

Gender: Female

Age: 57

MRN: 851848

Diagnosis: Cholangiocarcinoma

History and Physical:

Doctor: Hello! How are you feeling today?

Patient: I'm having mild pain at the surgical site and some bloating.

Doctor: I see. That can be expected in the early post-operative days. How's your appetite and energy?

Patient: Appetite is okay but I do feel a bit weak. The discomfort is mostly around my upper belly.

Doctor: That would be the epigastric region, correct?

Patient: Yes, exactly there.

Doctor: Understood. Let's go over some of your history to keep everything in perspective. You had H. pylori gastritis which caused a peptic ulcer and melena about a year ago, right?

Patient: Yes, thats correct.

Doctor: And you had a laparotomy about 30 years ago for volvulus?

Patient: Yes, I had that surgery a long time ago. No issues since then.

Doctor: Any family or social history we need to be aware of?

Patient: No, nothing significant. No allergies either.

Doctor: Alright. On examination, your wound is healthy and healing well. Your ultrasound abdomen from 23rd January shows:

Status post left hepatectomy.

No significant abdominal collection.

Overall, its an unremarkable scan, which is good news.

Now lets review your lab results:

Date Hb WBC PLT T. Bili D. Bili ALT/AST Alk. Phos Albumin Creatinine Na+ K+

17/01/25 0.81 0.45 220/291 74 3.26 0.54

20/01/25 9.2 5.8 173

23/01/25 11.2 10.6 351 0.3 0.15 56/41 138 4.28 0.67 138 4.28

All your labs are trending well. Your hemoglobin improved, liver enzymes normalized significantly, and your bilirubin levels dropped thats very positive. No concerns from our side at the moment.

Patient: Thats a relief to hear.

Doctor: Great. Well go ahead and remove your urostomy bag now. Please come for follow-up in two weeks with repeat LFTs and CBC. We'll also review your histopathology report at that time.

Post-operative Visit 2 POD 25 (10/02/25)

Doctor: Welcome back. How have you been since our last visit?

Patient: I've been struggling a bit with insomnia again. I used to take Escitalopram 5 mg once daily for this.

Doctor: Understood. Anything else?

Patient: I feel generalized weakness and I've lost my appetite.

Doctor: Got it. Did anything new happen over the last couple of weeks?

Patient: Yes, I had a urinary tract infection about a week ago. It was managed conservatively and it's settled now.

Doctor: Alright. On examination, your abdomen is soft, and your wound is completely healed. Let's go over your final histopathology report in detail:

Diagnosis: Intrahepatic cholangiocarcinoma (mixed large and small duct type), moderately differentiated, Grade 2.

Size: 11 cm tumor.

Pathological Stage: pT1b, pN0, pMx meaning it's limited to the liver, no nodal or distant spread evident.

Margins:

Liver parenchymal margin: Involved by tumor.

All other margins (capsular, hilar soft tissue, hepatic duct, artery, portal vein): Uninvolved, 0.10.6 cm away from tumor.

Lymph Nodes:

10 nodes reactive and free of tumor.

Gallbladder: Chronic cholecystitis, no tumor.

Other excised tissues: No malignancy seen.

Patient: What does it mean that the liver margin is involved?

Doctor: That indicates the tumor reached the cut edge of the liver, which increases the risk of recurrence. We will need to monitor this closely and involve oncology for further management.

Let me summarize the additional lymph node findings:

Right periportal, common hepatic artery, cystic artery, and falciform ligament lymph nodes all were reactive and free of tumor, with no granulomas or malignancy.

Patient: Okay, I understand. Is there anything else?

Doctor: Lets review your updated lab results up to 05/02/25:

Date Hb WBC PLT T. Bili D. Bili ALT/AST Alk. Phos Albumin Creatinine Na+ K+

17/01/25 0.81 0.45 220/291 74 3.26 0.54

20/01/25 9.2 5.8 173

23/01/25 11.2 10.6 351 0.3 0.15 56/41 138 4.28 0.67 138 4.28

05/02/25 10.6 4.59 249 0.5 0.1 14/26 226 3.9

Your liver function tests are continuing to improve, and your bilirubin, ALT, AST, and albumin levels are acceptable post-op.

Current Medications:

Omeprazole 40 mg once daily

Qalsan D

Multivitamin

Paracetamol as needed for pain

Patient: Whats the next step?

Doctor: Heres the plan:

Weve discussed your histopathology in detail because the margin is involved, well refer you to oncology for chemotherapy options.

Well repeat CT scan in 2 months.

Also, repeat CA 19-9 tumor marker.

And yes, you can resume Citanew (Escitalopram) for insomnia as before.

Patient: Thank you, doctor. That really helps. Will I need regular follow-ups?

Doctor: Yes, absolutely. This will be a team effort between us and oncology. Weve explained everything today in detail, and youll be under continued monitoring. Lets keep in close touch.