|---|---|---|---|---|---|---|
| **Time F-Fast** | 1030 | Unkn | 1120 F | 1045 F | | |
| **Lab ID** | 454779213 | 472118916 | 450786239 | 449784898 | Units | Reference |
| Vitamin B12 | 311 | 351 | 437 | | pmol/L | (130-835) |
| Serum Folate | 22.2 | | | | nmol/L | (>6.0) |

Comments on Collection 17/08/17 1030:
Total Vitamin B12 concentrations above 300 pmol/L indicate B12 sufficiency is likely.

Performed using Roche Modular Immunoassay.
Please note, due to a restandardisation of this test by the manufacturer, our reference interval has been updated from 12/08/2016.

Advice (Drs only) call Dr Metz/Dr Thomas 83662000

Clinpath Laboratories NATA No:3307

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454779213-C-H246 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 17/08/2017 | **Date Performed:** | 17/08/2017 |
| **Date Collected:** | 17/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | B12/FOLATE | | |
| **Clinical Information:** | | | |

Clinical Notes : MACROCYTOSIS

**Vitamin B12, Serum Folate, Red Cell Folate**

| **Date** | 17/08/17 | 12/02/16 | 21/03/14 | 09/08/12 | | |
|---|---|---|---|---|---|---|
| **Time F-Fast** | 1030 | Unkn | 1120 F | 1045 F | | |
| **Lab ID** | 454779213 | 472118916 | 450786239 | 449784898 | Units | Reference |
| Vitamin B12 | 311 | 351 | 437 | | pmol/L | (130-855) |
| Serum Folate | 22.2 | | | | nmol/L | (>6.0) |

Comments on Collection 17/08/17 1030:
Total Vitamin B12 concentrations above 300 pmol/L indicate B12 sufficiency is likely.

Performed using Roche Modular Immunoassay.
Please note, due to a restandardisation of this test by the manufacturer, our reference interval has been updated from 12/08/2016.

Advice (Drs only) call Dr Metz/Dr Thomas 83662000

Clinpath Laboratories NATA No:3307

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454779213-R-I008 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 17/08/2017 | **Date Performed:** | 17/08/2017 |
| **Date Collected:** | 17/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | ANA- DHM | | |
| **Clinical Information:** | | | |

Clinical Notes : MACROCYTOSIS

**Antinuclear Antibodies**

| | |
|---|---|
| ANA | Not Detected |

Comment on Lab ID 454779213

(Screened at a titre of 80)

Reported by Douglass Hanly Moir Pathology(2178), a member of the Sonic Healthcare Group.

Advice (Drs only) call Dr Metz/Dr Thomas 83662000

Clinpath Laboratories NATA No:3307

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454779213-S-E108 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 17/08/2017 | **Date Performed:** | 17/08/2017 |
| **Date Collected:** | 17/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | HCV | | |
| **Clinical Information:** | | | |

Clinical Notes : MACROCYTOSIS

**Hepatitis C**

Hepatitis C Ab Not Detected
Comment on Lab ID 454779213

A negative hepatitis C result suggests the patient has not been exposed to and/or is not infected with hepatitis C. However, seroconversion can be delayed up to 6 months. If there is a significant recent exposure, repeat serology in 6 weeks, 3 months and 6 months after contact/illness is recommended.

For Clin advice(Drs only) call Dr J Roy 83662014

Clinpath Laboratories NATA No:3307

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454779213-S-E099 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 17/08/2017 | **Date Performed:** | 17/08/2017 |
| **Date Collected:** | 17/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | _HEPATITIS B | | |
| **Clinical Information:** | | | |

Clinical Notes : MACROCYTOSIS

**Hepatitis B**

| | | |
|---|---|---|
| Hepatitis B Surface Ag | Not Detected | |
| Hepatitis B Surface Ab | <10 | IU/L |

Comment on Lab ID 454779213

No serological evidence of current hepatitis B infection.

No evidence of immunity to hepatitis B virus.

For Clin advice(Drs only) call Dr J Roy 83662014

Clinpath Laboratories NATA No:3307

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454779213-C-E031 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 17/08/2017 | **Date Performed:** | 17/08/2017 |
| **Date Collected:** | 17/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | THYROID FUNCTION | | |
| **Clinical Information:** | | | |

Clinical Notes : MACROCYTOSIS

**TFT**

| **Date** | 17/08/17 | 21/03/14 | 15/12/11 | 13/04/10 | | |
|---|---|---|---|---|---|---|
| **Time F-Fast** | 1030 | 1120 F | 0820 F | 0825 | | |
| **Lab ID** | 454779213 | 450786239 | 449443878 | 9907209 | Units | Reference |
| TSH | 1.9 | 1.4 | 2.2 | 2.3 | mU/L | (0.5-6.0) |

Comments on Collection 17/08/17 1030:

Advice (Drs only) call Dr Metz/Dr Thomas 83662000

Clinpath Laboratories NATA No:3307

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454779213-R-I035 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 17/08/2017 | **Date Performed:** | 17/08/2017 |
| **Date Collected:** | 17/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | SMOOTH MUSCLE AB | | |
| **Clinical Information:** | | | |

Clinical Notes : MACROCYTOSIS

**Smooth Muscle Antibody**

| | |
|---|---|
| SMA Ab | Detected |
| Titre | 80 |
| Pattern | SMA V |

Comment on Lab ID 454779213

SMA-V (vessel) pattern: This pattern does not support a diagnosis of autoimmune hepatitis but can occur in normal persons, and others with polyclonal immune stimulation following viral infections, systemic autoimmune diseases, graft versus host disease and occasionally with malignancies.

Reported by Douglass Hanly Moir Pathology(2178), a member of the Sonic Healthcare Group.

Advice (Drs only) call Dr Metz/Dr Thomas 83662000

Clinpath Laboratories NATA No:3307

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454781731-C-C369 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 11/08/2017 | **Date Performed:** | 11/08/2017 |
| **Date Collected:** | 11/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | CRP | | |
| **Clinical Information:** | | | |

Clinical Notes : COUGH FOR 4 WEEKS PREV LYMPHOMA

| **Date** | 11/08/17 | 21/03/14 | 23/09/10 | | |
|---|---|---|---|---|---|
| **Time F-Fast** | 1140 | 1120 F | 1130 | | |
| **Lab ID** | 454781731 | 450786239 | 7796403 | Units | Reference |
| CRP | 10 H | 34 H | 13 H | mg/L | (0-5) |

Advice (Drs only) call Dr Metz/Dr Thomas 83662000

Clinpath Laboratories NATA No:3307

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454781731-C-C141 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 11/08/2017 | **Date Performed:** | 11/08/2017 |
| **Date Collected:** | 11/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | GEN CHEM SE/PL | | |
| **Clinical Information:** | | | |

