* Final Report *

Visit Information

Dear Dr THOMAS HOGAN,

Thank you for reviewing Chloe BULLOCK, a 14 year old female admitted on 23/07/2024, attended by Daniel Lemberg, to be discharged on 29/07/2024 from C3S - Adolescent SCH at Sydney Childrens Hospital at Randwick. Chloe BULLOCK presented to this facility with 1:CROHNS DISEASE.

Summary of Care
Chloe Bullock was admitted to Sydney Children's Hospital on 23/07/24, under the care of A/Prof Avi Lemberg (Paediatric Gastroenterologist), with new diagnosis of IBD, severe colitis. Further details as listed below:

She was initially transferred from NBH to SCH for further investigation and management of haematemesis and hematochezia. She received IV Abx (Ceftriaxone with subsequent change over to Tazocin), PPI coverage, Albumin and 1u of pRBC at the start of the admission.

On further investigation, stool PCR confirmed CMV+ve result, and endoscopy & colonoscopy revealed evidence of widespread erythema and oedema, apthous ulcers and colonic pseudopolyps; biopsies were taken accordingly and remained pending (reports attached). This was correlated with clinical evidence of moderate to severe Inflammatory Disease Activities activities with PCDAI & PUCAI of 65.

Chloe was therefore commenced on IV Methylpred & IV Gancyclovir, along with Phosphate Sandoz for evidence of hypophosphataemia.

By 29/7/24, she has been deemed medically safe for discharge home with the following plans:

DISCHARGE PLANS

1. 40mg Prednisolone PO once daily for 9 days until IBD clinic on 7th August 2024
- weaning regime will be further discussed on clinic review, depending on clinical progress

2. Continue course of PO valganciclovir on discharge: 600mg BD (12mL BD)

3. IBD clinic follow up Wednesday 7th August at 2pm:
- Location: Sydney Children's Hospital Outpatient Department, level 0, from High Street entrance

4. In the event of acute concerns or worsening symptoms, please return to the Emergency Department for urgent medical attention.

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Upper GI endoscopy

Consultant: A/Prof Avi Lemberg
Proceduralist: Michael Coffey

Indication(s): Frank haematemesis, 6 weeks bloody diarrhoea ? Crohn's disease
Current medication(s): IV pantoprazole infusion ~38 hours
Recently ceased medication(s):

Procedure: After obtaining informed consent,the scope was introduced through the mouth, and advanced to the third part of duodenum. The upper GI endoscopy was accomplished without difficulty. The patient tolerated the

Result Date: 29 July 2024 14:45 AEST
Verified By: Vo, Mai Linh (Junior Medical Officer) on 29 July 2024 15:52 AEST

Printed by: Bennetts, Donna (Registered Nurse)
Printed on: 29/07/2024 18:22 AEST

Last Weight and Height Measurements
Weight: 41.9 kg (26/07/24)
Height: 156 cm (26/07/24)
Body Mass Index: 17.2 kg/m2 (26/07/24)
BMI Percentile: 17.27 (26/07/24)

Results Review

Pathology Results

Group	Detail	Date	Value w/Units	Flags	Normal Range	Normal Reference Text	Comment Ind
Blood Chemistries	Sodium Level-SCH	29/07/2024 11:53 AEST	141 mmol/L		133-144		Y
Blood Chemistries	Potassium Level-SCH	29/07/2024 11:53 AEST	3.9 mmol/L		3.6-5.3		Y
Blood Chemistries	Chloride Level-SCH	29/07/2024 11:53 AEST	101 mmol/L		97-110		Y
Blood Chemistries	Bicarbonate Level-SCH	29/07/2024 11:53 AEST	28 mmol/L		20-32		Y
Blood Chemistries	Urea Level-SCH	29/07/2024 11:53 AEST	3.7 mmol/L		2.3-7.0		Y
Blood Chemistries	Creatinine-SCH	29/07/2024 11:53 AEST	43 umol/L		35-74		Y
Blood Chemistries	Bilirubin Total-SCH	29/07/2024 11:53 AEST	<3 umol/L		0-20		
Blood Chemistries	Protein Total Level-SCH	29/07/2024 11:53 AEST	72 g/L		60-80		
Blood Chemistries	Albumin Level-SCH	29/07/2024 11:53 AEST	28 g/L	LOW	33-48		
Blood Chemistries	Albumin Level-SCH	29/07/2024 11:53 AEST	28 g/L	LOW	33-48		Y
Blood Chemistries	ALP-SCH	29/07/2024 11:53 AEST	81 U/L		50-280		
Blood Chemistries	GGT-SCH	29/07/2024 11:53 AEST	29 U/L		6-31		
Blood Chemistries	ALT-SCH	29/07/2024 11:53 AEST	29 U/L	HI	10-25		
Blood Chemistries	AST-SCH	29/07/2024 11:53 AEST	30 U/L		17-43		
Blood Chemistries	Calcium Level-SCH	29/07/2024 11:53 AEST	2.42 mmol/L		2.2-2.65		Y
Blood Chemistries	Corrected Calcium Level-SCH	29/07/2024 11:53 AEST	2.56 mmol/L		2.20-2.65		Y
Blood Chemistries	Magnesium Level-SCH	29/07/2024 11:53 AEST	0.79 mmol/L		0.65-1.10		Y
Blood Chemistries	Phosphate Level-SCH	29/07/2024 11:53 AEST	1.81 mmol/L		0.90-2.00		Y
Haematology	WCC-SCH	29/07/2024 11:53 AEST	16.10 x10^9/L	HI	3.50-11.00		Y
Haematology	Hb-SCH	29/07/2024 11:53 AEST	122 g/L		115-165		Y
Haematology	PLT-SCH	29/07/2024 11:53 AEST	477 x10^9/L	HI	150-450		Y

