
EXHIBIT WIT3175008

Exhibit C

Sandwell and West Birmingham Hospitals



NHS Trust

Sandwell General Hospital
Lyndon
West Bromwich
West Midlands
B71 4HJ

16th April 2009

Tel: 0121 553 1831
Fax: 0121 607 3117
www.swbh.nhs.uk

To Dr Lee
Consultant Gastroenterologist
Worthing Hospital

Re:

Vincent Baker
RXK 4404610

GRO-C

GRO-C

Dear Dr Lee,

Many thanks for accepting the above patient as an in-patient hospital transfer from Sandwell. As you know he has past medical history of Alcoholic liver disease, ascites and previous banding for oesophageal varices. He was admitted to Sandwell Hospital on 09/04/2009 following RTA. He was found to be jaundiced and confused. He was encephalopathic and found to have left thigh cellulitis which could have probably contributed to decompensation. He was treated with IV Tazocin, lactulose and phosphate enema. His condition improved significantly with good resolution of cellulitis. He was found to be hepatitis C positive on screening tests and we were not sure if you were aware of this result.

Investigations:

CXR- Mild heart failure

Bloods- Hb: 9.8 WCC: 7.7 Platelets: 92 INR 1.16

U&E -NORMAL

LFT'S - Bil-50, Alb-25 Alk phos-186 and ALT-57

Ascitic fluid-No SBP

Hepatitis C positive

Current Medications

Lactulose 20mls tds

Nicorette 5mg patch OD

Spiranolactone 200mg(am) and 100mg(pm)

Propranolol 20mg TDS

Vitamin Bcostrong

Thiamine 100mg OD

Lansoprazole 15mg OD

Loratidine 10mg at night

Ferrous Fumarate 210mg BD

Flucloxacillin 1gm QDS



A University of Birmingham Teaching Hospital

Sandwell and West Birmingham Hospitals



NHS Trust

Sandwell General Hospital
Lyndon
West Bromwich
West Midlands
B71 4HJ

His condition is stable and will be transferred to Worthing on the 17th April 2009

Ph: 0121 553 1831
Fax: 0121 607 3117
www.swbh.nhs.uk

Many thanks for your help

GRO-C

Dr Hari Padmanabhan
Spr to Dr Cobb



A University of Birmingham Teaching Hospital