Jianhua Draco Xie

Patient Health Summary, generated on May 24, 2017

Patient Demographics - Male, born Sep. 16, 2012

Patient Address	Communication	Language	Race / Ethnicity
[redacted]	[redacted] yong.xie@outlook.com	Unknown	Unknown / Unknown

Note from Cincinnati Children's Hospital and Medical Center

This document contains information that was shared with Yong Xie. It may not contain the entire record from Cincinnati Children's Hospital and Medical Center.

Allergies

ANESTHESIA-GENERAL [Other]
Aspirin Buffered (AVOID)
Childrens Advil (MOTRIN - AVOID)

Current Medications

CALCIUM CITRATE PO
Cholecalciferol (VITAMIN D-3) 1000 UNITS CHEW chew
1,000 units 1 time a day.
Probiotic Product (PROBIOTIC DAILY PO)
Multiple Vitamins-Minerals (AQUADEKS) chewable tablet

Active Problems

Elevated CPK (Noted 3/4/2015)
Elevated liver enzymes (Noted 3/4/2015)

Results

URINALYSIS - Final result (03/04/2015 8:40 PM)

Component	Value	Ref Range
U APPEARANCE	Hazy	Clear
U COLOR	Yellow	Yellow
U GLUCOSE	Neg	Neg mg/dL
U BILI	Neg	Neg
U KETONES	Neg Comment: Negative <5, Trace 5-10, Small 10-20, Moderate 40-50, Large 80-100.	Neg
U SPEC GRAV	1.020	1.002 - 1.030
U BLOOD	Neg	Neg
U PH	6.0 Comment: "For any specimen received unpreserved > 2 hours after collection, even with refrigeration, cellular elements including casts may be falsely decreased. Glucose, bilirubin and urobilinogen may be falsely low."	5.0 - 8.0
U PROTEIN	Neg	Neg
U UROBILINOGEN	Neg	Neg
U NITRITE	Neg	Neg
U LEUKOCYTE ESTER	Neg	Neg

Specimen	Performing Laboratory
Urine	CCM LABORATORY

URINALYSIS MICROSCOPIC ONLY - Final result (03/04/2015 8:40 PM)

Component	Value	Ref Range
WBC/HPF, URINE	1-2	1 - 2 /HPF

Specimen	Performing Laboratory
Urine	CCM LABORATORY

METABOSEQ - FAO GENE PANEL - Final result (03/04/2015 4:16 PM)

Component	Value	Ref Range
METABOSEQ FINAL REPORT	MetaboSeq Fatty Acid Oxidation Defects Panel	

Specimen	Performing Laboratory
Blood	CCM LABORATORY

ALDOLASE - Final result (03/04/2015 4:16 PM)

Component	Value	Ref Range
ALDOLASE	10.1 Comment: REFERENCE INTERVAL: Aldolase Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com). Performed by ARUP Laboratories, 500 Chipeta Way, SLC,UT 84108 800-522-2787 www.aruplab.com, Jerry W. Hussong, MD - Lab. Director	3.5 - 10.0 unit/L

Specimen	Performing Laboratory
Blood	CCM LABORATORY

ULT ABDOMEN WITH DOPPLER - Final result (03/04/2015 11:08 AM)

Specimen	Performing Laboratory
	CCM RADIOLOGY

Impressions

IMPRESSION:
1. Findings consistent with hepatic parenchymal disease with multiple diffuse echogenic subcentimeter foci in the liver favored to represent that may represent small venous malformations.
2. Borderline splenomegaly.
3. Normal Doppler study of the liver.

Narrative

CLINICAL HISTORY: Upper abdomen ultrasound to evaluate patient with cirrhosis, pancreatic insufficiency, elevated LFT's. Patient listed for liver transplant in Washington.

COMPARISON: None

PROCEDURE COMMENTS: Ultrasound of the abdomen with Doppler was performed.

FINDINGS:
The liver is echogenic and coarse in echotexture, the contour is mildly nodular. There are multiple subcentimeter echogenic foci diffusely throughout the liver, the largest of which measures 0.7 x 0.6 cm (craniocaudal, AP). The common bile duct measures 0.7 mm. There are no visible gallstones, gallbladder wall thickening or pericholecystic fluid.

The pancreas is diffusely echogenic. The great vessels and both kidneys are visualized and appear normal. The right kidney measures 6.2 cm in length, while the left measures 6.7 cm in length. No abnormal masses or fluid collections are seen.

The spleen is normal in morphology and echogenicity but borderline enlarged measuring 7.9 cm.

Hepatic arterial, hepatic venous and portal venous waveforms are usual in direction and amplitude as documented by both color and spectral Doppler evaluation.

