

Gender: Male

Age: 12

MRN: 770943

Diagnosis: Budd-Chiari syndrome

History and Physical:

Patient: Hello Doctor, Ive come in for my follow-up today.

Doctor: Hello, Husnain. How have you been feeling since our last visit?

Patient: The abdominal pain has improved from before. Its now intermittent and mostly in the left lumbar region. The pain occurs both before and after meals but resolves on its own.

Doctor: That's good to hear. Have you experienced any other symptoms?

Patient: Ive been sleeping a lot more than usual, but other than that, no major changes. My doctor had stopped my warfarin about 1.5 months ago. It was prescribed in 2017 and I had been taking it regularly until Dr. Tariq decided to stop it after I developed ascites.

Doctor: I see. Hows the ascites now?

Patient: The ascites has resolved, thankfully.

Doctor: Thats a relief. Lets go through some of your recent medical history. We know that you were diagnosed with Budd-Chiari syndrome based on your previous CT triphasic scan. How have you been managing with your medications?

Patient: Im still on a few medications. I take Inderal 10 mg twice daily, Evion 250 mg once a day,

D-Max drops 3 drops daily, Aldactone 25 mg once a day, and Folic Acid once a day. Im also on Pedia Max drops and Lysovit syrup.

Doctor: Sounds like a good routine. Now, regarding your liver health, lets go over the latest investigations. On your last visit, your bilirubin was at 1.3, ALT at 58, and AST at 42. Your INR was slightly elevated at 1.4, which we should keep an eye on. Your platelet count is within normal limits, though, and your WBC count is 3.8. I see your protein C was low at 59% in May. Well monitor that.

Patient: Yes, I remember those results.

Doctor: For your recent ultrasound, it showed a mildly enlarged liver with a heterogeneous echotexture and some varices in the hypertrophied caudate lobe. There was also an echogenic chronic thrombus in the main hepatic veins, which is consistent with the sequelae of Budd-Chiari syndrome. Your recent CT from June 7th also shows stenosis and occlusion at the confluence of the right, left, and middle hepatic veins with multiple intrahepatic collaterals draining into the infrahepatic IVC. You also have some background changes of chronic liver disease and splenomegaly.

Patient: That sounds concerning. Is there anything new we should do?

Doctor: Yes, the findings confirm that we need to continue with your liver disease workup. You are at stage F4 of fibrosis, as indicated by the shearwave elastography. Well continue monitoring closely. For now, Id like to continue with your current medications and the follow-up plan.

Patient: Okay, Doctor. Anything else I should know?

Doctor: We are also planning an EGD tomorrow to assess any varices or gastrointestinal involvement. During the procedure, we'll check the esophagus and band any varices if necessary.

Additionally, your blood work will include checking your protein C levels again, as well as screening for celiac disease, given your family history. We'll also recheck your ceruloplasmin and IgG levels, as we need to rule out autoimmune causes.

Patient: I understand. Is there anything else in the plan?

Doctor: Yes, we will be doing a full baseline workup, including PELD/MELD scoring to evaluate your liver function and potential for a liver transplant in the future. I'll also discuss your case with our multidisciplinary team this Friday. We'll monitor the progression closely, and I'll make sure all your tests and treatments are coordinated.

Patient: Alright, Doctor. Thanks for explaining everything. I'll get ready for the EGD tomorrow.

Doctor: You're welcome, Husnain. We'll make sure everything goes smoothly. See you tomorrow for the procedure. Let's keep an eye on your condition and adjust as needed.