

Gender: Male

Age: 57

MRN: 762672

Diagnosis: Chronic viral hepatitis C

History and Physical:

Patient Visit: 8 March 2024

Patient: Hello, Doctor. This is my first visit here.

Doctor: Welcome. Let's go over your medical history. Do you have any comorbidities?

Patient: Yes, I have diabetes mellitus. I'm on insulin, 26 units in the morning. I used to smoke but quit 4 months ago. I don't drink alcohol, and I haven't taken any home medications.

Doctor: Alright. Have you had any treatments for Hepatitis C?

Patient: Yes, I was treated twice. The first time was with interferons for 6 months, about 15 years ago. The second time, I was treated with DAAs for 6 months, 7-8 years ago. Both times, I achieved sustained virological response (SVR).

Doctor: Great to hear. Have you had any liver-related issues?

Patient: Yes, I have chronic liver disease (DCLD) and I've had hematemesis (last episode 7 years ago), melena (last episode years ago), ascites, and jaundice.

Doctor: Understood. Let's review your recent tests. You had a USG Abdomen in December 2023. It showed coarse liver with splenomegaly, multiple dilated veins at the splenic hilum, moderate ascites, and thick gallbladder sludge with wall edema. How are you feeling?

Patient: Ive been having RUQ pain, weakness, yellowing of my eyes, and some weight loss.

Doctor: Okay. Your liver function tests (LFTs) in December 2023 showed a total bilirubin of 2.9, ALT of 110, AST of 83, and ALP of 252. Creatinine was 0.9. Your last CT triphasic HCC protocol in November 2023 showed cirrhotic liver, no arterialized lesions, moderate ascites, and multiple upper abdominal collateral formations.

Patient: That sounds serious.

Doctor: It's important we keep an eye on these things. For now, we'll continue with your current medications and follow up in 2 weeks. Also, I advise you to eat smaller, more frequent meals.

Patient Visit: 13 March 2024

Patient: Ive been experiencing some pain in my abdomen.

Doctor: Based on your symptoms and a recent CT scan, weve identified a CBD stone. We need to refer you for an ERCP procedure to address this.

Follow-Up Visit: 5 April 2024

Patient: How is my condition now, Doctor?

Doctor: Youre showing improvements. Your liver function tests (LFTs) are better, and your bilirubin levels are trending down. Your diagnosis is still HCV-related DCLD with ascites, and you had the obstructive jaundice due to the choledocholithiasis. The stone was successfully removed through the ERCP.

Patient: Thats a relief. Whats next?

Doctor: Well stop the B-blocker due to your low blood pressure and stop the painkillers. I want you to have LFTs every two weeks. Well follow up in 6 weeks to monitor your progress.

Follow-Up Visit: 3 June 2024

Patient: Doctor, Ive been feeling weak and lethargic.

Doctor: Based on your recent CT scan from March 2024, theres no sign of HCC, but were still managing your chronic liver disease. We identified a large calculus in the distal end of the CBD. The ERCP was successful in removing it.

Patient: Ive been on Spiromide, but Im still feeling tired.

Doctor: Given your symptoms, well stop Spiromide and start Lasix instead. Your recent lab results show some improvement, but your albumin is low at 2.2. We'll repeat your LFTs and do an USG abdomen. Youll need a follow-up in 3 months.