

## Clinic Note

Date of Service: 08/15/2013 0:00:00  
Authored By: Murray, Karen F, MD

GI Clinic Outpt Report

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### OUTPATIENT NOTE

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XIE, JIANHUA DRACO  
DOB: 09/16/2012 M -MR #: 01-27-55-67

CLINIC: GI

DATE OF SERVICE: 08/15/2013

**CHIEF COMPLAINT:** Micronodular cirrhosis with portal hypertension and acute liver disease, now recovering.

**HISTORY:** Jianhua and his parents present to the Gastroenterology Clinic referred by Dr. Julie Wen. He was last evaluated by Dr. Simon Horslen in the Transplant Clinic on 7/18/2013. He is now 10 months of age. Parents report that since the last visit he has been doing well. He has had no evidence of illness. He has approximately 3-4 stools per day, which are described as pasty and yellow and no vomiting. He is an excellent eater.

**CURRENT MEDICATIONS:**

1. Cholecalciferol 1000 units once daily.
2. Multivitamin with minerals, Source CF 1 mL once daily.
3. Spironolactone 12 mg twice daily.
4. Ursodiol 80 mg twice daily.
5. Vitamin E 50 Units once daily.

**ALLERGIES:** He has no allergies to medications.

I would refer the reader to the clinic note dated 7/18/2013 for social history and review of systems as these were again reviewed and have not changed, and the patient history and intake form dated 8/15/2013 for updated review of systems. All elements were reviewed and are negative with the exception of the last few days of a cough and rhinorrhea and he has had recent difficulty gaining weight.

**PHYSICAL EXAMINATION:** He is alert, awake, attentive, cooperative, in no obvious acute distress. His weight is 8.04 kg, down from 8.1 kg on 8/13. His height is 71.9 cm. HEENT exam is normal. Sclerae are white, conjunctivae clear. Pupils equal and round. Nasal septum midline. Oral mucosa normal. Neck is supple. Chest is clear to auscultation in all lung fields with good air movement bilaterally without wheezes, rhonchi, or crackles. Cardiac exam is regular rate and rhythm without any murmurs, gallops, or rubs. Extremities are normal without edema, erythema, swelling, or deformation. Skin is without rashes. Gross and fine motor control are normal, and affect is appropriate. His abdomen is soft, nondistended, nontender with bowel sounds

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positive in all quadrants. There is no ascites. His spleen tip is palpable. Liver is not palpable. There are no masses.

LABORATORY EVALUATIONS: Notable for a prothrombin time of 14.9 with an INR of 1.2. CBC with a white count 12.7, platelets 174, hematocrit 38.9, all improved. Albumin 4.6. His ammonia is 44, up from 40, which is up from 33 over the last 2 months. GGT 22, AST and ALT 97 and 61, alkaline phosphatase 655, conjugated bilirubin zero. Electrolytes within normal limits.

ASSESSMENT: Jianhua is an 11-month-old Chinese male who is known to have micronodular cirrhosis with recent acute exacerbation now recovering. Although his ammonia is minimally elevated, his other labs show continued improvement. The family is providing Pregestimil 30 ounces per day plus MCT plus 70 g of chicken and 50 g of cod as well as some baby foods. They have been reluctant to introduce too many carbohydrates for fear of citrin deficiency, but they are concerned about his failure of increased weight on the recent visit. We have recommended increasing his calories by Pregestimil, a nutritionist, will provide for the family a recipe for increased calorie formula. I will plan on having him return in approximately 1 month with repeat laboratory profiling at that time. In the meantime, the family is meeting with a genetic counselor and it is anticipated that thereafter genetic testing for full genome sequence to rule out PFIC (progressive familial intrahepatic cholestasis), exome analysis, and for citrin deficiency will be analyzed.

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Karen F Murray, MD 09/04/2013 03:56 P

Karen F Murray, MD , Attending Physician, Gastroenterology

KFM/eam Doc #3097906 d: 08/15/2013 05:25 P t: 08/19/2013 09:22 A (1666030-) Location: TXP  
cc: Evelyn K Hsu, MD  
Julie E Wen, MD

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