**Patient Details**

* **Name**: Sarah Thompson
* **Age**: 52
* **Gender**: Female
* **Date of Visit**: November 1, 2024

**Chief Complaint**

The patient presents with persistent fatigue, unintentional weight loss of approximately 10 pounds over the past 3 months, and intermittent abdominal pain localized to the upper right quadrant. She also reports occasional nausea, especially after meals, and a feeling of fullness after eating small amounts of food.

**History of Present Illness**

The patient, a 52-year-old female, reports experiencing generalized fatigue that has gradually worsened over the past three months. She initially attributed it to stress from work but became concerned after noticing a significant, unexplained weight loss of 10 pounds within this period. The patient describes the abdominal pain as a dull, intermittent ache in the upper right quadrant that sometimes radiates to her back. Pain is worse after eating fatty foods and is occasionally accompanied by nausea.

She denies experiencing any changes in bowel habits, jaundice, fever, or night sweats. No recent travel history, and she denies any history of alcohol or illicit drug use. She reports no known food allergies.

**Past Medical History**

* Hypertension, diagnosed 5 years ago, currently managed with medication.
* Hyperlipidemia, diagnosed 3 years ago.
* No history of diabetes, liver disease, or gastrointestinal disorders.
* No prior surgeries.

**Medications**

* Amlodipine 10 mg once daily (for hypertension).
* Atorvastatin 20 mg once daily (for hyperlipidemia).
* Over-the-counter multivitamins.

**Family History**

* Mother: Hypertension, passed away at age 78 due to stroke.
* Father: Type 2 diabetes, still living, age 82.
* No family history of liver disease or gastrointestinal cancers.

**Social History**

* Occupation: Office manager, sedentary job.
* Diet: Reports eating a high-fat diet, minimal fruits and vegetables.
* Exercise: Walks occasionally but has no regular exercise routine.
* Smoking: Denies current or past use.
* Alcohol: Consumes approximately 2-3 glasses of wine per week.

**Review of Systems**

* **General**: Fatigue, unintentional weight loss.
* **Cardiovascular**: No chest pain, palpitations, or shortness of breath.
* **Gastrointestinal**: Intermittent upper right quadrant pain, occasional nausea.
* **Musculoskeletal**: No joint pain or swelling.
* **Neurological**: No headaches, dizziness, or vision changes.

**Physical Examination**

* **Vital Signs**:
  + Blood pressure: 138/88 mmHg
  + Heart rate: 78 bpm
  + Temperature: 98.6°F
  + Respiratory rate: 16 breaths per minute
  + BMI: 25.4 kg/m² (overweight)
* **General Appearance**: Alert, cooperative, no acute distress.
* **Abdominal Exam**:
  + Mild tenderness in the upper right quadrant, no guarding or rebound tenderness.
  + Liver palpation reveals mild hepatomegaly. No palpable masses.
  + Bowel sounds normal.
* **Cardiovascular Exam**: Regular heart rate and rhythm, no murmurs or gallops.
* **Respiratory Exam**: Clear to auscultation bilaterally, no wheezes or crackles.
* **Neurological Exam**: Cranial nerves intact, motor strength 5/5 in all extremities.

**Laboratory & Imaging Results**

* **CBC**: Hemoglobin slightly low at 11.8 g/dL, suggesting mild anemia.
* **Liver Function Tests**: Elevated AST (45 U/L) and ALT (52 U/L), total bilirubin within normal limits.
* **Abdominal Ultrasound**: Mild hepatomegaly with evidence of fatty liver infiltration, no gallstones or masses detected.

**Assessment & Diagnosis**

1. **Non-alcoholic fatty liver disease (NAFLD)**, likely secondary to obesity and hyperlipidemia.
2. **Mild anemia**, possibly related to nutritional deficiencies.
3. **Hypertension** and **hyperlipidemia**, well-controlled with current medications.

**Plan & Recommendations**

1. **Lifestyle Modifications**:
   * Educated the patient on adopting a low-fat, Mediterranean-style diet to reduce liver fat and improve overall health. Suggested incorporating more fruits, vegetables, and whole grains.
   * Recommended 30 minutes of moderate-intensity exercise (e.g., brisk walking) at least 5 days a week.
2. **Medications**:
   * Continue current hypertension and lipid-lowering medications.
   * Started on **Vitamin B12 supplement** 1000 mcg daily due to possible nutritional deficiency contributing to anemia.
3. **Follow-Up**:
   * Repeat liver function tests in 3 months to monitor liver enzyme levels.
   * Referred to a dietitian for personalized dietary counseling.
   * Scheduled follow-up visit in 3 months or sooner if symptoms worsen.

**Patient Education & Counseling**

* Discussed the importance of dietary changes in managing fatty liver disease and preventing progression to liver fibrosis.
* Advised to limit alcohol intake to a maximum of 1 glass of wine per week.
* Provided educational pamphlet on non-alcoholic fatty liver disease.