KELLY, ROBERT
UNIT 2 DIAMANTINA GARDENS, WINTON. 4735
Phone: 0428170316
Birthdate: 23/12/1945 **Sex:** M **Medicare Number:** 6178461725
Your Reference: 00308311 **Lab Reference:** 534750889-C-C140
Laboratory: SNP
Addressee: DR JUSTIN TITMARSH **Referred by:** DR JUSTIN TITMARSH

Name of Test: S-_ROUTINE CHEMISTRY
Requested: 12/03/2025 **Collected:** 12/03/2025 **Reported:** 13/03/2025 12:38

Clinical notes: CHECK UP

Clinical Notes : CHECK UP

Chemistry (serum)

		Latest Results		
Date	29-Oct-24	**12-Mar-25**		
Time F-Fast	0900 F	**Unkn**		
Lab Id.	534087485	**534750889**	Reference	Units
Sodium	138	138	(135-145)	mmol/L
Potassium	4.6	4.7	(3.5-5.5)	mmol/L
Chloride	105	106	(95-110)	mmol/L
Bicarbonate	26	27	(20-32)	mmol/L
Anion Gap	7	5	(<16)	mmol/L
Calcium (Corr.)	2.54	2.45	(2.10-2.60)	mmol/L
Phosphate	1.13	0.96	(0.80-1.50)	mmol/L
Urea	5.5	4.5	(3.5-9.5)	mmol/L
Urate	0.353	0.377	(0.200-0.500)	mmol/L
Creatinine	81	80	(60-115)	umol/L
eGFR	80	81	(>59)	
Fast. Glucose	5.1		(3.6-6.0)	mmol/L
Random Glucose		5.4	(3.6-7.7)	mmol/L
Total Protein	63	65	(63-80)	g/L
Albumin	35	37	(32-44)	g/L
Globulin	28	28	(23-43)	g/L
T Bilirubin	14	19	(<21)	umol/L
ALP	67	63	(35-110)	U/L
AST	16	19	(10-40)	U/L
ALT	19	20	(5-40)	U/L
GGT	37	33	(5-50)	U/L
LD	197	221	(<250)	U/L
Cholesterol	4.9	4.8	(<5.6)	mmol/L
Triglyceride	2.0	1.9	(<2.1)	mmol/L
Magnesium	0.88		(0.70-1.10)	mmol/L
Haemolysis Index	15	6	(<40)	mg/dL

Comments on Collection 12-Mar-25 Unkn:
E/LFT
Delayed centrifugation of longer than two hours may cause a significant decrease in glucose and bicarbonate, and may cause an increase in potassium, phosphate and LDH levels.

