Nephrologist

Key Findings

- Marked hydronephrosis and hydroureter in the right kidney.
- Stable mild pelviectasis in the left kidney.
- Direct LDL cholesterol is high at 100.39 (near to above optimal).
- Elevated triglycerides at 168.0 (borderline high).

Identified Risks And Concerns

- Risk of obstructive uropathy due to right hydronephrosis and hydroureter.
- Possibility of renal function impairment if obstruction is not alleviated.
- Cardiovascular risk due to elevated LDL and triglycerides.

Cross Speciality Interaction

- Urologist

Recommended Further Tests Or Consultations

- Consultation with a urologist to evaluate cause of hydronephrosis and hydroureter.
- Repetition of CT scan of the abdomen and pelvis with and without contrast for further evaluation of hydronephrotic changes as suggested.

Potential Treatment Suggestions

- Consider ACE inhibitors if proteinuria or hypertension is noted upon further evaluation.
- Dietary modifications to address elevated cholesterol and triglycerides.
- Monitor renal function and blood pressure closely.

Gastroenterologist

Key Findings

- Triglyceride levels are high at 168.0 mg/dL, above the normal range of <150.
- Direct LDL is slightly elevated at 100.39 mg/dL, categorized as Near to above Optimal.
- CT scan reveals mild prominence of the biliary ducts in the left hepatic lobe.

- Postoperative changes from previous Whipple procedure with dilation of the pancreatic duct in the body and tail.

Identified Risks And Concerns

- Potential bile duct obstruction indicated by dilation of the biliary ducts.
- Risk of pancreatic exocrine insufficiency due to ductal dilation and history of pancreatectomy.
- Possible recurrent bile duct or pancreatic issues related to Whipple procedure history.

Cross Speciality Interaction

- Urologist
- Radiologist

Recommended Further Tests Or Consultations

- Further evaluation of pancreatic function using pancreatic enzyme tests (amylase, lipase).
- MRI cholangiopancreatography (MRCP) to assess biliary and pancreatic ducts.
- Consultation with a urologist regarding the marked hydronephrosis and hydroureter in the right kidney.

Potential Treatment Suggestions

- Regular monitoring of lipid levels and consideration of dietary changes to lower triglycerides.
- Close follow-up with imaging to monitor changes in the biliary and pancreatic ductal systems.
- Lifestyle modifications to manage lipid levels, including reducing dietary fat intake and increasing physical activity.

Orthopedic Surgeon

Key Findings

- Marked S-shaped scoliosis of the thoracolumbar spine noted on CT scan.
- No lymphadenopathy or metastatic bony lesions observed on imaging.

Identified Risks And Concerns

- Risk of spinal deformity progression due to scoliosis.
- Potential impact on posture and gait from S-shaped scoliosis.

Cross Speciality Interaction

- Radiologist
- Neurologist

Recommended Further Tests Or Consultations

- MRI of thoracolumbar spine to assess spinal cord involvement and soft tissue condition.
- Consultation with a spinal specialist to evaluate scoliosis severity and potential interventions.

Potential Treatment Suggestions

- Physical therapy and specific exercises to improve posture and manage scoliosis-related symptoms.
- Monitor scoliosis progression with periodic imaging.
- Consider bracing if scoliosis is progressing significantly, especially if patient is still growing.
- Surgical consultation may be warranted if scoliosis is severe and symptomatic.

Cardiologist

Key Findings

- Total cholesterol is 189 mg/dL, which is within the desirable range.
- Triglyceride levels are elevated at 168 mg/dL (borderline high).
- Direct LDL is slightly elevated at 100.39 mg/dL (near optimal to above optimal).
- HDL cholesterol is at 60 mg/dL, which is considered protective high.
- CHOL/HDL ratio and LDL/HDL ratio are well within acceptable limits.
- CT Scan reveals marked hydronephrosis in the right kidney.

Identified Risks And Concerns

- Elevated triglyceride levels indicate a risk for cardiovascular disease.
- Slightly elevated LDL levels, though considered near optimal, need monitoring as part of lipid management.

Cross Speciality Interaction

- Nephrologist

Recommended Further Tests Or Consultations

- Consult with a nephrologist for the management of hydronephrosis and its potential renal impacts.
- Consider repeating lipid profile in 6 months to monitor VLDL and triglyceride levels.

Potential Treatment Suggestions

- Encourage dietary modifications to reduce triglycerides, such as reducing intake of sugars and refined carbohydrates.
- Maintain or increase physical activity to help improve lipid profile.
- Regular monitoring of blood pressure due to potential vascular implications from current findings.