Gender: Female Age: 55 MRN: 888765 Diagnosis: Cholangiocarcinoma History and Physical: Date: 15 January 2025 Initial Visit Patient: Doctor, Ive been feeling pain in my abdomen, weakness, and Ive noticed jaundice and itching for the past few weeks. Doctor: How long have you been feeling like this? Patient: Its been about three months now. I was completely fine before that. Doctor: Alright. Have you had any previous medical conditions? Patient: Yes, I have Parkinsons disease and Im taking Sinemet tablets for that. I also have hypertension and diabetes. Doctor: Got it. Have you had any tests done so far?

Patient: Yes. A CT scan was done recently. It showed thickened gallbladder with a mass in it, but theres no vascular thrombosis.

Doctor: Alright. Let me also check your labs. On 7th January 2025:

Hemoglobin: 13

Platelets: 522

WBC: 8.15

ALP: 256

ALT: 36

Total Bilirubin: 16.5

Direct Bilirubin: 14.1

Indirect Bilirubin: 2.4

Albumin: 3.6

Creatinine: 0.6

INR: 1.3

CA 19-9: 425

CA 125: 12.6

Hepatitis B and C: Negative

Doctor: Have you experienced any significant weight loss, vomiting of blood, black stools, or

required any blood transfusions?

Patient: No, none of that. Just weakness and the symptoms I mentioned earlier.

Doctor: Noted. Well need to do further assessment. The MRCP done on 16th December 2024

shows nodular thickening of the gallbladder wall, involving the fundus, body, and cystic duct, with

dilation of intrahepatic biliary ducts. Theres also a raised right hemidiaphragm on chest X-ray.

Doctor: This is suggestive of a gallbladder mass likely causing obstructive jaundice. Ill book you for

ERCP and EUS. Well also refer you to a hepatobiliary surgeon. The CD of your scans will be

submitted for review.

Date: 15 January 2025 HPB and LTX Evaluation

Doctor: Let's discuss in detail. You mentioned that you were doing fine until three months ago?

Patient: Yes, thats correct. I started feeling the abdominal pain and then noticed jaundice. Imaging

revealed a gallbladder mass and I was referred here.

Doctor: Alright. Do you have any history of hepatitis?

Patient: No. I tested negative for both HBV and HCV.

Doctor: Have you had any episodes of hematemesis, ascites, or confusion?

Patient: No, none of those. Just jaundice.

Doctor: Any significant weight loss, fevers, or night sweats?
Patient: No to all of those.
Doctor: Have you had any previous surgeries?
Patient: Yes, I had LCSC about 25 years ago.
Doctor: Any allergies?
Patient: No.
Doctor: What medications are you currently taking?
Patient: Im taking:
Domperidone 10 mg, three times a day
Omeprazole 40 mg, once a day
Glucerna powder, 20 g, three times a day
Sinemet tablet, once daily
Doctor: Any addictions?

Patient: No, none at all. Doctor: Whats your family history like? Patient: Unremarkableno known cancers, TB, diabetes, or asthma. Doctor: Do you face any financial issues? Patient: Yes, we are under financial strain. Doctor: Are you educated? Patient: No, Im uneducated. Im a housewife and married. Doctor: Alright. On examination today: CNS: Youre conscious and oriented, GCS 15/15 CVS: Normal heart sounds Respiratory: Clear vesicular breathing Abdomen: Soft, non-tender, not distended Doctor: Lets go over your scans again:

USG on 9 December 2024: Thick-walled, collapsed gallbladder with a 23 mm lesion

CT Scan on 7 January 2025: Enlarged liver, circumferential enhancing wall thickness in the

gallbladder fundus, distended GB body, no stones, mild thickening of biliary ducts, CBD 3.3 mm, no

lymph nodes, pancreas normal

MRCP on 16 December 2024: Nodular GB wall thickening, intrahepatic biliary dilation suggestive of

malignancy

Doctor: Lab summary from 7 Jan 2025:

