

Dr Upul Liyanage MBBS MD MRCP (UK) FRACP
Specialist Geriatrician & General Physician

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Parkview Professional Centre
34 Hawkesbury Valley Way
Windsor NSW 2756

Wednesday, 26 June 2024

Dr Enoke Guneratne
Shop 5
23 Bells Line Of Rd
NORTH RICHMOND NSW 2754

Dear Dr Guneratne

RE: Mark MUSCAT DOB: 18/10/1962

Thank you for your ongoing care of Mark. I am writing to update you on his progress.

Mark presented with concerns about his memory, specifically instances of forgetfulness, such as losing his keys. His cognitive deficits were apparent following intracranial haemorrhage after his cervical spinal surgery.

During his assessment, Mark's cognitive score on SMMSE was 28/30. We performed an MRI of the Brain, which showed small vessel disease and diffuse atrophic changes. It also showed features of previous subarachnoid hemorrhage in the posterior fossa. He subsequently underwent an FDG PET scan showing no evidence of Alzheimer's disease.

Based on these findings, the assessment is that Mark's mild cognitive impairment is likely due to small vessel disease rather than Alzheimer's disease. The plan moving forward is to manage his cognitive impairment non-pharmacologically. I have scheduled a follow-up assessment in 12 months' time to monitor his progression.

Yours sincerely

Electronically signed
Dr Upul Liyanage MBBS MD MRCP (UK) FRACP
Specialist Geriatrician & General Physician

CONFIDENTIAL PATIENT INFORMATION

This document has been prepared to address clinical issues only and is neither intended nor sufficient for medicolegal purposes.
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24/04/2024

Dr Enoke Gunaratna
Shop 11, North Richmond
Heritage Plaza
North Richmond, NSW 2754

Dear Enoke,

RE: Mr Mark Muscat
DOB: 10/10/1962

Thank you for asking me to see Mr Mark Muscat for an assessment about his cognitive decline following his stroke.

Past Medical History

1. Hepatic steatosis.
2. Asthma.
3. CVA.
4. Anxiety.
5. Depression.
6. Motor vehicle accident.
7. Obsessive compulsive disorder.

Medications

1. Citalopram 10 mg daily.
2. Lyrica 75 mg bd.
3. Nexium 20 mg daily.
4. Trelegy Ellipta 100/62.5/25 mcg daily.
5. Ventolin nebulizer as required.

I had a pleasure of seeing Mark at Macquarie Towns Specialist Centre today. He attended the appointment unaccompanied. Mark had a stroke in 2015. He had cervical spinal canal stenosis for which he underwent surgery. Unfortunately, his spinal fusion surgery complicated with bleeding and stroke. He stayed in intensive care for six months before recovering. Unfortunately, he developed permanent deficits following his complicated surgery. He had neck pain and memory issues as a result of his brain damage.

On review of his record from Westmead Hospital, Mr Muscat had complications from surgery, sustaining a haemorrhagic stroke of the bilateral cerebellum. His angiogram did not show significant injuries to the vertebral arteries or the plexus. He primarily had arm weakness. Subsequently, he was referred to rehabilitation services at Mount Druitt, Blacktown and underwent rehabilitation to improve his function. He was already on disability pension due to his cervical myelopathy prior to surgery. He was able to drive with no issues at the time. There has been no documentation of significant cognitive deficits sustaining after his complicated surgery. Currently, he reported issues related to his short-term memory. He also had mobility issues and slipped three times in his shower.

Background information, Mark was born in Australia. He left school after four years in high school. He worked as a storeman before his cervical myelopathy. He has always been single. He has three children who live separately. He lives in his own home.

Regarding his function, he reported having fluctuations in his mood and he currently walks without using any walking aids. He has been dependent on ADLs and IADLs including driving. He manages his finances independently. He does not have much social contact. He is an ex-smoker and he does not drink alcohol. He had some hearing impairment since his surgery.

On examination, he had no focal neurological signs or positive extrapyramidal signs. On cognitive testing with MOCA, he scored 22/30. He had deficits involving visuospatial, language, and recall domains.

Based on his assessment, Mark has cognitive deficits involving few domains and likely to be a mixed aetiology. I have organised another MRI scan to evaluate his structural changes. He will likely require a PET-CT scan as well. I will review him after the investigations to make a formal diagnosis.

Thank you for ongoing care

Yours sincerely

Electronically signed

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