

Client Full Name: Information not found in transcript.
Client Date of Birth: Information not found in transcript.
Date of Service: Information not found in transcript.
Exact start time and end time: Information not found in transcript.
Session Location: Information not found in transcript.
Diagnosis: See Assessment details below.

Subjective:

The patient reports experiencing persistent abdominal pain for the past few months, which prompted a visit to a colleague, Dr. Donovan, who ordered an initial scan for gallstones. The patient was subsequently contacted for a follow-up scan without being informed of the specific reason. The patient expresses concern and surprise upon learning about the need for additional imaging. The patient is 47 years old and expresses shock and concern upon hearing the potential diagnosis of pancreatic cancer. The patient inquires about the nature of the pancreas and possible treatment options, including surgical removal.

Objective:

The clinician, Dr. Weber, reviews the results of the patient's scans. The initial ultrasound scan indicated something suspicious on the pancreas, prompting a more detailed CT scan. The CT scan confirmed the presence of an abnormality on the pancreas. The clinician explains the function and location of the pancreas and the potential implications of the findings. The clinician observes the patient's emotional response, noting shock and concern.

Assessment:

The primary clinical impression is a suspicious finding on the pancreas, with a differential diagnosis that includes the possibility of pancreatic cancer. The clinician emphasizes the uncertainty of the diagnosis and the need for further specialist evaluation to confirm the nature of the abnormality.

Plan:

1. Refer the patient to a specialist for further evaluation of the pancreatic abnormality.
2. Communicate with the specialist to review the scan results and discuss potential diagnoses and treatment options.
3. Provide the patient with educational material about pancreatic cancer and its implications.
4. Schedule a follow-up appointment for the next day to discuss further findings and address any additional questions or concerns.

Therapist Signature: _____ Date: _____

Information of clinician name, credentials, and license not found in transcript.