

Gender: Male

Age: 12

MRN: 698512

Diagnosis: Budd-Chiari syndrome

History and Physical:

Patient:

Hello, Doctor.

Doctor:

Hello! How are you feeling today?

Patient:

Im doing okay, but Ive been following up for my condition, Budd Chiari syndrome. I wanted to update you on my progress.

Doctor:

Of course, lets go over your history first. You were diagnosed with Budd Chiari syndrome and youve had a history of abdominal distension. This began about three years ago when you were admitted to the Children's Hospital. You were treated by Dr. Nadeem Anjum.

Patient:

Yes, I remember. It was pretty serious back then. I also have a family history of this condition. I am the second in order of four siblings.

Doctor:

Got it. Lets check your lab results. The MRI you had in 2019 showed hepatosplenomegaly with hypertrophy of the caudate lobe and narrowed hepatic veins, which pointed to venous occlusive

disease. Your serum ceruloplasmin was elevated at 0.57. The OGD in October 2019 did not show any esophageal varices.

Patient:

I see. I've been keeping track of my medications. They include:

RiseK Insta sachet

Vida Z tablet (one per day)

Spiromide 20mg (on alternate days)

Vadil (Carvedilol) 3.125 mg, twice a day

Rivaroxaban 10mg, once a day

Doctor:

Good, it's important to stick with that regimen. Let's review the more recent lab results from May 9, 2022:

Sodium: 134

Potassium: 3.8

Total Bilirubin: 0.6

Direct Bilirubin: 0.2

Indirect Bilirubin: 0.2

ALT: 20

AST: 36

ALP: 210

Albumin: 4.1

HBsAg: Negative

Anti-HCV: Negative

Creatinine: 0.7

Your CBC was:

TLC: 9.9

Hemoglobin: 12

Platelets: 320

INR: 1.0

Patient:

Thank you, Doctor. I also had an ultrasound on May 9, 2022, which showed hepatomegaly with coarse hepatic echotexture. The hepatic veins were narrowed, but flow was present, and my spleen was slightly enlarged at 10.9 cm. The CT scan on June 14, 2022, showed lobulated liver contours, and the hepatic veins weren't visible, which is typical for my condition. I also had enlarged spleen at 13.5 cm and varices in the anterior abdominal wall and pelvis.

Doctor:

Yes, those findings match your diagnosis. I also reviewed your CT triphasic scan from July 22, 2022. The scan showed signs of Budd Chiari syndrome with an enlarged, congested liver and non-opacified hepatic veins, and your retrohepatic IVC was narrowed. No signs of hepatocellular carcinoma were found, which is good news.

Patient:

That's reassuring. On my physical exam today, I noticed I don't have jaundice, but there is some pallor, and I still have clubbing. The left cervical lymph node is palpable. Otherwise, I'm alert and active.

Doctor:

That's good to hear. Your liver is palpable, with a 6 cm BCM, and your spleen is also palpable. There are no signs of ascites right now. For medications, we'll continue your current regimen, and we'll discuss in the MDT meeting on Friday.

Patient:

Great! What's the next step in my treatment plan, Doctor?

Doctor:

We'll need to monitor your liver condition closely. We plan to admit you on Monday and schedule an endoscopy on Tuesday. Additionally, we'll run some tests, including Prothrombin Time, INR, and Antithrombin levels, to further assess your condition.

Patient:

Okay, I understand. Thank you.

Doctor:

You're welcome. We'll also keep you informed about the next steps after your endoscopy. If needed, we'll continue medical management, but a liver transplant may be required if your liver decompensates.

Patient:

Understood. I'll follow the plan. I'll be back for the next steps.

Doctor:

Perfect. Take care, and we'll see you on Monday.

Patient:

Thank you, Doctor.