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EXAM FINDINGS:
Upper abdominal aorta is not dilated at 1.1 cm in span.

The pancreatic head and body are normal. The tail is obscured. The pancreatic duct is not dilated.

The liver is of normal size at 12.1 cm in span. Smooth surface contour. Portal vein measures 13 mm . In an adult patient, upper limits of normal is typically considered to be 15 mm. Normal direction of flow. The parenchyma has normal echogenicity.

There are geographic echogenic areas marginating the falciform ligament in the gallbladder bed which have a non-aggressive appearance and are favoured to represent focal areas of fatty infiltration. Differential includes other benign processes such as haemangioma.
No suspicious masses or collection.

Gallbladder appears normal. No internal calculi. The bile ducts are not dilated.

Right kidney is of normal size at 10.1 cm in span with smooth surface contour and normal parenchymal appearance. No hydronephrosis.

The left kidney is larger than the left, measuring 11.6c m. Previously demonstrated duplex morphology noted. There is persistent dilation of the upper moiety calyx with thinning of the cortex. The lower moiety calyces are not dilated and the parenchyma appears othrewise normal.

Echogenic debris within the bladder, non specific.

The spleen is mildly enlarged at 13.6cm in span. Normal parenchymal appearance. Splenic vein has normal direction of flow.

Trace of free fluid in the right iliac fossa. No collections seen.

COMMENT:
1) focal hyperechogenic region at the fissure of the falciform ligament is a common region for focal fatty deposition.

2) There is a focal area of hyper-echogenicity adjacent to the porta hepatis, this is a non-specific finding and may represent a region of focal fatty change or a haemangioma as the most likely possibilities.
The liver otherwise appears normal

3) The spleen is mildly enlarged at 13.6 cm , with no specific cause identified. This is a non specific finding, correlation to height/ habitus is advised. There are no other features strongly suggestive of portal hypertension -in particular, there is no ascites, portal venous flow is normal in direction and the portal vein is not dilated.

4) appearance of left kidney is similar to scan from 28/11/2012.

Performing Radiographer: Juliet Romeo

Report Created By: Alexander Kirwan (South Eastern Sydney LHD), *Radiology Registrar*
23/07/2024, 11:28 PM

Unresulted Diagnostic Tests for Follow-up

Order Name	Order Date
RAN BB Sample-SCH	23/07/2024
.Full Blood Count	23/07/2024
Automated Differential	23/07/2024
Faeces Microscopy	23/07/2024
Full Blood Count(SCH)	23/07/2024
Blood Product Red Cells Order-SCH	24/07/2024
Crossmatch Order-SCH	24/07/2024

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MRN: 0886-35-64 SCHN-SCH
DOB: 29-MAR-2010 Age: 14 Y Sex: F
BULLOCK, Chloe
61 Prince Charles Road FRENCHS FOREST 2086 Ph: 029401 9891
AMO: Lemberg, Danie Adm: 23-JUL-2024 M/C: 24624677826 Fin: EW

SCH IBD CLINIC

STEROID PLANNING SHEET

(Prednisolone/Budesonide/Entocort/Cortiment)

DATE: TAKE 40mg OF Prednisolone IN THE MORNING	FOR 9 DAYS
DATE: REDUCE TO 35mg OF " " IN THE MORNING	FOR 7 DAYS
DATE: REDUCE TO 30mg OF " " IN THE MORNING	FOR 7 DAYS
DATE: REDUCE TO 25mg OF " " IN THE MORNING	FOR 7 DAYS
DATE: REDUCE TO 20mg OF " " IN THE MORNING	FOR 7 DAYS
DATE: REDUCE TO 15mg OF " " IN THE MORNING	FOR 7 DAYS
DATE: REDUCE TO 10mg OF " " IN THE MORNING	FOR 7 DAYS
DATE: REDUCE TO 5mg OF " " IN THE MORNING	FOR 7 DAYS
DATE: REDUCE TO THEN CEASE OF _____ IN THE MORNING	FOR _____ DAYS
DATE: REDUCE TO _____ OF _____ IN THE MORNING	FOR _____ DAYS

