

Document Type: Gastroenterology Report - Ulcerative Colitis Diagnosis

Date of Service: August 22, 2012

[Riverside Gastroenterology & Endoscopy Center - Logo: A winding blue river icon]

Patient Name: John Doe

Date of Birth: 01/15/1970

CONSULTATION NOTE (August 1, 2012):

- **Referring Physician:** Dr. Evelyn Reed
 - **Reason for Consult:** Chronic abdominal pain, diarrhea, and unintended weight loss. Patient reports symptoms for approximately 6 months: diffuse cramping abdominal pain (rated 5-7/10), 4-6 loose bowel movements per day, occasionally bloody or with mucus. Has lost 10 lbs over 3 months without intentional dieting.
 - **Review of Systems:** Reports significant fatigue. Denies fever, chills, night sweats, joint pain, or rashes.
 - **Physical Exam:** General: Appears fatigued. Abdomen: Soft, mildly distended, diffuse tenderness on deep palpation, particularly in the lower left quadrant. No rebound tenderness or guarding. Bowel sounds hyperactive. Rectal exam: Mild tenderness, no palpable masses, occult blood positive.
 - **Impression:** Clinical picture highly suggestive of Inflammatory Bowel Disease (IBD), specifically Ulcerative Colitis given bloody diarrhea and left-sided abdominal pain.
 - **Plan:** Discussed need for diagnostic colonoscopy with biopsies. Patient consented. Scheduled for August 22, 2012.
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COLONOSCOPY REPORT (August 22, 2012):

- **Procedure:** Complete Colonoscopy to Cecum.
 - **Sedation:** Moderate sedation (Midazolam 2mg, Fentanyl 50mcg).
 - **Findings:**
 - **Rectum:** Severe erythema, diffuse friability, spontaneous bleeding on scope insertion, widespread shallow ulcerations, complete loss of normal vascular pattern.
 - **Sigmoid Colon:** Moderate erythema and friability with patchy ulcerations, loss of vascular pattern.
 - **Descending Colon:** Mild, focal areas of erythema, otherwise unremarkable.
 - **Transverse Colon, Ascending Colon, Cecum, Terminal Ileum:** Normal mucosa.
 - **Biopsies:** Multiple biopsies taken from affected rectal and sigmoid segments.
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- **Impression:** Endoscopic findings consistent with active Ulcerative Colitis, involving the rectum and sigmoid colon (Proctosigmoiditis).
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PATHOLOGY REPORT (Unity Diagnostics Lab - August 29, 2012 - Attached):

- **Specimen:** Biopsies from Rectum and Sigmoid Colon.
 - **Gross Description:** Multiple fragments of tan-pink tissue, up to 0.3 cm.
 - **Microscopic Description:** Sections show colonic mucosa with severe active inflammation, diffuse crypt architectural distortion, marked cryptitis, and crypt abscesses. Goblet cell depletion is prominent. Lamina propria shows increased chronic inflammatory cells (lymphocytes, plasma cells). No granulomas.
 - **Diagnosis:** Active chronic colitis with features consistent with Ulcerative Colitis. No dysplasia or malignancy identified.
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PLAN:

1. Diagnosis confirmed: Ulcerative Colitis (Proctosigmoiditis).
 2. Initiate Mesalamine (oral: Lialda 2.4g BID; rectal suppositories: Canasa 1000mg nightly).
 3. Patient provided with dietary recommendations for IBD.
 4. Schedule follow-up appointment in 6 weeks to assess clinical response to therapy and discuss long-term management.
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Physician Signature:

Dr. Samuel Chen, MD (Gastroenterologist)

September 1, 2012