

Sample Report

3/13/21

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Your Diagnosis/Chief Complaint: Cholelithiasis

Background

Cholelithiasis or stones in the gallbladder is a gallbladder disease. The gallbladder is a small balloon shaped pouch that is located in your abdomen and sits right below your liver. This disease typically tends to affect women who are in their forties such as yourself. Certain groups — such a females with higher body mass index (BMI) or females of native American origin are considered high risk. Many people likely have cholelithiasis but would never know about it unless they were tested for it. This disease is more common in the western world.

Assessment

Per your submission, it appears you are likely having some of the common symptoms that point toward gallbladder disease. You have had the appropriate standard of care workup for it which includes basic labs and ultrasound imaging. You also seem to be in the risk group that tends to commonly have this finding. Below, in the Insight section, we will consider some other possible contributors to your symptoms.

Symptoms/Signs

The classic symptoms associated with gallbladder disease are referred to as "biliary colic". It is an intense, dull discomfort that occurs on the right side or central upper portion of your abdomen under the ribs. This typically occurs after a heavy/fatty meal and can be associated with sweating, nausea, and vomiting. Patients with cholelithiasis are usually very familiar with this type of pain. In your doctor's notes you submitted, it appears that that physical exam your physician performed found your abdomen to be soft and non-tender which can be interpreted as re-assuring measures.

Some of the atypical symptoms include belching, early satiety, regurgitation, bloating, chest pain, or acid reflux. You should be more concerned if you have gallbladder stones and develop fever/chills, worsening/uncontrollable symptoms mentioned above, excruciating pain in your belly, dark brown urine, or darker stool.





Insight

Gallbladder disease is most commonly seen in western populations. More specifically, females who are in their forties, are native American, have higher BMI, or are pregnant are at highest risk. This disease can be easily managed depending on when and how it presents. In "uncomplicated" cases, patients can be managed with antibiotics and/or surgical removal of the gallbladder. Advances in surgery has made it possible for this to be an outpatient procedure utilizing robotic minimally invasive surgery. In "complicated" cases, you may be admitted to the hospital for intravenous antibiotics for initial stabilization before your gallbladder is removed. One of the most common complications called "acute cholecystitis" requires a more intense approach. In your case, it appears your physician believes you have chronic cholecystitis and seem to be stable. As long those stones don't cause any type of blockage in the gallbladder and don't travel anywhere else from the gallbladder, you can control your symptoms by modifying the type of diet you consume. Given your increased alcohol use and presence of gallbladder stones, you are placing yourself at a higher risk for "gallstone pancreatitis" where a stone blockage will also severely affect your pancreas. In response to your specific concern about making the disease worse with physical activity although there is some evidence physical activity may improve with certain gastrointestinal disease, there is no solid body of evidence that advises against regular physical activity as tolerated.

Conclusion

- Continue regular follow up with your physician
- Your case appears to be stable and chronic
- Be aware of the signs / symptoms of high-risk disease mentioned above
- Be mindful of other diseases that may mimic gallbladder disease such as peptic ulcer disease, sphincter of Oddi dysfunction, functional gallbladder disorder etc.

Laboratory Review

Only the most significant of the abnormal labs are mentioned below

	Abnormal Lab	What does it mean?	Why is it important?
Direct Bilirubin	Hyperbilirubinemia	Higher than normal level of bilirubin detected in your blood sample	Typically, this is elevated in disease involving the liver, gallbladder, or pancreas. In your case, having small degree of obstruction may have



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	lead to this rise in
	bilirubin.

Imaging Review

Only the most significant of the abnormal imaging are mentioned below

	Abnormal	What does it	Why is it	
	Imaging	mean?	important?	
Abdominal Ultrasound	Cholelithiasis; negative Murphy sign	There is visual evidence of gallbladder stones but no obvious obstruction	This is one of the most sensitive tests for gallbladder disease. If there was obstruction or a positive Murphy sign, you would need a more acute plan of management.	

Bottom Line:

- Reduce the number of high-fat meals you consume (meats, oils/fried foods, snacks with high fat content etc.)
- Reduce alcohol intake to reduce chances of additional complications
- At your physician's discretion, you may have your labs repeated in 6-8 months to test for any progression of disease
- At your physician's discretion, you may have your liver ultrasound repeated in 6-8 months to test for any progression of disease
- Maintain a daily exercise routine for overall wellbeing

References:



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- 1. Schirmer BD, Winters KL, Edlich RF. Cholelithiasis and cholecystitis. J Long Term Eff Med Implants. 2005;15(3):329-38. doi: 10.1615/jlongtermeffmedimplants.v15.i3.90. PMID: 16022643.
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- **3.** Ranson JH. The timing of biliary surgery in acute pancreatitis. *Ann Surg*. 1979;189(5):654-663. doi:10.1097/00000658-197905000-00016
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Sincerely,

Dr. Patel, MD

Focus: Internal Medicine

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