

*** Final Report ***

procedure well.

Gastroscope: 2.8

Complications: No immediate complications

Findings:

- Oesophagus: normal
- Stomach: patchy erythema and oedema throughout fundus, body and antrum, possible healed ulcer in fundus, otherwise normal.
- Duodenum: the examined duodenum was normal to D3

Biopsies were taken with forceps for histopathology

Colonoscopy

Consultant: A/Prof Avi Lemberg

Proceduralist: Michael Coffey & A/Prof Lemberg

Procedure: After obtaining informed consent, the scope was introduced through the anus, and advanced to the terminal ileum

The endoscopy was accomplished without difficulty. The patient tolerated the procedure well.

Colonoscope: 3.2

Bowel preparation: poor

Complications: No immediate complications

Findings:

- Rectum: diffuse erythema oedema with aphthous ulcers throughout and loss of vascular pattern throughout (SES-CD 6; UCEIS 4)
- Sigmoid: diffuse erythema, oedema, large ulcers and friable mucosa (UCEIS 6)
- Descending: very large and diffuse ulceration with pseudopolyps, erythema and oedema, spontaneous and contact bleeding (SES-CD 9); friable mucosa (UCEIS 8)
- Transverse: very large and diffuse ulceration with pseudopolyps, erythema and oedema, spontaneous and contact bleeding (SES-CD 9); friable mucosa (UCEIS 8)
- Ascending: diffuse erythema, scattered aphthous ulcers, no large ulcers, no pseudopolyps (SES-CD 4; UCEIS 5)
- Caecum: diffuse erythema, scattered aphthous ulcers, no large ulcers, no pseudopolyps (SES-CD 4; UCEIS 3)
- Terminal ileum: normal

Biopsies were taken with cold forceps for histopathology

Health StatusPrincipal and Other Diagnosis

Crohns disease, 23/07/2024

Problems, Past History and AlertsOngoing

No qualifying data

Historical

No qualifying data

N.B. We aim to inform you and your parents/carers as much as possible of all health issues documented in this discharge summary. However, in the event that a health concern has not been discussed, we recommend that you take the opportunity to talk about it further with your treating team, general practitioner and/or paediatrician at your follow up appointment.

Allergies and Adverse Reactions

No known allergies

Immunisation Status

Result Date: 29 July 2024 14:45 AEST

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

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Haematology	HCT-SCH	29/07/2024 11:53 AEST	0.378 L/L		0.37-0.47		Y
Haematology	MCV-SCH	29/07/2024 11:53 AEST	80.0 fL		80-100		Y
Haematology	RCC-SCH	29/07/2024 11:53 AEST	4.74 $10^{12}/L$		3.80-5.80		Y
Haematology	MCH-SCH	29/07/2024 11:53 AEST	25.7 pg	LOW	26.5-33.0		Y
Haematology	MCHC-SCH	29/07/2024 11:53 AEST	323 g/L		310-360		Y
Haematology	RDW-SD-SCH	29/07/2024 11:53 AEST	44.6 fL		38.0-48.0		Y
Haematology	RDW-CV-SCH	29/07/2024 11:53 AEST	15.7 %	HI	12.0-14.5		Y
Haematology	MPV-SCH	29/07/2024 11:53 AEST	6.4 fL	LOW	7.4-11.5		Y
Haematology	Blood Film Comment-SCH	29/07/2024 11:53 AEST	INTERIM RESULTS				
Haematology	Neutrophils % -SCH	29/07/2024 11:53 AEST	70.0 %				
Haematology	Neutrophils Absolute-SCH	29/07/2024 11:53 AEST	11.27 $\times 10^9/L$	HI	1.7-7.0		
Haematology	Lymphocytes % -SCH	29/07/2024 11:53 AEST	23.6 %				
Haematology	Lymphocytes Absolute-SCH	29/07/2024 11:53 AEST	3.80 $\times 10^9/L$		1.5-4.0		
Haematology	Monocytes % -SCH	29/07/2024 11:53 AEST	6.1 %				
Haematology	Monocytes Absolute-SCH	29/07/2024 11:53 AEST	0.98 $\times 10^9/L$	HI	0.1-0.8		
Haematology	Eosinophils % -SCH	29/07/2024 11:53 AEST	0.2 %				
Haematology	Eosinophils Absolute-SCH	29/07/2024 11:53 AEST	0.03 $\times 10^9/L$	LOW	0.04-0.44		
Haematology	Basophils % -SCH	29/07/2024 11:53 AEST	0 %				
Haematology	Basophils Absolute-SCH	29/07/2024 11:53 AEST	0.00 $\times 10^9/L$		0.0-0.2		
Haematology	Erythrocyte Sedimentation Rate-SCH	29/07/2024 11:53 AEST	28 mm/h	HI	0-14		
Immunology	C Reactive Protein-SCH	29/07/2024 11:53 AEST	7 mg/L	HI			

