

DATE	HISTORY SHEET (Continuation) (Each entry must be signed)	Hospital No. Surname First Names	GRO-A
4/2/98	<p>might help.</p> <p>If the ① leg is possibly related to his prostate problem then a CT pelvis might be helpful to see if there is bone spread/metastasis.</p> <p>He will need a bone scan, Post &amp; type Met.</p>		
	<p>I would suggest 1002 fluid aspirate for the next couple of days</p>		GRO-C
5/2	<p>Thank-you</p> <ul style="list-style-type: none"> <li>- I was awaiting X-rays &amp; had isoenz before ordering bone scan</li> <li>- lytic lesion in Lt. humerus - <del>metastasis</del></li> <li>- in pelvis - sclerotic lesions x 2.</li> <li>- ATR photo. isoenz - still outstand</li> <li>- CXR - need to compare to previous but poss. infiltrates Rt. heart border &amp; Rt. Cx in region - like multiple peripheral cannon balls!</li> <li>- Pt. is Q - altho' internal advanced urine is dried/dil blood staining in tube.</li> <li>- give same 8Y to pre-post levels</li> <li>- Rx dose = 1000 u</li> <li>- otherwise he'll get blocked off again</li> </ul>		
	<p>Bone scan now booked - as evidence of lytic &amp; sclerotic lesions in liver</p>		GRO-C
	<p>More worrying &amp; less in keeping to prostatic metastases are possible 'cannon ball' like lesions in chest ? renal.</p>		84
	<p>∴ CT Chest / Abdo / Pelvis.</p>		GRO-C

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	<p>Referred to Kathy Piggott team who will review image          ∴ d/w pt. this pm.</p> <p>1811          d/w his daughter at work - so she knows          can plan WTE leave &amp; leg bag catheter.</p>
<p>5/2          5 pm</p>	<p>HB ↓ 9.7 / 5.7 / 129 ↓          4.3 ESR - 50</p> <p>PSA 1607 K<sup>+</sup> 2.9</p> <p>pre VIII - 18          post 56</p> <p>Plan - prophylaxis x3/wk &amp; cath in situ</p>
	<p>Bone scan this pm. Echo confirms mild MR</p>
<p>6/2/98</p>	<p>Cannulation Team          large 20G Arterioth inserted in @ Hand          Thru skin</p>
<p>6/2/98          1030</p>	<p>SB Dr Piggott</p> <p>unruly sv longstanding &amp; nocturnal</p> <p>back pain more recent (predating admission by 2 hrs)</p> <p>bone scan 5/24/98          CT today</p>
	<ul style="list-style-type: none"> <li>- When I d/w Mr Hooper - that he has high chance of ca's prostate</li> <li>- will probably need TACE for management system</li> <li>- d/w Mr Hooper when tx hormonal in nature</li> </ul>