

**DR ANTHONY F. MARIANI AM**  
MB, BS, FRACP  
CONSULTANT PHYSICIAN AND GASTROENTEROLOGIST

All Correspondence to:  
253 MORELAND ROAD  
COBURG, VIC 3058  
TELEPHONE: 9383 5597  
FACSIMILE: 9384 1043

PROVIDER NO. 0226437L

21/08/2020  
Ref: TM/v1

Dr Y L Liew  
19 Craigieburn Road  
CRAIGIEBURN 3064

Dear Yu Long

Re: Mr Glen BAILEY DOB: 08/10/1961  
6 Highgate Retreat, Craigieburn 3064

A telephone consultation was arranged with Glen because of the COVID-19 pandemic. Thank you for having referred back Glen for further assessment. He has a past history of severe ulcerated oesophagitis with the last gastroscopy in April 2016. Currently he complains of upper abdominal bloating and discomfort, worse after meals. Blood tests recently were normal. There is a family history of colonic polyps. An FOBT had been requested.

Because of the current restrictions on elective surgery, Glen does not qualify at this point for endoscopic procedures. However, a follow up will be arranged in six to eight weeks and depending on progress and results of the FOBT, further assessment will be arranged.

Thank you for having referred Glen Bailey.

Yours sincerely

Dr Tony Mariani  
Dictated but not sighted

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Medical Consulting Rooms  
JOHN FAWKNER HOSPITAL  
267 MORELAND ROAD  
COBURG 3058  
TEL: 9385 2285

Lansdowne House  
182 VICTORIA PARADE  
EAST MELBOURNE 3002  
TEL: 9663 5011

Reservoir Private Hospital  
73-75 PINE STREET  
RESERVOIR 3073  
TEL: 9460 4833

PAGING SERVICE: 9387 1000

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Patient: BAILEY, GLENN  
Patient DOB: 8/10/1961

Patient ID: 29148  
Procedure Date: 10/05/2021

## GASTROSCOPY REPORT

Examiner: Dr ANTHONY MARIANI  
Anaesthetist: Dr Melinda Chouman

Referred By:  
MBS Code: 30473

### Indications

Heartburn/Reflux. Dyspepsia.

### Preparation

Informed consent was obtained after the risks and benefits were explained and the alternatives were outlined.

### Findings & Interventions

The endoscope was inserted to the third part of the duodenum with no difficulty. The patient tolerated the procedure well.

**Oesophagus:** There was moderate, erosive reflux oesophagitis (LA Grade B) in the gastro-oesophageal junction. There was a small, sliding hiatus hernia (Z-line at 39 cm).

**Stomach:** There was mild erythematous gastritis in the antrum.

**Duodenum:** There was mild nodular duodenitis in the 1st part of the duodenum.

### Specimens

Biopsies taken from the gastro-oesophageal junction, the gastric body, the antrum, the 1st part of the duodenum and the 2nd part of the duodenum for histology.

### Conclusion

Reflux oesophagitis.

Hiatus hernia.

Gastritis.

Duodenitis.

### Post-procedure instructions

Eradicate *Helicobacter* if present.

Antireflux RX including a PPI mane ac +/- Nizatidine 300mg nocte prn.

### Follow Up

Await histology results. Colonoscopy to follow.

Signed

Dr ANTHONY MARIANI

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D 2



Antrum



Upper body of stomach



G-O junction





Patient: BAILEY, GLENN  
Patient DOB: 8/10/1961

Patient ID: 29148  
Procedure Date: 10/05/2021

## COLONOSCOPY REPORT

Examiner: Dr ANTHONY MARIANI  
Anaesthetist: Dr Melinda Chouman

Referred By: 32222  
MBS Code:

### Indication

Lower abdominal pain and bloating.. Variable bowel habits.

### Preparation

Informed consent was obtained after the risks and benefits were explained and the alternatives were outlined. The bowel preparation was average using Picoprep x 3.

### Findings & Interventions

The colonoscope was inserted to the terminal ileum.

There is a chronic ulcer in the terminal ileum c/w ? ileitis ? cause.

Mild diverticulosis noted in the left colon.

There were small, 1st degree, internal haemorrhoids noted.

Withdrawal Time: 10 minutes.

### Specimens

Biopsies taken from in the ileum, the ascending colon, the descending colon, the sigmoid colon and the rectum for histology.

### Conclusion

Ileal ulcer.

Diverticular disease.

1st Degree Haemorrhoids.

### Post-procedure instructions

### Follow Up

Await histology results.

Follow up with GP in 2 weeks.

Follow up in my rooms in 4 weeks.

Depending on progress may require further assessment including review colonoscopy in 12 months.

