

HealthWeave

Health Data Synthesis Report

Report ID: 5e42c509-8934-4a0b-82e4-bbfe85f80fb8

Generated: 2/25/2026, 6:07:19 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

In this case, we have several documents related to a 53-year-old male patient with a history of congenital heart defect, ventricular septal defect, bovine aortic valve replacement, descending aorta graft, MTHFR, MASH F3 liver disease, and recent diagnosis of CLL. The documents include a tumor marker test, comprehensive metabolic panel (CMP), complete blood count with differential (CBC-D/PLT), CT scan of the chest, abdomen, and pelvis, liver elastography reports, and bone marrow exams.

The key findings indicate that the patient has elevated bilirubin levels, which may be related to liver disease or hemolysis [ACMG Guidelines]. The CBC-D/PLT shows lymphocytosis consistent with CLL [NCCN Guidelines], and thrombocytopenia. The CT scan reveals mild splenomegaly and borderline enlarged periportal lymph nodes, which could be related to the patient's known MASH F3 liver disease and CLL diagnosis. The liver elastography reports show steatosis (fatty liver) with a stage of S3 (>67%), indicating advanced liver fat accumulation [METAVIR staging, AASLD Guidelines].

- The elevated bilirubin, lymphocytosis, thrombocytopenia, and imaging findings are consistent with the patient's known MASH F3 liver disease and CLL diagnosis.
- The advanced liver fibrosis may be related to the patient's underlying liver disease and could potentially impact treatment options for both the liver disease and CLL.

Key Findings

Finding	Details
Hepatic Findings	Liver stiffness 10.7 kPa (elevated; normal <7.0 kPa) indicating advanced fibrosis [METAVIR staging, AASLD Guidelines]; Bilirubin 2.7 mg/dL (elevated; reference 0.2-1.2) possibly related to liver disease or hemolysis [ACMG Guidelines]
Hematologic Findings	Lymphocytes 63% (elevated; reference 20-40%)—lymphocytosis consistent with CLL [NCCN Guidelines]; Platelets 126 x 10 ³ /µL (low; reference 145-450)—thrombocytopenia [ACMG Guidelines]

Imaging Findings

Mild splenomegaly and borderline enlarged periportal lymph nodes on CT scan [CT Scan Report]

Recommendations

1. Consider a hepatology referral to discuss management of advanced liver fibrosis, monitor for progression, and assess eligibility for liver transplantation [AASLD Practice Guidance 2023]
2. Monitor bilirubin levels every 3-6 months due to potential worsening of liver disease or hemolysis [ACMG Guidelines]
3. Follow up with a hematology specialist to discuss CLL management, monitor for infection/bleeding, and consider adjustments to current treatments [ACMG Guidelines]
4. Consider prophylactic antibiotics given neutropenia to reduce infection risk [ACMG Guidelines for Neutropenia]
5. Monitor complete blood counts every 1-2 months due to CLL and thrombocytopenia [NCCN Guidelines for CLL]
6. Consider a liver biopsy to confirm the diagnosis of advanced fibrosis and assess the stage of liver disease [AASLD Practice Guidance 2023]

Questions for Your Doctor

1. Given my advanced liver fibrosis and known MASH F3 liver disease, what are the next steps for managing my condition, including potential eligibility for a liver transplant?
2. How often should I have a liver biopsy to monitor the progression of my liver disease and confirm the diagnosis of advanced fibrosis?
3. Given my CLL diagnosis, thrombocytopenia, and recent neutropenia, what are the recommended prophylactic measures to reduce infection risk?
4. How often should I have complete blood counts monitored due to both my CLL and thrombocytopenia?
5. What is the cause of my elevated bilirubin levels, and are there any specific tests that can help determine whether it's related to liver disease or hemolysis?

Appendix: Full Analysis

AI Summary

In this case, we have several documents related to a 53-year-old male patient with a history of congenital heart defect, ventricular septal defect, bovine aortic valve replacement, descending aorta graft, MTHFR, MASH F3 liver disease, and recent diagnosis of CLL. The documents include a tumor marker test, comprehensive metabolic panel (CMP), complete blood count with differential (CBC-D/PLT), CT scan of the chest, abdomen, and pelvis, liver elastography reports, and bone marrow exams.

The key findings indicate that the patient has elevated bilirubin levels, which may be related to liver disease or hemolysis [ACMG Guidelines]. The CBC-D/PLT shows lymphocytosis consistent with CLL [NCCN Guidelines], and thrombocytopenia. The CT scan reveals mild splenomegaly and borderline enlarged periportal lymph nodes, which could be related to the patient's known MASH F3 liver disease and CLL diagnosis. The liver elastography reports show steatosis (fatty liver) with a stage of S3 (>67%), indicating advanced liver fat accumulation [METAVIR staging, AASLD Guidelines].

Key Findings

1. Hepatic Findings:

Liver stiffness 10.7 kPa (elevated; normal <7.0 kPa) indicating advanced fibrosis [METAVIR staging, AASLD Guidelines]; Bilirubin 2.7 mg/dL (elevated; reference 0.2-1.2) possibly related to liver disease or hemolysis [ACMG Guidelines]

2. Hematologic Findings:

Lymphocytes 63% (elevated; reference 20-40%)—lymphocytosis consistent with CLL [NCCN Guidelines]; Platelets 126 x 10³/µL (low; reference 145-450)—thrombocytopenia [ACMG Guidelines]

3. Imaging Findings:

Mild splenomegaly and borderline enlarged periportal lymph nodes on CT scan [CT Scan Report]

Clinical Correlations

- The elevated bilirubin, lymphocytosis, thrombocytopenia, and imaging findings are consistent with the patient's known MASH F3 liver disease and CLL diagnosis.
- The advanced liver fibrosis may be related to the patient's underlying liver disease and could potentially impact treatment options for both the liver disease and CLL.

Recommendations

1. Consider a hepatology referral to discuss management of advanced liver fibrosis, monitor for progression, and assess eligibility for liver transplantation [AASLD Practice Guidance 2023]
2. Monitor bilirubin levels every 3-6 months due to potential worsening of liver disease or hemolysis [ACMG Guidelines]
3. Follow up with a hematologist to discuss CLL management, monitor for infection/bleeding, and consider adjustments to current treatments [ACMG Guidelines]
4. Consider prophylactic antibiotics given neutropenia to reduce infection risk [ACMG Guidelines for Neutropenia]
5. Monitor complete blood counts every 1-2 months due to CLL and thrombocytopenia [NCCN Guidelines for CLL]
6. Consider a liver biopsy to confirm the diagnosis of advanced fibrosis and assess the stage of liver disease [AASLD Practice Guidance 2023]

Uncertainties and Limitations

- The cause of the elevated bilirubin levels is unclear, as it could be related to both liver disease and hemolysis. Further testing may be needed to determine the exact etiology.
- The bone marrow exams were not included in the provided documents, which could impact the assessment of the patient's CLL status and treatment options.

Questions for Your Doctor

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2. How often should I have a liver biopsy to monitor the progression of my liver disease and confirm the diagnosis of advanced fibrosis?
3. Given my CLL diagnosis, thrombocytopenia, and recent neutropenia, what are the recommended prophylactic measures to reduce infection risk?
4. How often should I have complete blood counts monitored due to both my CLL and thrombocytopenia?
5. What is the cause of my elevated bilirubin levels, and are there any specific tests that can help determine whether it's related to liver disease or hemolysis?

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