The resistive indices are not reported.

Procedure Note

Edi, Rad Results In - 03/04/2015 1:26 PM EST

CLINICAL HISTORY: Upper abdomen ultrasound to evaluate patient with cirrhosis, pancreatic insufficiency, elevated LFT's. Patient listed for liver transplant in Washington.

COMPARISON: None

PROCEDURE COMMENTS: Ultrasound of the abdomen with Doppler was performed.

FINDINGS:
The liver is echogenic and coarse in echotexture, the contour is mildly nodular. There are multiple subcentimeter echogenic foci diffusely throughout the liver, the largest of which measures 0.7 x 0.6 cm (craniocaudal, AP). The common bile duct measures 0.7 mm. There are no visible gallstones, gallbladder wall thickening or pericholecystic fluid.

The pancreas is diffusely echogenic. The great vessels and both kidneys are visualized and appear normal. The right kidney measures 6.2 cm in length, while the left measures 6.7 cm in length. No abnormal masses or fluid collections are seen.

The spleen is normal in morphology and echogenicity but borderline enlarged measuring 7.9 cm.

Hepatic arterial, hepatic venous and portal venous waveforms are usual in direction and amplitude as documented by both color and spectral Doppler evaluation.

Procedure Note

The resistive indices are not reported.

IMPRESSION:
1. Findings consistent with hepatic parenchymal disease with multiple diffuse echogenic subcentimeter foci in the liver favored to represent that may represent small venous malformations.
2. Borderline splenomegaly.
3. Normal Doppler study of the liver.

CPK DIL (CPK, ENDPOINT ONLY) - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
CPK DIL	557 Comment: Specimen moderately hemolyzed. This may result in falsely increased values for AST, IRON, MG, LDH, K, CPK, and TIBC. DBILI values may be falsely decreased due to hemolysis.	30 - 250 unit/L

Specimen	Performing Laboratory
Blood	CCM LABORATORY

LYMPHOCYTE SUBSETS FINAL REPORT - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
LYMPH SUBPOP INTERPRETATION	Collection Date/Time: 3/4/2015 8:00 AM Received Date/Time: 3/4/2015 1:53 PM Lymphocyte Subsets Final Report Result: % Positive (Reference Range) CD3 (Total T Cells) : 61 % (43 - 76) CD4 (T Helper Cells) : 38 % (23 - 48) CD8 (T Cytotoxic Cells): 19 % (14 - 33) CD19 (B Cells) : 24 % (14 - 44) CD16/56 (NK Cells) : 14 % (4 - 23) Result: Absolute (Reference Range) CD3 (Total T Cells) : 7028 cells/mcL H (900 - 4500) CD4 (T Helper Cells) : 4382 cells/mcL H (500 - 2400) CD8 (T Cytotoxic Cells): 2180 cells/mcL H (300 - 1600) CD19 (B Cells) : 2787 cells/mcL H (200 - 2100) CD16/56 (NK Cells) : 1650 cells/mcL H (100 - 1000) CD4:CD8 ratio : 2.0 (0.9 - 2.9) Comments: Interpretation: Absolute numbers of all lymphocyte subsets are increased. Reviewed by: Floyd, Brian Date: 03/05/2015 10:39 AM Diagnostic Immunology Laboratory www.cincinnatichildrens.org/DIL ph: 513-636-4685 Assay Description: This flow cytometric assay is designed for enumerating the percents and absolute cell counts of lymphocyte subsets in peripheral blood. Whole blood is added to fluorochrome-labeled antibodies that bind specifically to cell surface antigens on lymphocytes. After incubation, lysing, and fixation, percents and absolute counts are enumerated utilizing an internal quantitation standard (single platform method). Additional CBC data is not required unless the specimen is diluted, washed or collected in sodium heparin. The CBC/Diff is used to calculate the absolute values in these instances (dual platform method).	

Component	Value	Ref Range
	The reference ranges reported here are valid as of 3/4/2015 4:25 PM	

Specimen	Performing Laboratory
	CCM LABORATORY

COMPREHENSIVE METABOLIC PANEL - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
SODIUM LEVEL	136	136 - 145 mmol/L
POTASSIUM LEVEL	See comment Comment: Unable to report result due to hemolysis interference. Notified: #64415. paged #736-2131 Joanne Mitchell, RN 3/4/2015 9:14:29 AM EST	3.3 - 4.7 mmol/L
CHLORIDE LEVEL	108	100 - 112 mmol/L
CO2 LEVEL	17	17 - 31 mmol/L
ANION GAP	11	4 - 15 mmol/L
BUN	18	6 - 17 mg/dL
CREATININE LEVEL	0.14	0.17 - 0.35 mg/dL
B/C RATIO	124	<=25
GLUCOSE LEVEL	95	54 - 117 mg/dL
CALCIUM	9.7	8.5 - 10.1 mg/dL
ALBUMIN LEVEL	4.0	3.5 - 4.7 gm/dL
TOTAL PROTEIN LEVEL	7.0	6.0 - 8.3 gm/dL
ALK PHOS	807	110 - 345 unit/L
ALT	97	12 - 49 unit/L
AST	136	16 - 57 unit/L
BILIRUBIN TOTAL	0.4	0.1 - 1.1 mg/dL
GLOBULIN	3.0	gm/dL
A/G RATIO	1	1 - 2

