# HealthWeave

Health Data Synthesis Report

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## AI Summary

This patient 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 laboratory results show normal glucose, creatinine, sodium, potassium, chloride, carbon dioxide, calcium, protein, albumin, globulin, bilirubin, alkaline phosphatase, AST, ALT, RBC count, hemoglobin, hematocrit, MCV, MCH, MCHC, RDW, platelet count, absolute neutrophils, absolute lymphocytes, absolute monocytes, absolute eosinophils, absolute basophils, and neutrophil percentage. However, there is a significant elevation in the lymphocyte percentage (64.2%) which may be indicative of CLL progression. The imaging studies show mild splenomegaly and borderline enlarged periportal lymph nodes, consistent with MASH F3 liver disease and CLL.

The elevated lymphocyte percentage is consistent with CLL progression. The imaging findings of mild splenomegaly and borderline enlarged periportal lymph nodes are also consistent with MASH F3 liver disease and CLL. There is no evidence of disease progression or treatment response in the laboratory results.

## Key Findings

| Finding | Details |
|---|---|
| Hematologic Findings | Lymphocytes 64.2% (elevated; reference 15-49%)—lymphocytosis consistent with CLL progression [NCCN Guidelines] |
| Imaging Findings | Spleen enlarged, 14 cm (consistent with MASH F3 liver disease and CLL) [ECMC Liver Elastography Report 9/30/2025]; Periportal lymph nodes borderline enlarged (non-specific) [CT Scan Report] |

## Recommendations

1. Consider a follow-up CBC every 3 months to monitor CLL [NCCN Guidelines]

2. Schedule a specialist consultation with a hematologist to discuss CLL management and potential treatment options

3. Consider a liver biopsy or repeat imaging studies to assess the extent of MASH F3 liver disease

4. Monitor for signs of infection due to neutropenia (absolute neutrophils 1770 cells/uL) [ACMG Guidelines]

5. Monitor for bleeding tendencies due to thrombocytopenia (platelet count 133 x $10^3$/µL) [ACMG Guidelines]

## Questions for Your Doctor

1. Given my CLL progression, what are the treatment options available to me?

2. Should I continue my current medications or consider a change in therapy?

3. What is the best approach for monitoring my CLL and MASH F3 liver disease?

4. Are there any specific precautions I should take due to my neutropenia and thrombocytopenia?

5. Would a liver biopsy or repeat imaging studies provide additional information about my liver disease?

# Appendix: Full Analysis

## AI Summary

This patient 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 laboratory results show normal glucose, creatinine, sodium, potassium, chloride, carbon dioxide, calcium, protein, albumin, globulin, bilirubin, alkaline phosphatase, AST, ALT, RBC count, hemoglobin, hematocrit, MCV, MCH, MCHC, RDW, platelet count, absolute neutrophils, absolute lymphocytes, absolute monocytes, absolute eosinophils, absolute basophils, and neutrophil percentage. However, there is a significant elevation in the lymphocyte percentage (64.2%) which may be indicative of CLL progression. The imaging studies show mild splenomegaly and borderline enlarged periportal lymph nodes, consistent with MASH F3 liver disease and CLL.

## Key Findings

1. **Hematologic Findings:**
Lymphocytes 64.2% (elevated; reference 15-49%)—lymphocytosis consistent with CLL progression [NCCN Guidelines]

2. **Imaging Findings:**
Spleen enlarged, 14 cm (consistent with MASH F3 liver disease and CLL) [ECMC Liver Elastography Report 9/30/2025]; Periportal lymph nodes borderline enlarged (non-specific) [CT Scan Report]

## Clinical Correlations

The elevated lymphocyte percentage is consistent with CLL progression. The imaging findings of mild splenomegaly and borderline enlarged periportal lymph nodes are also consistent with MASH F3 liver disease and CLL. There is no evidence of disease progression or treatment response in the laboratory results.

## Recommendations

1. Consider a follow-up CBC every 3 months to monitor CLL [NCCN Guidelines]
2. Schedule a specialist consultation with a hematologist to discuss CLL management and potential treatment options
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## Uncertainties and Limitations

The laboratory results do not provide information on the patient's medication adherence or response to current medications. The imaging studies do not show any focal lesions that would require further investigation. There is a lack of information regarding the patient's liver function tests (ALT, AST) and coagulation studies.

## Questions for Your Doctor

1. Given my CLL progression, what are the treatment options available to me?
2. Should I continue my current medications or consider a change in therapy?
3. What is the best approach for monitoring my CLL and MASH F3 liver disease?
4. Are there any specific precautions I should take due to my neutropenia and thrombocytopenia?
5. Would a liver biopsy or repeat imaging studies provide additional information about my liver disease?