

## Clinical Report

### Patient Information

- **Name:** Liam O'Connell
- **Date of Birth:** 04/10/2004
- **Age:** 21
- **Gender:** Male
- **Contact Information:** (555) 789-0123, [liam.oconnell@student.anytownu.edu](mailto:liam.oconnell@student.anytownu.edu)
- **Address:** Anytown University Dormitory, Room 3B, Anytown, USA

### Referring Physician

- Dr. Evelyn Peterson, MD
- University Health Services
- Anytown University

### Medical Institution

- Anytown University Hospital - Division of Gastroenterology
- **Report Date:** 07/18/2025

### Clinical History and Background

Liam O'Connell is a 21-year-old third-year university student studying engineering who was referred by University Health Services for evaluation of persistent abdominal pain and diarrhea. Mr. O'Connell reports having intermittent gastrointestinal issues for approximately 18 months, which he initially attributed to stress from his demanding academic schedule and poor dietary habits. However, over the past four months, his symptoms have become constant and have significantly worsened, leading to unintentional weight loss and impacting his ability to attend classes and complete his coursework. His past medical history is unremarkable. He has a family history of a paternal uncle with ulcerative colitis. He does not smoke or use illicit drugs and drinks alcohol socially, although he reports that alcohol now exacerbates his symptoms.

### Current Symptoms & Patient-Reported Outcomes (PROs)

- **Abdominal Pain:**
  - **Patient's Description:** "A sharp, cramping pain that's almost always there on my lower right side. It gets incredibly intense about an hour after I eat, to the point where I have to just curl up in a ball."
  - **Severity:** He rates the daily pain as a 5/10, but the post-prandial (after eating) pain as a 9/10.
  - **Duration:** Intermittent for 18 months, but constant and severe for the last 4 months.

- **Clinical Note:** The location (right lower quadrant) and post-prandial nature of the pain are highly suggestive of inflammation in the terminal ileum.
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- **Diarrhea:**
  - **Patient's Description:** "It's completely unpredictable. I'm running to the bathroom 8 to 10 times a day. It's watery and urgent, and I have to know where every single bathroom is on campus. I've had to leave lectures midway through."
  - **Severity:** Severe. The urgency and frequency are causing significant social anxiety and disruption to his life. He denies seeing any blood.
  - **Duration:** Worsening over the past year.
  - **Clinical Note:** Chronic, non-bloody diarrhea is a hallmark symptom of small bowel inflammatory bowel disease like Crohn's.
- **Weight Loss and Decreased Appetite:**
  - **Patient's Description:** "I've lost a lot of weight without trying. I'm just never hungry because I'm scared of the pain that will come after I eat. My jeans are falling off me."
  - **Severity:** Significant. Documented weight loss of 22 pounds in four months.
  - **Duration:** Over the past four months.
  - **Clinical Note:** Weight loss is multifactorial, caused by malabsorption from the inflamed bowel, poor intake due to food-associated pain (sitophobia), and the catabolic state of chronic inflammation.
- **Fatigue:**
  - **Patient's Description:** "I'm exhausted all the time. It doesn't matter how much I sleep. I feel like I'm walking through mud. I can't concentrate on my problem sets at all."
  - **Severity:** Severe, impacting his academic performance and cognitive function.
  - **Duration:** Progressively worsening over the last six months.
  - **Clinical Note:** Systemic inflammation, anemia, and malnutrition all contribute to the profound fatigue seen in active Crohn's disease.

## Clinical Findings

- **Vital Signs:**
  - **Blood Pressure:** 110/70 mmHg
  - **Heart Rate:** 95 bpm (mildly tachycardic)
  - **Respiratory Rate:** 16 breaths/min
  - **Temperature:** 99.2°F (37.3°C) (low-grade fever)
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- **Physical Examination:**
  - **General:** Thin, pale-appearing young man. Appears fatigued and uncomfortable.
  - **Abdomen:** Soft, with marked tenderness to deep palpation in the right lower quadrant. A vague fullness is appreciated in this area, suggesting inflamed bowel loops. Bowel sounds are hyperactive.
  - **Oral Cavity:** Two small aphthous ulcers noted on the buccal mucosa.
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- **Laboratory Results:**

- **Complete Blood Count (CBC):** Hemoglobin 10.8 g/dL, Hematocrit 32% (mild normocytic anemia).
- **Erythrocyte Sedimentation Rate (ESR):** 55 mm/hr (Normal < 15 mm/hr) - *Markedly elevated.*
- **C-reactive Protein (CRP):** 6.8 mg/dL (Normal < 1.0 mg/dL) - *Markedly elevated.*
- **Serum Albumin:** 2.9 g/dL (Normal 3.5-5.0 g/dL) - *Low, indicating malnutrition and protein loss.*
- **Fecal Calprotectin:** >1800 ug/g (Normal < 50 ug/g) - *Extremely high, indicating severe intestinal inflammation.*
- **Stool Studies:** Negative for infectious pathogens (C. difficile, Salmonella, Shigella, Campylobacter).

- **Endoscopy and Imaging:**

- **Colonoscopy:** The scope was advanced to the terminal ileum. Findings included discontinuous areas of inflammation ("skip lesions") in the colon, with areas of normal mucosa in between. The terminal ileum was severely inflamed, with deep, linear ulcers and a "cobblestone" appearance. Biopsies were taken.
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