

Discharge Summary - Inpatient
* Final Report *

CARFAX-FOSTER, MARE HENRY - 454159

Result Type: Discharge Summary - Inpatient
Result Date: 23 January 2025 21:06 AEDT
Result Status: Auth (Verified)
Performed By: Ritchie, Alan (Specialist Medical Officer) on 23 January 2025 21:11 AEDT

*** Final Report ***

Discharge Referral IP

Patient: **CARFAX-FOSTER, MARE HENRY** MRN: 454159
Age: **61 years** Sex: **Male** DOB: **27-01-1963**
Associated Diagnoses: **Back pain**
Author: **Ritchie, Alan (Specialist Medical Officer)**
Attachments: **None**

Visit Information

Henry presented with right sided back pain that is likely mechanical/ muscular in nature. He underwent a CT KUB given his history of renal stones and there was no obstructive uropathy found. He has some degenerative changes to his back on that imaging.

He was bale to be discharged with plan for regular panadol 4x daily and nurofen 3x dialy (with meals for pain relief. He should follow up with his GP in 2 weeks if no resolution as perhaps he may benefit form a CT guided steroid injection

Health Status

Principal and Other Diagnosis

Back pain (SNMCT 2646370015, Discharge, ED Medical).

Results Review

Pathology Results: : Pathology Results

23-01-2025 18:02	Urine White Cell Count	<10 x10E6/L
	Urine Red Cell Count	<10 x10E6/L
	Urine Squamous Epi Cells	<10 x10E6/L
23-01-2025 17:19	Sodium	140 mmol/L N
	Potassium	Haemolysed mmol/L
	Chloride	105 mmol/L N
	Bicarbonate	24 mmol/L N
	Anion Gap	Not Calculated mmol/L
	Urea	4.7 mmol/L N
	Creatinine	67 umol/L N
	eGFR	>90 mL/min/1.73m2 N
	Bilirubin Total	8 umol/L N
	Total Protein	73 g/L N
	Albumin	43 g/L N
	Total Globulin	30 g/L N
	ALT	39 U/L N
	AST	Haemolysed
	GGT	Haemolysed
	ALP	Haemolysed

Printed by: Ritchie, Alan (Specialist Medical Officer)
Printed on: 23-01-2025 21:11 AEDT

Glucose Random	6.7 mmol/L N
C Reactive Protein	<1 mg/L N
Haemoglobin	161 g/L N
WBC	5.8 $\times 10^9/L$ N
Platelets	230 $\times 10^9/L$ N
RCC	5.2 $\times 10^{12}/L$ N
Hct	0.47 L/L N
MCV	90 fL N
MCH	31 pg N
MCHC	345 g/L N
RDW	13.4 % N
Abs Neutrophils	3.3 $\times 10^9/L$ N
Abs Lymphocytes	2.0 $\times 10^9/L$ N
Abs Monocytes	0.3 $\times 10^9/L$ N
Abs Eosinophils	0.2 $\times 10^9/L$ N
FBC Comment	
Scientific Review	

Other Results:

CT Renal Tract Kidney(s) Ureter(s) Bladder 56501

This document has an image

CT Renal Tract

CT Renal Tract performed at 23/01/2025, 6:22 PM

Clinical History: 61M Right loin to groin pain, known renal stones

also known lower back pain in the past

blood in urine

? renal stones

Technique: CT KUB

Comparison: CT KUB dated 27/1/2024

Findings:

No obstructed renal or ureteric calculus is identified. No hydronephrosis, hydroureter or perinephric stranding.

There are multiple non-obstructed tiny calculi (1-2mm) in the renal parenchyma bilaterally.

Urinary bladder and the prostate gland are unremarkable.

The non-contrast appearance of the liver, gallbladder, pancreas, spleen and adrenals appear unremarkable.

The small and large bowel loops are of normal calibre with no evidence of obstruction. Mild diverticulosis is noted at the descending colon. No evidence of diverticulitis.

No pneumoperitoneum, retroperitoneal collection or mesentery stranding is noted.

No abdominal lymphadenopathy is seen.

Bibasilar atelectasis is noted.

No aggressive osseous lesion is identified. Multilevel degenerative changes throughout the spine are noted. Most notably, there is moderate to marked disc osteophyte complex at L4/L5 and L5/S4, resulting in mild-to-moderate narrowing of the central spinal canal as well as moderate to severe narrowing of the neural exit foramina bilaterally.

Conclusion:

- No evidence of obstructive uropathy.

- Moderate to marked disc osteophyte complex at L4/L5 and L5/S1 with associated

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mild-to-moderate central canal stenosis and moderate to severe bilateral foraminal narrowing.

Performing MIT: Vivienne Kouch, Daniel Breitenberger
Report created by: Aung Min Maw (Nepean Blue Mountains LHD), 23/01/2025, 6:43 PM

Preliminary signed by: Aung Min Maw (Nepean Blue Mountains LHD) at 07:36 PM on 23/01/2025

Discharge Plan

Medications on Discharge / Current

Meds on Discharge / Current (from PowerForm)

Medication being taken on discharge

Discharge Medications are not displayed. Please complete the discharge medication reconciliation.

Vaccines administered during this visit

Nil

Blood and blood product administration

Blood and blood product administration recorded in PowerChart and FirstNet during this admission
No qualifying data available

Additional blood and blood product administration

NIL additional blood and blood product administration recorded for the patient outside of PowerChart and FirstNet (e.g. Intensive Care) during this admission.

Completed Action List:

- * Perform by Ritchie, Alan (Specialist Medical Officer) on 23 January 2025 21:11 AEDT
- * Sign by Ritchie, Alan (Specialist Medical Officer) on 23 January 2025 21:11 AEDT
- * VERIFY by Ritchie, Alan (Specialist Medical Officer) on 23 January 2025 21:11 AEDT