Clinical Notes : COUGH FOR 4 WEEKS PREV LYMPHOMA

**Biochemistry**

| **Date** | 11/08/17 | 12/02/16 | 21/03/14 | 09/08/12 | | |
|---|---|---|---|---|---|---|
| **Time F-Fast** | 1140 | Unkn | 1120 F | 1045 F | | |
| **Lab ID** | 454781731 | 472118916 | 450786239 | 449784898 | Units | Reference |
| Status | Random | | Fasting | Fasting | | |
| Sodium | 143 | 143 | 139 | 142 | mmol/L | (135-145) |
| Potassium | 4.2 | 4.4 | 4.8 | 4.4 | mmol/L | (3.5-5.5) |
| Chloride | 100 | 104 | 100 | 101 | mmol/L | (96-110) |
| Bicarbonate | 25 | 25 | 27 | 32 | mmol/L | (20-32) |
| Urea | 4.5 | 4.8 | 4.1 | 4.0 | mmol/L | (3.5-9.5) |
| Creatinine | 84 | 115 | 103 | 81 | umol/L | (60-115) |
| eGFR | 77 | 53 L | 61 | 81 | ml/min | (>59) |
| Uric Acid | 0.47 | 0.45 | 0.44 | 0.40 | mmol/L | (0.20-0.50) |
| Calcium | 2.37 | 2.30 | 2.32 | 2.38 | mmol/L | (2.15-2.55) |
| Corr Calcium | 2.29 | 2.20 | 2.32 | 2.32 | mmol/L | (2.15-2.55) |
| Phosphate | 1.03 | 0.92 | 1.10 | 0.74 L | mmol/L | (0.8-1.5) |
| Bili.Total | 17 | 11 | 20 | 18 | umol/L | (4-20) |
| ALP | 108 | 90 | 103 | 88 | U/L | (35-110) |
| GGT | 122 H | 105 H | 41 | 44 | U/L | (5-50) |
| LD | 321 H | 278 H | 330 H | 200 | U/L | (120-250) |
| AST | 63 H | 42 H | 15 | 22 | U/L | (10-40) |
| ALT | 64 H | 75 H | 18 | 30 | U/L | (5-40) |
| Total Protein | 74 | 66 | 71 | 71 | g/L | (63-80) |
| Albumin | 44 | 45 | 40 | 46 | g/L | (34-45) |
| Globulin | 30 | 21 L | 31 | 25 | g/L | (26-41) |
| Cholesterol | 4.7 | 4.6 | 3.4 L | 5.3 | mmol/L | (3.5-5.5) |
| Glucose Random | 5.0 | 6.1 | | | mmol/L | (3.6-7.8) |

Comments on Collection 11/08/17 1140:
These results indicate liver cell damage with a pattern suggestive of possible alcohol, medications or fatty change.

Advice (Drs only) call Dr Metz/Dr Thomas 83662000

Clinpath Laboratories NATA No:3307

# Blood test Aug 2017

| | | | |
|---|---|---|---|
| **Patient Name:** | HARRIS, TREVOR | | |
| **Patient Address:** | 3/29 WOODVILLE ROAD, WOODVILLE SOUTH 5011 | | |
| **D.O.B:** | 3/09/1939 | **Gender:** | M |
| **Medicare No.:** | 5112466525 | **IHI No.:** | |
| **Lab. Reference:** | 454781731-H-H050 | **Provider:** | CLINPATH |
| **Addressee:** | DR DALINI SELVAM | **Referred by:** | Dr Dalini Selvam |
| **Date Requested:** | 11/08/2017 | **Date Performed:** | 11/08/2017 |
| **Date Collected:** | 11/08/2017 | **Complete:** | Final |
| **Specimen:** | | | |
| **Subject(Test Name):** | ESR | | |
| **Clinical Information:** | | | |

Clinical Notes : COUGH FOR 4 WEEKS PREV LYMPHOMA

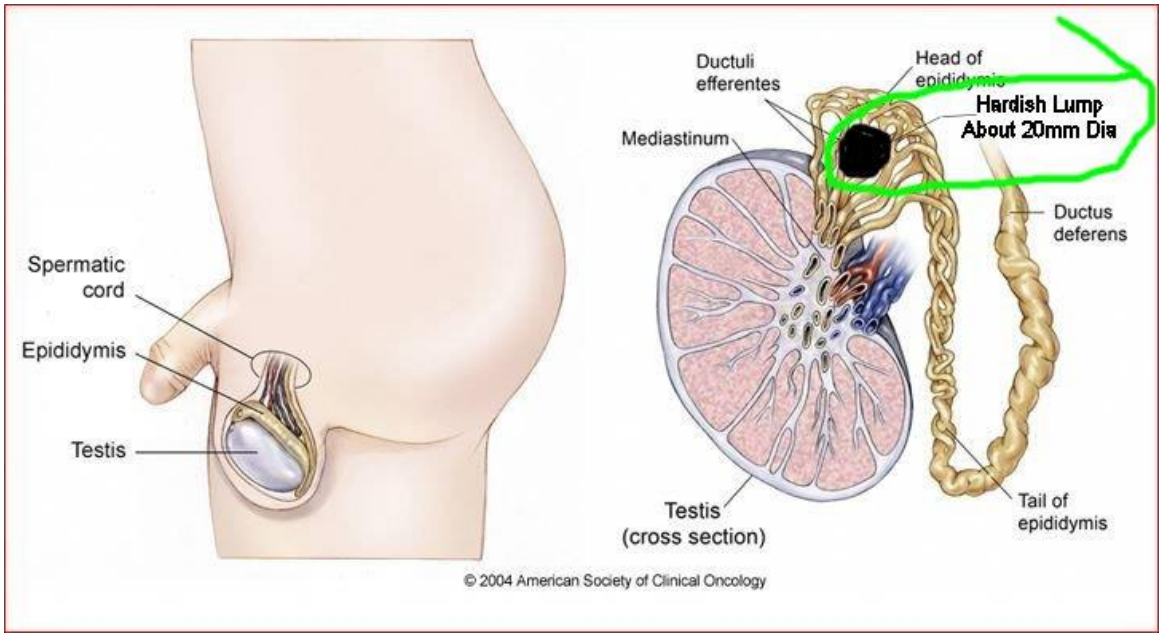
| **Date** | 11/08/17 | 21/03/14 | 23/09/10 | 13/04/10 | | |
|---|---|---|---|---|---|---|
| **Time F-Fast** | 1140 | 1120 F | 1130 | 0825 | | |
| **Lab ID** | 454781731 | 450786239 | 7796403 | 9907209 | Units | Reference |
| ESR | 26 H | 14 | 5 | 2 | mm/h | (1-20) |

Clinical advice (Drs only) call Dr L Nath 83662057

Clinpath Laboratories NATA No:3307

# 2018 Ultrasound Testicular Files

## Drawing showing area of concern




## Refer Also to Prostrate Files 2003 for Older Ultrasounds

## Ultra Sound 22 Jan 2018

HARRIS, TREVOR
3/29 WOODVILLE ROAD, WOODVILLE SOUTH SA
Patient Name:
Patient Address:
D.O.B:
Medicare No.:
Lab, Reference:
Addressee:
Date Requested:
Date Collected:
Specimen:
Subject(Test Name):
Clinical [nformation:
This report
Ref er::ed By:
Dr P. Gao
ULTRASOUND TESTES
3t0911939
51t2466s251
383s777
DRPENGGAO
t5l0ll2018
22t0112018
ULTRASOLTND TESTES
is for: Dr P" Gao
22 / 01, /2ALB Reference : 3835777
Gender:
IHI No.:
Provider:
Referred by:
Date Performed:
Complete:
M
Benson Radiology
DRPENGGAO
2210112018
Final
SCROTAL ULTRASOUND
Clinical:
Lumpy right testis.
Findings:
the testes are relatively small, the right measurinq 23 x 40 x 12mm volume 5.6cc. and the rett :r x 2g x 11mm vol-ume 5.3cc. Both testes have a normal ultrasonic appearance, they show normal follow on doppler scanning, There is-i rett sided hydrocele, there are cysts in -,hL- head of the epididymis two on the right diameter 5mm and one on the teft diameter 5mm ind there are cysts in the tail of the epididymis on the right the largest having a diameter of 5mm' Two small scrotoliths are seen on the feft'
The region of concern on the right corresponds to the tail of the epididymis and t-he smal-f epj-didymal cyst at this level"
Radioloqist: Dr R. Edwards
Sonographer:

