7/15/26 Morning Report with @CPSolvers

"One life, so many dreams" ***Case Presenter****: Mattia* ***Case Discussants****: Sharmin & Gillian*

https://clinicalproblemsolving.com/present-a-case/

Scribing (Vijay)

CC: 60yr male, referred by PCP for evaluation of elevated liver enzymes.

HPI:

Progressive well being decline

NO SOB, chest pain, abdominal pain, N/V

Generally not feeling well.

1st presentation to the hospital.

Limited ROS/HPI due to language barrier.

PMH:

STEMI x1 yr ago

Ongoing alcohol consumption

Meds:

Statins, Aspirin, Spironolactone, Diazepam, Perampanel Pantoprazole 40mg OD Risperidone, lactulose, carbamazepine

Fam Hx:

Social Hx:

Unknown

Health-Related Behaviors:

Allergies:

Vitals: T: 36.4 **HR**: 70 **BP**: 104/68 **RR**: 15/ **Sat**: 98% RA **BMI**:

Exam: Gen: Comfortable

HEENT: Icterus, mild jugular venous distension.

Cardio-pulm: No murmurs.

Abd: Soft, non tender. No clinical ascites.

Neuro: No focal deficits

Extremities/skin: palmar erythema, hypothenar wasting. *B/L LE edema*

NO rashes

Notable Labs & Imaging:

Hematology:

WBC: 7000 Hgb: 11.9 Plt: 171 MCV: 110

Chemistry:

Na: 139 K: 3.78 Cl: HCO3: Cr: 0.54 BUN: Ca: 2.21

AST: 20 ALT: 15 **Alk-P: 196 GGT 909** Bili: 0.52 Albumin: 44 Total Protein:

PT 69% INR 1.18, fibrinogen 263, CRP: 11.1

A1AT, ceruloplasmin, Hep B,D negative, AMA,M2, LKM, Liver cytosol, Anti SP-100 - ***Normal***

B12 49(N), B12, folate - normal, Vitamin D - 10, C 1.1(Severely reduced)

NTproBNP 2929 Urine - Normal

Imaging:

EKG: No ischemic changes

USG abdomen: Coarse nodular liver. Mild perihepatic ascites. No splenomegaly. Biphasic HV waveform. Marked pulsatile portal venous flow. Shear wave elastography - 22kPa.

TTE: Severe TR, Severe LV dysfunction. TEE confirmed adequate diuresis(Reduction in TR after aggressive diuresis)

Dx: Multifactorial liver disease - Congestive(2/2 HF), concomitant alcohol related liver injury

Problem Representation:

60-year-old man with chronic alcohol use and ischemic cardiomyopathy presenting with progressive constitutional decline and cholestatic liver enzyme elevation, diagnosed with multifactorial chronic liver disease secondary to congestive hepatopathy and alcohol-related liver disease.

Teaching Points (Magnus)

Elevated liver enzymes

-Risk factors (metabolic, alcohol, hepatitis, autoimmune, meds)

-PE (palmar erythema, spider angioma, jaundice, ascitis)

-*Pattern* (hepatocellular/cholestatic), *platelets*, and *synthetic* function

-Extra-liver (AST/ALT from *muscle*, alk phos from *bone*) or other organs affecting liver (ie *heart* -> congestive hepatopathy)

-Alk phos and GGT -> alcohol, malignancy, infiltration, congestion

Biphasic hepatic vein waveform suggests *hepatic congestion*