Date	Location	Description	Medication	Text	Author	Document Link
14-Mar-12				Blood test at Local Surgery. Anaemia unspecified with lymphopaenia and thrombocytopenia.		
19-Mar-12	Guy's	Outpatient's Appointment		This gentleman was reviewed in IBD clinic today. He has otherwise remained well but in the last few weeks has had a four week episode of black diarrhoea with lower abdomen discomfort. His other work colleagues were also unwell with the same symptoms. His diarrhoea seems to have settled now, but he is still getting his lower abdominal discomfort. He does complain of feeling bloated. There are no symptoms otherwise suggestive of active inflammatory bowel disease. I discussed his case with Dr. Gastro, who suggested doing an MRI to look at his small bowel to assess for any activity. We will update you with the results of this. He already has a follow-up in June. I shall be grateful if you would kindly keep an eye on his bloods in the meantime.	Registrar then Dr. Gastro	
30-Apr-12	St. Thomas'	MRI small bowel study		MRI small bowel study		MRI scan
28-May-12	Guy's	Outpatient's Appointment		I saw Mr. Patient in IBD clinic today. We brought his appointment forward as he developed symptoms of diarrhoea and abdominal pain in association with an MRI scan which, in contrast to his recent colonoscopy, suggested active ileo-colonic disease. His abdomen was soft and non-tender and there were no palpable masses. It is difficult to know whether his symptoms relate to active disease or not. To address this I have sent stool today for calprotectin along with a full set of blood tests. I have also sent stools to exclude infection. If these are normal and his symptoms do not settle down spontaneously (as they did previously), then he should start Budesonide, a prescription for which I have given him today. I would suggest he takes Entocort 9mg a day for two months before cutting it down to 6mg a day for a further four weeks. In the meantime, I have also requested a repeat colonoscopy to see whether the discrepancy between his endoscopic appearances and MRI still exist.	Dr. Gastro	
28-May-12	ESH			Emergency admission		
29-May-12	ESH			Blood transfusion - 2 units		
29-May-12	ESH	Ward Round		Ward Round	Dr. Registrar	Ward Round Notes
30-May-12	ESH			Endoscopy – OGD Diagnosis - Oesophagus: Varices; Stomach: Gastritis; Duodenum: Normal Advice/comments - Patchy mild gastritis in fundus. No free or altered blood in upper GI tract. Not known to have varices in past?	Dr. Upper GI	Endoscopy Report
30-May-12	Guy's			Report from outpatient appointment. MRI suggests active ileo-colonic disease	Dr. Gastro	
31-May-12	ESH	Ultrasound Scan		Abdominal Ultrasound Scan	Dr. Scanner	Ultrasound Scan
31-May-12	ESH	Ultrasound Report		Ultrasound Report - the liver is on the upper limits of normal for size (13cm) and it is homogenous with no focal liver abnormality. No hepatic venous or portal venous thrombosis/hypertension. Normal bile ducts. The gallbladder wall is a touch oedematous and has a 14mm gallstone within it. The pancreas and aorta were obscured by bowel contents but no obvious abdominal aortic aneurysm detected. There is homogenous splenomegaly measuring 17cm long axis (enlarged if over 13cm) Normal kidneys. No hydronephrosis. No diluated ureters. No ascites.	Dr. Scanner	Ultrasound Report
05-Jun-12	ESH		Propranolol 40mg od; Omeprazole 40mg td; Loperamide 2mg td; Ferrous Fumarate 322mg od	Blood transfusion - 2 units		
05-Jun-12	Guy's	Ward Round		Ward Round	Dr. OldGastro	Ward Round Notes
06-Jun-12	Guy's			Colonoscopy - cancelled as in ESH		
06-Jun-12	ESH	Discharge from ESH		Discharge		Discharge Summary
06-Jun-12	ESH			Letter from Dr. OldGastro to Dr. Gastro about ongoing treatment	Dr. OldGastro	Consultant's Letter
13-Jun-12	GSTT			MRI requested by Dr. Gastro	Dr. OldGastro	Email – Sally O'D
20-Jun-12	Guy's			Colonoscopy - Normal colon to splenic flexure. Extremely difficult procedure which I had to abandon eventually. The colon appeared completely normal with no evidence of inflammation. The scope kept looping despite multiple attempts at position changes and abdominal pressure. The colonic mucosa seems completely normal and do not correlate with the MRI findings at all. No ulceration seen at all. The R colon still needs to be examined. Normal Mucosa throughout. No evidence of recurrence seen but R colon or anastomosis not examined. Please review endoscopy findings and patient's symptoms in Dr. Gastro's clinic. He has not yet performed faecal calprotectin which I have asked him to do today. His CRP is normal. He is also due to undergo an MRI of his liver - PSC? He may also need an OGD locally to check for varices if there is evidence of anaemia/liver disease. The patient is happy with this plan.	Dr. Sundontshine	Colonoscopy