Specimen	Performing Laboratory
Blood	CCM LABORATORY

HEMOLYSIS - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
HEMOLYSIS	Moderate Comment: The presence of hemolysis in the specimen may result in falsely elevated results for: Ammonia, AST, CK, GGT, Iron, Magnesium, LDH, Phenobarbitol, Phosphorus, Potassium and TIBC. falsely decreased results for: Amylase, B-hCG, Cholesterol, CK-MB, Direct Bilirubin, Prolactin and Troponin-I.	

Specimen	Performing Laboratory
Blood	CCM LABORATORY

TRANSGLUTAMINASE IGA - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
TTG IGA	4 Comment: Interpretive Guide: Ratio Result Interpretation <20 Negative 20 - 30 Weak Positive >30 Positive	0 - 19 ratio

Specimen	Performing Laboratory
Blood	CCM LABORATORY

PT & INR (PATIENT NOT ON WARFARIN THERAPY) (PROTIME & INR) - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
PT	11.0	9.6 - 12.8 second(s)
INR	0.98 Comment: Standard Dose Target INR is 2.0 - 3.0 indicative of prophylaxis and treatment of Venous Thrombosis, treatment of Pulmonary Embolism, Tissue Heart Valves, Acute MI, Atrial Fibrilation, Valvular Heart Disease, prevention of Systemic Embolism. High Dose Target INR is 2.5 -3.5 indicative of Mechanical Heart Valve.	

Specimen	Performing Laboratory
Blood	CCM LABORATORY

LYMPHOCYTE SUBPOPULATIONS - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
REPORT STATUS	NOT complete w/o Interp	
CD3%	61	43 - 76 %
CD3 ABS	7028	900 - 4500 cells/mcL
CD8%	19	14 - 33 %
CD8 ABS	2180	300 - 1600 cells/mcL
CD4%	38	23 - 48 %
CD4 ABS	4382	500 - 2400 cells/mcL
CD16/56%	14	4 - 23 %
CD16/56 ABS	1650	100 - 1000 cells/mcL
CD19%	24	14 - 44 %
CD19 ABS	2787	200 - 2100 cells/mcL
CD4:CD8	2.0	0.9 - 2.9

Specimen	Performing Laboratory
Blood	CCM LABORATORY

IGG SUBCLASSES - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
IGG 1	286	320 - 900 mg/dL
IGG 2	170	52 - 280 mg/dL
IGG 3	33	14 - 120 mg/dL
IGG 4	251	<=106 mg/dL
IGG	466	400 - 1250 mg/dL
IGG SUBCLS INT	Mildly decreased level of IgG subclass IgG1 with normal total IgG. This pattern may reflect a partial IgG1 subclass deficiency which may increase susceptibility to recurrent infections, but may also be due to delayed subclass maturation as a function of the patient's age, and repeat testing after 4 to 6 years of age is suggested depending on clinical correlation. Elevated level of IgG subclass IgG4 is also noted, which may be suggestive of a chronic inflammatory reaction particularly of an allergic etiology. bpd/jp 3-6-15	

Specimen	Performing Laboratory
Blood	CCM LABORATORY

IGA - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
IGA	18.5	14.0 - 122.0 mg/dL

Specimen	Performing Laboratory
Blood	CCM LABORATORY

GGT - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range

GGT	21	2 - 29 unit/L

Specimen	Performing Laboratory
Blood	CCM LABORATORY

BILI. DIRECT - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
BILI DIRECT	<0.1 Comment: Result checked.	0.0 - 0.3 mg/dL

Specimen	Performing Laboratory
Blood	CCM LABORATORY

AUTO ANTIBODY SCREEN - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
ANTI NUCLEAR	Neg Comment: Any titer result greater than, or equal to 1:80 is considered positive	Neg
ANTI ASMA	Neg	Neg
ANTI MITO	Neg	Neg
ANTI LKM	Neg	Neg
ANTI PARIETAL CELL AB	Neg	Neg

Specimen	Performing Laboratory
Blood	CCM LABORATORY

ALPHAFETOPROTEIN - Final result (03/04/2015 8:00 AM)