BJ

SULLIVAN NICOLAIDES PATHOLOGY

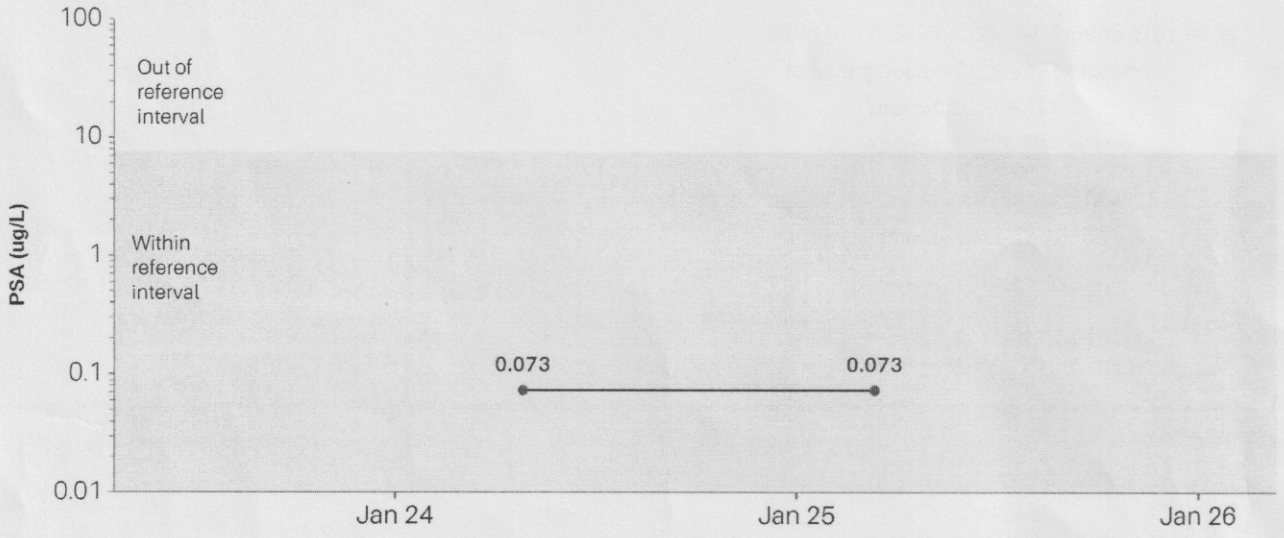
Robert Kelly

LAB ID 534750889 DOB 23/12/1945 (79Y Male)
Referring Doctor Dr Justin Titmarsh
Your ref. 00308311
Address Unit 2 Diamantina Gardens
WINTON QLD 4735
Phone 0428 170 316

Requested 12 Mar 2025
Collected 12 Mar 2025
Received 12 Mar 2025 23:44 pm
Reported 13 Mar 2025 11:53 am

Dr Justin Titmarsh T10278
Winton Medical Practice 12014
Bloomfield & Oondooroo Sts
WINTON QLD 4735

Prostate Specific Antigen (PSA)



LEGEND

Age related reference interval (95th Percentile for healthy men)

- Within reference interval
- Out of reference interval

For men under 70 years of age being screened for prostate cancer, a cut-off of 3.0 ug/L is recommended under the current guidelines.
This cut-off changes to 2.0 ug/L if an increased risk based on family history.

Prostate Cancer Foundation and Cancer Council of Australia PSA testing guidelines 20 Jan 2016 www.prostate.org.au (NHMRC approved).

Type of primary sample: Serum

Tel (07) 3377 8555 | Fax (07) 3377 1900
Sullivan Nicolaides Pty Ltd | ABN 38 078 202 196
24 Hurworth Street, Bowen Hills Qld 4006
A member of the Sonic Healthcare Group

NATA Accreditation No 1964
RCPA NATA
Accredited for compliance with NPAAC standards and ISO 15189

KELLY, ROBERT
UNIT 2 DIAMANTINA GARDENS, WINTON. 4735
Phone: 0428170316
Birthdate: 23/12/1945 **Sex:** M **Medicare Number:** 6178461725
Your Reference: 00308311 **Lab Reference:** 534750889-H-H900
Laboratory: SNP
Addressee: DR JUSTIN TITMARSH **Referred by:** DR JUSTIN TITMARSH

Name of Test: .BLOOD COUNT
Requested: 12/03/2025 **Collected:** 12/03/2025 **Reported:** 13/03/2025 12:38

Clinical notes: CHECK UP

Clinical Notes : CHECK UP

Haematology

		Latest Results		
Date	29-Oct-24	**12-Mar-25**		
Time F-Fast	0900 F	**Unkn**		
Lab Id.	534087485	**534750889**	Reference	Units
Haemoglobin	151	158	(125-175)	g/L
Haematocrit	0.45	0.47	(0.38-0.54)	
RCC	5.0	5.2	(4.2-6.5)	10*12/L
MCV	90	90	(80-100)	fL
WCC	5.1	5.6	(3.5-10.0)	10*9/L
Neutrophils	3.07	3.77	(1.5-6.5)	10*9/L
Lymphocytes	1.46	1.19	(0.8-4.0)	10*9/L
Monocytes	0.44	0.44	(0-0.9)	10*9/L
Eosinophils	0.12	0.14	(0-0.6)	10*9/L
Basophils	0.05	0.04	(0-0.15)	10*9/L
Platelets	202	202	(150-400)	10*9/L