# 2018 Report Blood Tests Diabetes Files

patientName: HARRIS,TREVORALFRED
Patient Address: UNIT 3 29 WOODVILLE RD, WOODVILLE 5011
D.O.B: 3/09/1939 Gender: M
Medicare No.: .51124665251 IHI No.:
Lab. Reference: l8-62699794-GL-0 Provider: SA Pathology
Addressee: DR PENG GAO Referred by: DR PENG GAO
Date Requested: 1610112018 Date Performed; 1610112018
Date Collectedz 1610112018 Complete: Final
Specimen:
Subject(Test Name): BLOOD GLUCOSE ANALYSIS
Clinical Information: No clinical notes provided.
SA Pathologry (Lab ref: 18-6269979A-GL)
Clinical notes: No clinical notes provided.
* FasEing status - fasting
Glucose 7.5 mmol,/L Fasting (3.2-5.5)
Tlme of coflection Not stated
Date of coflection L6/07/20L8
In the presence of thirst and polyuria a single fasting plasma glucose of 7.0 mmof/L or more, or 2 hour postprandial or random plasma glucose value of > 11.0 mmol/L, is diagnostic for dj-abetes mellitus and a GTT is not required.
If no symptoms are present a second fasting grlucose measurement is recommended to establish the diagnosis of diabetes mellitus.
This request has other tests in progress at the time of reporting"
Report Eenerated: 77 /07/2018 10:50

## Blood tests24 Jan 2018

Patient Name:
Patient Address:
D.O.B:
Medicare No.:
Lab. Reference:
Addressee:
Date Requested;
Date Collected:
Specimen:
Subject(Test Name):
Clinical Information:
HARRIS, TREVORALFRED
UMT3 29WOODVILLERD,
3109/1939
51124665251
18-62699669-GHB-0
DRPENGGAO
24/0t/2018
24/0r/2018
HAEMOGLOBINAIC
Iron over load.
WOODVILLE 5011
Gender:
IHI No.:
Provider:
Referred by:

Date Performed:
Complete:
M
SA Pathology
DRPENGGAO
2410112018
Final
SA Pathology (Lab ref: 1,8-62699669-cHB)
Cl-inical- notes: Iron over load.
Date:
Request Number:
HbAl c (mmo1 ,/mo] ) HbAlc ( ? )
2410L/78
62699669
33
5"2
Method BIO-RAD Vari-ant II
rf screening for DM: DiabeEes unfikely" Recornmend re-test i_n 3 years.
rf monitoring DM: rncreased risk of hypoglycaemia if on lnsul-in7 sulfonylureas.
Misleading low HbAlc ievels may occur in: anaemia, BL2 & folate defiencyrrecen+- transfusion, haemoglobinopathies, haemolysis or any chronic disease with reduced red cel-l survivaf includinE chronic fiver disease and chronic kidney disease.
This reguest has other tests in progress at the time of reporting.
Report qenerated: 25/0L/20L8 3:70

patient Name: HARRIS, TREVOR ALFRED
Patient Address: LINIT 3 29 WOODVILLE RD, WOODVILLE 5011
D.O.B: 310911939 Gender: M
Medicare No.: 51124665251 IHI No.:
Lab. Reference: l8-62699794-FES-0 provider: SA pathology
Addressee: DR PENG GAO Referred by: DR PENG GAO
Date Requested: 1610112018 Date performed: 16l}ll}0lg
Date Collectedz 1610112018 Complete: Final
Specimen:
Subject(Test Name): IRON STUDIES
Clinical Information: No clinical notes provided.
SA PathoJ-ogry (Lab ref : LB-62699794-FES)
Clinical notes: No cl_inical- notes provided.
* perritin 1_382 uq/L (30-300) * fron 38 umol,/L (B-30)
Transferrin * 2.1_t g/L (2. OO-4. OO) Transferrj-n Saturation jl Z (10-55)
consisient wlth iron overload. suggest repeat rron studies in 3 months following a l-2 hour fast.
Thls request has other tests in progress at the time of reporting.
Report generated: 7/7 /0I/2018 16:55

patient Name: HARRIS, TREVOR ALFRED
Patient Address: LINIT 3 29 WOODVILLE RD, WOODVILLE 501 1
D.O.B:
Medicare No.:
Lab. Reference:
Addressee:
Date Requested:
Date Collected:
Specimen:
Subject(Test Name):
Clinical Informafion:
3/09/1939
51124665251
t8-62699669-UALo
DRPENGGAO
24/0y20r8
24/01/2018
URINEALBUMIN
Iron over load.
Gender:
IHI No.:
Provider:
Referred by:
Date Performed:
Complete:
M
SA Pathology
DRPENGGAO
24/01/2018
Final

# fi*wl

SA Patholog'y (Lab ref: LB-62699669-UAL)
Cl-inical notes: Iron over load.
Date:
mmo1,/L
24 / 0711,8
62699669
q6
0.6
Creat
Al-bumin
AIb/Creat (< 2.5>. mglmmol
Ail tests on this request have been
Report generated: 21 /0I/2018 10:30
completed.
Request

patient Name: HARRIS, TREVOR ALFRED
Patient Address: LINIT 3 29 WOODVILLE RD, WOODVILLE 5011
D.O.B: 3109/1939 Gender: M
Medicare No.: 51124665251 IHI No.:
Lab. Reference: l8-62699669-FES-0 provider: SApathology
Addressee: DR PENG GAO Referred by: DR PENG GAO
Date Requested: 2410112018 Date Performed: 24/Oll2}l8
Date Collected: 24/0112018 Complete: Final
Specimen:

Subject(Test Name): IRON STUDIES
Clinical Information: Iron over load.
SA Pathology (Lab ref: 78-62699569-FES)
ClinicaI notes: Iron over I-oad.
* Eerritj_n 7527 uq/L (30_300)
Iron 25 umol/L (B-30)
Transferrin 2.15 g/L (2.00_4.00)
Transferrin Saturarion 46 Z (10-55)
Consistent with i-ron overload. Suggest screen for orEan damage and genetic testing for haemochromatosis if not already ordered.
This request has other tests in progress at the tlme of reporting.
Report generated: 25/07/2018 12:55

## 2018 Ultrasound Abdomen

patient Name: HARRIS, TREVOR
Patient Address: 3/29 WOODVILLE ROAD, WOODVILLE SOUTH SA
D.O.B: 3l0Dll939 Gender: M
Medicare No.: 51124665251 IHI No.:
Lab. Referencet 3843678 Provider: Benson Radiology
Addressee: DR PENG GAO Referred by: DR PENG GAO
Date Requested: 24101/2018 Date Performed: 29/01/2018
Date Collected: 29/0112018 Complete: Final
Specimen:
Subject(Test Name): ULTRASOUND UPPER ABDOMEN
Clinical Information:
This report is for: Dr P. Gao
Referred By:
Dr P. Gao
ULTRASOUND ABDOMEN 29/0L/20L8 Reference: 3843678
ABDOMINAL ULTRASOUND
Summary:
chorelithiasis. Uncomplicated. Fatty changes to the l-iver. otherwise

unremarkabf e abdominal ultrasound.
Cl-inical:
Liver function tests up. Known gallstones. Fatty liver.
Procedure:
Abciominal- ultrasound.
Findings:
Pancreatic head and neck appear normal, Body and tail not welf seen due to overJ-ying gas. Aorta has an Ap diameter of 2cm.
Cholelithiasis. Stone in the gallbladder neck measuring 2cm.
Gallbladder i-s non inffamed, Common bile duct measures 3mm in diameter.
Portal venous flow is hepatopetal-. porta] vein diameter 7mm. within the l-iver volume scanned, no focal lesions or intrahepati_c duct dllatation is seen. Diffuse increased echoes are noted consistent wlth fatty change, No macronodul-ar cirrhosis,
The right kidney has a length of 11.2cm and the left kidney 1o.1cm. Both are normal.
Spleen appears unremarkable with a length of 15cm,
Radiologist: Dr W. K. Chong
Sonographer: A Regran