Component	Value	Ref Range
ALPHAFETOPROTN	1.7 Comment: Values of 8 ng/mL or lower are expected in adults and children as young as 4 years of age. Younger children, especially those under one year of age, may have higher values. Values should decrease as young children age.	<=8.0 ng/mL

Specimen	Performing Laboratory
Blood	CCM LABORATORY

OC FINAL - Final result (02/19/2015 9:55 AM)

Component	Value	Ref Range
OC FINAL		

Pathology

Accession Number: OC-15-00161 Received: 2/19/2015 09:55:00 AM EST

Responsible Sheil, Amy T
Verified: 3/19/2015

Pathologist: 01:59:21 PM EDT

Clinical Dx

Cirrhosis

Specimen

(A) Liver biopsy, (SP13-2373)

Gross Description

(A) Received from Seattle Children's Hospital, Seattle, WA, are 4

Component	Value	Ref Range

slides
labeled SP13-2373 and a copy of the corresponding pathology report dated
06/27/13. Upon request, consultation reports from Massachusetts General
Hospital (S13-44339, 07/18/13) and Children's Hospital of Pittsburgh
(CHS14-5430, 07/02/14) are provided.

Microscopic Description

(A) 1 slide H&E, 1 PAS, 1 DPAS, 1 Trichrome, :
The H&E-stained sections show a core biopsy of liver with several portal
triads, the majority of which contain intact bile ducts. The architecture
is distorted by portal to portal bridging fibrosis with micronodule
formation. Central veins are difficult to discern; there are likely some
foci of portal to central fibrosis. Prominent bile ductular reaction
occupies the edges of the limiting plates. The portal regions are expanded
by mixed inflammatory infiltrates, predominantly composed of lymphocytes
with occasional eosinophils and rare neutrophils. The lobules show
scattered lymphocytic inflammation. Hepatocytes exhibit moderate nuclear
unrest with polyploidy and occasional binucleation accompanied by
ballooning degeneration. No viral cytopathic effects are seen. Scattered
apoptotic hepatocytes are noted, and occasional cytoplasmic and canalicular
cholestasis is appreciated. Focal macrovesicular with scant microvesicular
steatosis is seen. Trichrome stain confirms bridging fibrosis with minute
nodule formation and illustrates patchy pericellular fibrosis; the blue
staining is not intense, but rather lighter, suggestive of a component of
collapse. DPAS stain highlights residual bodies in some Kupffer cells,
portal macrophages, and hepatocytes, but shows no typical intrahepatocyte
globules. PAS stain illustrates apparently normal glycogen stores within
hepatocytes.

Comment

Additional unstained slides were requested, but the liver tissue was
reported to be nearly exhausted. The patient's electronic medical records
stored in CCHMC's Epic, as well as those provided by his father, were
reviewed. Dr. Kevin Bove has also reviewed these slides, and the pathology
and clinical findings were presented at the Pathology-Hepatology conference
on 3/12/15.

Component	Value	Ref Range

While the pattern of hepatocyte injury and fibrosis in this liver biopsy appears of metabolic origin, the etiology of this child's liver disease is unfortunately not apparent by light or electron microscopy (as per the ultrastructural examination report included in the medical records).

By H&E histology and PAS and DPAS stain, Jianhua does not have alpha-1-antitrypsin deficiency. He has no bile duct paucity or excessive cholestasis, and has scant steatosis. He has no evidence of a storage disorder.

The significance of his single allele mutation in the PFIC1 gene ATP8B1 (by JaundiceChip) is unknown; the histological features of his biopsy do not conform to PFIC1. Citrin deficiency may be a consideration, although less likely as whole genome sequencing did not reveal a mutation in the SLC25A13 gene. A fatty acid oxidation defect may also be a remote possibility, though not clearly evident on review of Jianhua's laboratory studies (elevated CPK may have been due to hemolysis of his blood sample). A post-inflammatory mechanism may be considered, in light of 1) his acute presentation with liver failure following a presumed viral illness, 2) the potentially reversible parenchymal collapse accompanied by an inflammatory component in his liver biopsy; and 3) his apparent, at least partial recovery, from the hepatic insult at six months of age.

The possibility of a subtle mitochondriopathy may be investigated via repeat liver biopsy accompanied by ultrastructural examination, at which time copper quantification might prove useful. Repeat liver biopsy would also illustrate the current condition of his liver.

Anatomical Diagnosis

(A) Liver biopsy, (SP13-2373):
Fibrosis, periportal and bridging, with nodule formation and patchy parenchymal collapse.
Mild, predominantly lymphocytic portal and lobular inflammation.
Scant steatosis.

