

Patient Medical Record

Type: Lab Report

Description: Fever with elevated liver enzymes

Patient presented with ongoing fever (38.9°C) for 5 days, fatigue, and mild right upper quadrant discomfort. Physical examination revealed mild hepatomegaly and tenderness in the right upper quadrant. Laboratory investigations were performed to assess liver function and rule out infectious causes.

Laboratory Results:

- Complete Blood Count:

- * WBC: $12.3 \times 10^9/L$ (Normal: $4.0-11.0 \times 10^9/L$)
- * Neutrophils: 75% (Normal: 40-60%)
- * Lymphocytes: 18% (Normal: 20-40%)
- * Platelets: $145 \times 10^9/L$ (Normal: $150-450 \times 10^9/L$)
- * Hemoglobin: 13.2 g/dL (Normal: 13.5-17.5 g/dL)

- Liver Function Tests:

- * AST: 187 U/L (Normal: 5-40 U/L)
- * ALT: 245 U/L (Normal: 7-56 U/L)
- * ALP: 165 U/L (Normal: 44-147 U/L)
- * GGT: 95 U/L (Normal: 8-61 U/L)
- * Total Bilirubin: 1.8 mg/dL (Normal: 0.1-1.2 mg/dL)
- * Direct Bilirubin: 0.9 mg/dL (Normal: 0-0.3 mg/dL)

- Viral Hepatitis Serology:

- * HBsAg: Negative
- * Anti-HBc: Negative
- * Anti-HCV: Positive
- * HCV RNA PCR: 2.3×10^6 IU/mL

- Additional Tests:

- * CRP: 35 mg/L (Normal: <10 mg/L)
- * ESR: 48 mm/hr (Normal: 0-15 mm/hr)
- * Prothrombin Time: 13.2 seconds (Normal: 11-13.5 seconds)
- * INR: 1.1 (Normal: 0.8-1.2)

Assessment and Plan:

1. Diagnosis: Acute Hepatitis C infection
2. Start treatment with Direct-Acting Antivirals (DAAs):
 - Sofosbuvir 400 mg daily
 - Velpatasvir 100 mg daily
 - Duration: 12 weeks
3. Monitor liver function tests weekly for the first month
4. Avoid alcohol and hepatotoxic medications
5. Recommend adequate hydration and rest
6. Follow-up appointment in 1 week
7. Consider abdominal ultrasound to evaluate liver condition

Note: Patient reports possible exposure through shared personal care items 2 months ago. Counselled on modes of transmission and prevention measures.