

Gender: Female

Age: 12

MRN: 661446

Diagnosis: Hepatic fibrosis

History and Physical:

Doctor: Hello Khadija, how are you today? I see from your records that you're continuing to follow up for your condition.

Patient: I'm okay, doctor. Just here for the check-up.

Doctor: Great. Lets go over some of your past history. I see that you had a significant episode of hematemesis and melena about a year ago, which led to a drop in your hemoglobin levels. This required a couple of blood transfusions, correct?

Patient: Yes, that's right. It was really bad.

Doctor: Since that episode, we also noted that you underwent an EGD which showed Grade IV esophageal varices, and you were treated with banding. Have you had any new episodes of vomiting blood or passing black stools since your last visit?

Patient: I had another episode in August, but it wasnt as bad as the first time. I also had melena in September.

Doctor: Understood. Weve been monitoring your liver closely, and I can see that your MRCP from earlier this year showed changes consistent with congenital hepatic fibrosis and some intrahepatic biliary dilation. Your liver biopsy also confirmed ductal plate malformation, which aligns with that diagnosis. How have you been feeling overall?

Patient: I feel okay, just a little tired sometimes.

Doctor: It's good to hear that you're feeling alright. Your labs from the last visit showed a slight improvement in your hemoglobin levels, but you're still a bit anemic, and your liver function tests are also worth noting. I see your albumin is a bit lower than last time.

Patient: Is that something I need to worry about, doctor?

Doctor: It's something we will continue to monitor. Your liver is still not cirrhotic, which is good, but we do need to keep an eye on the biliary channels and any possible complications like varices. Have you been taking the medications we prescribed?

Patient: Yes, I've been taking the Inderal, Urso, and Sangobion as you instructed.

Doctor: Good. We will continue the Inderal to manage any risk of variceal bleeding. I'm also planning another endoscopy to check the varices and will schedule a follow-up CT to keep track of any changes. Have you been following up with any labs recently?

Patient: Yes, I did some labs a few weeks ago, and the results were similar to before. My hemoglobin is still on the lower side, but the liver function tests haven't changed much.

Doctor: Alright, I'll order a few more tests today, including viral serology and blood grouping, as well as some baseline labs. We also need to prepare for a potential procedure tomorrow.

Patient: What procedure is that, doctor?

Doctor: We are scheduling another endoscopy to evaluate your varices and check for any changes. We will also need anesthesia, so please fast after 2 AM tonight and make sure you're well-hydrated for the procedure.

Patient: Okay, I'll follow the instructions.

Doctor: Perfect. After this procedure, we'll decide if any additional treatment is needed, including considering the possibility of shunting if the varices are a significant concern. However, I understand that your family may not be ready for surgery yet.

Patient: Yes, my father is not comfortable with the idea of surgery right now.

Doctor: Understood. We'll keep it under medical management for now, and continue monitoring closely. I'll have my team prepare for the procedure and get all necessary labs done today.

Patient: Thank you, doctor. I appreciate your help.

Doctor: You're welcome, Khadija. We'll take good care of you. Let's get everything ready for tomorrow, and we'll talk again after the procedure. If you feel unwell or have any new symptoms before then, don't hesitate to reach out.

Medical Notes:

Diagnosis: Congenital Hepatic Fibrosis, Esophageal Varices

Medications:

Inderal 10mg, TDS

Urso 250mg, BD

Sangobion, BD

Labs:

T.Bil: 0.7 mg/dL

D.Bil: 0.2 mg/dL

ALT/AST: 45/66 U/L

ALP: 220 U/L

Albumin: 4.3 g/dL

Hemoglobin: 10.2 g/dL

Platelets: 110

INR: 1.08

Plan:

Prepare for EGD tomorrow.

Obtain baseline labs, including viral serology.

Fast after 2 AM.

Administer fluids at 40 ml/hr after NPO.

Monitor for signs of bleeding; continue with Inderal.

Continue monitoring liver function closely.

Follow-up after procedure.