The Attending Pathologist has personally examined the specimen(s) and concurs with the final report.

Amy T Sheil
(electronic signature)
Date verified: 03/19/2015

Component	Value	Ref Range

Accession Number: OC-15-
00161 Received: 2/19/2015

09:55:00 AM
EST
Responsible Sheil, Amy T
Verified: 3/9/2015

Pathologist: 09:36:43
PM
EDT

Outside Consult
There is an image or outside report associated with this
report. It may be
accessed through EPIC by clicking the appropriate link.

The Attending Pathologist has personally examined the specimen(s)
and
concurs with the final report.

Amy T Sheil
(electronic signature)
Date verified: 03/09/2015

Specimen	Performing Laboratory
	CCM LABORATORY

OUTSIDE CONSULT REPORT - Final result (02/19/2015 9:55 AM)

Component	Value	Ref Range
OUTSIDE CONSULT REPORT	See Link	

Specimen	Performing Laboratory
	CCM LABORATORY

Document Information

Primary Care Provider	Document Coverage Dates
Unlisted Upir Requested (Mar. 04, 2015 - Present)	Sep. 16, 2012 - May 24, 2017

Custodian Organization

MAIN HOSPITAL
3333 BURNET AVE
CINCINNATI, OH 45229-3039

If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called **MachineReadable_XDMFormat**. You might need to enter a password before your doctor can use this file.

Jianhua Draco Xie

Summary of Care, generated on May 24, 2017

Patient Demographics - Male, born Sep. 16, 2012

Patient Address	Communication	Language	Race / Ethnicity
21743 NE 105TH PL REDMOND, WA 98053-7653	425-214-1910 (Home) 425-246-2802 (Mobile) 425-318-1568 (Mobile) yong.xie@outlook.com	Unknown	Unknown / Unknown

Note from Cincinnati Children's Hospital and Medical Center

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Reason for Visit

Reason
Chronic Liver Disease

General Outpatient Auth (Routine)

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Not Needed		GASTROENTEROLGY NUTRITION / Gastroenterology	Diagnoses Cirrhosis	Unknown, Pcp	Balistreri, William F., M.D. Gastroenterology & Nutrition 3333 Burnet Ave., ML 2010 Cincinnati, OH 45229-3026 Phone: 513-636-4415 Fax: 513-636-7805

Encounter Details

Date	Type	Department	Care Team
03/04/2015	Office Visit	Cincinnati Children's Main Campus Division of Gastroenterology, Hepatology & Nutrition 3333 Burnet Avenue Location C, 2nd Floor Cincinnati, OH 45229-3026 513-636-4415	**Balistreri, William F., M.D.** Gastroenterology & Nutrition 3333 Burnet Ave., ML 2010 Cincinnati, OH 45229-3026 513-636-4415 513-636-7805 (Fax)

Allergies - as of this encounter

Active Allergy	Reactions	Severity	Noted Date	Comments
ANESTHESIA-GENERAL [Other]			03/04/2015	
Aspirin Buffered			03/04/2015	AVOID
Childrens Advil			03/04/2015	MOTRIN - AVOID

Medications - as of this encounter

Prescription	Sig.	Disp.	Start Date	End Date	Status
CALCIUM CITRATE PO					Active
Cholecalciferol (VITAMIN D-3) 1000 UNITS CHEW chew	1,000 Units 1 time a day.				Active
Probiotic Product (PROBIOTIC DAILY PO)					Active
Multiple Vitamins-Minerals (AQUADEKS) chewable tablet					Active

Active Problems - as of this encounter

Problem	Noted Date
Elevated liver enzymes	03/04/2015
Elevated CPK	03/04/2015

Social History - as of this encounter

Information not available to this user

Last Filed Vital Signs - in this encounter

Vital Sign	Reading	Time Taken
Blood Pressure	-	-
Pulse	-	-
Temperature	-	-
Respiratory Rate	-	-
Oxygen Saturation	-	-
Inhaled Oxygen Concentration	-	-
Weight	13.7 kg (30 lb 3.3 oz)	03/04/2015 12:53 PM EST
Height	89.5 cm (2' 11.24")	03/04/2015 12:53 PM EST
Body Mass Index	17.1	03/04/2015 12:53 PM EST

Instructions - in this encounter

Patient Instructions - Mitchell, Joanne, R.N. - 03/04/2015 2:45 PM EST

Genetic testing today in test referral center
Follow up depends on results-----may return for liver biopsy

Plan of Treatment - as of this encounter

Health Maintenance	Due Date	Last Done	Comments
DTAP/Tdap/Td IMMUNIZATION (1 - DTaP)	**11/16/2012**		
AMB SEASONAL FLU VACCINE	09/01/2017		