HA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Fasting Lipids,HDL-Cholesterol,E/LFT,PSA,FBE
Tests Pending : HbA1c
Sample Pending :

KELLY, ROBERT
UNIT 2 DIAMANTINA GARDENS, WINTON. 4735
Phone: 0428170316
Birthdate: 23/12/1945 **Sex:** M **Medicare Number:** 6178461725
Your Reference: 00308312 **Lab Reference:** 535027432-C-C485
Laboratory: SNP
Addressee: DR JUSTIN TITMARSH **Referred by:** DR JUSTIN TITMARSH

Name of Test: MICROALBUMIN RANDOM
Requested: 12/03/2025 **Collected:** 12/03/2025 **Reported:** 14/03/2025 04:39

Clinical notes: CHECK UP

Clinical Notes : CHECK UP

		Latest Results		
Date	29-Oct-24	**12-Mar-25**		
Time	Unkn	**Unkn**		
Lab Id.	534592212	**535027432**	Reference	Units
R-U-Creatinine	11.2	9.9		mmol/L
R-U-Albumin	7	8	(<21)	mg/L
Alb/Creat Ratio	0.6	0.8	(0.0-2.6)	mg/mmol

Comments on Collection 12-Mar-25 Unkn:
R-U-Alb/Creat
The Australian Diabetes Society subcommittee on microalbuminuria recommends that albumin excretion rates should be performed annually on all diabetic patients. Abnormality is confirmed if two of three samples collected over a six week period are elevated.
Specimens other than first morning collections may occasionally be positive in subjects with orthostatic or exercise induced proteinuria.

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: R-U-Alb/Creat
Tests Pending :
Sample Pending :

Sullivan Nicolaides PATHOLOGY
Quality is in our DNA

ROBERT KELLY

Lab ID **672585969** DOB **23/12/1945 (79 Yrs MALE)**

Referrer **Dr Justin Titmarsh**

Address WINTON MEDICAL PRACTICE BLOOMFIELD & OONDOOROO STS
WINTON QLD 4735

Phone 0746572755

Your ref. 00308319

Address UNIT 2 DIAMANTINA GARDENS
WINTON QLD 4735

Phone 0428170316

Copy to

Clinical Notes

Requested 12/03/2025

Collected 12/03/2025 00:00 Received 13/03/2025 02:25

Specimen No : 97223-25BR

DIAGNOSTIC SUMMARY:

R ARM - SQUAMOUS CELL CARCINOMA, CLEAR OF THE MARGIN OF THE PUNCH EXCISION IN THE SECTIONS EXAMINED.

Reported by Dr Corrine Wallace, Enquiries corrine_wallace@snp.com.au 17/03/2025

Clinical Notes: Histopathology; R lower arm punch excision ?BCC

Macroscopic:

Labelled '**R arm lesion**'. A 8 x 7mm skin punch with a light tan raised crusted area 7 x 6mm. 1A quadrisected in total

Microscopic:

R arm: Sections of the excision show well differentiated squamous cell carcinoma with a pushing front to the mid dermis. Perineural or lymphovascular space invasion are not identified. The lesion lies 2mm from the closest peripheral margin and 4mm from the closest deep margin.

- End of Report -

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

QUEENSLAND X-RAY PTY LTD ABN 40 094 502 208
Mater Pimlico, PIMLICO, QLD, 4812
Telephone : 07 4759 2800 Facsimile : 07 4779 7402

Wednesday, March 26 2025

DR JUSTIN TITMARSH
CNR BLOOMFIELD & OONDOOROO STREETS
WINTON QLD 4735

RE: MR ROBERT W KELLY (23/12/1945)
UNIT 2 DIAMANTINA GARDENS
WINTON QLD 4735

EPID:

Patient ID : QXR4261227
Service Date : 25/03/2025
Dept :
UR No :
Episode ID : MMT22912090

CT AORTOGRAM OF CHEST AND UPPER ABDOMEN

Clinical History:
Dilated aortic root.

