HSC 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

WNC 771/OS 2132

ROYAL BELFAST HOSPITAL FOR SICK CHILDREN

Surname and First Names	Mr. Mrs. Miss	Age	Hospital No.
Roberts Claire ♀ 10-1-87			

Address [redacted] Ward or Dept.

Occupatio[redacted] Physician or Surgeon

Clinical Diagnosis

Relevant History, clinical findings and previous operations Mental handicap. Usually active and alert, walking and very chatty. Drowsy for last 16 hrs ? cause.

Radiological information required Respiratory arrest at 3AM 2 cause ? Severe cerebral oedema. Pupils fixed + dilated. CT brain

Patient | Bed | Trolley | Chair | Walking

Signature Bartholomew Date 23/10/87

PLEASE ENSURE THAT ALL PREVIOUS FILMS ACCOMPANY THE PATIENT

FOR DEPARTMENTAL USE

Previous X-Ray | Yes | No

Previous No's.....

X-Ray No.

Appointment for examination of.....at..... a.m. p.m. on.....

Date of Request:

X-RAY REQUEST FORM

Date	17 x 14	15 x 12	14 x 14	15 x 6	12 x 10	10 x 8	8 x 6	6 x 4	Occl.	Dental	Others

Number	Date	Radiographer's Remarks	Signature
		- severe hemispheric swelling c̄ complete effacement of III / basal cisterns - no midline shift : no focal mass - no haemorrhage. PTK. Vou⊗ Inj: 3— 15 Top mod16 125micGy.	

ADDITIONAL NOTES

MR/7/1

REPORT MOUNT SHEET

X-RAY ENVELOPE ONLY

(Consent forms to be affixed to back of sheet)

SURNAME

NAME

HOSPITAL No.

D.O.B.

AFFIX PATIENT'S IDENTIFICATION LABEL HERE

12	
11	
10	
9	
8	
7	
6	
5	
4	
3	
2	

apply 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