

Gender: Female

Age: 5

MRN: 709356

Diagnosis: Budd-Chiari syndrome

History and Physical:

Patient: Ive been dealing with abdominal distension, jaundice, fever, and decreased urine output for about a month now.

Doctor: I see. Lets take a look at the results from your initial visit on 6th October 2022. Your lab results show elevated ALT and AST levels, with ALT at 485 and AST at 195. Your bilirubin is elevated at 2.4, with a direct bilirubin of 1.5. Also, your liver function markers are a bit off, with an ALP of 801 and GGT at 54.

Patient: Yes, the doctor mentioned that the liver is impacted. I also see that my hemoglobin was low at 7.7, and my white blood cell count was high at 14.1. What does all this mean?

Doctor: Your hemoglobin is low, which could explain the pallor youre experiencing. The high white blood cell count suggests some infection or inflammation. We also see some coagulation issues with an INR of 1.3, which is a bit elevated. Your albumin is also low at 2.9, which could be a sign of liver dysfunction.

Patient: Oh, I see. What did the imaging show?

Doctor: The ultrasound from September showed signs of veno-occlusive syndrome. Your CT scan from 1st October 2022 showed hepatomegaly with heterogeneous density, hypertrophy of the caudate lobe, and non-visualization of the hepatic veins, which strongly suggests Budd-Chiari syndrome.

Patient: And what are the next steps for me?

Doctor: For now, I recommend continuing your current medications, including Aldactone, Lasoride, and Ibert. We also need to check for any further liver damage and submit a CD of your CT scan for further review. Lets schedule a virtual clinic tomorrow for follow-up.

Patient: Its been a while since my last visit. Im back for a follow-up. I still have abdominal distension, and Im still on the same medications. My weight is 15.2 kg, and Im from Sahiwal.

Doctor: Its good to see you again. Your abdominal distension has been ongoing for 2 months, and it seems that your condition is still being managed with Aldactone and Ibert. On examination, theres no jaundice or pallor, but your abdomen remains soft and non-tender with a liver palpable 3 cm below the costal margin.

Patient: Ive heard of Budd-Chiari syndrome. Is that still the diagnosis?

Doctor: Yes, based on your imaging findings, the diagnosis remains Budd-Chiari syndrome. Well need to monitor your liver function closely. Ive ordered some more tests, including a full CBC, liver function tests, and coagulation profiles like protein C and anti-thrombin III. Additionally, well check for any infections or viral activity with tests for HAV and HEV.

Patient: Okay, what else is planned?

Doctor: Ive prescribed Vitamin K injections weekly, along with Maltofer for iron supplementation and Vermox for any possible parasitic infections. Ill also start you on Spiromide to help manage fluid retention. Well discuss the findings after your CT scan CD submission. Lets see you again in one

month.

Patient: I'm back for my follow-up. I've been experiencing abdominal distension for 2 months again.

My current weight is 15.2 kg.

Doctor: Thank you for coming in. Your blood tests from December 2022 show that your bilirubin is now 1.5, ALT is 27, and AST is 57. Your liver function is relatively stable, but we still need to be cautious since you've had multiple episodes of abdominal distension.

Patient: What else do we need to address?

Doctor: In addition to your liver markers, your coagulation profile shows that your INR is slightly elevated at 1.8, and protein C levels are lower than normal. It's important we manage this with Vitamin K supplementation and other treatments. I've added Inderal to help control any blood pressure concerns. We still need to check for liver biopsy and possibly an endoscopy to get a better look at any varices.

Patient: Sounds like there's still a lot to do.

Doctor: Yes, but you're responding well to treatment. Let's continue with the current medications and prepare for the next steps. We'll schedule another follow-up after the liver biopsy and EGD, and we'll monitor your condition closely.

Patient: It's been almost a year now. I'm back for my follow-up. I'm currently 4 years old and weigh 18 kg. My abdominal distension is worse, and I'm also dealing with ascites, jaundice, and a few episodes of vomiting blood.

Doctor: I see that youve had a tough time recently. Youve been experiencing jaundice and severe ascites. Your physical examination shows generalized edema, pallor, and hyperemic mucosa. The liver is enlarged, and your spleen is not palpable.

Patient: Is it still Budd-Chiari syndrome?

Doctor: Yes, your CT scan from 1st October 2022 and ultrasound from April 2024 confirm that the liver damage is consistent with Budd-Chiari syndrome. Youve had several complications with blood clots and varices, as seen in your endoscopy in September 2024, where we applied 3 bands to control the varices.

Patient: How can we treat this now?

Doctor: You need to be on continuous management, including Spironolactone for fluid retention, Lasoride for your ascites, and Vitamin K injections. Weve started you on Propanolol to help with blood pressure and prevent bleeding. We also need to ensure you receive ongoing care at a childrens hospital where they can optimize your medical treatment. Given the severity, a liver transplant is still the most definitive treatment, but we need to review your financial situation before proceeding.

Patient: What should I do now?

Doctor: Continue with the current medications and refer to the childrens hospital for the required treatment optimization. After the financial screening, we can discuss further plans, including potential liver transplant options.

Patient: Thank you for the care, Doctor. Ill follow your instructions.

Doctor: You're welcome. We'll continue monitoring you closely and take the necessary steps for your care.