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DOB: 01/02/1963
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ADDITIONAL OFFICE VISIT

PROBLEM LIST:

1. Hepatitis C chronic.
2. Hepatic Encephalopathy
3. Hypertension, moderately controlled.
4. Progressive cirrhosis

CHIEF COMPLAINT:

The patient comes for a routine follow-up appointment.

HISTORY OF PRESENTING ILLNESS:

This is a 55-year-old Hispanic male who comes today for routine follow-up. He has no acute complaints. He has continued to take lactulose and avoid heavy doses of protein. He reports that he has a muscle sprain on his upper back from lifting. He complains of increasing weakness and intermittent confusion, and is eating poorly. Review of his case with the transplant center was done three months ago after treatment for the Hep C virus was started. He was started on Harvoni (Ledipasvir plus sofosbuvir).

PHYSICAL EXAMINATION:

GENERAL: This is a thin male with a protruding abdomen, not in acute distress.

VITAL SIGNS: Temperature 36.5, blood pressure 132/89, pulse of 82.

HEAD AND NECK: Reveals bilaterally reactive, icteric pupils. Supple neck. No adenopathy.

HEART: Heart sounds S1 and S2 regular. No murmur.

LUNGS: Clear bilaterally to auscultation.

ABDOMEN: Soft and nontender with good bowel sounds.

NEUROLOGIC: He is alert and oriented x3, but minimally confused with no focal neurological deficit.

EXTREMITIES: Peripheral pulses are felt bilaterally. He has no pitting pedal edema, clubbing or cyanosis.

GU: No external genitalia abnormalities. There are no lesions.

ASSESSMENT:

1. Chronic Cirrhosis with rapid deterioration
2. Hepatitis C with stable transaminases.
3. Hypertension, moderately controlled on meds.

PLAN:

The patient has responded well to treatment of his Hepatitis C, but his liver is rapidly deteriorating due to the chronic cirrhosis. He has been approved as a transplant candidate. Now that he has been on

Harvoni for 60 days, I have repeated his test for HCV Viral Load (<1) , with remains undetectable. With the further decompensation of his liver, I will follow up with the transplant center for consultation and adjustment of his medications and to establish a new monitoring program. I would propose that we stop the Harvoni and continue monthly viral load measurements. He continues be a good candidate, and I will continue to follow him closely until he has a donor.