
EXHIBIT WIT3175002

Exhibit (A) King's
Referral Letter

AL/tl/063807

DEPARTMENT OF GASTROENTEROLOGY

DR ANDY LI, Secretary ext. **GRO-C**
DIRECT FAX **GRO-C**

Clinic: 29 May 2009
Typed: 9 June 2009

Professor John O'Grady
Consultant Hepatologist
King's Liver Unit
Kings College Hospital
Denmark Hill
LONDON
SE5 9RS

Dear John

Vincent BAKER, DOB= **GRO-C** NHS No: 4842074914
GRO-C

Please could you arrange for this gentleman to be seen in the liver transplant assessment clinic. He is a 45-year-old gentleman who until August 2008 was drinking very heavily. Since then he has become teetotal. As far back as 2006 it seems that he had already had hepatosplenomegaly but had not got as far as a gastroenterology clinic. My first contact with Mr Baker was on 10th February 2009 when he presented with oesophageal variceal bleeding. Since then he has undergone successful variceal banding and the varices were not visible on endoscopy on 10th March. He has also ascites which is currently controlled by Spironolactone 200mg in the morning and 100mg at night. He has also been found to be Hepatitis C positive although it is unclear as to where he contracted this virus from. His latest serum albumin is 25, INR 1.16. He is known to get confused with encephalopathy when he was treated for Cellulitis on the last month.

On ultrasound his portal vein is patent. He has an irregular contour to his liver which is enlarged and he has an enlarged spleen.

In summary Mr Baker has hypertension, probable Hepatitis C and alcohol induced liver cirrhosis admittedly not histologically proven. I feel that your expertise is warranted.

Yours sincerely

Dr Andy Li
Consultant Gastroenterologist
GMC Registration 4029100