

Gender: Male

Age: 49

MRN: 799759

Diagnosis: Hepatocellular Carcinoma

History and Physical:

Patient:

Hello, doctor. Im here for my follow-up. My surgery was on December 2nd, and I was discharged on December 14th. It's been about 16 days since the surgery now.

Doctor:

Glad to see you today. Lets go over your current condition. After the LDLT and umbilical hernia repair, how are you feeling overall?

Patient:

Im doing well, no major issues. My bag output has been minimal since discharge, and theres nothing active troubling me.

Doctor:

Thats good to hear. Ive reviewed the ultrasound results from December 17th. The transplanted liver looks fine. It shows a normal parenchymal echotexture with smooth margins. There's no sign of any focal liver lesion, and no intra or extrahepatic biliary dilatation. However, theres minimal pleural effusion and mild ascites.

Patient:

Okay, that sounds good. What about the hepatic artery and portal vein?

Doctor:

The hepatic artery is functioning properly with antegrade flow. Its peak systolic velocity (PSV) is 69 cm/sec, and the resistance index (RI) is 0.64. The portal vein is patent with antegrade flow, and the velocities at various points are 29 cm/sec at the pre-anastomotic site, 89 cm/sec at the anastomotic site, and 41 cm/sec post-anastomosis.

Patient:

Whats the situation with the hepatic veins?

Doctor:

The hepatic veins also show antegrade flow, with a triphasic flow in the right hepatic vein, and patchy monophasic flow in segment VIII.

Patient:

And what did the histopathology report show for the explanted liver?

Doctor:

It showed two moderately differentiated hepatocellular carcinomas, both around 1.6 cm and 1.8 cm. Fortunately, there was no vascular invasion, and the tumor margins are free of cancer. The liver also shows regenerative nodules, chronic hepatitis due to HCV, and cirrhosis. The gallbladder had cholesterosis but was free of carcinoma.

Patient:

That's reassuring. Is there anything else noteworthy?

Doctor:

Yes, there was some portal vein thrombus in the portal vein wall, but no tumor was found.

Patient:

Thanks, doctor. Whats the next step in my treatment?

Doctor:

Ive adjusted your medications:

Ive decreased your prednisolone to 15mg once daily.

Decreased fluconazole to 150mg once daily.

Increased tacrolimus to 2mg twice daily.

Discontinued some medications like polyethyleneglycol, paracetamol, tramadol, domperidone, cefixime, and vancomycin.

We'll keep monitoring your progress with follow-up visits.

Patient:

Hello, doctor. Im back for my next follow-up visit. Its been 24 days since surgery.

Doctor:

Welcome back. How are you feeling today? Any issues?

Patient:

Ive been having some abdominal pain, constipation, and a bit of parasthesia in the palms of my hands.

Doctor:

Well need to monitor that. Let me check the wound. It appears healed, and the hernia repair site looks good. Your labs and medications are updated in the file, and well keep an eye on the changes.

For your tacrolimus, we increased the dose to 2mg twice a day in the last visit. Ill order a doppler ultrasound of the abdomen for today, and you can come to the clinic afterward.

Patient:

Thanks, doctor.

Doctor:

The ultrasound was reviewed by Dr. Yasir Khan, and the plan is to reduce your tacrolimus to 1mg twice daily. We'll follow up after one week, and also remove two of your stitches.

Patient:

Im back for another follow-up. Its been a month since my surgery now.

Doctor:

Welcome back. Any concerns today?

Patient:

Just some mild pain at the wound suture site. There's one stitch at the hernia repair site thats still bothering me.

Doctor:

Understood. Well monitor that closely. Your labs and medications are up to date. For now, Ive

decided to discontinue fluconazole and aspirin. Lets schedule another follow-up in two weeks, and please come in with fresh labs.

Patient:

Hello again, doctor. Its been 46 days since the surgery.

Doctor:

How are you feeling today?

Patient:

No issues right now. Everything seems good.