Technique:
CT angiogram of the chest and upper abdomen preceded by a non contrast study. Cardiac gating was performed.

Findings:
There is extensive coronary arterial calcification.
There is no aortic dissection.
There is no pneumothorax.
There is no suspicious mediastinal adenopathy.
There is no pericardial or pleural effusion.
There is no pulmonary nodule.

Small hiatus hernia.
The adrenal glands are normal.
The visualised pancreas appears normal.
The visualised spleen appears normal.

IRD

QUEENSLAND X-RAY PTY LTD ABN 40 094 502 208
Mater Pimlico, PIMLICO, QLD, 4812
Telephone : 07 4759 2800 Facsimile : 07 4779 7402

2 hypoattenuating probable benign lesions are seen within the left lobe of the liver measuring up to 15 mm.
There is no renal mass.

There is no abdominal aortic aneurysm.
There is no suspicious bony lesion.
The aortic root measures 26 mm.
The trans sinus is 43 mm.
The sino-tubular junction is 32 mm.
The ascending aorta at the level of the pulmonary trunk is 45.8 x 44.8 mm.
The mid aortic arch is 32.4 mm.

The left common carotid artery and right brachiocephalic artery have a common bovine origin.

CONCLUSION:
Aortic dimensions as above.
Liver lesions which merit further assessment with an ultrasound.

Dr Alister Darveniza
Queensland X-Ray

IRD

KELLY, ROBERT
UNIT 2 DIAMANTINA GARDENS, WINTON. 4735
Phone: 0428170316
Birthdate: 23/12/1945 **Sex:** M **Medicare Number:** 6178461725
Your Reference: 00308311 **Lab Reference:** 534750889-C-C847
Laboratory: SNP
Addressee: DR JUSTIN TITMARSH **Referred by:** DR JUSTIN TITMARSH

Name of Test: S-_LIPID PROFILE
Requested: 12/03/2025 **Collected:** 12/03/2025 **Reported:** 13/03/2025 12:38

Clinical notes: CHECK UP

Clinical Notes : CHECK UP

Lipid Profile

		Latest Results		
Date	29-Oct-24	**12-Mar-25**		
Time F-Fast	0900 F	**Unkn**		
Lab Id.	534087485	**534750889**	Reference	Units
Cholesterol	4.9	4.8 ↓	(<5.6)	mmol/L
Triglyceride	2.0	1.9 ↓2	(<2.1)	mmol/L
HDL	1.08	1.15 ↑	(>0.89)	mmol/L
LDL	3.0	2.9 ↓·1	(<4.1)	mmol/L
Chol/HDL Ratio	4.5	4.2	(<4.6)	
Non HDLC	3.82 H	3.65	(<3.81)	mmol/L

Comments on Collection 12-Mar-25 Unkn:
HDL-Cholesterol
LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.
The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.
TARGET LEVELS:
The National Vascular Disease Prevention Alliance (NVDPA) treatment 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
HDL-Cholesterol	>=1.00	mmol/L
Fasting Triglycerides	<2.0	mmol/L
Non-HDL Cholesterol	<2.5	mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Fasting Lipids,HDL-Cholesterol,E/LFT,PSA,FBE
Tests Pending : HbA1c
Sample Pending :

KELLY, ROBERT
UNIT 2 DIAMANTINA GARDENS, WINTON. 4735
Phone: 0428170316
Birthdate: 23/12/1945 **Sex:** M **Medicare Number:** 6178461725
Your Reference: 00308311 **Lab Reference:** 534750889-C-C847
Laboratory: SNP
Addressee: DR JUSTIN TITMARSH **Referred by:** DR JUSTIN TITMARSH

