

Doctor: "Hello, I understand you're here for a follow-up. Can you tell me how you've been feeling since your last visit?"

Patient: "I've been doing okay, but recently I had some episodes of hematemesis and melena. This happened between October 12th and 13th, and I've also been feeling generally weak. I've had a fever here and there, but nothing constant."

Doctor: "I see. So, how long have you been experiencing these episodes?"

Patient: "I didn't have any bleeding episodes between July and October, but after the recent ones, I've been feeling worse. I also have some abdominal distension and constipation."

Doctor: "Thank you for sharing that. Let's go over your previous health history. You mentioned having episodes of upper GI bleeding a few months ago, correct?"

Patient: "Yes, around 3 months back, I had 5-6 episodes of hematemesis and melena. My hemoglobin dropped after that, and I had to get two units of blood transfused."

Doctor: "I see. You mentioned that your investigations showed liver cirrhosis, and you've had several endoscopies done. Have any treatments been administered for the bleeding?"

Patient: "Yes, I've had endoscopies done, and the last one was on October 1st. They did band ligation on my esophageal varices."

Doctor: "Good. Now, I also see that your viral markers came back negative. No signs of hepatitis, right?"

Patient: "Yes, thats correct. I dont have any history of hepatitis."

Doctor: "Alright. Let's talk about your current medications. You are on carvedilol, spironolactone, lactulose, furosemide, and albumin, is that correct?"

Patient: "Yes, thats right. I take Carvedilol twice a day, Spironolactone once a day, Lactulose syrup once a day, Furosemide daily, and Albumin once a week through an IV."

Doctor: "Thanks for confirming. Now, lets go over your investigations. Your ultrasound from April showed a heterogeneous liver parenchyma with portal vein thrombus, splenomegaly, and ascites. Your MRI in June revealed a cirrhotic liver with a mass in segment VIII, and the CT scan confirmed cirrhosis with splenomegaly and ascites. Your most recent ultrasound shows more irregularities with your liver, splenomegaly, and ascites, is that correct?"

Patient: "Yes, the ultrasound on October 21st confirmed that, along with the splenomegaly."

Doctor: "Based on these findings, you have decompensated chronic liver disease with features of Budd-Chiari syndrome. Your liver is cirrhotic, and there are multiple complications associated with it, including the portal hypertension and ascites. We also reviewed your lab results. I can see your hemoglobin is now stable, but your bilirubin levels remain elevated, along with your ALT/AST levels, which suggest ongoing liver dysfunction."

Patient: "Yes, I noticed that my hemoglobin was better recently, but the bilirubin is still high. What does that mean for my treatment?"

Doctor: "The good news is that your liver function is stable for now, but its still quite compromised. The next step for you is to consider a liver transplant, which would be the definitive treatment."

However, if you're not ready for that yet, we can consider a procedure called TIPS (Transjugular Intrahepatic Portosystemic Shunt) as a bridge. This can help manage your portal hypertension."

Patient: "What is the TIPS procedure exactly?"

Doctor: "TIPS is a procedure where we create a channel in the liver to relieve the pressure in the portal vein. This helps with the ascites and varices bleeding. However, it's a temporary solution. A liver transplant is the long-term solution, but it requires finding a suitable donor."

Patient: "What do I need to do for the liver transplant?"

Doctor: "The first step is to meet with a transplant coordinator, who will assess both your condition and find a suitable donor. The donor will need to meet certain criteria, and we'll go over the financial aspects of the procedure as well."

Patient: "I understand. What should I do now?"

Doctor: "For now, continue your medications as prescribed. You'll need regular monitoring with lab work and imaging. We'll repeat your ultrasound and AFP levels in three months, and you should follow up with us before that if you experience any emergencies."

Patient: "Okay, thank you. I'll follow up with the transplant coordinator and keep an eye on my symptoms."

Doctor: "You're welcome. Take care of yourself, and let us know if anything changes. We'll be here to support you through the process."

Summary of Investigations and Lab Results:

Ultrasound Abdomen (21/10/24): Liver is coarse with irregular margins and nodular surface. Splenomegaly (140mm), moderate ascites.

CT Scan Triphasic (26/04/24): Cirrhotic liver, splenomegaly, moderate to large ascites.

MRI of Liver (12/06/24): Cirrhotic liver, splenomegaly, peripherally enhancing mass in segment VIII of liver (3.8 x 4.3 cm), aneurysmal dilatation of portal vein, multiple varices, and ascites.

Labs:

Hemoglobin: 7.1 (07/05/24), 8.2 (15/05/24), 9.2 (12/06/24), 12 (11/07/24), 11.0 (31/08/24), 9.0 (12/10/24), 8.8 (14/10/24)

TLC: 3.5 (07/05/24), 3.50 (15/05/24), 6.9 (12/06/24), 8.8 (11/07/24)

Platelets: 122 (07/05/24), 106 (15/05/24), 123 (12/06/24), 113 (11/07/24), 128 (31/08/24)

T-Bil: 1.43 (07/05/24), 1.8 (15/05/24), 1.02 (12/06/24), 2.0 (31/08/24)

D-Bil: 1.0 (15/05/24), 1.4 (12/10/24)

ALT/AST: 27/36 (07/05/24), 22.1/37.9 (15/05/24), 43/117 (12/06/24)

Albumin: 3.76 (07/05/24), 2.98 (31/08/24), 3.9 (12/10/24)

Creatinine: 0.80 (07/05/24), 0.56 (15/05/24), 0.64 (12/06/24), 0.67 (31/08/24), 0.8 (12/10/24)

Sodium: 137 (07/05/24), 136 (15/05/24), 135 (12/06/24), 140 (31/08/24)

Potassium: 3.6 (07/05/24), 4.25 (15/05/24), 3.81 (12/06/24), 4.0 (31/08/24)

INR: 1.5 (07/05/24), 1.0 (12/10/24)

AFP: 1.56 (25/04/24), 2.5 (07/05/24)

Other Tests:

HCV PCR: Negative

HbcAb: Non-reactive

Autoimmune Profile: Serum LKM-1 IgG: <1.0 (Negative), AMA: Negative, ANA: Positive

Ceruloplasmin: 0.40

Urinary Copper: 60.2