J Watkins Consultant Physician
Department of Cardiology NHS TRUST



St Marys Hospital Milton Road PORTSMOUTH PO3 GAD

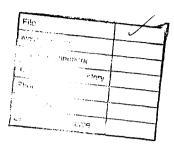
Tel: 01705 286000

HASLAR CLINIC

CLINIC TAPE RECEIVED 12 FEBRUARY 1999 3 MARCH 1999 4 MARCH 1999

RAJ/TMB/G098452

Dr Knapman 148 Forton Road Gosport PO12 3HH



Dear Dr Knapman

NORMA WINDSOR Code A

I apologise for the delay in this letter, my first tape of dictation was lost and thus I have re-dictated.

I was pleased to review this 67 year old lady who suffered a myocardial infarction in November of last year. She has been generally well since with very little in the way of angina. I also note she had chronic lymphatic leukaemia diagnosed in February 1998 and is under the continuing care of Dr Cranfield for this. I also note her urtcarial skin rash of uncertain origin, has now improved considerably. considerably.

Her treatment includes Aspirin, Atendol 100mgs od, Quinapril 5mgs od, Isosorbide Mononitrate 40mgs od and Cetirizine 10mgs od.

On examination she was well. She is a thin and well lady and the rash is now fairly quiescent. There were no significant cardiac findings. $\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \left(\frac{1}{2} \int_{-\infty}$

As regards her risk factors she is an ex-smoker. I was not sure of her cholesterol today but would suggest that this is below $5.0~\rm post$ myocardial infarction.

As she is pretty asymptomatic I am arranging exercise testing in the first instance. If this demonstrates significant ischaemia we will proceed to cardiac catheterisation. I shall report to you after I have seen the result of the exercise test.

With best wishes, kind regards.