

Gender: Female

Age: 47

MRN: 794991

Diagnosis: Hepatocellular Carcinoma

History and Physical:

Doctor:

Hello, I see you're here for your follow-up. How have you been feeling recently?

Patient:

I've been having some intermittent fevers, along with abdominal pain, particularly in the upper right side. But, other than that, I don't have any major complaints at the moment.

Doctor:

I understand. Let's go through your recent tests. First, let me review your lab results. Your bilirubin level is at 1.34, which is within a manageable range. Your liver enzymes are showing a slight improvement ALT at 24, AST at 26, and ALP at 233. Your albumin is 3.22, and creatinine is 0.77, which are also stable. The blood culture from the 4th of November came back negative, and your urine culture showed mixed growth.

Patient:

Yes, I've been taking the prescribed medications, and things seemed to settle down after my ERCP back in September. My jaundice and itching have improved.

Doctor:

That's good to hear. From your previous CT scan, it shows an infiltrative hyperechoic lesion in the right hepatic lobe. The largest component measures 7.5 cm, with bilobar intrahepatic biliary dilatation. There's also evidence of right portal vein angioinvasion, which is something we need to

monitor closely.

Patient:

I'm a little worried about the lesion, doctor. Does this mean the cancer has spread?

Doctor:

Yes, there has been some progression, and the lesion is now invading the intrahepatic biliary ducts, which can affect bile flow. However, you're on sorafenib, which can help control the tumor growth. The biliary stent we placed during the ERCP seems to be functioning well, and that's relieving some of the symptoms like jaundice.

Patient:

That sounds reassuring. What else do we need to do?

Doctor:

We'll continue the sorafenib treatment, as it has been effective. Additionally, I want you to follow up with imaging in about 8 weeks, including fresh liver function tests. I'll also refer you for a review by the interventional radiology team for possible loco-regional therapy options.

Patient:

What about the urinary symptoms? I've been having some discomfort in my right side, and I know there's a stone in my right ureter.

Doctor:

Yes, the CT scan from November showed a moderate right hydronephroureter and a stone measuring around 8.3 mm in the distal ureter. We've already planned for a right ureteric stent insertion, which is scheduled for this Friday, the 6th of December. After that, we'll keep monitoring

your kidney function and address any further issues.

Patient:

I see. I just want to make sure everything is managed properly.

Doctor:

Absolutely, we're monitoring your liver and kidney function closely. I'll also check in on your glucose levels as you mentioned a history of diabetes. Even though you're not currently on medication for diabetes, we should make sure it's under control.

Patient:

Thanks, doctor. I feel more confident knowing you're keeping an eye on everything.

Doctor:

You're welcome. I'll see you again for your follow-up in six weeks, but if you have any concerns before then, don't hesitate to contact me. We'll make sure you're getting the best care possible.

Follow-up Plan:

Continue Sorafenib 200mg twice daily.

Refer to IR (Interventional Radiology) for assessment in loco-regional therapy options.

Follow up in 6 weeks with updated liver function tests (LFTs).

CT KUB to monitor the condition of the right ureteric stone and hydronephrosis.

Right URS + JJ stent scheduled for 06/12/2024.

Continue monitoring blood sugar levels and other systemic issues.

Previous Visits:

26th August 2024: Your liver function tests showed slightly elevated bilirubin (11.8) and stable ALT/AST levels. We planned an HRCT chest and additional tests, along with maintaining the Urso 250mg and Ciprofloxacin 250mg.

2nd September 2024: Referred for ERCP to address biliary issues.

1st October 2024: Follow-up visit with urology for planning a right URS + JJ stent.

5th November 2024: Seen by Dr. Ahmad Karim Malik for intermittent fevers and abdominal pain, post-ERCP. The liver function improved after the procedure. We're proceeding with right URS + JJ stent next week.