Gender: Male

Age: 64

MRN: 760184

Diagnosis: Chronic viral hepatitis C

History and Physical:

Patient Visit: 22/2/2024 - First visit at PKLI

Doctor:

Hello, how can I help you today?

Patient:

I have been experiencing abdominal pain, abdominal distention, and swelling in my feet.

Doctor:

When did these symptoms start?

Patient:

It came on suddenly. The pain is dull and non-radiating. It's not related to food intake, and there are no specific factors that make it better or worse.

Doctor:

Do you have any medical conditions or past surgeries?

Patient:

I dont have any comorbidities. I had multiple blood transfusions, the last one being about 1.5 months ago. I also had a firearm injury in the past.

Doctor:

Are you currently taking any medications?

Patient:

No, I'm not taking anything at the moment.

Doctor:

Any allergies or history of substance use?

Patient:

No allergies. I used to use naswar, but I don't have any other addictions.

Doctor:

Can you tell me about your family and work?

Patient:

Im married and have six children. I work as a driver.

Doctor:

Do you have any family history of diseases?

Patient:

No significant family history.

Doctor:

Let's perform a physical examination.

Examination Findings:

Jaundice

Ascites

Lab Results:

HCV, REACTIVE

HB: 4.1 (as of 25/11/2023)

T-BIL: 4.6

D-BIL: Not recorded

ALT/AST: 390/375

ALP: 490

Creatinine: 1.2 (as of 16/12/2024)

AFP: Not recorded

HCV PCR (Nov 21, 2023): Viral load: 1,860,000

Ultrasound Abdomen (16/12/2023): Liver normal, multiple dilated intrahepatic ducts.

CT Scan: Not provided.

Current Medication:

Tab. Nospa SOS (As needed)

Diagnosis:

HCV-related cirrhosis with decompensated liver disease (HCV/DCLD)

Plan:

CT triphasic for HCC protocol

Baseline AFP

Sputum for AFB after CT

Medications:

Tab. Cefixime 400 mg 1 tab OD

Tab. Aldactone 100 mg 1 tab OD

Tab. Surbex Z 1 tab OD

Nebulize Atem 2cc + Clenil 2cc 8 hourly

Lab Alert (22/2/24, 11:50 PM):

Received alert from lab about low hemoglobin (4.1). Informed patient's son-in-law, M. Haris, and advised transfusion of 2 PRBCs at a local hospital.

Doctor (Dr. Hashaam):

Please ensure the patient receives the transfusion promptly.

Follow-up Visit: 28/2/24

AFP: 1.64

CTP: C11

MELD-Na: 29 points

CA 19-9: Not available

CT Triphasic (26/2/24):

Malignant looking poorly enhancing and ill-defined growth at the left lobe of the liver, involving the left portal vein and hepatic artery.

Extension into the common hepatic duct, resulting in moderate intrahepatic biliary dilatation.

Suspicious peripancreatic and porta hepatic lymph nodes.

No lung or bone metastasis.

Bilateral lung parenchymal infection and prominent para-tracheal lymph nodes noted.

Moderate abdominopelvic ascites.

Impression:

Advanced Cholangiocarcinoma

Plan:

Discussion with Dr. Ammara Naveed and Dr. Lubna.

Family counseled about advanced stage of the disease. The patient requires admission for medical optimization.

Due to bed unavailability at PKLI, the patient is being referred to a nearby hospital for pneumonia management.

The patient will need palliative ERCP for biliary decompression to determine if chemotherapy is possible.

ERCP after managing pneumonia with IV Tazocin (4.5g every 8 hours for 8 days).

Referred to oncologist for further management.

Follow-up in 3 weeks.