

Gender: Male

Age: 56

MRN: 796637

Diagnosis: Chronic viral hepatitis C

History and Physical:

Doctor: Hello, I see it's your first visit at the GI clinic today. How are you feeling?

Patient: Ive been feeling jaundiced for the past two months. Its been really bothering me.

Doctor: I see. Can you tell me if you've had any issues like vomiting blood or experiencing ascites?

Patient: No, no hematemesis or ascites. But I did have melena about two weeks ago.

Doctor: Thank you for sharing that. Have you experienced any significant weight loss or required any blood transfusions?

Patient: No, I havent lost significant weight, and I haven't had any transfusions.

Doctor: What about fevers or night sweats? Any of those symptoms?

Patient: No, I haven't had any fevers or night sweats.

Doctor: Okay, lets go over your medical history now. Have you had any prior medical or surgical issues?

Patient: No, I haven't had any significant medical or surgical history.

Doctor: Are you on any medications currently?

Patient: Yes, Im taking Nexium 40 mg once a day and Urso 500 mg twice a day.

Doctor: I see. Are there any allergies or any other medications you have taken in the past that we should know about?

Patient: No allergies, and no other significant past medications.

Doctor: Alright. Can you tell me a little about your social history? Any addictions or financial strains?

Patient: No addictions, and no financial strains either.

Doctor: That's good to hear. How about your family medical history? Any history of diabetes, hypertension, or cancer?

Patient: No, my family history is unremarkable.

Doctor: Alright, let's talk about any psychological issues. Do you feel depressed?

Patient: No, I dont feel depressed.

Doctor: Thats reassuring. Lets proceed with a physical examination. Can you describe any cognitive or physical limitations?

Patient: No, I don't have any cognitive impairment or mobility issues.

Doctor: Excellent. Let's check your examination results. Your neurological exam shows you're conscious and well-oriented with a GCS of 15/15. Your cardiovascular system and respiratory exams are normal. Your abdominal exam shows no tenderness or distension.

Doctor: We have some imaging results as well. Your ultrasound shows a distal CBD obstruction and mild dilatation of biliary channels. Your CT scan from August 1st shows a cirrhotic liver with a 5 cm and 2 cm lesion in segments 7 and 8, with no ascites and upper abdominal lymphadenopathy.

Doctor: Your lab results from early August indicate elevated bilirubin levels and liver enzymes. Your AFP is 8, and CEA is 1.5. Your lipase is significantly elevated at 3537, and your albumin is 3.3.

Doctor: Based on these results, we have a possible diagnosis of HCV/DCLD with a potential liver lesion that might be HCC. There's also obstructive jaundice, and unfortunately, the ERCP was unsuccessful. I'm recommending further imaging and labs, including HRCT, CA-19-9 levels, and liver biopsy to get a better diagnosis.

Patient: What's the next step, doctor?

Doctor: We'll schedule an HRCT and submit the necessary CDs. We'll also follow up with the CA-19-9 levels. Based on those results, we'll decide whether to proceed with ERCP again or go for a liver lesion biopsy. For now, I'm prescribing Urso 250 mg three times a day, Cefspan 400 mg once a day, PPI 40 mg, a multivitamin, and Distelgesic.

Patient: Thank you, doctor. I'll follow the plan.

Doctor: I see you have a new concern. We have a possible case of osseous metastasis now. Your latest imaging shows mild intrahepatic biliary dilatation and a soft tissue mass in the distal CBD.

There are also enlarged necrotic/non-necrotic metastatic lymph nodes in the region, along with arterially enhancing hepatic lesions.

Doctor: The possibilities include a distal CBD mass with regional nodal, mesenteric, and hepatic metastasis. We also need to consider the option of HCC with nodal metastasis.

Doctor: The next step is to proceed with ERCP, biopsy, and stenting. We should also correlate with your CA-19-9 levels. I've discussed your prognosis, and unfortunately, it appears poor, but we'll continue to monitor the situation closely.

Patient: I understand, doctor. Thank you for the clarity.

Plan:

Follow-up Diagnostics:

HRCT

CD submission

CA-19-9 levels

Liver lesion biopsy vs. ERCP (decision after review)

Medications:

Urso 250 mg TDS

Cefsapan 400 mg OD

PPI 40 mg

Multivitamin

Distelgesic

Follow-up in 1 week