ALSO TAKE THE FOLLOWING AS INSTRUCTED UNTIL STEROID COURSE COMPLETED:

Drug Name	Dose/Frequency	Required
ANTACID - LANSOPRAZOLE	30mg DAILY	✓
VITAMIN D SUPPLEMENT	2000IU DAILY	✓
CALCIUM SUPPLEMENT	600mg DAILY	✓

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See over for collection locations and contact details

NSW GOVERNMENT Health Pathology

NSW Health Pathology: APA 1142
SEALS Executive
Level 4 Campus Centre
Barker Street
Randwick NSW 2031

PATIENT DETAILS

Med. Rec. No: ..... Ward: .....

Ho...

S MRN: 0886-35-64 SCHN-SCH
DOB: 29-MAR-2010 Age: 14 Y Sex: F
F BULLOCK, Chloe
61 Prince Charles Road FRENCHS FOREST 2086 Ph: 029401 9891
D AMO: Lemberg, Danie Adm: 23-JUL-2024 M/C: 24624677826 Fin: EW

Address: ..... Phone: .....

..... Postcode: .....

TESTS REQUESTED
ROUTINE:

UEC, CMP
FBC, ESR, CRP, LFT
Iron Studies, Vitamin D,

URGENT:

"LIFE THREATENING" MUST CALL LAB Tick ☐

CONSULTANT: DR. LEMBERG

REQUESTING PRACTITIONER:

Surname: ..... Initials: .....

Phone: ..... Fax: ..... Pager No: .....

Address: .....

Postcode: ..... Provider No: 2149244X

Signature [signature] Date 29/7/24

COPY OF REPORT TO:

Name: Dr Lemberg / ~~Dr Clark~~

Address: IBD Clinic

Postcode: Sydney Children's Hospital

COPY OF REPORT TO: High Street Randwick NSW 2031

Name: Ph: 9382 1752 F: 9382 1787

Address: .....

Postcode: ..... Phone/Fax: .....

DO NOT USE THIS FORM FOR BLOOD BANK or TRANSFUSION REQUESTS

CLINICAL NOTES Pregnant: Yes ☐ No ☐ SD ☐

IBD

before clinic

Tests can be performed at any pathology service

Medication: Date/Time of last dose: Dosage:

GYNAECOLOGICAL CYTOLOGY

Post Menopausal	☐	Pregnant	☐	Post Natal	☐
IUCD	☐	Abnormal Bleeding	☐	Radiotherapy	☐
Chemotherapy	☐	Hormones	☐		

L.M.P ..... /..... /.....

NSW PAP TEST Register YES ☐ NO ☐ (If no, attach official sticker)

Your doctor has recommended that you use SEALS Pathology. You are free to choose your own pathology provider. However, if your doctor has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your doctor.

Name of APP: .....

HOSPITAL STATUS Was or will the patient be, at the time of the service or when the specimen is obtained (please tick):

(a)	a private patient in a private hospital or approved day hospital facility	Yes ☐	No ☐
(b)	a private patient in a recognised hospital	Yes ☐	No ☐
(c)	a public patient in a recognised hospital	Yes ☐	No ☐
(d)	an outpatient of a recognised hospital	Yes ☑	No ☐

MEDICARE ASSIGNMENT: Medicare ☑ Vet Affairs ☐ REF

Medicare Assignment (Section 20A of the *Health Insurance Act 1973*). I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.

Patient Signature: ..... Date: ..... /..... /.....

Practitioner's use only (Reason why patient cannot sign)

CONFIRMATION OF PATIENT DETAILS

I confirm that patient details on this request and on all specimens collected are correct.

Patient/Carer's Signature: .....

COLLECTOR DECLARATION

I certify that I collected the accompanying specimens from the above patient, whose identity was confirmed by enquiry and/or examination of their name band and that I labelled the specimens immediately following collection.

Collector's Name: ..... Signature: .....

Collection Date: ...../...../..... Collection Time: ..... Sample Type/Site: ..... Fasting: Yes / No CSR Initial: .....

S/Gel	Serum	LiHep	Grey	EDTA	Coag	ESR	Blood Gas	Blood Culture	Urine	Fluid	Swab	Viral	CSF	Histo	Cyto	Pap	Stool	Sput	pLiHep	pSerum	pEDTA	pGrey	pCoag	Other