Doctor:

Im happy to hear that. Your labs and medications are on file, and based on todays review, Im increasing your tacrolimus dose to 1.5mg + 1mg twice daily. Im also increasing your prednisolone to 10mg once daily. Well follow up in two weeks. For any pain, use Nuberol Forte twice a day for five days.

Patient:

Im back for the next check-up, doctor. Its been 53 days since my surgery.

Doctor:

How are you doing?

Patient:

No major issues, just following up as instructed.

Doctor:

Your tacrolimus level is at 6.25 today. Heres your medication plan:

Tacrolimus 1.5mg + 1mg daily.

Septran once daily on alternate days.

Deltacortel 10mg once daily.

Qalsan daily once daily.

Surbex Z once daily.

Famotidine 40mg once daily.

Nuberol Forte twice daily.

Sofosbuvir + Velpatasvir 400/100mg once daily for 3 months.

We'll monitor your condition and see you in a week. Im also planning to increase your tacrolimus level to 1.5mg twice daily and introduce Ursodeoxycholic acid 250mg three times a day. Well get fresh labs at that time.

Patient:

Its been two months since surgery. Im here for my next visit.

Doctor:

Glad to see you. How have you been?

Patient:

Im doing well. No issues, my abdomen feels soft and non-tender, and the wound has healed with a scar.

Doctor:

Good to hear. The histopathology report shows no further issues, and your RETREAT score is 1.

Weve updated your medication plan:

Decrease Tacrolimus to 1mg twice daily.

Decrease Deltacortil to 5mg once daily.

Stop Nuberol Forte and Ursodeoxycholic acid.

We'll also schedule a CT scan and AFP on postoperative day 4 months.

Patient:

Im here for my 3-month follow-up.

Doctor:

How are you doing today?

Patient:

No complaints. My abdomen is soft, and the wound has healed. The scar is present.

Doctor:

Ive reviewed your labs and theyre looking good. Heres the updated plan:

Start Mycophenolate mofetil 1 gram twice daily.

Prednisolone 10mg once daily.

We'll schedule a CT scan and AFP in two months.

Follow up after three weeks, and we'll continue monitoring your progress.

Patient:

Thank you, doctor.

You said:

Dont put lines in between

ChatGPT said:

Sure! Here's the conversation formatted as requested:

Doctor: Good morning! How are you feeling today?



Patient: Good morning, Doctor. Im feeling alright. Im here for my follow-up visit after the liver transplant and hernia repair surgery.

Doctor: Great to hear you're doing alright. Lets go over everything. You had a living donor liver transplant (LDLT) along with an umbilical hernia repair on 2nd December. You were discharged on 14th December, and this is your first follow-up visit, which is 16 days post-surgery.

Patient: Yes, thats right. Ive had minimal issues, but I noticed some mild abdominal discomfort now and then.

Doctor: Noted. Your active issues currently are nil. Your bag output has been minimal since discharge, which is good. I have reviewed your ultrasound from 17th December. Heres what we found:

The transplanted liver shows a normal parenchymal echotexture with smooth margins. No focal liver lesions were seen, and there is no intra or extrahepatic biliary dilatation. You also have minimal bilateral pleural effusion and minimal to mild abdominopelvic ascites, which well continue monitoring.

As for the vascular structures, the hepatic artery shows antegrade flow, and the portal vein is patent with antegrade flow as well. Theres a slight patchy monophasic flow in the hepatic veins. This is all being managed, and nothing seems concerning at this point.

Patient: Thats a relief. I also remember they removed my gallbladder during the surgery, right?

Doctor: Yes, thats correct. The histopathology from the explanted liver shows two moderately differentiated hepatocellular carcinomas, both with no vascular invasion. Your liver also had chronic

hepatitis due to HCV and cirrhosis. The gallbladder had cholestherosis but was free from carcinoma.

Patient: It sounds like everything is under control. What about my medication?

Doctor: Based on your progress, Im reducing the dose of your prednisolone to 15 mg once daily and fluconazole to 150 mg once daily. Im also increasing your tacrolimus to 2 mg twice a day. Please discontinue polyethylene glycol, paracetamol, tramadol, domperidone, cefixime, and vancomycin.