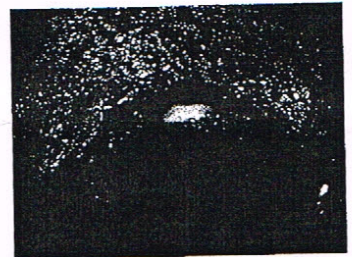
### Signed

Dr ANTHONY MARIANI

Copies To:

*[Handwritten signature of Dr Anthony Mariani]*  
*[Handwritten signature]*  
*[Handwritten signature]*

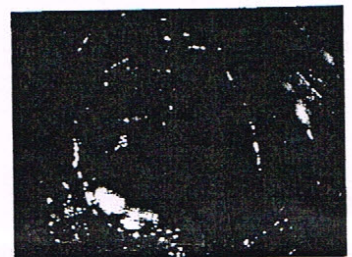
T ileum ulcer



Caecum



Prox ascending colon



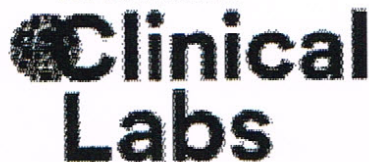
Rectum



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CLINICAL LABORATORIE Page 001



LABORATORY 3427-3420  
1868 DANDENONG RD  
CLAYTON  
Tel: 03 9538 6777

Referred: 10/05/21  
Collected: 10/05/21 NS  
Tested: 10/05/21  
Printed: 23/03/22 14:25  
Batch: 4356 1

MR BAILEY, GLENN

6 HIGHGATE RETREAT

CRAIGIEBURN 3064

DOB: 08/10/1961 (59 Y)

Ph: 039083786

UR :29148

Ref :

Lab No: 21-52543470-I

Sex :Male

REQUESTED FAX

IF ANY ENQUIRIES REGARDING

THIS FAX, PHONE: 1300 134 111

**HISTOPATHOLOGY**

REF: 2021/46737/am/ks

10/05/2021

**CLINICAL HISTORY**

Gastritis/oesophagitis. A) Duodenitis (D1). B) Ileal ulcer.

I) ?????? II) ?????? III) ?TB (?????????).

**MACROSCOPY**

- 1) "GOJ bx" - Two tissue fragments 2-3mm. All in. 1 block.
- 2) "Gastric body" - Two tissue fragments 2mm. All in. 1 block.
- 3) "Antrum" - A single fragment 6mm. Processed whole. 1 block.
- 4) "Duodenum 1" - Two tissue fragments 1-4mm. All in. 1 block.
- 5) "Duodenum 2" - Four tissue fragments 2-5mm. All in. 1 block.
- 6) "Terminal ileum" - A single fragment 3mm. Processed whole. 1 block.
- 7) "Ileal ulcer" - A single fragment 3mm. Processed whole. 1 block.
- 8) "Ascending colon" - Two tissue fragments 3-4mm. All in. 1 block.
- 9) "Descending colon" - A single fragment 3mm. Processed whole. 1 block.
- 10) "Sigmoid colon 30cm" - Two tissue fragments 3-5mm. All in. 1 block.
- 11) "Sigmoid colon 20cm" - A single fragment 1mm. Processed whole. 1 block.
- 12) "Rectum 10cm" - A single fragment 3mm. Processed whole. 1 block. jv

**MICROSCOPY**

1) The sections show squamous and glandular mucosa, with a squamocolumnar junction. The squamous epithelium shows thickening of the basal zone, with elongation and congestion of the lamina propria papillae. There are a few scattered intraepithelial lymphocytes, but neutrophils or eosinophils are not seen and there is no dysplasia.

The glandular mucosa is of non-specialised gastric type. There is foveolar regenerative atypia with intestinal metaplasia, negative for dysplasia. Intraepithelial neutrophils or Helicobacter organisms are not identified. The lamina propria contains scattered lymphocytes and plasma cells. Malignancy is not seen.

COMMENT: If the biopsy is from the oesophagus, then the appearances are consistent with Barrett's mucosa. If the biopsy is from the gastro-oesophageal junction, the features may represent cardiac gastritis with intestinal metaplasia. Gastroscopic correlation is required.