# 2018 Diabetes tests

## Guide to Blood Sugar Ranges

| NICE recommended target blood glucose level ranges | | | |
|---|---|---|---|
| **Target Levels by Type** | **Upon waking** | **Before meals (pre prandial)** | **At least 90 minutes after meals (post prandial)** |
| **Non-diabetic*** | | 4.0 to 5.9 mmol/L | under 7.8 mmol/L |
| **Type 2 diabetes** | | 4 to 7 mmol/L | under 8.5 mmol/L |
| **Type 1 diabetes** | 5 to 7 mmol/L | 4 to 7 mmol/L | 5 to 9 mmol/L |
| **Children w/ type 1 diabetes** | 4 to 7 mmol/L | 4 to 7 mmol/L | 5 to 9 mmol/L |
| | | | |

### Normal and diabetic blood sugar ranges

For the majority of healthy individuals, normal blood sugar levels are as follows:

- **Between** 4.0 to 6.0 mmol/L (72 to 108 mg/dL) when fasting
- **Up to** 7.8 mmol/L (140 mg/dL) 2 hours after eating

For people with diabetes, blood sugar level targets are as follows:

- **Before meals**: 4 to 7 mmol/L for people with type 1 or type 2 diabetes
- **After meals**: under 9 mmol/L for people with type 1 diabetes and under 8.5mmol/L for people with type 2 diabetes

### Blood sugar levels in diagnosing diabetes

The following table lays out criteria for diagnoses of diabetes and prediabetes.

| Blood sugar levels in diagnosing diabetes | | | |
|---|---|---|---|
| **Plasma glucose test** | **Normal** | **Prediabetes** | **Diabetes** |
| **Random** | Below 11.1 mmol/l<br>Below 200 mg/dl | N/A | 11.1 mmol/l or more<br>200 mg/dl or more |
| **Fasting** | Below 6.1 mmol/l<br>Below 108 mg/dl | 6.1 to 6.9 mmol/l<br>108 to 125 mg/dl | 7.0 mmol/l or more<br>126 mg/dl or more |
| **2 hour post-prandial** | Below 7.8 mmol/l<br>Below 140 mg/dl | 7.8 to 11.0 mmol/l<br>140 to 199 mg/dl | 11.1 mmol/l or more<br>200 mg/dl or more |

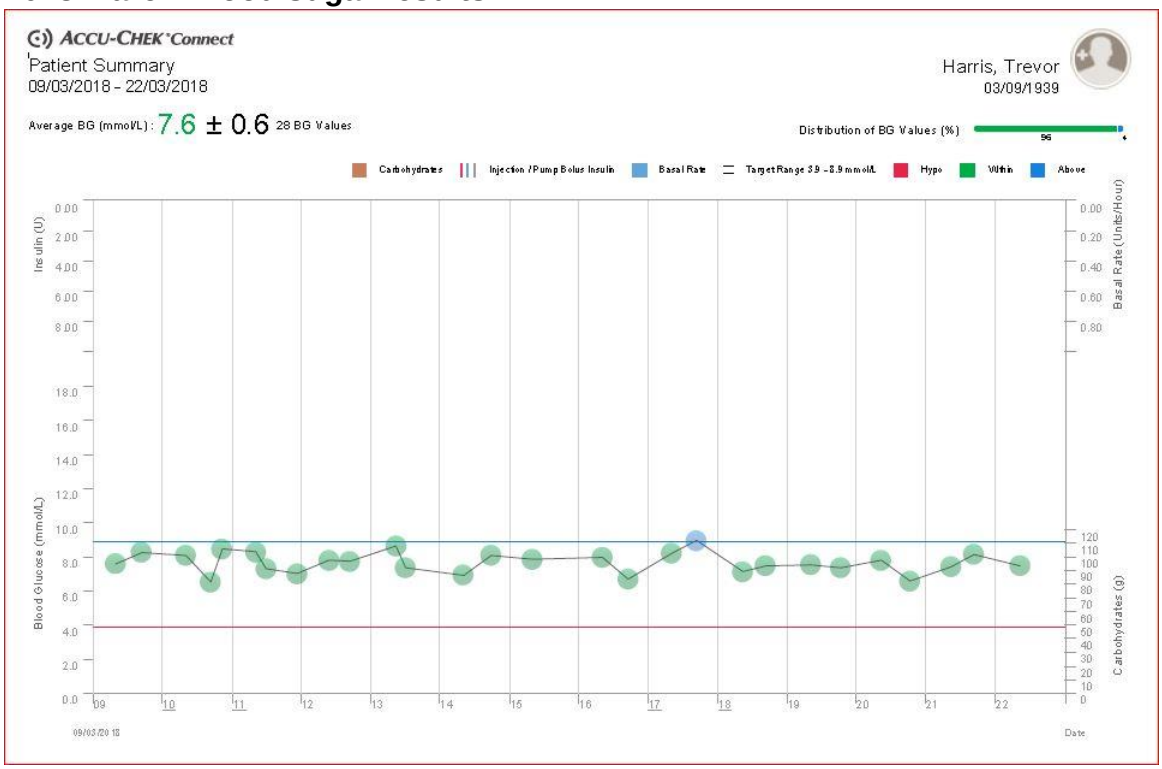
## 2016 Blood sugar results

| Date | Time | Before Breakfast |
|---|---|---|
| 07-Jun-16 | | |
| 08-Jun-16 | 7am | 5.4mM |
| 09-Jun-16 | 8am | 7.3mM<br>6.8mm |
| 10-Jun-16 | 7:30am | 7.1mM<br>6.2mM |
| 11-Jun-16 | 8:30am | 6.6mM<br>6.7mM |
| 12-Jun-16 | 9am | 6.4mM<br>7.3mM |
| 13-Jun-16 | 8:30am | 6.7mM<br>6.3mM |
| 14-Jun-16 | 7:30am | 7.1mM<br>6.2mM |
| 15-Jun-16 | 8am | 6.1mM |
| 16-Jun-16 | 7am | 5.7mM |
| 17-Jun-16 | 8am | 7.3mM |
| 18-Jun-16 | 8am | 7.6mM |
| 19-Jun-16 | | |

## 2018 Jan-Feb Blood sugar results

| Date | Time | Before Breakfast | Time | After Breakfast | Time | Before Lunch | Time | After Lunch | Time | Before Dinner | Time | After Dinner | Time | Bedtime |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 31-Jan-18 | 6.34am | 9.6 | | | | | 2.30pm | 12.2 | | | 5.42pm | 10.2 | | |
| 01-Feb-18 | 7.38am | 8.8 | | | | | | | | | | | | |
| 02-Feb-18 | 9.18am | 9.5 | | | | | 2.22pm | 9.3 | | | 6.30pm | 7.3 | | |
| 03-Feb-18 | 6.38am | 9 | | | 10.57am | 7.1 | | | | | 7.01pm | 11.4 | | |
| 04-Feb-18 | 5.59am | 8.4 | | | 11.19 | 7.6 | 2.05 | 7.3 | | | | | | |
| 05-Feb-18 | 8.07am | 8.2 | | | | | | | | | | | | |
| 06-Feb-18 | | | | | | | | | | | | | | |
| 07-Feb-18 | | | | | | | | | | | | | | |
| 08-Feb-18 | | | | | | | | | | | | | | |
| 09-Feb-18 | | | | | | | | | | | | | | |
| 10-Feb-18 | | | | | | | | | | | | | | |
| 11-Feb-18 | | | | | | | | | | | | | | |
| 12-Feb-18 | | | | | | | | | | | | | | |

## 2018 March Blood sugar results



# 2018 GP Diabetes Management Plan

## *WOODVILLE FAMILY MEDICAL PRACTICE*

***DR PENG GAO*** *Provider 268813AA*
***DR ELIZABETH LALOR*** *Provider 0266126X*
***DR LEANNE LIP Provider 203925RK***
***DR PETER MCLEOD Provider 0496007L***
***DR EMILY KILNER*** *Provider 5050754A*
***DR QUYNH NGUYEN*** *Provider 296799GF*

