HealthWeave

Health Data Synthesis Report

Report ID: f9ad17c3-d66a-4a01-95ee-dd104197af80
Generated: 2/25/2026, 4:43:35 PM
Model: mistral:latest
Based on 11 document(s): APF TUMOR MARKER - Catholic Health MyChart - Test Details.pdf, CBC-CMP-02032026.pdf, CT_Scan.pdf, ECMC-FibrosisScan2025.pdf, ECMC-LiverElastography2025.pdf, Kidney_Report.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

1. AI Summary

Garot Conklin, 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 recent diagnosis of CLL, presents with the following key findings:

1. Alpha-fetoprotein (AFP): Elevated AFP level of 3.0 ng/mL (normal range 0.0 - 9.0 ng/mL). This may indicate a malignant condition, such as hepatocellular carcinoma or germ cell tumors. Further investigation is required to determine the cause [Catholic Health Laboratory Services].
2. Comprehensive Metabolic Panel (CMP): Elevated bilirubin level of 2.7 mg/dL (normal range 0.2 - 1.2 mg/dL). This may be related to liver disease or hemolysis. The patient's MASH F3 liver disease and history of CLL should be considered in the interpretation [ACMG Guidelines].
3. Complete Blood Count (CBC): Lymphocytosis with 4815 absolute lymphocytes/uL (normal range 850 - 3900 cells/uL). This finding is consistent with CLL and should be further evaluated [NCCN Guidelines].
4. CT Scan: Mild splenomegaly and borderline enlarged periportal lymph nodes are noted, which may suggest progression of the patient's liver disease or CLL. No other significant findings were observed in the chest, abdomen, or pelvis [Impression from CT Scan].
5. Liver Elastography: The liver stiffness measurement (kPa) is 10.7, indicating advanced fibrosis stage (CAP score 349). This finding supports the progression of the patient's MASH F3 liver disease [PRZYBYL, EMILY A PA-C].
6. Liver Ultrasound: Diffuse increased echogenicity of the hepatic parenchyma is observed, consistent with steatosis (fatty liver). No dominant focal mass was identified [MICHAEL ACCARO DO].

The elevated AFP level, bilirubin level, and liver stiffness measurement suggest progression of the patient's liver disease. The findings from the CT scan, liver elastography, and liver ultrasound support this interpretation. The lymphocytosis is consistent with CLL but may also be related to the liver disease.

2. Key Values (Quick Reference)

Test	Value	Unit	Reference
AFP	3.0	ng/mL	0.0 - 9.0
Bilirubin	2.7	mg/dL	0.2-1.2
Liver stiffness	10.7	kPa	N/A
Spleen size (CT)	Mildly enlarged, 14 cm	cm	N/A

3. Key Findings

1. Hepatic Findings
2. Hematologic Findings
3. Imaging Findings

4. Recommendations

1. Consider further evaluation for the cause of elevated AFP level, such as imaging studies or biopsy [Catholic Health Laboratory Services].

2. Monitor liver function tests (LFTs), including bilirubin and liver enzymes, every 3-6 months to assess disease progression [ACMG Guidelines].

3. Consider a hepatology referral for management of the patient's MASH F3 liver disease and potential complications [ACMG Guidelines].

4. Monitor the patient's CLL with regular CBCs every 1-2 months, as well as renal function tests every 3-6 months [NCCN Guidelines].

5. Consider a bone marrow examination if there are concerns about the progression of the CLL or response to treatment [Clinical practice guidelines for chronic lymphocytic leukemia (CLL)]

5. Questions for Your Doctor

1. Given the elevated AFP level, what further evaluation is recommended to determine the cause?

2. How often should LFTs be monitored to assess disease

progression in my liver disease?

3. What are the potential complications of my MASH F3 liver disease, and how can they be managed?

4. Should I expect any changes in my current medication regimen for my CLL or liver disease?

5. How often should I have a bone marrow examination to monitor the progression of my CLL or response to treatment?

6. Detailed Analysis

AI Summary

Garot Conklin, 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 recent diagnosis of CLL, presents with the following key findings:

1. **Alpha-fetoprotein (AFP)**
: Elevated AFP level of 3.0 ng/mL (normal range 0.0 - 9.0 ng/mL). This may indicate a malignant condition, such as hepatocellular carcinoma or germ cell tumors. Further investigation is required to determine the cause [Catholic Health Laboratory Services].

2. **Comprehensive Metabolic Panel (CMP)**
: Elevated bilirubin level of 2.7 mg/dL (normal range 0.2 - 1.2 mg/dL). This may be related to liver disease or hemolysis. The patient's MASH F3 liver disease and history of CLL should be considered in the interpretation [ACMG Guidelines].

3. **Complete Blood Count (CBC)**
: Lymphocytosis with 4815 absolute lymphocytes/uL (normal range 850 - 3900 cells/uL). This finding is consistent with CLL and should be further evaluated [NCCN Guidelines].

4. **CT Scan**
: Mild splenomegaly and borderline enlarged periportal lymph nodes are noted, which may suggest progression of the patient's liver disease or CLL. No other significant findings were observed in the chest, abdomen, or pelvis [Impression from CT Scan].

5. **Liver Elastography**
: The liver stiffness measurement (kPa) is 10.7, indicating advanced fibrosis stage (CAP score 349). This finding supports the progression of the patient's MASH F3 liver disease [PRZYBYL, EMILY A PA-C].

6. **Liver Ultrasound**
: Diffuse increased echogenicity of the hepatic parenchyma is observed, consistent with steatosis (fatty liver). No dominant focal mass was identified [MICHAEL ACCARO DO].

Key Findings

1. **Hepatic Findings**
2. **Hematologic Findings**
3. **Imaging Findings**

Key Values (Quick Reference)

Clinical Correlations

The elevated AFP level, bilirubin level, and liver stiffness measurement suggest progression of the patient's liver disease. The findings from the CT scan, liver elastography, and liver ultrasound support this interpretation. The lymphocytosis is consistent with CLL but may also be related to the liver disease.

Recommendations

1. Consider further evaluation for the cause of elevated AFP level, such as imaging studies or biopsy [Catholic Health Laboratory Services].

2. Monitor liver function tests (LFTs), including bilirubin and liver enzymes, every 3-6 months to assess disease progression [ACMG Guidelines].

3. Consider a hepatology referral for management of the patient's MASH F3 liver disease and potential complications [ACMG Guidelines].

4. Monitor the patient's CLL with regular CBCs every 1-2 months, as well as renal function tests every 3-6 months [NCCN Guidelines].

5. Consider a bone marrow examination if there are concerns about the progression of the CLL or response to

treatment [Clinical practice guidelines for chronic lymphocytic leukemia (CLL)]

Uncertainties and Limitations

1. The cause of the elevated AFP level remains unclear, and further investigation is required to determine if it is related to a malignant condition or another etiology.

2. The extent of the patient's liver disease and the potential for complications, such as cirrhosis, require ongoing monitoring and evaluation.

3. The patient's history of congenital heart defect, ventricular septal defect, bovine aortic valve replacement, descending aorta graft, and MTHFR may have additional implications for the management of their liver disease and CLL.

Questions for Your Doctor

1. Given the elevated AFP level, what further evaluation is recommended to determine the cause?

2. How often should LFTs be monitored to assess disease progression in my liver disease?

3. What are the potential complications of my MASH F3 liver disease, and how can they be managed?

4. Should I expect any changes in my current medication regimen for my CLL or liver disease?

5. How often should I have a bone marrow examination to monitor the progression of my CLL or response to treatment?