

Document Type: PCP Progress Note - Elevated Liver Enzymes

Date of Service: July 25, 2017

[Harmony Health Clinic - Logo: A stylized green leaf over interlocking circles]

Patient Name: John Doe

Date of Birth: 01/15/1970

SUBJECTIVE:

Patient reports no new symptoms. Follow-up on routine annual blood work which showed elevated liver enzymes. Denies jaundice, dark urine, light stools, or new abdominal pain. Reports maintaining current medication regimen for hypertension, ulcerative colitis, and hypothyroidism. Patient states social alcohol intake is infrequent, approximately 1-2 drinks per month, no binge drinking.

OBJECTIVE:

- **Vitals:** BP: 128/82 mmHg, HR: 70 bpm, Temp: 98.4°F.
- **Physical Exam:** General: Appears well. Abdomen: Soft, non-tender, non-distended. No hepatomegaly (liver not palpable below costal margin). Skin and sclera anicteric. No stigmata of chronic liver disease.

LAB RESULTS (Attached, from Unity Diagnostics Lab - dated 07/20/2017):

- **Liver Function Panel:**
 - AST (Aspartate Aminotransferase): 55 U/L (High - *Reference Range: 10-40 U/L*)
 - ALT (Alanine Aminotransferase): 60 U/L (High - *Reference Range: 7-56 U/L*)
 - Alkaline Phosphatase: 90 U/L (Normal - *Reference Range: 40-129 U/L*)
 - Total Bilirubin: 0.8 mg/dL (Normal - *Reference Range: 0.2-1.2 mg/dL*)
 - Albumin: 4.2 g/dL (Normal - *Reference Range: 3.5-5.0 g/dL*)
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- **Other Labs:** CBC, BMP, TSH, Free T4 - all stable on current medications. Viral hepatitis panel (Hep B surface antigen, Hep C antibody) from 2010 was negative.

ASSESSMENT:

Elevated liver transaminases (AST/ALT), mild elevation, etiology currently unclear. Given prior normal labs, considering non-alcoholic fatty liver disease (NAFLD) or potential medication effect as possible contributors, though no recent medication changes. Patient denies significant alcohol use.

PLAN:

1. Order Abdominal Ultrasound to evaluate liver parenchyma and rule out structural abnormalities, fatty liver, or biliary pathology.

2. Counsel patient again on strict moderation of alcohol intake and importance of healthy diet/weight management.
3. Review all current medications for potential hepatotoxicity (Lisinopril, Mesalamine, Levothyroxine generally low risk).
4. Recheck liver enzymes in 3 months with follow-up visit after ultrasound results.

IMAGING REPORT (Metropolitan General Radiology - Abdominal Ultrasound - Attached, dated 08/01/2017):

- **Study:** Ultrasound Abdomen, Complete.
- **Findings:** Liver normal in size, echotexture, and contour. No focal lesions. No evidence of hepatic steatosis. Gallbladder, bile ducts, spleen, kidneys, pancreas all unremarkable.
- **Impression:** Normal abdominal ultrasound. No evidence of intrinsic liver disease, mass, or biliary obstruction.

Physician Signature:

Dr. Evelyn Reed, MD

August 10, 2017
