

Gender: Female

Age: 52

MRN: 719630

Diagnosis: Chronic viral hepatitis C

History and Physical:

Patient Name: Rehana Bibi

Age/Gender: 50 years, Female

Diagnosis: HCV-related DCLD with HCC, Post Liver Transplant

Location: Lahore

Date: 01-02-23

Doctor: Good morning, Rehana. How are you feeling today?

Patient: Ive been feeling quite weak and dizzy, and Ive had some nausea.

Doctor: Can you tell me more about your history? Have you had any bleeding or other issues?

Patient: Yes, Ive had some bleeding per rectum due to hemorrhoids, but thats been an ongoing issue related to constipation.

Doctor: I see. Let me check your vitals. You seem stable for now. Your weight is 68 kg, and your abdomen is soft, non-tender with an umbilical hernia.

Patient: Im concerned about my liver condition. Ive had ascites for the past month.

Doctor: I understand. Your last liver function tests were done on 14th February. Let me go over the results:

Hemoglobin: 9

Platelets: 71,000

ALT: 29, AST: 42

Bilirubin: 2.28

Albumin: 1.9

Creatinine: 0.7

Sodium: 139

Potassium: 4

AFP: 8.17

Patient: What does this mean for my treatment?

Doctor: Based on these results, your liver is showing signs of cirrhosis and ascites. Weve started you on Velpaget for your HCV relapse, and well monitor your progress closely. I also recommend some medications for symptom management like spironolactone and omeprazole.

Patient: Im on spironolactone, but Im worried about the side effects.

Doctor: We will adjust your medications if needed. Youre also scheduled for some follow-up tests to assess liver function further, and well consider liver transplant options.

Date: 03/03/23

Doctor: Lets go over your CT scan results. The CT shows a single 1.1 cm HCC in segment VI, but no tumor thrombosis. How are you feeling today?

Patient: Im feeling a bit better, but Im still weak. The dizziness persists.

Doctor: Understood. The good news is that your liver has some cirrhotic changes, but we will

continue managing your ascites with diuretics. Weve already discussed potential liver transplant options with your daughter, though her BMI is a bit high.

Patient: Yes, shes willing to be the donor.

Doctor: Thats great to hear. Well proceed with testing her blood group and make sure shes a suitable donor. For now, lets continue your medications and manage your symptoms.

Date: 03/04/23

Doctor: How are you feeling today, Rehana?

Patient: Im still feeling weak, but theres no new pain or discomfort.

Doctor: Lets review your recent lab results:

Urea: 28

Creatinine: 0.9

Sodium: 122

Potassium: 5.6

Total Bilirubin: 1.7

Patient: My abdomen feels okay today. No signs of ascites.

Doctor: Thats good to hear. Weve scheduled a follow-up in two weeks, but well continue your medications for now. Lets also check on your hemorrhoids and consider a referral to a GI surgeon for further treatment.

Date: 18/04/23

Doctor: Rehana, your recent test results show that the liver transplant is the best option for you. Your daughter is still interested in being a donor, although she has a BMI of 30.3.

Patient: Yes, shes willing, but Im a bit worried about the BMI issue.

Doctor: Well take care of that. Weve also referred you to Dr. Tauseef for the next steps in the transplant process. The good news is your HCV has been under control. Youve been on DAAs, and well continue the process based on your test results.

Date: 23/05/23

Doctor: Lets look at your recent results. How are you feeling today?

Patient: I feel a bit better, though still weak.

Doctor: The last EGD was done on 12/05 due to some melena, and it showed gastric erosions.

Patient: Ive had some abdominal discomfort.

Doctor: Well adjust your medications accordingly. Youll continue on Movicol, Surbex-Z, and other supportive meds. Lets plan to repeat the CT scan and AFP in three months.

Date: 30/05/23

Doctor: How are you feeling today, Rehana?

Patient: I still feel some general weakness, and I have some discomfort in my abdomen.

Doctor: On examination, your abdomen is soft, non-tender, and not distended. Your liver condition seems stable. Youve had mild ascites, but theres no need for tapping. I recommend continuing with spironolactone, Movicol, and Surbex-Z. Well follow up in four weeks.

Date: 05/06/23

Doctor: Lets discuss the next steps for your liver transplant. Your recent medical check-up is clear, and your workup is complete. Your daughter remains a potential donor, but we will need to evaluate her BMI further.

Patient: Yes, I understand. Im ready for the transplant process to move forward.

Doctor: Well continue with the current management plan and schedule a follow-up for your transplant date after your daughters exams.

Date: 26/07/23

Doctor: Rehana, its great to see you post-transplant. How have you been feeling?

Patient: Ive been feeling okay, but Im having shortness of breath and difficulty swallowing solid food.

