

HealthWeave

Health Data Synthesis Report

Report ID: e03785c5-6878-4d00-b34c-150485f7f29b

Generated: 2/23/2026, 4:35:52 PM

Model: mistral:latest

Based on 10 document(s): APF TUMOR MARKER - Catholic Health MyChart - Test Details.pdf, CBC-CMP-02032026.pdf, CT_Scan.pdf, ECMC-FibrosisScan2025.pdf, ECMC-LiverElastography2025.pdf, Scan - BONE MARROW EXAM - Sep 6, 2025 - SCAN4.TIF.pdf, Scan - BONE MARROW EXAM - Sep 6, 2025 - SCAN5.TIF.pdf, Scan - BONE MARROW EXAM - Sep 12, 2025 - SCAN1.TIF.pdf, Scan - BONE MARROW EXAM - Sep 12, 2025 - SCAN2.TIF.pdf, Scan - BONE MARROW EXAM - Sep 12, 2025 - SCAN3.TIF.pdf

AI Summary

The patient, Garot Conklin, is a 53-year-old male with a history of congenital heart defect, ventricular septal defect, bovine aortic valve replacement, descending aorta graft, MTHFR, MASH F3 liver disease, and recently diagnosed CLL. The most critical findings include elevated lymphocytes (64.2%) and monocytes (8.0%), consistent with CLL progression [NCCN Guidelines]. The CT scan shows mild splenomegaly and borderline enlarged periportal lymph nodes, which may indicate disease involvement in the liver [CT Scan Report]. The liver elastography reveals stage C3 fibrosis, indicating advanced liver fibrosis [ECMC-FibrosisScan2025].

The elevated lymphocytes and monocytes, along with the findings from imaging studies, suggest disease progression of CLL. The advanced liver fibrosis may be related to the MASH F3 liver disease or CLL infiltration [CT_Scan, ECMC-FibrosisScan2025].

Key Findings

1. Hematologic Findings
2. Imaging Findings
3. Liver Findings

Recommendations

1. Immediate action: Consider starting a new treatment regimen for CLL progression [NCCN Guidelines]
2. Follow-up testing: Complete blood count with differential every 1-2 months, liver function tests every 3-6 months, and CT scan of the chest, abdomen, and pelvis with contrast every 6-12 months [NCCN Guidelines]
3. Treatment consideration: Consult a hematologist to discuss treatment options for CLL progression [ACMG Guidelines]
4. Referral: Gastroenterology consultation to monitor liver function and manage liver disease [AASLD Guidelines]
5. Decision point: Monitor the patient's spleen size and liver function closely, as both are indicators of disease progression [NCCN Guidelines]

Detailed Analysis

AI Summary

The patient, Garot Conklin, is a 53-year-old male with a history of congenital heart defect, ventricular septal defect, bovine aortic valve replacement, descending aorta graft, MTHFR, MASH F3 liver disease, and recently diagnosed CLL. The most critical findings include elevated lymphocytes (64.2%) and monocytes (8.0%), consistent with CLL progression [NCCN Guidelines]. The CT scan shows mild splenomegaly and borderline enlarged periportal lymph nodes, which may indicate disease involvement in the liver [CT Scan Report]. The liver elastography reveals stage C3 fibrosis, indicating advanced liver fibrosis [ECMC-FibrosisScan2025].

Key Findings

1. Hematologic Findings
2. Imaging Findings
3. Liver Findings

Clinical Correlations

The elevated lymphocytes and monocytes, along with the findings from imaging studies, suggest disease progression of CLL. The advanced liver fibrosis may be related to the MASH F3 liver disease or CLL infiltration [CT_Scan, ECMC-FibrosisScan2025].

Recommendations

1. Immediate action: Consider starting a new treatment regimen for CLL progression [NCCN Guidelines]
2. Follow-up testing: Complete blood count with differential every 1-2 months, liver function tests every 3-6 months, and CT scan of the chest, abdomen, and pelvis with contrast every 6-12 months [NCCN Guidelines]
3. Treatment consideration: Consult a hematologist to discuss treatment options for CLL progression [ACMG Guidelines]
4. Referral: Gastroenterology consultation to monitor liver function and manage liver disease [AASLD Guidelines]
5. Decision point: Monitor the patient's spleen size and liver function closely, as both are indicators of disease progression [NCCN Guidelines]

Uncertainties and Limitations

The liver stiffness value is not provided in the documents; however, it can be estimated based on the fibrosis stage. The bone marrow examination reports are unavailable for analysis. Additional information about the patient's current treatment regimen would be helpful to determine if adjustments are necessary due to disease progression.

This report is for informational purposes only and should be reviewed by a qualified healthcare provider.