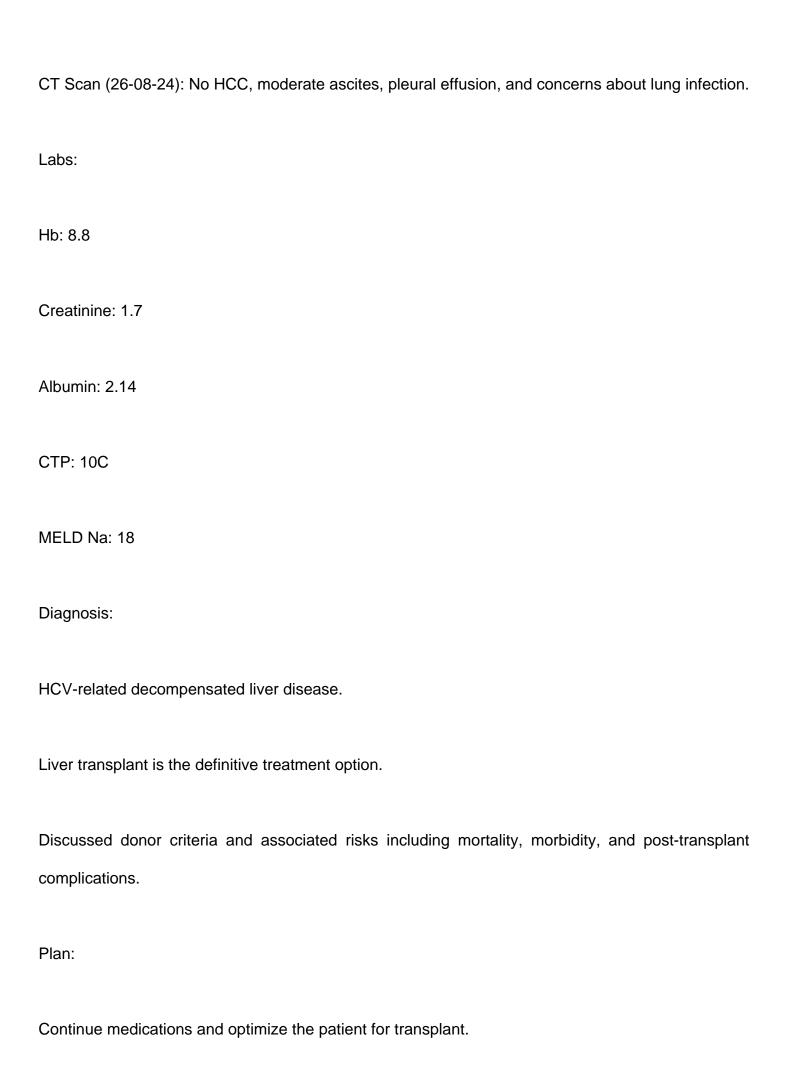


The patient will come tomorrow with a donor.
Doctor:
I'll be following up on this, and well discuss the transplant process more when we see the donor.
23-08-2024: Initial Nephrology Visit
Patient:
Doctor, I came today for your opinion on the triphasic CT scan. My creatinine is 1.8.
Doctor:
It looks like we can proceed with the CT scan, but youll need IV hydration first. You should get 100
ml normal saline in one hour before the contrast, followed by 100 ml per hour for the next 4 hours.
Doctor:
After the CT, well repeat your creatinine levels in 3 days.
03-09-2024: HPB & LTX Clinic
Patient:
Doctor, I've been having abdominal distension and orthopnea. Ive had these symptoms for a while
now.
Doctor:
I see, you were diagnosed with HCV in 2006 and treated with DAAs for 6 months. You've achieved
SVR. From July 2024, your ascites became diuretic-resistant, and you had an ascitic tap for relief.
Now you're seeking a liver transplant opinion.

Doctor:
Youve had two episodes of portal-systemic encephalopathy (PSE) and no significant jaundice or
hematemesis. Your last ascitic tap was on 02-09-2024, and we took 2L of fluid.
Doctor:
Youve also had significant weight loss, but no blood transfusions, fever, or night sweats.
Review of Medical History:
Hypertension
No prior surgeries
On current medications including rifaxamine, aminoliban powder, lactulose syrup, and carvedilol.
The family history includes diabetes in your older brother and hypertension in your younger brother.
Examination:
Conscious, well-oriented, GCS 15/15.
Abdomen: Soft, non-tender, distended.
Investigations:
Ultrasound (26-06-24): Chronic liver changes, splenomegaly, severe ascites, cholelithiasis.



Family was informed about the risks of living donor liver transplant, including potential complications

and the need for lifelong immunosuppressants.

26-09-2024: Gynaecology Clinic

Patient:

Im here for a follow-up regarding my liver transplant candidacy.

Doctor:

We reviewed your medical history. Youre post-menopausal, and your ultrasound shows no significant pelvic pathology.

Doctor:

Your liver transplant candidacy is still under review, and were considering your cardiovascular status as well.

03-10-2024: Right Heart Catheterization

Patient:

I had the heart catheterization today. What are the results?

Doctor:

The catheterization and coronary angiogram came back normal. Youre at low risk for major adverse cardiovascular events during elective non-cardiac surgery, so were clear to proceed with liver transplant surgery after optimizing your thyroid levels.

Plan:
Continue with the liver transplant evaluation and treatment optimization.
15-10-2024: Follow-up Visit
Patient:
Ive been testing positive for COVID-19, so my liver transplant evaluation was delayed.
Doctor:
Yes, weve postponed your transplant evaluation for now. Your workup is completed, but well need
to re-evaluate your condition once your COVID status clears.
Plan:
Continue monitoring your symptoms and complete your evaluation once youre cleared.