Results - in this encounter

Not on file

Visit Diagnoses - in this encounter

Diagnosis
Elevated liver enzymes - Primary

Document Information

Service Providers	Document Coverage Dates
	Mar. 04, 2015

Custodian Organization

CINCINNATI CHILDREN'S SA
513-636-4200 (Work)
3333 BURNET AVENUE
CINCINNATI, OH 45229-3039

Encounter Providers	Encounter Date
William F. Balistreri M.D. (Attending) 513-636-4415 (Work) 513-636-7805 (Fax) Gastroenterology & Nutrition 3333 Burnet Ave., ML 2010 Cincinnati, OH 45229-3026	Mar. 04, 2015

Zhenghua Tiger Xie

Patient Health Summary, generated on May 24, 2017

Patient Demographics - Male, born Jun. 07, 2010

Patient Address	Communication	Language	Race / Ethnicity
[redacted]	[redacted] yong.xie@outlook.com	Unknown	Unknown / Unknown

Note from Cincinnati Children's Hospital and Medical Center

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Allergies

Aspirin Buffered (AVOID)
Childrens Advil (MOTRIN - AVOID)

Current Medications

childrens multivitamin (FLINTSTONES COMPLETE) 60 MG chewable tablet
1 tab 1 time a day.
Cholecalciferol (VITAMIN D-3) 1000 UNITS CHEW chew
Probiotic Product (PROBIOTIC DAILY PO)
CALCIUM CITRATE PO

Active Problems

Elevated CPK (Noted 3/4/2015)

Results

ULT ABDOMEN WITH DOPPLER - Final result (03/04/2015 10:09 AM)

Specimen	Performing Laboratory
	CCM RADIOLOGY

Impressions

IMPRESSION:
Normal abdominal ultrasound with Doppler with spleen at upper limits of normal in size.

Narrative

CLINICAL HISTORY: 4-year-old with history of elevated liver enzymes; Mom states patient has had jaundice..

COMPARISON: None

PROCEDURE COMMENTS: Ultrasound of the abdomen with Doppler was performed.

FINDINGS:
The liver, gallbladder, pancreas, spleen, great vessels and both kidneys are visualized and appear normal. The common bile duct measures 1.5 mm. The spleen is near the upper limits of normal in size for age measuring 7.1 cm. The right kidney measures 7 cm in length, while the left measures 7.1 cm in length. No abnormal masses or fluid collections are seen.

Hepatic arterial, hepatic venous and portal venous waveforms are usual in direction and amplitude as documented by both color and spectral Doppler evaluation.

Procedure Note

Edi, Rad Results In - 03/04/2015 10:29 AM EST
CLINICAL HISTORY: 4-year-old with history of elevated liver enzymes; Mom states patient has had jaundice..

COMPARISON: None

PROCEDURE COMMENTS: Ultrasound of the abdomen with Doppler was performed.

FINDINGS:
The liver, gallbladder, pancreas, spleen, great vessels and both kidneys are visualized and appear normal. The common bile duct measures 1.5 mm. The spleen is near the upper limits of normal in size for age measuring 7.1 cm. The right kidney measures 7 cm in length, while the left measures 7.1 cm in length. No abnormal masses or fluid collections are seen.

Hepatic arterial, hepatic venous and portal venous waveforms are usual in direction and amplitude as documented by both color and spectral Doppler evaluation.

IMPRESSION:
Normal abdominal ultrasound with Doppler with spleen at upper limits of normal in size.

Procedure Note

CBC WITH DIFFERENTIAL - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
WBC	10.3	5.5 - 15.5 K/mcL
RBC	5.13	3.90 - 5.30 M/mcL
HGB	14.4	11.5 - 13.5 gm/dL
HCT	43.2	34.0 - 40.0 %
MCV LEVEL	84.1	75.0 - 87.0 fL
MCH LEVEL	28.1	24.0 - 30.0 pg
MCHC LEVEL	33.4	31.0 - 37.0 gm/dL
RDW	12.0	<=15.0 %
PLATELET	clumped Comment: Platelets clumped on smear. Unable to report numeric value. Accurate count cannot be given.	135 - 466 K/mcL