Hb: 13.1

WBC: 8.15

Platelets: 522

Bilirubin (Total/Direct): 16.5 / 14.1

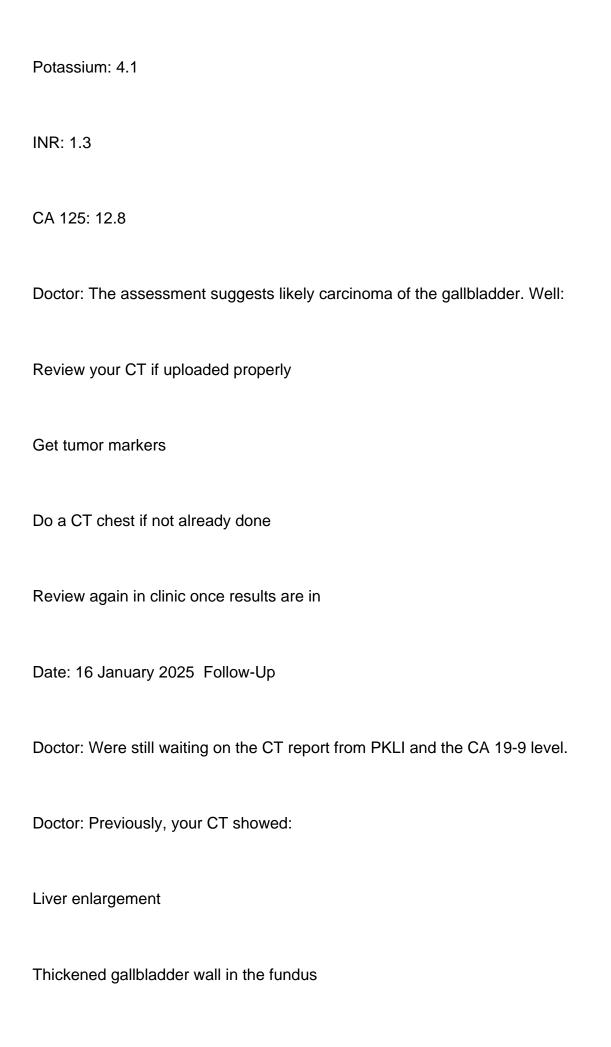
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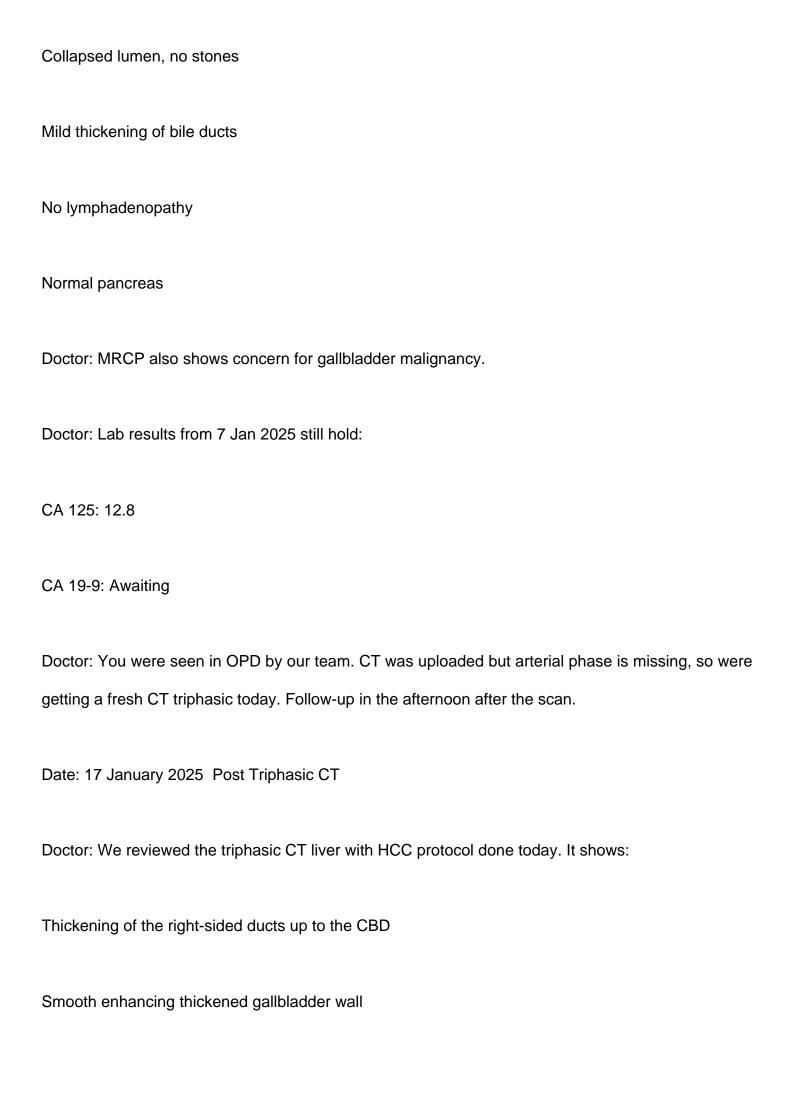
ALP: 256

Albumin: 3.6

Creatinine: 0.6

Sodium: 131





Enhancement and thickening of CHD and CBD
Mild intrahepatic biliary dilatation
No obvious metastatic disease
Doctor: This is likely a malignant lesion involving the right ductal system.
Doctor: The surgical plan includes:
Standard right hepatectomy with caudate lobe excision
Roux-en-Y hepaticojejunostomy
Frozen section and assessment of distal CBD
Doctor: But your bilirubin is currently too high for surgery.
Doctor: Well refer you to hepatology for ERCP and stenting of the left hepatic duct to drain the left
biliary system. This should help improve cholestasis.
Doctor: Ill ask our coordinator, Zubair, to schedule surgery after the ERCP and stenting.
Doctor: Just to inform you, the mortality risk is around 5%, and morbidity is about 1520%. Theres a
3040% chance of recurrence. Weve explained all this in detail.
Date: 20 January 2025 Hepatology Clinic

Doctor: Youve been referred from HPB for ERCP. Based on your current presentation:
You have obstructive jaundice due to a malignant lesion in the right ductal system.
Your CA 19-9 is now more than 1000.
Doctor: CT Triphasic findings from 17 Jan confirm:
Thickened right-sided ducts up to CBD
Intrahepatic biliary dilatation
Thickened enhancing gallbladder wall
No signs of metastasis
Doctor: MRCP on 16 Dec also points to gallbladder malignancy.
Doctor: Lab results on 15 Jan:
Hb: 13.1
WBC: 8.15
Platelets: 522

