

12th September 2018

Dear Doctor,

Re: Mr Mark Green

Thank you for agreeing to see Mr Green. He is a 61-year-old male who has presented with a 4-month history of persistent cough and increasing dyspnoea. He has features suggestive of a Pancoast tumour, shoulder pain in the distribution of T1, small muscle wasting in his right hand and ipsilateral Horner's syndrome. Mr Green does not have haemoptysis, weight loss or features of paraneoplastic syndrome.

Mr Green has a 46-pack year smoking history, and continues to smoke 1 pack per day. He does not partake of alcohol.

On examination Mr Green has notable Horner's syndrome and small muscle wasting in his right hand. He also has some subtle clubbing. Auscultation of the chest was unremarkable.

Mr Green was investigated with a chest x-ray, which demonstrated an opacity obscuring the right lung base. His subsequent CT showed a large mass in right lung apex, which is invading into the chest wall.

Mr Green's medical history includes mild COPD, last spirometry was reported with an FEV1 76% predicted, and atrial fibrillation.

It is my impression that Mr Green has a right apical lung tumour. I would appreciate your assistance in the further investigation and management of Mr Green.

Thank you,

Michelle Guppy