***Suite 1/98-102 Woodville Road***
***Postal: PO BOX 119***
***Woodville S.A. 5011***
***Tel: 84452618***
***Fax: 83471553***
***Email: admin@woodvillemedical.com.au***

### GPMP with TEAM CARE ARRANGEMENTS (Diabetes)

**Patient's Name:**
Mr Trevor Alfred Harris

**Date of Birth:** 3/9/1939

**Contact Details:**
Unit 3 29 Woodville Road
WOODVILLE SA 5011
Phone No Home: Mobile: 0412003447

**Medicare or Private Health Insurance Details:**

5112 46652 5 / 1
No Insurance

**Details of Patient's Usual GP:**
Dr Emily Kilner
Unit 1 98/102 Woodville Road
WOODVILLE SA 5011
Phone:08 84452618
Fax: 08 83471553
Provider No: 5050754A

**Details of Patient's Carer (if applicable):**

**Date of last Care Plan/Team Care Arrangements (if done):**
**Other notes or comments relevant to the patient's Team Care Arrangements:**
newly diagnosed type 2 diabetic, assessment and management by podiatrist and detitian required

**PAST MEDICAL HISTORY**

*Active:*

| Date | Condition |
|---|---|
| 15 January 2018 | Amputation - below knee (Left) |
| 15 January 2018 | Non Hodgkin's lymphoma |
| 16 January 2018 | Appendectomy |
| 16 January 2018 | Asbestos exposure |
| 16 January 2018 | TURP |
| 17 January 2018 | HT (Hypertension) |
| 17 January 2018 | Peripheral Vascular Disease |
| 24 January 2018 | Diabetes Mellitus |
| 24 January 2018 | Fatty liver |
| 24 January 2018 | Gallbladder - stones |

**MEDICATIONS**

**None recorded.**

ALLERGIES
No known allergies/adverse reactions.
ANY FURTHER INFORMATION RELEVENT TO TCA;

GP MANAGEMENT PLAN DIABETES
(MBS ITEM 7211
Patient problems/
Needs/ retevant

Sonditions
Goals- changes to be achieved
Required treatments and Services including patient actions
Arrangements for treatments/services (when, who,contact details)
)atients understanding of iiabetes
Patient to have clear understanding of diabetes and patients role in managing the condition
Patient education GP / Nurse
Diabetes educaior
tlutrition Maintain healthy Diet Patient Education GP to monitor Dietician
ffeight ldealBMl <25kglm2 Monitor
Review 6 monthlv
Patient to monitor
GP / Nurse to review
)hysical Activity ldeal:
Exercise at least 30 minutes walking or equivalent 5 or more days / week
Patient Exercise Routine Patient to Implement
\lcohol intake ldeal:
< 2 Standard drinks/day (men)
Reduce alcohol intake and Patient Education
Patient to manage
GP to monitor
)holesterol/Lipids ldeal:
LDL< 1.8 mmol
Cholesterol < 4.0 mmol/L
HDL> 1.0 mmol/L
Triqlycerides < 2.0 mmolil
Annual Check GP
llood Pressure ldeal: < 130/80 Check every 6 months GP / Nurse
]bA1C ldeal <70/o Check every 6 Months GP / Nurse
Jlood Glucose Level Ideal < 7 mmol/L (4 -6 fasting) Daily Monitoring
Check every 6 months
Patient
GP / Nurse
Medication Review Correct use of medications, minimize side effects
Patient education
Review Medications
GP to review and provide education
iye Complications Early Detection of any problems
Eye check every 2 years
Referral by GP
GP
Eve Specialist
:oot Complications Prevent foot problems Patient education on foot care
Patient to check feet regularly
Check feet every 6 months
GP/PodiatrisUNurse
Patient
PodiatrisU GP
(dney Damage Avoid renal complications
ldeal:
< 20 pg/min timed overnight collection
<20 mg/L spot collection

<3.5 Mg/mmolWomen ACR
<2.5 Mg/mmolMen ACR
Test for microalbuminuria
Annually
GP

Patient's Name: Mr Trevor Alfred Harris

| Goals - changes to be achieved | Required treatments and services including patient actions | Specific arrangements for treatments/services (when, who, and contact details) |
|---|---|---|
| Patient to have a clear understandlng of diabetes and patient's role in managing the condition | Patient education | GPX<br>Practice nurse<br>Diabetes educator |
| Maintain diabetic control | Patient to monitor glucose levels daily. On-going review and monitoring of glucose levels, HbAl c, cholesterol, blood pressure and microalbuminuria | GPX |
| Minimise risk of complications of diabetes | Optimise control of diabetes | GPX<br>Endocrinologist |
| Minimise risk of eye complications | Regular review for early detection of any problems | GPX<br>Ophthalmologist |
| Minimise risk of foot complications | Assessment and patient education on correct foot care | GPX<br>Practice nurse<br>Podiatrist X |
| Medication management | Ensure correct use of medications. Undertake Home Medicine Review | GPX<br>Pharmacist |
| Maintain healthy diet and optimal weight range. | Patient education re nutrition and alcohol intake | GPX<br>Practice nurse<br>Dietitian X |
| Maintain exercise routine | Development of an exercise program suitable to needs of patient | GPX<br>Physiotherapist |

,il

| Care Provider | Type of Care | Contact Number |
|---|---|---|
| Dr E Kilner | GP | 84452618 |
| Ms D Brown | Pod | 84452618 |
| Fresh Nutrition | dietitian | 84452618 |

Report - Summary or
Full
Copy of GPMP withTeam Care Arrangements offered to patient? yes
GPMP withTeam Gare Arrangements added to the patient,s records? yes
Copy / relevant parts of the GPMP with Team Care Arrangements supplied to other providers? Yes
Referralforms for Medicare allied health services completed? Yes
[For referral forms call '1800 067 307, go to www.hic.gov.au/providers/forms or look under the "i" (MedibankPrivate) icon in Medical Directorl
Date service was completed: 81212018 Proposed Review Date: 28.5.2018
I have explained the steps and any costs involved, and the patient has agreed to proceed with the
Team Care Arrangements. The patient also agrees to the involvement of other health providers and
to share their clinical information (without / with restrictions).
Date:81212018
Date:81212018

| TEAM CARE ARRANGEMENTS (Diabetes) | | |
|---|---|---|
| **Goals - changes to be achieved** | **Required treatments and services including patient actions** | **Specific arrangements for treatments/services (when, who, and contact details)** |
| Patient to have a clear understanding of diabetes and patient's role in managing the condition | Patient education | **GP X**<br>Practice nurse<br>Diabetes educator |
| Maintain diabetic control | Patient to monitor glucose levels daily. On-going review and monitoring of glucose levels, HbA1c, cholesterol, blood pressure and microalbuminuria | **GPX** |
| Minimise risk of complications of diabetes | Optimise control of diabetes | **GPX**<br>Endocrinologist |
| Minimise risk of eye complications | Regular review for early detection of any problems | **GPX**<br>Ophthalmologist |
| Minimise risk of foot complications | Assessment and patient education on correct foot care | **GPX**<br>Practice nurse<br>**Podiatrist X** |
| Medication management | Ensure correct use of medications. Undertake Home Medicine Review | **GPX**<br>Pharmacist |
| Maintain healthy diet and optimal weight range. | Patient education re nutrition and alcohol intake | **GPX**<br>Practice nurse<br>**Dietitian X** |
| Maintain exercise routine | Development of an exercise program suitable to needs of patient | **GP X**<br>Physiotherapist |
| | | |

| **Care Provider** | **Type of Care** | **Contact Number** | **Report - Summary or Full** |
|---|---|---|---|
| Dr E Kilner | GP | 84452618 | |
| Ms D Brown | Pod | 84452618 | |
| Fresh Nutrition | dietitian | 84452618 | |

