



Business Services
Organisation

Directorate of Legal Services

— PRACTITIONERS IN LAW TO THE
HEALTH & SOCIAL CARE SECTOR —

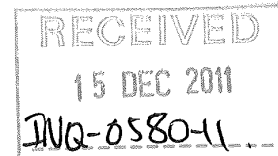
2 Franklin Street, Belfast, BT2 8DQ
DX 2842 NR Belfast 3

Your Ref:
BC-0088-11

Our Ref:
NSC B04/1

Date:
15.12.11

Mrs Bernie Conlon
Secretary to The Inquiry
41 Arthur Street
Belfast
BT1 4GB



Dear Bernie

RE: Inquiry into Hyponatraemia Related Deaths

I refer to the above and your letter of 6th December 201 (BC0088-11) and now enclose one disc containing the following images:

1. CT scan dated 23.10.96
2. Chest x-ray dated 23.10.96-3.05am
3. Chest x-ray dated 23.10.96-7.15am

I also enclose a copy of the CT scan request form (both sides), a further copy of the CT scan report (090-033-11) filed on an x ray report card and a copy of the chest x-ray report (090-033-11).

Yours faithfully

Joanna Bolton
Solicitor Consultant

Providing Support to Health and Social Care



ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Surname and First Names Roberts Claire		Mr. Mrs. Miss Y	Age 10-1-87	Hospital No.
Address [REDACTED]		Ward or Dept.		
Occupation [REDACTED]		Physician or Surgeon		
Clinical Diagnosis				
Relevant History, clinical findings and previous operations Mental handicap. Usually active and alert, walking and very dally. Proxys for last 16 hrs? cause.				
Radiological information required Respiratory arrest at 3 AM. Severe cerebral oedema. Pupils fixed + dilated.				
Patient	Bed	Trolley	Chair	Walking
Signature Berthelot			Date 23/10/84	
PLEASE ENSURE THAT ALL PREVIOUS FILMS ACCOMPANY THE PATIENT				
FOR DEPARTMENTAL USE				
Previous X-Ray	Yes	No	Previous No's.	
Appointment for examination of		at a.m. on p.m.		
Date of Request:		X-RAY REQUEST FORM		

REPORT MOUNT SHEET

**X-RAY ENVELOPE
ONLY**

SURNAME

NAME

HOSPITAL No.

D.O.B.

(Consent forms to be affixed to back of sheet)

AFFIX PATIENT'S IDENTIFICATION LABEL HERE

12		↑
11		↑
10		↑
9		↑
8		↑
7		↑
6		↑
5		↑
4		↑
3		↑
2		↑

ply forms from the bottom upwards

R.B.H.S.C.
DR HE STEEN
DR MI MCMILLAN

SURNAME ROBERTS
FORENAME(S) CLAIRE
CASENOTE CH 328770
D.O.B./SEX 10-JAN-87 FEMALE
DATE TYPED 23-OCT-96 MG

CAT SCAN OF BRAIN 23-OCT-96 13:07
Diagnostic Code 13.862

There is generalised cerebral swelling with effacement of the cortical sulci as well as the basal cisterns and the third ventricle. No focal lesion has been identified.

M.H.S.LOVE RADIOLOGIST RADIOLOGICAL REPORT
23-OCT-96 NEURO XRAY R.V.H.
CAT SCAN OF BRAIN

1982150



NOVA REFLECT

Intensive Care Unit
DR P. CREAM
DR MI MCMILLAN

CH 328770
ROBERTS, CLAIRE
CH 328770

SURNAME ROBERTS
FORENAME(S) CLAIRE
CASENOTE CH 328770
D.O.B./SEX 10-JAN-87 FEMALE
DATE TYPED 23-OCT-96 SC

CHEST 23-OCT-96 07:15
Diagnostic Code 60.212

(2 and 3) There is patchy consolidation in the mid and upper zones on both sides, slightly more extensive in examination 2. An ETT is in position with the tip at the thoracic inlet and in film 3 an IV line is present with the tip in the SVC.

P.S. THOMAS RADIOLOGIST RADIOLOGICAL REPORT
23-OCT-96 RBHSC - BELFAST
CHEST

X-RAY