

Gender: Male

Age: 65

MRN: 724329

Diagnosis: Chronic viral hepatitis C

History and Physical:

Patient: Muhammad Shafique

Age: 66 years

Gender: Male

Marital Status: Married

Children: 7

Occupation: Businessman

Location: Rawalpindi

Visit Date: 18th April 2023

Doctor: Dr. Faisal Dar / Dr. Sadia

Son Muhammad Nasir (Son of Muhammad Shafique): "We are here to discuss my father's case. His workup for LDLT has been completed at Shifa Hospital."

Doctor: "Okay, let me go over his medical history. He has a history of HCV/CLD/HCC diagnosed 5 years ago. He has completed treatment and achieved sustained viral response (SVR), with the last PCR test showing no detectable virus."

Medical History:

HCV Diagnosis: 5 years ago

Treatment: Experienced, SVR achieved

Last PCR: Not detected

Decompensations:

Hematemesis (2014)

Melena (UGIB)

Diuretic-sensitive Ascites (2017)

PSE: Nil

Jaundice: Nil

Doctor: "His last OGD with/without EVBL was done in 2014. His weight loss is not present, and there have been no major decompensations in recent years."

Imaging:

CT (21-Dec-2022): Indeterminate right upper lung nodule.

HRCT (27-Mar-2023): Interval development of tree-in-bud and nodular infiltrates in the bilateral upper lobes, s. lingula, and left lower lobe. Likely infective etiology.

MRI Liver (29-Dec-2022): CLD with an arterially enhancing lesion in segment 5/7, suggestive of HCC.

MRI Liver (5-Mar-2023): Increase in size of segment 5 HCC from 1.2 x 0.7 cm to 4 x 2 cm, with no new lesions or vascular thrombus.

Doctor: "The MRI shows an interval increase in the HCC size. We need to monitor the lesion closely and ensure there's no vascular invasion or further complications."

Lab Results (15-Mar-2023):

HB: [Value missing]

TLC: [Value missing]

PLT: [Value missing]

T. Billi: 0.45

D. Billi: 0.21

ALT/AST: 17/15

ALP: 106

ALB: [Value missing]

Creat: 0.9

NA: 136

K: 4.4

INR: [Value missing]

PIVKA-II: [Value missing]

AFP: 326 (Dec 2022)

CTP/MELD-Na: [Value missing]

Doctor: "His liver synthetic function is still good, and his AFP is elevated at 326. We will need to keep monitoring this closely."

Diagnosis:

HCV-related Cirrhosis with Hepatocellular Carcinoma (HCC).

Plan:

LDLT: Due to HCC, this remains the definitive treatment option.

Bridging TACE: If there is any delay in LDLT due to unforeseen circumstances.

Further Workup: Bring all previous workups done for LDLT.

Follow-Up Visit: 2nd May 2023

Doctor: Dr. Hassan Nadeem

Son Muhammad Nasir: "We're following up on the latest MRI and lab results. I see the lesion in segment V has increased."

Doctor: "Yes, the MRI from March 2023 shows that the size of the HCC lesion in segment V increased from 1.4 cm to 4.2 x 1.7 cm. The overall disease progression is noted. No new HCC has developed."

Doctor: "We will continue monitoring the AFP, and if it rises significantly, we will perform a recheck CT scan to assess for any residual or recurrent disease. Since the MELD score is low at 7, and his ECOG score is 1, we will proceed with the LDLT workup."

Recent Medications:

Aldactone 100mg every third day

PPI

Sitagliptin

Carvedilol 6.25mg daily

Lactulose

Aspirin

Follow-Up Visit: 5th May 2023

Doctor: Dr. Osama Tariq

Son Muhammad Nasir: "He's been feeling okay post-TACE. His medications are the same."

Doctor: "Yes, the TACE procedure went well. His AFP is now 171, which is a slight decrease, but we must continue with screening and adjust medications as necessary."

Plan:

Medications:

Carvedilol 3.125mg BD

Lasix 20mg OD

Surbex Z

EGD Screening: Advise to monitor varices.

Follow-Up Visit: 1st June 2023

Doctor: Dr. Ammara

Son Muhammad Nasir: "Post-TACE, his lung issues are stable. Were continuing the medication as directed."

Doctor: "The recent CT scan of the chest shows further resolution of atelectasis, but the right upper lobe nodule remains stable. Well continue to monitor his lung condition with HRCT."

Plan:

EGD Screening

Continue Medical Management

Refer to Cardiology for TR evaluation

Repeat HRCT if any lung issues persist.