**Copy of GPMP withTeam Care Arrangements offered to patient?** Yes
**GPMP withTeam Care Arrangements added to the patient's records?** Yes
**Copy / relevant parts of the GPMP with Team Care Arrangements supplied to other providers?** Yes
**Referral forms for Medicare allied health services completed?** Yes
[For referral forms call 1800 067 307, go to www.hic.gov.au/providers/forms or look under the "i" (MedibankPrivate) icon in Medical Director]

**Date service was completed: 8/2/2018** **Proposed Review Date:** 28.5.2018

**I have explained the steps and any costs involved, and the patient has agreed to proceed with the Team Care Arrangements. The patient also agrees to the involvement of other health providers and to share their clinical information (without / with restrictions).**

GP's Signature: _____ Date:8/2/2018

Patient Signature _____ Date:8/2/2018

# 2018 GP Health Assessment

## Health Assessment

**Date:** 26/02/2018

**Surgery consultation**

**Patient details**

**Name:** Trevor Harris
**DOB:** 03/09/1939 **Gender:** Male
**Address:** Unit 3 29 Woodville Road
Woodville, 5011
**Phone:**
**File Number:**

**Medical Practitioner details**

Dr Emily Kilner
Unit 1 98/102 Woodville Road
Woodville, 5011
**Phone:** 08 84452618 **Fax:** 08 83471553
**Provider No:** 5050754A
**E-Mail:**

**Aboriginal:** No **Torres Strait Islander:** No

**Lives In:** Own Home **Living with:** Alone

## Health Screen

**Significant Past History of:-**

**Asthma:** No **Diabetes:** Yes **Cancer Bowel:** No **Cancer Prostate:** No

**Significant Family History of:-**

**Asthma:** No **Diabetes:** No **Cancer Bowel:** No **Cancer Prostate:** No

**Other Past History:**

Past History:

| | |
|---|---|
| 15/01/2018 | (Left) Amputation - below knee |
| 15/01/2018 | Non Hodgkin's lymphoma |
| 16/01/2018 | Appendectomy |
| 16/01/2018 | Asbestos exposure |
| 16/01/2018 | TURP |
| 17/01/2018 | HT (Hypertension) |
| 17/01/2018 | Peripheral Vascular Disease |
| 24/01/2018 | Diabetes Mellitus |
| 24/01/2018 | Fatty liver |
| 24/01/2018 | Gallbladder - stones |

**Falls in last three months:** No

**Attended another Doctor in last six months:** Yes

**Were medications prescribed:** No
If Yes, Details: Recently moved from Virginia.

| Item | Result/Comment | | |
|---|---|---|---|
| **Smoking** | Never smoked - 0 cigarettes | | |
| **Alcohol** | Yes - 3 or 4 standard drinks when drinking | | |
| **Nutrition** | Inadequate | **Exercise** | Adequate |
| **Sleep** | Adequate | | |
| **Cognitive Status** | Normal | **Depression** | No |
| **Continence** | **Urine:** Incontinent | **Faeces:** Incontinent | |
| **Is Carer** | No | **Has Carer/Adequate family support?** | No |

**Has an Advanced Health Directive:** No

**Has discussed an Advanced Health Directive:** No

## 2018 Eye Test

6th Feb 2018

Eye Check and test was carried out at Specsavers, Arndale. (They would not give the results in writing because I never bought new Glasses

The Eye check was for any Diabetes disseize where he checked in behind the Eyes using some type of drops.

Result was “everything ok”

## 2018 Dietitian (March)

**Your Plate**

**Carbohydrate Foods**

## Food Label Reading

Healthy Eating and Diabetes

# BE A LABEL READER

## Find out more about what you are eating by learning to read the information on food products.

### Step 1: Read the Nutritional Panel

Sometimes it is not clear from the ingredient list whether a product is suitable or not. It is often helpful to read the Nutrition Panel. General guidelines for making healthy choices have been suggested below. Some foods may not fit these guidelines but still may be healthy choices.

Serve sizes differ between products, compare foods by looking at the 100g column.

Beware the manufacturer's serve size may not be the serve size you are eating. Always look at the 'per 100g' column.

**FAT**

| | |
|---|---|
| **Total** | Aim for less than 10g per 100g * For milk and yoghurt less than 2g per 100g is best |
| **Saturated** | Aim for as low as possible |
| **Trans** | Aim for less than 1g per 100g for margarine |

* Oils and margarines have a high fat content. Choose poly and mono-unsaturated varieties and use sparingly.

**Nutritional Information**

| **Serves per can: 3.5** | **Serving size: 125g** | |
|---|---|---|
| | **Per serve** | **Per 100g** |
| **ENERGY (calories)** | 121cal | 97cal |
| **(kilojoules)** | 506kj | 405kj |
| **PROTEIN** | 6.5g | 5.2g |
| **FAT** *total* | 0.6g | 0.5g |
| *saturated* | 0.2g | 0.4g |
| ***CARBOHYDRATE*** | | |
| *total* | 24.0g | 19.2g |
| *sugars* | 4.0g | 3.2g |
| ***DIETARY FIBRE*** | 7.8g | 6.2g |
| ***SODIUM*** | 416mg | 330mg |

**CARBOHYDRATE**
**Sugars**
Aim for less than 10g per 100g.

In foods containing added fruit, aim for less than 25g per 100g.

**SALT**
Aim for less than 400mg per 100g and if possible less than 120mg per 100g
Look for 'no added salt' or 'salt reduced'.

**DIETARY FIBRE**
Aim for more than 5g per 100g in breads, cereals and cracker biscuits.

Healthy Eating and Diabetes

# BE A LABEL READER

## Step 2: Read the ingredients list

Ingredients are listed in order of quantity from the most to the least. Look for fat, sugar and salt. If these are listed well down the ingredient list, the product will probably be suitable.

**Example 1**

**Rye bread**

**Ingredients:** unbleached flour, rye flour, rye meal, baker's yeast, gluten, salt, vinegar, vegetable oil, soy flour, semolina, roasted barley malt, oat bran, cultured whey, dry acid whey, emulsifiers (481, 472(e), 471), sugar, vitamin (thiamine), water added.

**Example 2**

**Chocolate Jaffa Cookies**
**Ingredients:** wheat flour, margarine (contains animal fat), milk solids non-fat, flavours, compound chocolate, sugar.

**If fat or sugar is at the top of the list the product may not be a good choice. Refer to the nutritional panel if you are not sure.**

## Step 3: Look for Hidden Ingredients

Sometimes ingredients may be listed by a name you are not familiar with. Check the list below.

| Fat | Sugar | Fibre | Salt |
|---|---|---|---|
| Animal fat | Fructose | Whole wheat | Salt |
| Shortening | Lactose | Whole meal | Sodium |
| Beef fat | Honey | Whole grain | Rock salt |
| Lard | Sucrose | Bran | Sea salt |
| Dripping | Sugar, raw sugar | Wheat bran | Onion salt |
| Cream | Invert sugar | Barley bran | Celery salt |
| Butter fat | Glucose syrup | Rolled oats | Garlic salt |
| Tallow | Malt, malt extract | Barley | Booster |
| Coconut oil | Dextrose | Oat bran | MSG (Monosodium Glutamate) |
| Palm oil | Treacle | Wheatmeal | |
| Vegetable fat | Golden syrup | Rye | Meat / vegetable extract |
| Chocolate | Molasses | Buckwheat | Stock cubes |
| Monoglycerides | Maple syrup | Hi-maize starch | Sodium bicarbonate |
| Milk solids | Glucose syrup | Resistant starch | Baking powder |
| Hydrogenated oils | Brown sugar | | Sodium metabisulphite |
| Margarine | Corn syrup | | |
| Chocolate or carob coating | Concentrated fruit juice | | |
| Seeds, nuts & coconut | | | |

