* 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

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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 apthous 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 pseduopolyps, erythema and oedema, spontaneous and contact bleeding (SES-CD 9); friable mucosa (UCEIS 8)
- Transverse: very large and diffuse ulceration with pseduopolyps, erythema and oedema, spontaneous and contact bleeding (SES-CD 9);friable mucosa (UCEIS 8)
- Ascending: diffuse erythema, scattered apthous ulcers, no large ulcers, no pseudopolyps (SES-CD 4; UCEIS 5)
- Caecum: diffuse erythema, scattered apthous ulcers, no large ulcers, no pseudopolyps (SES-CD 4; UCEIS 3)
- Terminal ileum: normal

Biopsies were taken with cold forceps for histopathology

Health Status

Principal and Other Diagnosis
Crohns disease, 23/07/2024

Problems, Past History and Alerts
Ongoing
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

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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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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 x10^9/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 x10^9/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 x10^9/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 x10^9/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 x10^9/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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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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.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 Information

Discharge 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)

Document Author

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Name : Mai Linh Vo
Sign Date : 29-JUL-2024 14:45

Completed Action List:

* Perform by Vo, Mai Linh (Junior Medical Officer) on 29 July 2024 14:47 AEST
* Modify by Vo, Mai Linh (Junior Medical Officer) on 29 July 2024 14:48 AEST
* Modify by Vo, Mai Linh (Junior Medical Officer) on 29 July 2024 14:51 AEST
* Modify by Vo, Mai Linh (Junior Medical Officer) on 29 July 2024 15:16 AEST
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* Sign by Vo, Mai Linh (Junior Medical Officer) on 29 July 2024 15:52 AEST Requested by Vo, Mai Linh (Junior Medical Officer) on 29 July 2024 14:47 AEST
* VERIFY by Vo, Mai Linh (Junior Medical Officer) on 29 July 2024 15:52 AEST

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