Specimen	Performing Laboratory
Blood	CCM LABORATORY

COMPREHENSIVE METABOLIC PANEL - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
SODIUM LEVEL	139	136 - 145 mmol/L
POTASSIUM LEVEL	4.9	3.3 - 4.7 mmol/L
CHLORIDE LEVEL	107	100 - 112 mmol/L
CO2 LEVEL	22	17 - 31 mmol/L
ANION GAP	10	4 - 15 mmol/L
BUN	18	8 - 18 mg/dL
CREATININE LEVEL	0.29	0.17 - 0.42 mg/dL
B/C RATIO	61	<=25
GLUCOSE LEVEL	91	54 - 117 mg/dL
CALCIUM	9.5	8.5 - 10.1 mg/dL
ALBUMIN LEVEL	4.1	3.5 - 4.7 gm/dL
TOTAL PROTEIN LEVEL	7.4	6.0 - 8.3 gm/dL
ALK PHOS	340	90 - 330 unit/L
ALT	34	12 - 49 unit/L
AST	45	10 - 47 unit/L
BILIRUBIN TOTAL	0.2	0.1 - 1.1 mg/dL
GLOBULIN	3.3	gm/dL
A/G RATIO	1	1 - 2

Specimen	Performing Laboratory
Blood	CCM LABORATORY

HEMOLYSIS - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
HEMOLYSIS	Slight Comment: The presence of hemolysis in the specimen may result in falsely elevated results for: Ammonia, AST, CK, GGT, Iron, Magnesium, LDH, Phenobarbitol, Phosphorus, Potassium and TIBC. falsely decreased results for: Amylase, B-hCG, Cholesterol, CK-MB, Direct Bilirubin, Prolactin and Troponin-I.	

Specimen	Performing Laboratory
Blood	CCM LABORATORY

PT & INR (PATIENT NOT ON WARFARIN THERAPY) (PROTIME & INR) - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
PT	11.0	9.6 - 12.8 second(s)
INR	0.98 Comment: Standard Dose Target INR is 2.0 - 3.0 indicative of prophylaxis and treatment of Venous Thrombosis, treatment of Pulmonary Embolism, Tissue Heart Valves, Acute MI, Atrial Fibrilation, Valvular Heart Disease, prevention of Systemic Embolism. High Dose Target INR is 2.5 -3.5 indicative of Mechanical Heart Valve.	

Specimen	Performing Laboratory
Blood	CCM LABORATORY

DIFFERENTIAL - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
SEGS	29	30 - 55 %
BANDS	0	0 - 4 %
LYMPHS	69	46 - 55 %
MONOCYTE	2	0 - 10 %
EOSINOPHIL	1	0 - 5 %
BASOPHILS	0	0 - 1 %
LYMPH ATYPICAL	0	%
NEUTROPHIL ABSOLUTE	2.99	1.50 - 8.50 K/mcL
LYMPH ABSOLUTE	7.11	2.00 - 8.00 K/mcL
MONO ABSOLUTE	0.21	0.00 - 0.80 K/mcL
EOSINOPHIL ABS	0.10	0.00 - 0.70 K/mcL
BASO ABSOLUTE	0.00	0.00 - 0.10 K/mcL
DIFF COUNT AND COMMENTS	115	Cells

Specimen	Performing Laboratory
Blood	CCM LABORATORY

GGT - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
GGT	10	2 - 29 unit/L

Specimen	Performing Laboratory
Blood	CCM LABORATORY

CPK DIL (CPK, ENDPOINT ONLY) - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
CPK DIL	496	30 - 250 unit/L

Specimen	Performing Laboratory
Blood	CCM LABORATORY

BILI. DIRECT - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
BILI DIRECT	<0.1	0.0 - 0.3 mg/dL

Specimen	Performing Laboratory
Blood	CCM LABORATORY

AUTO ANTIBODY SCREEN - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
ANTI NUCLEAR	Neg Comment: Any titer result greater than, or equal to 1:80 is considered positive	Neg
ANTI ASMA	Neg	Neg
ANTI MITO	Neg	Neg
ANTI LKM	Neg	Neg
ANTI PARIETAL CELL AB	Neg	Neg

Specimen	Performing Laboratory

Blood	CCM LABORATORY

ALPHA 1 ANTITRYPSIN - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
A1 ANTITRYPSIN	123 Comment: To convert to umol/L, multiply mg/dL by 0.185	90 - 200 mg/dL
ALPHA 1 PHENO	M1M1 Comment: The patient appears to have a normal phenotype. All M alleles (including subtypes M1, M2, and M3) produce normal serum concentrations of alpha-1-protease inhibitor and are not associated with clinical disease. Caution in interpretation is advised if the patient has been transfused within the previous 21 days. Performed by ARUP Laboratories, 500 Chipeta Way, SLC,UT 84108 800-522-2787 www.aruplab.com, Jerry W. Hussong, MD - Lab. Director	

Specimen	Performing Laboratory
Blood	CCM LABORATORY

ALDOLASE - Final result (03/04/2015 8:01 AM)

