

Report 1:**Diagnosis:**

Z86.0100 History of colon polyps

Z86.0100 - Personal history of colonic polyps K64.8 - Internal hemorrhoids K57.90 – Diverticulosis

Procedure:

Procedure Code Colonoscopy

Anesthesia Type : Monitored Anesthesia Care ASA Class : II

Lactated Ringers - Solution, Intravenous as directed - 350 00 , Last Administered By: Smith, George At 1041 on 07/07/2025 Lidocaine HCl 2 % Solution, IV - 20 00 , Last Administered By: Smith, George At 1023 on 07/07/2025 Propofol 500 MG/50ML Emulsion, Intravenous - 240 00 , Last Administered By: Smith, George At 1041 on 07/07/2025

Colonoscopy PROCEDURE : There was nothing precluding endoscopy on history or physical exam. Informed consent was obtained with risks and benefits explained to the patient. The patient tolerated the procedure well. There no immediate complications. The patient was placed in left lateral decubitus position. A rectal exam was performed. The pediatric colonoscope was inserted into the rectum and carefully advanced to the cecum. The cecum was identified by the ileocecal valve, the triradiate fold and appendiceal orifice. Careful inspection was made as the colonoscope was removed including retroflexion in the rectum. Findings- The preparation was good. There was melanosis coli in the proximal colon. There was moderate sigmoid diverticulosis. Internal hemorrhoids were seen. IMPRESSION : The patient is an 82-year-old female with history of colon polyps. Today's exam did not reveal any polyps. she did have melanosis coli, diverticulosis and internal hemorrhoids. PLAN : No routine colonoscopy

Colonoscopy The patient tolerated the procedure without complications .The colonoscopy was uneventful

Expected Output;

```
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{
  "Clinical Terms": [
    "Colon polyps (history)",
    "Internal hemorrhoids",
    "Diverticulosis",
    "Rectal exam",
    "Melanosis coli",
    "Moderate sigmoid diverticulosis",
    "No polyps found",
    "Good bowel preparation",
    "No immediate complications"
  ],
  "Anatomical Locations": [
    "Rectum",
    "Sigmoid colon",
    "Cecum",
    "Proximal colon",
    "Ileocecal valve",
    "Appendiceal orifice"
  ],
  "Diagnosis": [
    "Personal history of colonic polyps",
    "Internal hemorrhoids",
    "Diverticulosis (sigmoid)",
    "Melanosis coli",
    "No new polyps seen in this examination"
  ],
  "Procedures": [
    "Colonoscopy",
    "Rectal examination",
    "Scope passage to cecum",
    "Retroflexion in rectum",
    "Monitored Anesthesia Care (MAC)",
    "Intravenous medication administration (Lidocaine, Propofol, Lactated Ringer's)"
  ],
  "ICD-10": [
    "Z86.0100",
    "K64.8",
    "K57.90"
  ],
  "CPT": [
    "45378"
  ],
  "HCPCS": [
    "J3490",
    "A4216"
  ]
}
```

Report 2:**Diagnosis:**

Pre-operative Diagnosis: · Z12.11 [Colon cancer screening]

Procedure:

Procedure: Colonoscopy

- Anal Canal: K64.9 - Hemorrhoids, unspecified (without mention of degree)
- Rectum: Normal
- Sigmoid Colon: Normal
- Descending Colon: Normal
- Splenic Flexure: Normal
- Transverse Colon: Normal
- Hepatic Flexure: Normal
- Ascending Colon: Normal
- Cecum: Normal
- Terminal Ileum: Normal
- Polyps:
- Site: Descending Colon
- Size: 6 mm
- Type: Sessile Polyp
- Device/Method: Cold Snare
- Polyp completely removed and retrieved

Complications: No Immediate Complication.

Expected Output;

```
{
  "Clinical Terms": [
    "Colon cancer screening",
    "Hemorrhoids",
    "Sessile polyp",
    "Polyp removal",
    "No immediate complication"
  ],
  "Anatomical Locations": [
    "Anal canal",
    "Rectum",
    "Sigmoid colon",
    "Descending colon",
    "Splenic flexure",
    "Transverse colon",
    "Hepatic flexure",
    "Ascending colon",
    "Cecum",
    "Terminal ileum"
  ],
  "Diagnosis": [
    "Colon cancer screening",
    "Hemorrhoids",
    "Sessile polyp in descending colon"
  ],
  "Procedures": [
    "Colonoscopy",
    "Cold snare polypectomy"
  ],
  "ICD-10": [
    "Z12.11",
    "K64.9"
  ],
  "CPT": [
    "45385"
  ],
  "HCPCS": []
}
```

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Report 3:

Diagnosis: Indication : Last colonoscopy 3 years ago, Rectal bleeding

Diagnosis Codes :

K62.6, Ulcer of anus and rectum

K64.8, Other hemorrhoids

K62.5, Hemorrhage of anus and rectum

Procedure: Colonoscopy. Before the procedure, time out was performed, the patient was identified, and the procedure was verified. After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Colonoscope was introduced through the anus and advanced to the cecum, identified by appendiceal orifice and ileocecal valve. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. Procedure and risks explained to patient which include but not limited to medication reaction, bleeding, perforation, aspiration and missed lesions. Prep was good. Washes and suctioning done as needed also so overall good visualization of mucosa. Slow withdrawal on of scope with careful inspection of mucosa for abnormalities. Judicious gas insufflation used on way in. Gas removal was done as much as possible on way out. . Retroflexion done in the rectum. Scope only advanced when lumen identified. The quality of the bowel preparation was evaluated using the BBPS (Boston Bowel Preparation Scale) with scores of: Right Colon = 3 (entire mucosa seen well with no residual staining, small fragments of stool or opaque liquid), Transverse Colon = 3 (entire mucosa seen well with no residual staining, small fragments of stool or opaque liquid) and Left Colon = 3 (entire mucosa seen well with no residual staining, small fragments of stool or opaque liquid). The total BBPS score equals 9.

