

# Cedar Wood Surgery

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**Date:** 26 February 2026

**To:**

Dr. Fiona Gallagher  
Consultant Hepatologist (Metabolic Liver Disease Service)  
Newtown Royal Infirmary  
Hepatology Outpatients, NW3 4HH

## URGENT REFERRAL: METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD) WITH HIGH RISK OF ADVANCED FIBROSIS

### Patient Details:

**Name:** Mr. David O'Connor  
**DOB:** 18/11/1969 (Age: 56)  
**Gender:** Male  
**NHS Number:** 456 123 7890  
**Address:** 12 Maple Drive, Newtown, NW1 5KL  
**Contact:** 07700 900789

Dear Dr. Gallagher,

### Presenting Complaint:

I would greatly appreciate your specialist input for Mr. O'Connor, a 56-year-old gentleman, who has been identified as having a high probability of advanced liver fibrosis/compensated cirrhosis during his annual primary care diabetic and metabolic review. He reports a gradual, insidious onset of generalized fatigue and mild daytime somnolence over the last 8–12 months but denies any history of jaundice, hematemesis, melena, or abdominal swelling.

### Relevant Medical History:

- Type 2 Diabetes Mellitus (Diagnosed 2018). Historically poorly controlled, complicated by mild background diabetic retinopathy.
- Dyslipidaemia (Mixed hypercholesterolemia and hypertriglyceridemia).
- Severe Obstructive Sleep Apnoea (Diagnosed 2021, AHI 35/hr, compliant with nocturnal CPAP therapy).
- Class II Obesity.
- Essential Hypertension.

### Medication History:

- Empagliflozin 10mg OD
- Metformin 1g BD
- Atorvastatin 20mg ON
- Ramipril 10mg OD
- No over-the-counter NSAIDs. No known drug allergies.

### Alcohol, Smoking, and Social History:

Mr. O'Connor works long hours as an IT systems manager, maintaining a largely sedentary lifestyle. He is a lifelong teetotaller due to religious reasons (0 units of alcohol strictly). He is a

non-smoker. Following his recent diabetic review, he has been actively engaging with a dietician, attempting a Mediterranean-style diet, and has managed to lose 2.5 kg over the past two months.

### **Examination Findings:**

On examination, his weight is 115 kg with a BMI of 36.5 kg/m<sup>2</sup>. Waist circumference is 118 cm. Vitals: BP 142/88 mmHg, HR 72 bpm.

Acanthosis nigricans is prominent on the posterior of his neck and axillae, indicating severe insulin resistance. He is anicteric and well-perfused. Sclerae are white.

Abdominal examination reveals a globally obese, protuberant abdomen. It is soft and non-tender. The liver edge is difficult to percuss or palpate accurately due to body habitus, but there is no obvious gross hepatomegaly. Importantly, there are no overt clinical signs of hepatic decompensation: no spider angiomas, no caput medusae, no palmar erythema, and no peripheral pedal oedema. Shifting dullness is negative.

### **Investigation Results:**

*Laboratory Findings (Drawn 15/02/2026):*

- Bilirubin: 16 µmol/L (Ref: <21)
- ALP: 110 U/L (Ref: 30–130)
- ALT: 88 U/L (Ref: 0–40) [Persistently elevated, ranging 70–90 for the last 3 years]
- AST: 95 U/L (Ref: 0–40) [AST now exceeding ALT, a reversal of his historic pattern]
- GGT: 140 U/L (Ref: 10–71)
- Albumin: 38 g/L (Ref: 35–50)
- Platelets:  $135 \times 10^9$ /L (Ref: 150–400) [New onset mild thrombocytopenia]
- Coagulation: INR 1.1
- HbA1c: 58 mmol/mol (Ref: <42)
- Fasting Lipids: Total Chol 5.4 mmol/L, Triglycerides 2.8 mmol/L, HDL 0.9 mmol/L.
- Comprehensive liver screen: Hepatitis B & C serology negative. ANA, AMA, SMA, LKM negative. Ferritin 250 µg/L with normal transferrin saturation (rules out haemochromatosis). Caeruloplasmin and Alpha-1 antitrypsin levels are normal.

*Fibrosis Risk Assessment:*

- FIB-4 Score: 4.22 (Age 56, AST 95, ALT 88, Plt 135) — Strongly predictive of advanced fibrosis (Score >2.67).
- Enhanced Liver Fibrosis (ELF) Blood Test: 10.8 — Consistent with severe fibrosis/cirrhosis.

*Imaging (Abdominal Ultrasound – 18/02/2026):*

“Diffuse, markedly increased hepatic echogenicity with posterior beam attenuation, consistent with severe steatosis. The liver surface appears slightly nodular and irregular, raising suspicion for cirrhosis. Spleen is top normal to mildly enlarged at 13.5 cm. The main portal vein measures 12mm. No ascites. No focal liver lesions identified.”

### **Provisional Diagnosis:**

Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD) progressing to Compensated Cirrhosis (F4 Fibrosis), secondary to profound metabolic syndrome.

### **Reason for Referral:**

Given the combination of a very high FIB-4 score, an ELF score of 10.8, ultrasound features of nodularity, and new-onset thrombocytopenia with mild splenomegaly, I am highly suspicious that Mr. O'Connor has developed compensated cirrhosis. He requires an urgent referral to your metabolic liver clinic for formal assessment, a transient elastography (FibroScan) to confirm

staging, and likely enrollment into a Hepatocellular Carcinoma (HCC) and variceal surveillance programme. We will continue to aggressively optimize his glycemic and cardiovascular risk factors in primary care concurrently.

Yours sincerely,

**Dr. Rajesh Kumar, MRCGP**

General Practitioner

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