Name of Test: S-_LIPID PROFILE
Requested: 12/03/2025 **Collected:** 12/03/2025 **Reported:** 13/03/2025 12:38

Clinical notes: CHECK UP

Clinical Notes : CHECK UP

Lipid Profile

		Latest Results		
Date	29-Oct-24	**12-Mar-25**		
Time F-Fast	0900 F	**Unkn**		
Lab Id.	534087485	**534750889**	Reference	Units
Cholesterol	4.9	4.8	(<5.6)	mmol/L
Triglyceride	2.0	1.9	(<2.1)	mmol/L
HDL	1.08	1.15	(>0.89)	mmol/L
LDL	3.0	2.9	(<4.1)	mmol/L
Chol/HDL Ratio	4.5	4.2	(<4.6)	
Non HDLC	3.82 H	3.65	(<3.81)	mmol/L

Comments on Collection 12-Mar-25 Unkn:
HDL-Cholesterol
LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.
The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.
TARGET LEVELS:
The National Vascular Disease Prevention Alliance (NVDPA) treatment 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
HDL-Cholesterol	>=1.00	mmol/L
Fasting Triglycerides	<2.0	mmol/L
Non-HDL Cholesterol	<2.5	mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Fasting Lipids,HDL-Cholesterol,E/LFT,PSA,FBE
Tests Pending : HbA1c
Sample Pending :

KELLY, ROBERT
UNIT 2 DIAMANTINA GARDENS, WINTON. 4735
Phone: 0428170316
Birthdate: 23/12/1945 **Sex:** M **Medicare Number:** 6178461725
Your Reference: 00308311 **Lab Reference:** 534750889-C-C847
Laboratory: SNP
Addressee: DR JUSTIN TITMARSH **Referred by:** DR JUSTIN TITMARSH

Name of Test: S-_LIPID PROFILE
Requested: 12/03/2025 **Collected:** 12/03/2025 **Reported:** 13/03/2025 12:38

Clinical notes: CHECK UP

Clinical Notes : CHECK UP

Lipid Profile

		Latest Results		
Date	29-Oct-24	**12-Mar-25**		
Time F-Fast	0900 F	**Unkn**		
Lab Id.	534087485	**534750889**	Reference	Units
Cholesterol	4.9	4.8	(<5.6)	mmol/L
Triglyceride	2.0	1.9	(<2.1)	mmol/L
HDL	1.08	1.15	(>0.89)	mmol/L
LDL	3.0	2.9	(<4.1)	mmol/L
Chol/HDL Ratio	4.5	4.2	(<4.6)	
Non HDLC	3.82 H	3.65	(<3.81)	mmol/L

Comments on Collection 12-Mar-25 Unkn:
HDL-Cholesterol
LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.
The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.
TARGET LEVELS:
The National Vascular Disease Prevention Alliance (NVDPA) treatment 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
HDL-Cholesterol	>=1.00	mmol/L
Fasting Triglycerides	<2.0	mmol/L
Non-HDL Cholesterol	<2.5	mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

CA

Tests Completed: Fasting Lipids,HDL-Cholesterol,E/LFT,PSA,FBE
Tests Pending : HbA1c
Sample Pending :

KELLY, ROBERT
UNIT 2 DIAMANTINA GARDENS, WINTON. 4735
Phone: 0428170316
Birthdate: 23/12/1945 **Sex:** M **Medicare Number:** 6178461725
Your Reference: 00308311 **Lab Reference:** 534750889-C-C847
Laboratory: SNP
Addressee: DR JUSTIN TITMARSH **Referred by:** DR JUSTIN TITMARSH

Name of Test: S-_LIPID PROFILE
Requested: 12/03/2025 **Collected:** 12/03/2025 **Reported:** 13/03/2025 12:38