Medical Imaging**Ultrasound Abdomen (Verified)****Ultrasound Abdomen**

23/07/2024, 11:13 PM

CLINICAL HISTORY: Haematemesis,? Peptic ulcer disease. Differential diagnosis of variceal bleed.? Portal hypertension**COMPARISON:** 28/11/2012, Ultrasound Renal Tract

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.Full Blood Count	24/07/2024
Calcium Magnesium and Phosphate	24/07/2024
Electrolytes Urea Creatinine	24/07/2024
Liver Function Tests	24/07/2024
Automated Differential	24/07/2024
C Reactive Protein	24/07/2024
Culture Blood Culture	24/07/2024
Full Blood Count(SCH)	24/07/2024
Blood Culture(SCH)	24/07/2024
Crossmatch (Add-on)(SCH)	24/07/2024
Quantiferon Gold	25/07/2024
.Full Blood Count	26/07/2024
.Full Blood Count	26/07/2024
Automated Differential	26/07/2024
Automated Differential	26/07/2024
Procalcitonin	26/07/2024
Procalcitonin	26/07/2024
Immunoglobulin A	26/07/2024
Immunoglobulin G	26/07/2024
Immunoglobulin M	26/07/2024
Immunoglobulin E	26/07/2024
Full Blood Count(SCH)	26/07/2024
Full Blood Count(SCH)	26/07/2024

Discharge InformationDischarge Plan

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: 675mg BD (13.5mL BD)

Follow-up

IBD clinic follow up Wednesday 7th August at 2pm:

- Location: Sydney Children's Hospital Outpatient Department, level 0, from High Street entrance

Discharge Medications

calcium (as carbonate) (calcium (as carbonate) 600 mg oral tablet), Tab, 600 mg given as 1 tab(s), Oral, every 12 hours, Dispense Quantity: 7 day supply, Indication: hypocalcaemia
 lansoprazole (lansoprazole 30 mg oral enteric dispersible tablet), Tab-Dispersible, 30 mg, Oral, daily, Dispense Quantity: 7 day supply, Indication: Symptomatic GORD
 multivitamin with minerals (multivitamin with minerals (Centrum Kids) oral chewable tablet), Tab-Chewable, 1 tab, Oral, daily, Dispense Quantity: 7 day supply, Indication: vitamin and mineral supplement
 monobasic sodium phosphate (phosphorus (as monobasic sodium phosphate) 500 mg oral effervescent tablet), Tab-Effervescent, 500 mg, Oral, TWICE a day, Dispense Quantity: 7 day supply, Indication: Hypophosphataemia
 prednisolone (prednisolone 1 mg oral tablet), 40 mg, Oral, daily, Dispense Quantity: 7 day supply
 valGANCiclovir (valGANCiclovir 50 mg/mL oral liquid), Suspension, 675 mg given as 13.5 mL, Oral, TWICE a day, Dispense Quantity: 10 day supply, Comment: ****HAZARDOUS CYTOTOXIC - special handling required**** Target Dose: valGANCiclovir 50 mg/mL oral liquid 16 mg/kg (Actual Dose: 16.0102 mg/kg) 29/07/2024 10:22:30

Ceased Medications

No ceased medications recorded in Electronic Medications Management (eMM)

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