Component	Value	Ref Range
ALDOLASE	8.4 Comment: This specimen is hemolyzed. This may cause the result for aldolase to be falsely increased. REFERENCE INTERVAL: Aldolase Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com). Performed by ARUP Laboratories, 500 Chipeta Way, SLC,UT 84108 800-522-2787 www.aruplab.com, Jerry W. Hussong, MD - Lab. Director	2.7 - 8.8 unit/L

Specimen	Performing Laboratory
Blood	CCM LABORATORY

Document Information

Primary Care Provider	Document Coverage Dates
No Upir Requested Unlisted (Feb. 05, 2015 - Present)	Jun. 07, 2010 - May 24, 2017

Custodian Organization

MAIN HOSPITAL
3333 BURNET AVE
CINCINNATI, OH 45229-3039

If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called **MachineReadable_XDMFormat**. You might need to enter a password before your doctor can use this file.

Zhenghua Tiger Xie

Summary of Care, generated on May 24, 2017

Patient Demographics - Male, born Jun. 07, 2010

Patient Address	Communication	Language	Race / Ethnicity
21743 NE 105 7TH PL REDMOND, WA 98053-7653	425-214-1910 (Home) 425-246-2802 (Mobile) 425-318-1568 (Mobile) yong.xie@outlook.com	Unknown	Unknown / Unknown

Note from Cincinnati Children's Hospital and Medical Center

This document contains information that was shared with Yong Xie. It may not contain the entire record from Cincinnati Children's Hospital and Medical Center.

Reason for Visit

Reason
Chronic Liver Disease

General Outpatient Auth (Routine)

Status	Reason	Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Not Needed		GASTROENTEROLGY NUTRITION / Gastroenterology		Unlisted, No Upir Requested	Balistreri, William F., M.D. Gastroenterology & Nutrition 3333 Burnet Ave., ML 2010 Cincinnati, OH 45229-3026 Phone: 513-636-4415 Fax: 513-636-7805

Encounter Details

Date	Type	Department	Care Team
03/04/2015	Office Visit	Cincinnati Children's Main Campus Division of Gastroenterology, Hepatology & Nutrition 3333 Burnet Avenue Location C, 2nd Floor Cincinnati, OH 45229-3026 513-636-4415	**Balistreri, William F., M.D.** Gastroenterology & Nutrition 3333 Burnet Ave., ML 2010 Cincinnati, OH 45229-3026 513-636-4415 513-636-7805 (Fax)

Allergies - as of this encounter

Active Allergy	Reactions	Severity	Noted Date	Comments
Aspirin Buffered			03/04/2015	AVOID
Childrens Advil			03/04/2015	MOTRIN - AVOID

Medications - as of this encounter

Prescription	Sig.	Disp.	Start Date	End Date	Status
childrens multivitamin (FLINTSTONES COMPLETE) 60 MG chewable tablet	1 Tab 1 time a day.				Active
Cholecalciferol (VITAMIN D-3) 1000 UNITS CHEW chew					Active
Probiotic Product (PROBIOTIC DAILY PO)					Active
CALCIUM CITRATE PO					Active

Active Problems - as of this encounter

Problem	Noted Date
Elevated CPK	03/04/2015

Social History - as of this encounter

Information not available to this user

Last Filed Vital Signs - in this encounter

Vital Sign	Reading	Time Taken
Blood Pressure	102/56	03/04/2015 12:53 PM EST
Pulse	101	03/04/2015 12:53 PM EST
Temperature	-	-
Respiratory Rate	-	-
Oxygen Saturation	-	-
Inhaled Oxygen Concentration	-	-
Weight	19.1 kg (42 lb 1.7 oz)	03/04/2015 12:53 PM EST
Height	110.5 cm (3' 7.5")	03/04/2015 12:53 PM EST
Body Mass Index	15.64	03/04/2015 12:53 PM EST

Plan of Treatment - as of this encounter

Health Maintenance	Due Date	Last Done	Comments
DTAP/Tdap/Td IMMUNIZATION (1 - DTaP)	**08/07/2010**		
AMB SEASONAL FLU VACCINE	09/01/2017		

Results - in this encounter

Not on file

Visit Diagnoses - in this encounter

Diagnosis
Elevated CPK - Primary

Document Information

Service Providers	Document Coverage Dates
	Mar. 04, 2015

Custodian Organization

CINCINNATI CHILDREN'S SA
513-636-4200 (Work)
3333 BURNET AVENUE
CINCINNATI, OH 45229-3039

Encounter Providers	Encounter Date
William F. Balistreri M.D. (Attending) 513-636-4415 (Work) 513-636-7805 (Fax) Gastroenterology & Nutrition 3333 Burnet Ave., ML 2010 Cincinnati, OH 45229-3026	Mar. 04, 2015