Clinical notes: CHECK UP

Clinical Notes : CHECK UP

Lipid Profile

		Latest Results		
Date	29-Oct-24	**12-Mar-25**		
Time F-Fast	0900 F	**Unkn**		
Lab Id.	534087485	**534750889**	Reference	Units
Cholesterol	4.9	4.8 ↓	(<5.6)	mmol/L
Triglyceride	2.0	1.9 ↓2	(<2.1)	mmol/L
HDL	1.08	1.15 ✓	(>0.89)	mmol/L
LDL	3.0	2.9 ↓·8	(<4.1)	mmol/L
Chol/HDL Ratio	4.5	4.2	(<4.6)	
Non HDLC	3.82 H	3.65	(<3.81)	mmol/L

Comments on Collection 12-Mar-25 Unkn:
HDL-Cholesterol
LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.
The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.
TARGET LEVELS:
The National Vascular Disease Prevention Alliance (NVDPA) treatment 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
HDL-Cholesterol	>=1.00	mmol/L
Fasting Triglycerides	<2.0	mmol/L
Non-HDL Cholesterol	<2.5	mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Fasting Lipids,HDL-Cholesterol,E/LFT,PSA,FBE
Tests Pending : HbA1c
Sample Pending :

KELLY, ROBERT
UNIT 2
59 BLOMFIELD STREET
WINTON QLD 4735

Queensland Government

Queensland Health

Discharge Summary

Patient Details

URN	: 7019825
IHI	: Not Provided
Patient Name	: KELLY, ROBERT
Address	: UNIT 2 59 BLOMFIELD STREET WINTON 4735
Date of Birth	: 23-Dec-1945 (78 years)
Sex	: Male
Phone 1	: (0428) 170 316
Phone 2	: (0428) 170 316

Facility
The Townsville Hospital
100 Angus Smith Drive, Douglas, QLD 4814
Phone : (07) 4433 1111
Fax : (07) 4433 2741

Summary Author
Jeremy Ang

Episode Details

Consultant	: DR BOBBY JOHN
Registrar	:
Facility Unit	: CVM
Admission Source	: Retrieval from another hospital
Admission Date	: 19-Aug-2024 20:44

Discharge Details

Reason	:
Status	:
Phone	:
Address	:
Discharge Date	: 26-Aug-2024

Reason for Admission/Presenting Problems
Patient was transferred from Hughenden, for persistent chest pain.

Principal Diagnosis

Diagnosis	Comments
Inferior STEMI	

Secondary Diagnosis

Date	Problem	Comments
2024	Acute STEMI (ST elevation myocardial infarction) due to mid RCA (right coronary artery) occlusion	

Previous Medical History
Nil Entered

Inpatient Clinical Management

Clinical Progress

Thank you for your ongoing care of Robert KELLY, who is a 78-year-old patient, who was admitted into the Townsville University Hospital (TUH) into the Cardiology under the

Investigation : Chemistry 20 Analytes
Order Date : 21-Aug-2024 (Date Requested)
Order Number : 3459683177
Specimen Type : Blood
Specimen Collected : 22-Aug-2024 05:31
Investigation Status : Final

