

OET Case Notes

Radiography · Intermediate · Referral letter · to Radiologist

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Radiography — Referral for a CT Abdomen in a Patient with Unexplained Weight Loss

THE CASE NOTES

Patient: Mr Colin Brady, 66 years old; retired postal worker

Presenting complaint: Unexplained weight loss 8 kg over 3 months; dull periumbilical pain (NRS 3/10); change in bowel habit — looser stools for 6 weeks; reduced appetite

Examination: Mild periumbilical tenderness on palpation; no palpable mass; no hepatomegaly; no jaundice; no lymphadenopathy

Investigations: CEA 18.5 ng/mL (significantly elevated; normal <5); FBC: mild anaemia (Hb 108 g/L, MCV 74 — microcytic); CRP 22 (mildly elevated)

Bowel history: No previous colonoscopy; no family history of bowel cancer (patient knows); not on aspirin or NSAIDs; last bowel cancer screening FIT test negative (3 years ago)

Social history: Non-smoker; drinks 12 units/week; wife reports he has seemed fatigued and uncharacteristically anxious

Requested investigation: Urgent CT abdomen and pelvis with contrast — to investigate for possible colorectal malignancy or other abdominal pathology causing the weight loss, CEA elevation, and anaemia

Task: Write a referral letter to the radiology department requesting the CT scan, providing the clinical information needed to prioritise the request and conduct the study safely.

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WHAT TO INCLUDE

- + **Weight loss 8 kg over 3 months, change in bowel habit, and microcytic anaemia — together**
These three findings together constitute the red-flag cluster for colorectal cancer under NICE urgent referral guidance. The radiologist needs to understand the clinical urgency is based on a symptom cluster, not just one finding.
- + **CEA 18.5 ng/mL significantly elevated (normal <5)**
A markedly elevated CEA in the context of weight loss, anaemia, and change in bowel habit is the single most important investigation result that upgrades this to urgent. The radiologist uses this to triage the imaging request.
- + **That the scan is requested with contrast and the clinical question being asked**
The radiologist must know whether to use contrast and what clinical question to address. 'CT abdomen and pelvis with IV contrast to investigate for possible colorectal or other abdominal malignancy' is the minimum specification.

WHAT TO LEAVE OUT

- **The social history and the wife's observations**
Not relevant to the radiology request. The radiologist does not use alcohol consumption or the wife's concerns to conduct or report the CT scan.
- **The negative FIT test from 3 years ago**
A point of historical context, but a negative FIT 3 years ago does not reduce the urgency of a current CEA of 18.5 with red-flag symptoms. Including it risks being read as a reason to downgrade urgency, which is the opposite of the clinical intent.

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CRITERION IN FOCUS · PURPOSE

A radiology referral letter must state the clinical question, not just the test requested. 'Please arrange CT abdomen' is incomplete; 'CT abdomen and pelvis with IV contrast to investigate for possible colorectal malignancy in the context of unexplained weight loss, elevated CEA (18.5), and microcytic anaemia' is the professional standard. The radiologist uses the clinical question to determine the scan protocol and to frame their report.

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