Healthy Eating and Diabetes

# BE A LABEL READER

## Nutritional claims – what do they really mean?

Many claims are made on food labels. Make sure you know which are suitable for you.

| Health claim | Suitable? | Comment | Example |
|---|---|---|---|
| 97% fat free | Low fat choice, but need to check sugar, salt & fibre | Contains 3gms fat per 100g | 97% fat free mayonnaise |
| 25% reduced fat | Misleading | 25% less fat than the regular product – could still be high fat | Reduced fat cheese |
| Low fat | Low fat choice, but need to check other nutrients | Low in fat compared to regular product | Low fat milk |
| 'Cholesterol Free' or 'Low Cholesterol' | Misleading | Cholesterol is only found in animal products – the product may still be high in plant fats and kilojoules | Any vegetable oil or margarine – eg olive oil, Flora |
| Mono or poly unsaturated | ? Check label for total fat | Preferred to saturated fat – check the total fat content | Mono or poly unsaturated oil or margarine |
| 'Toasted' or 'Baked' | Misleading | Usually cooked with fat – check the fat content | Toasted muesli |
| Lite or light | Misleading | May refer to taste, texture or colour – check the label | Light olive oil |
|  | ? Check the label. Usually a good choice. | The product meets standards for saturated fat, trans fat and salt. Total sugar and energy content may be high. Check the panel. | Various margarines or oils |
| Reduced fat | Misleading | May still be high fat even if fat content is reduced | Reduced fat biscuits, cheeses |
| No added sugar | ? Check the label | No added sucrose, but other sugars may be used – eg honey | Confectionary |
| Carbohydrate modified | Misleading | Use alternatives to sweeten which may still contain kilojoules and can affect BGL's, often high in fat | Imported "Diabetic" chocolate, some sugar free lollies |
| 'No added salt' or 'Salt Reduced' | ? Check the label | This can mean no salt added or the salt content reduced compared to the original product | Some canned foods |
| Natural or health food | Misleading | Oil, fat, cream and sugar are all natural – read the label carefully! | Nut bars |
| Low joule or diet | Yes, good choice | Low in kilojoules & often sweetened with artificial sweeteners | Diet soft drink, diet cordial, diet jam |
|  | ? Check the label | An approved GI testing facility has tested the food for its glycaemic index. The food may have a high, medium or low GI. The actual GI value and its meaning will appear near the symbol or nutrition panel. Check the GI value and other nutrients eg fat content | Some breads and cereals |

**2018 Liver Tests**

Ultrasound Abdomen (August)

# 2018 Endoscopy re Liver

Government of South Australia
SA Health

**The Queen Elizabeth Hospital**
***Endoscopy Suite***

| | | | |
|---|---|---|---|
| **Procedure Date:** | 18/08/2018 9:33 AM | **MRN:** | 830746 |
| **Admit Type:** | Outpatient | **Patient Name:** | Harris, Trevor Alfred |
| **Medicare #:** | 5112466525-1 | **Date of Birth:** | 03/09/1939 |
| **Age:** | 78 | **Gender:** | Male |
| **MBS Code 1:** | Endoscopy - 30473 | | |

**Procedure:** Upper GI endoscopy
**Indications:** Screening procedure
**Referring Physician**
**Providers:** Edward Teo, Gastroenterologist
**Medications:** Monitored Anaesthesia Care
**Procedure:** After informed consent was documented, the scope was introduced through the mouth, and advanced to the second part of duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the procedure well.

Upper Gastrointestinal Tract

**Findings:** The examined oesophagus was normal.

The Z-line was found 38 cm from the incisors.

The entire examined stomach was normal.

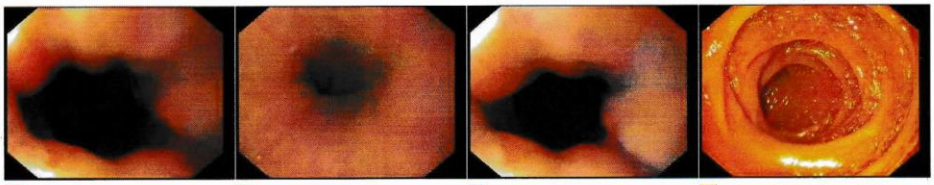
The examined duodenum was normal.

**Complications:** No immediate complications.

**Impression:**
- Normal oesophagus.
- Z-line 38 cm from the incisors.
- Normal stomach.
- Normal examined duodenum.

**Recommendation:** - Return to GI clinic in 3 weeks.

**Images:**



1 | 2 Lower Third of the Oesophagus | 3 Lower Third of the Oesophagus | 4 Upper Gastrointestinal Tract

*Ward 4B Endoscopy Reception: 08 8222 6234. Fax: 08 8222 6047. Outpatients: 08 8222 7020.*

Powered by Provation MD

*Page 1*

Government of South Australia
SA Health

**The Queen Elizabeth Hospital**
***Endoscopy Suite***

## Patient Instructions after an Upper Endoscopy

**Patient:** Trevor Harris
**MRN:** 830746
**Procedure Date:** Saturday, 18 August 2018
**Consultant:** Edward Teo, Gastroenterologist
**Medications:** Monitored Anaesthesia Care

1. If you were given sedation medication, due to the residual effects of the sedation, for 24 hours:
   - Do not drive or operate machinery
   - Avoid making any important or legal decisions
   - Do not drink alcohol
   - Refrain from strenuous physical activity

2. It is necessary for a responsible adult to accompany you home and stay with you overnight.

3. If you were not given sedation medication you can resume your normal activities and you do not need a responsible adult to accompany you home

4. You can resume your normal diet and medication unless directed by the doctor following the procedure.

5. It is common to have some bloating of the stomach or a sore throat following this procedure.

6. You should report to your local doctor or the Emergency Department if you have the following:
   - any difficulty in swallowing
   - shortness of breath
   - persistent or increasing chest pain
   - vomiting of blood

If you are experiencing any of the above symptoms contact your nearest Emergency Department, or call the TQEH on 8222 6000, 24 hours a day.

7. Your follow up: If you have had pathology taken, your GP can access these results from SA Pathology (IMVS) two weeks after your procedure. The GP can contact SA Pathology (IMVS) on 08 8222 3101.

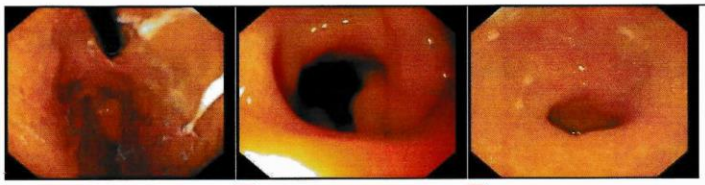
8. Your doctor recommends these additional instructions:
   Return to your GI clinic in three weeks.

If you have any questions on the above instructions, please call the Endoscopy Suite (Ward 4B) at The Queen Elizabeth Hospital on 08 8222 6234 between 8:30am to 4:00pm, Monday to Friday.

Government of South Australia
SA Health

**The Queen Elizabeth Hospital**
***Endoscopy Suite***

| | | | |
|---|---|---|---|
| **Procedure Date:** | 18/08/2018 9:33 AM | **MRN:** | 830746 |
| **Admit Type:** | Outpatient | **Patient Name:** | Harris, Trevor Alfred |
| **Medicare #:** | 5112466525-1 | **Date of Birth:** | 03/09/1939 |
| **Age:** | 78 | **Gender:** | Male |
| **MBS Code 1:** | Endoscopy - 30473 | | |



5 Gastric Cardia 6 7 Gastric Body

Edward Teo, Gastroenterologist
18/08/2018 09:40:47
This report has been signed electronically.

