

Date: 5/8/2024

Doctor (Dr. Osama Tariq Butt):

Welcome to the Executive Clinic. Let's review your medical history. You have a history of Hepatitis C Virus (HCV), Cirrhosis (DCLD), and currently no Hepatocellular Carcinoma (HCC). However, a CT scan revealed a GB mass with hepatic metastases. What brings you in today?

Patient:

I'm experiencing right upper quadrant (RUQ) pain and feeling very lethargic.

Doctor:

Understood. We will run a series of tests. Your recent lab results on 4/8/2024 show:

PIVKA: 4461

INR: 1.0

Amylase: 245

Hemoglobin (Hb): 12.9, Platelets (PLT): 158

Liver Function Test (LFT):

Total Bilirubin (t.billi): 5.0

Albumin (alb): 6.0

Creatinine: 0.7

Doctor's Plan:

We will submit a CT scan for further assessment and establish baseline data. A High-Resolution CT (HRCT) scan will be performed, and the liver biopsy versus ERCP decision will be made after discussion in the MDT.

Date: 20/09/2024

Doctor (Dr. Osama Tariq Butt):

We have completed the MDT (Multi-Disciplinary Team) review. We've discussed your case and made some decisions. Your official follow-up appointment is scheduled for 20/11/2024, but we've advised you to have a virtual clinic appointment for an early follow-up.

Date: 20/11/2024

Doctor (Dr. Osama Tariq Butt / Dr. Rimsha Saeed):

You are here for your follow-up. Let's summarize your case. You have a history of HCV, DCLD, and HCC. You've experienced weight loss and currently have jaundice, burning micturition, and fever. We see decompensation with jaundice and HCC. Your examination shows you're weak-looking, with an ECOG score of 0. The abdomen is soft and non-tender.

Doctor:

Let's go over your recent lab results from 4/8/2024 and 20/11/2024:

4/8/2024:

PIVKA: 4461

INR: 1.0

Amylase: 245

Hemoglobin: 12.9 8.6

Platelets: 158 277

WBC: 19.22

Total Bilirubin: 5.0 16

Albumin: 6.0 2.89

ALT/AST: 83/195

ALP: 334

Creatinine: 0.7

Sodium: 130

Potassium: 3.48

Doctor's Assessment:

Your condition seems to be HCV-related HCC with possible biliary invasion or cholangiocarcinoma. The MDT review indicates three HCC lesions, two in the right lobe and one at the confluence. The tumor at the hilum is uncertain it might be cholangiocarcinoma or biliary invasion of HCC. We suggest an ERCP to manage jaundice and a possible biopsy of the hilar lymph node.

Doctor's Plan:

Ursodeoxycholic acid 250mg twice daily

Multivitamin

Cefspan

Sodium alginate (Gaviscon syrup)

All baseline tests for the Child-MELD score

Triphasic CT scan

Follow-up in two weeks to decide on liver biopsy

Date: 2/12/2024

Doctor (Dr. Atif):

In this visit, you continue to have jaundice, burning micturition, and fever. Let's review your current condition. You have a history of HCV, DCLD, and HCC with weight loss. On examination, you are

weak-looking, with an ECOG score of 0. Your abdomen remains soft and non-tender.

Doctor:

Your recent labs from 2/12/2024 show:

Total Bilirubin (BILI): 1.65

ALT: 68

AST: 85

ALP: 660

GGT: 1226

Creatinine: 0.66

Platelets: 392

Doctor's Plan:

Continue Ursodeoxycholic acid, multivitamin, and other medications

CT Triphasic HCC protocol

Follow-up after 2 days to review progress

Discuss liver biopsy after CT results

Date: 6/1/2025

Doctor (Hepatology Clinic):

You have a history of treatment-experienced HCV and have achieved an SVR (Sustained Virologic Response). Currently, you're experiencing jaundice. You've had ERCP and EUS procedures with stenting. Post-ERCP biopsies didn't show malignancy, but there's ongoing suspicion for HCC or cholangiocarcinoma.

Doctor's Plan:

Continue Ursodeoxycholic acid, Distalgesic, and Gaviscon

Repeat ERCP and follow-up in oncology for review

Further CT scans to assess liver lesions and guide biopsy decisions