Patient: Okay, Ill make those changes. Whats next for me?

Doctor: Your next ultrasound and labs will be reviewed at your next follow-up. Well continue to monitor your progress closely.

Doctor: Good afternoon! How have you been since your last visit?

Patient: Good afternoon, Doctor. Ive had a few new issues. Ive been experiencing some abdominal pain, constipation, and tingling in the palms of my hands.

Doctor: I see. During your examination today, your wound appeared healed, and the hernia repair site looks good. Your active issues are being addressed. You had an ultrasound Doppler of the abdomen today as part of your follow-up. How are you feeling now?

Patient: Ive been feeling a bit better, though the abdominal pain persists a little. I also noticed some changes in my hands.

Doctor: Well continue to monitor your liver function and medication. Your tacrolimus dose was increased to 2 mg twice a day at your last visit. We will now adjust it back to 1 mg twice daily and

continue to keep an eye on your progress.

Patient: Sounds good. What should I do next?

Doctor: Ill see you in a week, and well take out two stitches as part of your follow-up. Make sure to come back for your check-up with fresh labs and reports.

Doctor: Hi there! How are you doing now?

Patient: Im doing okay, but theres still mild pain at the suture site from the hernia repair.

Doctor: Alright, well continue to monitor that. Your active issues right now seem minimal. Weve already reduced the medications slightly since last time. Your tacrolimus dose will be adjusted as we discussed, and your labs will be updated at the next visit.

Patient: That sounds good to me.

Doctor: I will discontinue fluconazole and aspirin as planned. Lets schedule your next follow-up for two weeks from now, and well do a fresh set of labs.

Doctor: Welcome back. How have things been going since your last visit?

Patient: Things have been going alright, Doctor. No new issues to report.

Doctor: Excellent! It seems your liver function is stable. During todays visit, well be adjusting your tacrolimus and prednisolone doses. Well also ensure you continue on your current medication regimen.

Patient: Okay, Im ready for any adjustments. Lets continue with the plan.

Doctor: Your tacrolimus dose will be increased to 1.5 mg in the morning and 1 mg at night. Prednisolone will be increased to 10 mg once daily. For now, well add Nuberol Forte twice a day for the next 5 days for any lingering discomfort.

Patient: Understood. Ill stick to the changes.

Doctor: Ill see you in two weeks, and well monitor everything closely.

Doctor: How have you been feeling since your last visit?

Patient: Im feeling pretty good, no significant issues. The abdominal pain seems to be resolving.

Doctor: That's great to hear. Your tacrolimus dose will be adjusted to 1.5 mg twice daily. Well add Urso (Ursodeoxycholic acid) 250 mg three times a day to help with liver function. For now, youll continue with your current medications, including mycophenolate mofetil and prednisolone.

Patient: Got it! Ill follow the new dosage.

Doctor: Well follow up again in a week, and well review everything in your labs.

Doctor: Good to see you today. How are you feeling?

Patient: Im doing well, no active complaints. The wound has healed nicely.

Doctor: Thats great. After reviewing your labs and progress, everything is on track. Your histopathology still shows two moderately differentiated hepatocellular carcinomas, but there are no signs of any new complications. Im reducing your tacrolimus to 1 mg twice daily, and well stop the Nuberol Forte and Ursodeoxycholic acid for now.

Patient: Alright, Ill stick to the new plan.

Doctor: Perfect! Your CT scan and AFP levels will be done at your 4-month post-op check-up. Keep up with your medications and follow the new plan. Well see you in a few weeks.

Doctor: How are you feeling today?

Patient: Im doing okay. Ive been stable overall, and the wound site is completely healed now.

Doctor: Excellent! The histopathology still confirms that everything is stable, and there are no new concerns. Your liver transplant is holding up well.

Patient: Thats a relief to hear.

Doctor: Well continue the current medication regimen for now and check in again in three weeks. Youll need a CT scan and AFP levels in two months.

Patient: Sounds good to me! Ill keep following the plan.

Doctor: Great! Well see you soon, and take care in the meantime.