**CC Letter to:** Emily Kilner Woodville Family Medical Practive 1/98 - 102 Woodville Road Woodville, SA 5011

**Number of Addenda:**

## 2019 Liver Tests

Ultrasound Abdomen (January)

Blood tests January

Specialist Appointment 6 Feb 2019

## 2019 Right Wrist

X-ray and Ultra sound of right wrist re soreness maybe from using Buggy accelerator

## 2019 Biopsy re Skin Cancer

SURG / DERMSB QEH – 000830746
HARRIS
TREVOR ALFRED 79y 03/09/1939
UNIT 3 29 WOODVILLE RD
WOODVILLE, SA 5011
M M/C:5112466525 – 1 Exp:11/21

# Post Biopsy/Excision Patient Information

After the procedure a simple dressing will be applied to the wound.

**Punch Biopsy** – Melolite, hyperfix

**Shave Biopsy** – Sorbsan, Melolite, hyperfix

**KEEP DRY FOR 48HRS REMOVE AND REPLACE IF NECESSARY**

**Excision** – Melolite, hyperfix

**KEEP DRY FOR 48HRS REPLACE WITH NON-STICK DRESSING**

**Dressing** – Simple ointment such as Vaseline may be applied to the wound daily under the dressing.

**NO SUTURES**

**DISSOLVABLE SUTURES (No removal required)**

**SUTURES TO BE REMOVED/TRIMMED IN 7 DAYS**

**BY YOUR LOCAL GP OR QEH DERMATOLOGY CLINIC**

Please make an appointment with your local GP as soon as possible after procedure for removal of sutures as your GP may be heavily booked.

Dr will ring you with the results on 18. APRIL (THURS) AM / PM
(Applies only if not returning to clinic)

**Pain Relief** – Pain is usually mild following the procedure and simple analgesia such as paracetamol is recommended.

**Possible complications**

**Bleeding** – If there is any bleeding, place direct, firm pressure over the area for 5-10 mins. If you are unable to stop the bleeding after 20 mins go to your nearest emergency medical centre.

**Infection** – If the site were to become hot and painful with yellow/green coloured discharge this may indicate an infection of the wound and you may require antibiotics. Contact your GP if concerned about a possible infection.

Date 9.4.19 Print N. SMITH. RN Sign _____

Outpatients Services – Reviewed & revised 1.11.18

# 2019 Lymphoma check-up Blood Tests 21 May

Patient: HARRIS, TREVOR  Age: 79 y  MRN: 2328573 IMVS 4282336 IMVS

Gender: Male  D.O.B. 03/09/1939

| Complete Blood Examination | | | 19/07/2018 13:30 | 14/11/2018 08:10 | 21/01/2019 11:36 | 16/05/2019 13:40 |
|---|---|---|---|---|---|---|
| Comments | | | | * | | |
| Specimen Type | | | BLOOD | BLOOD | BLOOD | BLOOD |
| Film Review | | | No | Complete | No | No |
| Haemoglobin | (135 - 175) | g/L | 165 | 152 | 149 | 156 |
| White cell count | (4.00 - 11.00) | x10*9/L | 5.87 | 4.61 | 4.07 | 5.33 |
| Platelet Count | (150 - 450) | x10*9/L | 182 | 171 | 152 | 155 |
| Red Blood Cells | (4.50 - 6.00) | x10*12/L | 4.60 | 4.24 | 4.22 | 4.36 |
| Packed Cell Volume | (0.40 - 0.50) | L/L | 0.46 | 0.43 | 0.42 | 0.44 |
| Mean Cell Volume | (80.0 - 98.0) | fL | 100.0 | 102.4 | 99.3 | 101.4 |
| M.C.H. | (27 - 33) | pg | 36 | 36 | 35 | 36 |
| Mean Cell HB Conc. | (310 - 360) | g/L | 359 | 350 | 356 | 353 |
| Red Cell Distribution Width | (12.0 - 15.0) | % | 13.1 | 13.8 | 12.3 | 12.9 |
| Mean Platelet Volume | (9.50 - 13.00) | fL | 10.20 | 9.80 | 10.30 | 9.90 |
| Neutrophils % | | % | 68 | 61 | 67 | 74 |
| Neutrophils | (1.80 - 7.50) | x10*9/L | 4.00 | 2.82 | 2.72 | 3.92 |
| Lymphocytes % | | % | 24 | 30 | 23 | 17 |
| Lymphocytes | (1.50 - 3.50) | x10*9/L | 1.38 | 1.39 | 0.93 | 0.90 |
| Monocytes % | | % | 6 | 4 | 7 | 7 |
| Monocytes | (0.20 - 0.80) | x10*9/L | 0.35 | 0.20 | 0.30 | 0.38 |
| Eosinophils % | | % | 2 | 4 | 2 | 2 |
| Eosinophils | (0.02 - 0.50) | x10*9/L | 0.10 | 0.16 | 0.09 | 0.09 |
| Basophils % | | % | 1 | 1 | 1 | 1 |
| Basophils | (<=0.10) | x10*9/L | 0.04 | 0.04 | 0.03 | 0.04 |

Clinical

[Lab No = ACC:19-136-05525 FN:4331077371

Patient: HARRIS, TREVOR  Age: 79 y  MRN: 2328573 IMVS 4282336 IMVS

Gender: Male  D.O.B. 03/09/1939

| | | | 14/11/2018 08:10 | 17/11/2018 10:03 | 21/01/2019 11:36 | 16/05/2019 13:40 |
|---|---|---|---|---|---|---|
| Comments | | | | | | |
| Specimen Type | | | BLOOD | BLOOD | BLOOD | BLOOD |
| Sodium | (135 - 145) | mmol/L | 143 | | 142 | 145 |
| Potassium | (3.5 - 5.2) | mmol/L | 3.1 | 4.2 | 3.6 | 4.0 |
| Chloride | (95 - 110) | mmol/L | 101 | | 102 | 103 |
| Bicarbonate | (22 - 32) | mmol/L | 27 | | 29 | 28 |
| Anion Gap | (7 - 17) | mmol/L | 18 | | 15 | 18 |
| Creatinine (Blood) | (60 - 110) | umol/L | 87 | | 83 | 91 |
| Urea | (2.7 - 8.0) | mmol/L | 4.3 | | 4.9 | 4.9 |
| Albumin | (34 - 48) | g/L | 44 | | 42 | 46 |
| Total Protein | (60 - 80) | g/L | 72 | | 69 | 73 |
| Bilirubin | (2 - 24) | umol/L | 15 | | 16 | 16 |
| Globulins | (21 - 41) | g/L | 28 | | 27 | 27 |
| Alkaline phosphatase | (30 - 110) | U/L | 94 | | 83 | 97 |
| Alanine Aminotransferase | (0 - 55) | U/L | 100 | | 122 | 90 |
| Aspartate aminotransferase | (0 - 45) | U/L | 53 | | 105 | 68 |
| Gamma Glutamyl Transpeptidase | (0 - 60) | U/L | 226 | | 187 | 197 |
| Lactate dehydrogenase | (120 - 250) | U/L | 300 | | 260 | 276 |
| Total Cholesterol | (0.0 - 5.5) | mmol/L | 4.7 | | | |
| Glucose | (3.2 - 5.5) | mmol/L | 7.7 | | | |
| Calcium | (2.10 - 2.60) | mmol/L | 2.30 | | | |
| Phosphate | (0.75 - 1.50) | mmol/L | 1.13 | | | |
| Urate | (0.15 - 0.45) | mmol/L | 0.43 | | | |

Clinical

[Lab No = ACC:19-136-05525 FN:4331077391