HealthWeave

Health Data Synthesis Report

Report ID: b3cdb646-ba7e-4ac7-83d9-de01a31a4c67
Generated: 2/9/2026, 6:26:22 PM

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 current medications include Metoprolol 200mg once daily, 81mg aspirin once daily, and 100mg Rezdiffra once daily.

The CBC test shows anemia (Hb: 16.4 g/dL; reference range: 13.2-17.1 g/dL) with a low MCV (95.5 fL; reference range: 80.0-94.0 fL), consistent with macrocytic anemia possibly related to MTHFR deficiency or other causes such as folate or B12 deficiency. There is also lymphocytosis (63%; reference range: 20-40%) and thrombocytopenia (126 x 10^3/µL; reference range: 145-450), which may be related to the CLL. The CMP test shows slightly elevated bilirubin (2.7 mg/dL; reference range: 0.2-1.2 mg/dL) and ALT (95 U/L; reference range: 9-46 U/L), which may be indicative of liver disease or hemolysis. The fibrosis scan indicates stage CAP score 349, suggesting significant liver fibrosis.

The Hep A test shows a negative result, indicating susceptibility to infection. The Hep B test shows positive anti-HBs levels (>10 mIU/mL), indicating recovery from acute or chronic hepatitis B virus infection or acquired immunity from vaccination. However, the assay does not differentiate between a vaccine-induced immune response and an immune response induced by infection with HB.

Given the patient's history of liver disease (MASH F3), CLL, and current laboratory findings, it is crucial to monitor liver function closely, consider treating any identified underlying causes of anemia, and manage the CLL appropriately. A hematology referral may be necessary for further evaluation and management of the CLL and anemia.

- The anemia, lymphocytosis, and thrombocytopenia are consistent with the patient's CLL diagnosis.
- The elevated bilirubin and ALT may be related to the liver disease or hemolysis.
- The fibrosis scan supports the presence of significant liver fibrosis, which could be due to the underlying liver disease or complications from CLL treatment.
- The negative Hep A test indicates susceptibility to infection, while the positive Hep B test suggests immunity from either vaccination or previous infection. However, it is unclear whether the immunity is vaccine-induced or due to a past infection with HB.

Key Findings

1. Hematologic Findings
2. Liver Findings
3. Immunologic Findings

Recommendations

1. Consider hematology referral for further evaluation and management of CLL and anemia [ACMG Guidelines]

2. Monitor liver function closely, including periodic liver enzymes (ALT, AST, and bilirubin) and fibrosis scans as needed [AASLD Practice Guidance 2023]

3. Evaluate and treat any identified underlying causes of anemia, such as folate or B12 deficiency [ACMG Guidelines]

4. Consider HAIgM testing if active Hep A infection is suspected [Clinical Laboratory Improvement Amendments (CLIA)]

5. Discuss the implications of positive Hep B test results with a specialist to determine if any further action is needed [CDC Guidelines]

Detailed Analysis

AI Summary

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Given the patient's history of liver disease (MASH F3), CLL, and current laboratory findings, it is crucial to monitor liver function closely, consider treating any identified underlying causes of anemia, and manage the CLL appropriately. A hematology referral may be necessary for further evaluation and management of the CLL and anemia.

Key Findings

1. **Hematologic Findings**
2. **Liver Findings**
3. **Immunologic Findings**

Clinical Correlations

• The anemia, lymphocytosis, and thrombocytopenia are consistent with the patient's CLL diagnosis.

• The elevated bilirubin and ALT may be related to the liver disease or hemolysis.

• The fibrosis scan supports the presence of significant liver fibrosis, which could be due to the underlying liver disease or complications from CLL treatment.

• The negative Hep A test indicates susceptibility to infection, while the positive Hep B test suggests immunity from either vaccination or previous infection. However, it is unclear whether the immunity is vaccine-induced or due to a past infection with HB.

Recommendations

1. Consider hematology referral for further evaluation and management of CLL and anemia [ACMG Guidelines]

2. Monitor liver function closely, including periodic liver enzymes (ALT, AST, and bilirubin) and fibrosis scans as needed [AASLD Practice Guidance 2023]

3. Evaluate and treat any identified underlying causes of anemia, such as folate or B12 deficiency [ACMG Guidelines]

4. Consider HAIgM testing if active Hep A infection is suspected [Clinical Laboratory Improvement Amendments (CLIA)]

5. Discuss the implications of positive Hep B test results with a specialist to determine if any further action is needed [CDC Guidelines]

Uncertainties and Limitations

• The assay for Hep B surface antibody does not differentiate between vaccine-induced immunity and immunity from past infection, which may require additional testing or consultation with a specialist.

• The fibrosis scan indicates significant liver fibrosis, but the underlying cause is unclear and may require further investigation.

• The anemia could be due to multiple causes, including CLL, liver disease, folate deficiency, or B12 deficiency; additional testing may be necessary to determine the exact cause.