Doctor: Well adjust your medications accordingly. Your liver biopsy shows no vascular invasion, and your transplant seems to be progressing well. Well continue monitoring you closely. 27/11/2024

Follow-up Visit

Status Post: LDLT Recipient

Indication: HCV/DCLD/HCC

Date of Surgery (DOS): 07/07/23

Post-operative Period: 16 months

Status Post Mesh Hernioplasty for Incisional Hernia on 22/10/24

Postoperative Day: 35 days

Active Issues: Wound infection (discharge from wound), gapping wound

Current Medications:

Tacrolimus 1mg, oral, twice daily

Entecavir 0.5mg, oral, once daily

Sofosbuvir + Velpatasvir 400/100mg, oral, once daily

Amlodipine + Valsartan 5/80mg, oral, once daily

Investigations:

USG Abdomen (12/11/2024): Liver indices normal. The transplanted liver demonstrates normal parenchymal echotexture with smooth margins. No focal liver lesion or intra/extrahepatic biliary dilatation noted.

Collections: Mild subcutaneous edema along the right anterior abdominal wall. A multiseptated collection (30-40 ml) deep to the right lateral surgical scar. Another multiseptated collection (130-150 ml) extending to the left hemi abdomen.

Chest X-Ray (12/11/2024): No collapse or consolidation. Left basilar atelectasis noted. Cardiomedial contours normal. Trachea central.

Lab Results (12/11/2024):

Hb: 9

WBC: 9.71

Platelets: 223

Total Bilirubin: 1

Direct Bilirubin: 0.39

ALT/AST: 20/16

Alk. Phos.: 128

Albumin: 3.35

Creatinine: 1.12

Na+: 138

K+: 4.31

INR: 0.99

Tacrolimus Levels: 8.02 (1/11/2024)

Wound Culture (12/11/2024): Growth of Methicillin-resistant *Staphylococcus aureus*.

Urine Culture (12/11/2024): Mixed bacterial growth

Consultation:

Dr. Ihsan ul Haq / Dr. Aqsa

Wound examined, granulation tissue observed.

Plan:

Oxoferin solution soaked dressing, bid

Send LFTs

Consult Infectious Diseases

Follow-up in Liver Transplant Clinic in 3 weeks

04/12/2024 HPB and LTx Follow-up Visit

Status Post: LDLT Recipient

Indication: HCV/DCLD/HCC

Date of Surgery (DOS): 07/07/23

Post-operative Period: 16 months

Status Post Mesh Hernioplasty for Incisional Hernia on 22/10/24

Postoperative Day: 1.5 months

Active Issues: Wound infection (discharge from wound), gapping wound

Consultation (Infectious Disease - Dr. Memoona 04/12/2024):



Take Clindamycin 600 mg, oral, TID for 10 days

Fucidin / Mupirocin Gel, bid for 5 days

Investigations:

USG Abdomen (12/11/2024): Normal liver indices, transplanted liver with normal parenchymal echotexture, no focal lesions, no biliary dilatation.

Collections: Mild subcutaneous edema, multiseptated collections (30-40 ml and 130-150 ml) near surgical scars.

Chest X-Ray (12/11/2024): No collapse or consolidation, left basilar atelectasis, normal cardiomeastinal contours, central trachea.

Plan:

Open healing wound with no pus discharge

Continue dressing at home

Follow Infectious Disease advice

Antibiotics: Clindamycin 600 mg, oral, TID for 10 days

Follow-up in 1-1.5 months in clinic or earlier if symptoms worsen

28/01/2025 HPB and LTx Follow-up Visit

Status Post: LDLT Recipient

Indication: HCV/DCLD/HCC

Date of Surgery (DOS): 07/07/23

Post-operative Period: 18 months 20 days

Status Post Mesh Hernioplasty for Incisional Hernia on 22/10/24

Postoperative Day: 3 months 6 days

Active Complaints:

Mild purulent discharge from surgical site for 1 week

Consultation (Infectious Disease - Dr. Furqana 28/01/2025):

Clindamycin 300 mg, oral, TID

Fusidic acid cream for topical application

Ultrasound abdomen

Investigations:

USG Abdomen (28/01/25): Borderline enlarged fatty liver. Two small focal collections in supra-umbilical and infra-umbilical regions with an adjacent fistulous tract extending to the skin.

Chest X-Ray (12/11/2024): Same findings as prior visit.

Plan:

Continue medical treatment

Daily dressing

Encourage weight loss

Follow-up in 6 months with CBC, LFTs, RFTs, electrolytes (including magnesium), PT/INR, and tacrolimus levels

Follow Infectious Disease advice and start Clindamycin as prescribed