Observation	Value	Result Flag	Units	Ref. Range	Status
Sample Appearance	Clear				Final
Sodium	138	N	mmol/L	135 - 145	Final
Potassium	4.2	N	mmol/L	3.5 - 5.2	Final
Chloride	107	N	mmol/L	95 - 110	Final
Bicarbonate	28	N	mmol/L	22 - 32	Final
Anion Gap	3	L	mmol/L	4 - 13	Final
Osmolality (Calculated)	291	N	mmol/L	275 - 295	Final
Glucose	5.1	N	mmol/L	3.0 - 7.8	Final
Glucose - fasting RR	-->	N		3.0 - 6.0	Final
Urea	3.5	N	mmol/L	2.9 - 8.2	Final
Creatinine	76	N	umol/L	64 - 108	Final
Urea/Creat	46	N		40 - 100	Final
Urate	0.32	N	mmol/L	0.15 - 0.50	Final
Protein (Total)	60	L	g/L	60 - 80	Final
Albumin	31	L	g/L	35 - 50	Final
Globulin	29	N	g/L	25 - 45	Final
Bilirubin (Total)	18	N	umol/L	< 20	Final
Bilirubin (Conj.)	6	H	umol/L	< 4	Final
Alkaline Phosphatase	67	N	U/L	30 - 110	Final
Gamma-GT	50	N	U/L	< 55	Final
Alanine Transaminase	35	N	U/L	< 45	Final
Aspartate Transaminase	82	H	U/L	< 35	Final
Lactate Dehydrogenase	460	H	U/L	120 - 250	Final
Calcium	2.31	N	mmol/L	2.10 - 2.60	Final
Calcium (Alb. Corr.)	2.48	N	mmol/L	2.10 - 2.60	Final
Phosphate	0.77	N	mmol/L	0.75 - 1.50	Final
Magnesium	0.91	N	mmol/L	0.70 - 1.10	Final

Investigation : Full Blood Count
Order Date : 21-Aug-2024 (Date Requested)
Order Number : 3459683177
Specimen Type : Blood
Specimen Collected : 22-Aug-2024 05:31
Investigation Status : Final

Observation	Value	Result Flag	Units	Ref. Range	Status
Haemoglobin	137	N	g/L	120 - 180	Final
White Cell Count	7.1	N	x 10^9/L	3.5 - 11.0	Final
Platelet Count	143	N	x 10^9/L	140 - 400	Final
Haematocrit	0.41	N		0.35 - 0.51	Final
MCH	30.5	N	pg	27.5 - 34.5	Final
Red Cell Count	4.49	N	x 10^12/L	3.50 - 6.00	Final
MCV	91	N	fL	80 - 100	Final

Medications at Admission
Nil Entered

Medications at Discharge

Generic (Brand name) Strength Form	Directions	Status	Reason
Aspirin (Astrix) 100mg Tablets	Take 1 tablet in the MORNING with food	New	Prevent heart attacks, strokes, blood clotting
Atorvastatin (Atorvastatin Pfizer) 80mg Tablets	Take 1 tablet in the MORNING	New	Prevent heart attacks, strokes, lowers cholesterol
Clopidogrel (Iscover) 75mg Tablets	Take 1 tablet in the MORNING	New	Prevent blocking of stents (PCI 19.8.24)
Metoprolol (Betaloc) 50mg Tablets	Take half a tablet TWICE a day	New	Improve heart function
Ramipril (Prilace 2.5) 2.5mg Tablets	Take 1 tablet in the MORNING	New	Improve heart function
Glyceryl Trinitrate (Nitrolingual) 400mcg, 200dose Spray	Spray 1 dose under the tongue when required . Repeat after 5 minutes if required. If pain persists after a further 5 minutes, call 000.	New	Treat angina chest pain
Paracetamol (Dymadon P) 500mg Tablets	Take 2 tablets FOUR times a day when required	New	Treat pain

Medications Ceased this Admission
Nil Entered

Adverse Reactions

Agent Description	Reaction Description	Initial Reaction Date	Approx?
No Known Allergies	Nil Entered		

Alerts
No relevant alerts

Follow Up Arrangements
Nil Entered

Recommendations to GP
At discharge, these are the following plans and recommendations for your reference.
1. Advised GP follow up in 1 week and review the following
--- GP to kindly explore if the patient has any history of connective tissue diseases as appropriate
--- his right groin wound/haematoma

2. Referred for outpatient Cardiology clinic follow up in 4-6wks

3. Referred for outpatient Cardiothoracic clinic follow up in 4-6wks to evaluate for his dilated ascending aorta
--- requested to have done a CT-gated aortogram prior this clinic

4. For lifelong dual antiplatelet therapy

Kind regards,
Cardiology Team

Recommendations to Patient
Dear Robert,

The Cardiology team hopes that you are doing well after your discharge.