2) The sections show specialised gastric mucosa, including muscularis mucosae. The architecture appears intact and the epithelium is

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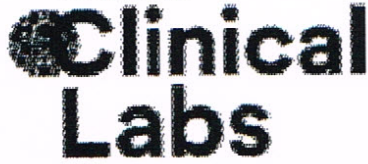
MR BAILEY, GLENN

Page: 1 of 3  
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CLINICAL LABORATORIE Page 002



LABORATORY 3427-3420  
1868 DANDENONG RD  
CLAYTON  
Tel:03 9538 6777

Referred: 10/05/21  
Collected: 10/05/21 NS  
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Printed: 23/03/22 14:25  
Batch: 4356 2

**MR BAILEY, GLENN**

6 HIGHGATE RETREAT  
CRAIGIEBURN 3064

DOB: 08/10/1961 (59 Y)

Ph: 039083786

UR :29148

Ref :

Lab No:21-52543470-I

Sex :Male

**REQUESTED FAX**

IF ANY ENQUIRIES REGARDING  
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unremarkable. Intraepithelial neutrophils or Helicobacter organisms are not identified. There is no intestinal metaplasia or dysplasia. The lamina propria contains the usual cellular population. Malignancy is not seen.

3) The sections show non-specialised gastric mucosa, including muscularis mucosae. The architecture appears intact and the epithelium is unremarkable. Intraepithelial neutrophils or Helicobacter organisms are not identified. There is no intestinal metaplasia or dysplasia. The lamina propria contains the usual cellular population. Malignancy is not seen.

4) The duodenal biopsy shows a focus of gastric heterotopia with specialised glands in the lamina propria, and overlying foveolar-lined pits. There is no active inflammation and Helicobacter organisms are not seen. There is no dysplasia or malignancy. The specialised glands show focal vacuolation of the parietal cells, suggestive of PPI therapy.

5) The sections show duodenal mucosa, including muscularis mucosae. Villus architecture appears intact, and the epithelium is unremarkable. The lamina propria contains the usual cellular population. Parasites are not identified.

6) The sections show small bowel mucosa, consistent with an origin in the terminal ileum. Villus architecture appears intact, and the epithelium is unremarkable. The lamina propria contains the usual cellular population. Parasites are not identified.

7) The biopsy is superficial, including villus tips only. The villi are slender, but two of the villus tips show a few neutrophils within the lamina propria. The epithelium is unremarkable, parasites are not seen and there is no evidence of malignancy.

8-12) The sections show large bowel mucosa, including muscularis mucosae. Crypt architecture appears intact and the epithelium is unremarkable. The subepithelial collagen plate is of normal thickness and the lamina propria contains the usual cellular population. Malignancy is not seen.

**SUMMARY DIAGNOSIS****1) GASTRO-OESOPHAGEAL JUNCTION BIOPSY**

- NON-SPECIFIC OESOPHAGEAL MUCOSAL REACTIVE CHANGES,
- GLANDULAR MUCOSA OF NON-SPECIALISED TYPE SHOWING MILD, CHRONIC,

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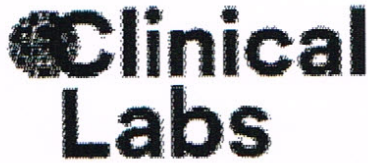
MR BAILEY, GLENN

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All Tests Complete

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CLINICAL LABORATORIE Page 003



LABORATORY 3427-3420  
1868 DANDENONG RD  
CLAYTON  
Tel:03 9538 6777

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Batch: 4356 3

MR BAILEY, GLENN

6 HIGHGATE RETREAT

CRAIGIEBURN 3064

DOB: 08/10/1961 (59 Y)

Ph: 039083786

UR :29148

Ref :

Lab No:21-52543470-I

Sex :Male

REQUESTED FAX

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INACTIVE, NON-SPECIFIC INFLAMMATION WITH FOCAL GOBLET CELL  
METAPLASIA, NEGATIVE FOR DYSPLASIA.

## 2&amp;3) GASTRIC BODY AND ANTRAL BIOPSIES

- HISTOLOGICAL FEATURES WITHIN NORMAL LIMITS.

## 4) DUODENUM 1 BIOPSY

- GASTRIC HETEROTOPIA.

## 5) DUODENUM 2 BIOPSY

- HISTOLOGICAL FEATURES WITHIN NORMAL LIMITS.

## 6) TERMINAL ILEUM

- ESSENTIALLY NORMAL ILEAL MUCOSA, CONFIRMING TOTAL COLONOSCOPY.

## 7) ILEAL ULCER BIOPSY

- SUPERFICIAL BIOPSY SHOWING FOCAL, MINOR, ACTIVE INFLAMMATION.

## 8-12) ASCENDING, DESCENDING, SIGMOID COLON AND RECTAL BIOPSIES

- HISTOLOGICAL FEATURES WITHIN NORMAL LIMITS.

Reported by Dr G. Grubb

Phone: 03 5174 0253

Email: garry.grubb@clinicallabs.com.au

13/05/2021

HI-R

Ref. by Dr. ANTHONY MARIANI, 0226431

MR BAILEY, GLENN

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All Tests Complete