Findings :

- A single localized erosion (proctitis) was found in the distal rectum at the anal verge ..

Biopsies

were taken with a cold forceps for histology. Estimated blood loss was minimal.

- Internal hemorrhoids were found during retroflexion. The hemorrhoids were moderate.
- The exam was otherwise without abnormality on direct and retroflexion views.

Impression :

- A single erosion in the distal rectum. Biopsied.
- Internal hemorrhoids.
- The examination was otherwise normal on direct and retroflexion views.

Procedure Codes :

45380, Colonoscopy, flexible; with biopsy, single or multiple

Expected Output;

```
{
  "Clinical Terms": [
    "Rectal bleeding",
    "Ulcer of anus and rectum",
    "Internal hemorrhoids",
    "Hemorrhage of anus and rectum",
    "Localized erosion (proctitis)",
    "Biopsy taken",
    "Good bowel prep",
    "Minimal estimated blood loss"
  ],
  "Anatomical Locations": [
    "Anus",
    "Rectum",
    "Distal rectum",
    "Anal verge",
    "Right colon",
    "Transverse colon",
    "Left colon",
    "Cecum",
    "Appendiceal orifice",
    "Ileocecal valve"
  ],
  "Diagnosis": [
    "Ulcer in the rectum",
    "Internal hemorrhoids (moderate)",
    "Single erosion at anal verge (proctitis)",
    "Rectal bleeding"
  ],
  "Procedures": [
    "Colonoscopy",
    "Biopsy using cold forceps",
    "Retroflexion in rectum",
    "Boston Bowel Preparation Scoring (BBPS)"
  ],
  "ICD-10": [
    "K62.6",
    "K64.8",
    "K62.5"
  ],
  "CPT": [
    "45380"
  ],
  "HCPCS": []
}
```

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Report 4:**Diagnosis:**

Pre-operative Diagnosis

R07.89 - Atypical chest pain R10.11 - Right upper quadrant abdominal pain

Post-operative Diagnosis

R07.89 - Atypical chest pain R10.11 - RUQ pain K29.70 - Gastritis

Procedures:

Procedure Code EGD w/Biopsy

Anesthesia Type : Monitored Anesthesia Care

Lactated Ringers - Solution, Intravenous as directed - 200 00 , Last Administered By: Smith, George At 1419 on 07/07/2025 Lidocaine HCl 2 % Solution, IV - 60 00 , Last Administered By: Smith, George At 1408 on 07/07/2025 Propofol 500 MG/50ML Emulsion, Intravenous - 350 00 , Last Administered By: Smith, George At 1419 on 07/07/2025

EGD PROCEDURE : There was nothing precluding endoscopy on history or physical exam. Informed consent was obtained with risks and benefits explained to the patient. The patient tolerated the procedure well. There were no immediate complications The patient was placed in the left lateral decubitus position. The Olympus endoscope was inserted into the esophagus under direct visualization. It was advanced through the esophagus, into the stomach and through the pylorus to the duodenal bulb and 2nd portion of the duodenum. Careful inspection was made as the endoscope was removed including retroflexion in the stomach. Findings- In the distal esophagus there was an irregular Z-line from 38-39 cm suggestive of Barrett's esophagus. This was examined both white light and narrow band imaging. Biopsies were obtained of the distal esophagus. In the stomach there was mild antral and body gastritis. Biopsies were obtained for H.pylori. There were no ulcers or masses seen. The visualized portion of the duodenal appeared normal without ulcers or inflammation. IMPRESSION : The patient is 55-year-old male with atypical chest pain and right upper quadrant pain. Biopsies today were obtained for H.pylori and Barrett's esophagus. If the patient does Barrett's esophagus and a repeat EGD with biopsy in 6 months will be recommended.

Post Operative Impression

EGD The patient tolerated the procedure without complications. The EGD was uneventful.

Expected Output;

```
{
  "Clinical Terms": [
    "Atypical chest pain",
    "Right upper quadrant (RUQ) abdominal pain",
    "Gastritis",
    "Barrett's esophagus",
    "Biopsies for H. pylori",
    "Mild antral and body gastritis",
    "Irregular Z-line",
    "No ulcers or masses",
    "No immediate complications"
  ],
  "Anatomical Locations": [
    "Distal esophagus",
    "Stomach",
    "Antrum",
    "Stomach body",
    "Duodenal bulb",
    "2nd portion of duodenum",
    "Right upper quadrant (RUQ)"
  ],
  "Diagnosis": [
    "Atypical chest pain",
    "Right upper quadrant pain",
    "Mild gastritis",
    "Suspected Barrett's esophagus (biopsied)"
  ],
  "Procedures": [
    "EGD (esophagogastroduodenoscopy)",
    "Biopsy for H. pylori",
    "Biopsy of distal esophagus",
    "Retroflexion in the stomach"
  ],
  "ICD-10": [
    "R07.89",
    "R10.11",
    "K29.70"
  ],
  "CPT": [
    "43239"
  ],
  "HCPCS": [
    "J3490"
  ]
}
```

