



# INSTITUTE OF LIVER & BILIARY SCIENCES

(An Autonomous Society under Government of NCT of Delhi)  
D-1, Vasant Kunj, New Delhi, India  
Phone No: 011-46300000 Ext: 17055 & 17056, 011-26706700 - 02  
Email: info@ilbs.in, Website: http://www.ilbs.in



*Dr. Saurav - S*

## Out Patient Consultation Record

UHID: ILBS.0000386174  
Patient Name: Mr. MUSTAJAB KHAN  
Age/Gender: 42 Year(s) / Male  
Address: 26, BANTI KHERA

Date: 26-May-2025 10:08 am  
Doctor Name: S. K. SARIN  
Designation: Sr. Professor  
Hepatology Unit 1

/ Sr. Resident / Virtual Consultation

City and State: SHAMLI, UTTAR PRADESH

*PT. HBS - 24.1kg*

Pulse (per min): <i>61</i>	BP (mmHg): <i>90/52</i>	Temp (F):	SPO2: <i>99%</i>	Allergies:
Height (cms): <i>170</i>	Weight (kgs): <i>66</i>	BMI (kg/m <sup>2</sup> ): <i>66.22</i>	Waist (cm): <i>89</i>	HIP (cm): <i>91</i>
Comorbidities: HT   DM   CAD   Hypothyroid   CKD   Dyslipidemia		Family Hx: HT   DM   CLD   CKD   Gall Stone   Ca		

H/o Present illness:

*Index - 2yr.*

*Jaundice →*

*Pedal edema*

*NO ascites*

*NO encephalopathy*

*Alcohol ⊖  
Smoke ⊖*

*P7/JND - 468/3.8*

*uree - 7*

*7mo/SLC - 0.4*

*urea/cr - 2.8*

*chole/sg - 69/20*

*uric/cre - 4.9*

*ANA/ASMA - Neg*

*Ceruloplasmin - 22.5*

*Copper - 126.2*

*HBSPS/Anti HCV - N/A*

Past History:

*CAM (+)*

Examination:



*H/O fever - off con*

*MULTIPLE TIME*

Diagnosis:

*CLD  
PHIN (Recent Vx STAGE)*

*DXA  
OSTEOPENIA*

*Cirrhosis (ETIOLOGY  
↓ EVALUATION)*

*D: Jaundice*

Date	Previous	Present
CAP		<i>184</i>
LSM		<i>49</i>
SSM		<i>48</i>
CTP		
MELD		
HVPG		
Alcohol use (g/d)		Duration (yr)

Previous Investigations:

*2/5/25*

*APP - 6*

*PIVKA II - 10614*

*7mo - 3.6*

*ALB - 2.4 4.6*

*BIL - 12.1 - 7.5*

*DO7/DO7 - 165/57*

*ALP - 167*

*CR7 - 29*

*CA19.9 - 63*

*CGA - 5.8*

*2ren - 157*

*ure - 188*

*Tsm - 3.8*

*3/4/2m - 85/3.7/1*







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## FIBROSCAN IN LIVER DISEASES

Liver Stiffness as measured by transient elastography correlates with advanced fibrosis in Patient with chronic hepatitis B,C or nonalcoholic fatty liver disease (NAFLD) and many other causes of liver diseases and cutoffs vary according to the etiology of liver disease.

Liver Stiffness in normal adults in <5-6 kPa.

	Optimal cutoff for diagnosing significant fibrosis	Optimal cutoff for diagnosing significant cirrhosis
Chronic HBV infection	7-8kPa	10-11 kPa
Chronic HCV infection	7-8kPa	11-12 kPa
Non alcoholic fatty liver disease	6-7kPa	10-11 kPa

This technique works best for separating patients with minimal or no fibrosis from those with significant fibrosis. A linear correlation with increasing fibrosis does not occur, and 15-20% discordance between elastography scores and histologic fibrosis may occur.

Ultrasound elastography does not distinguish patients with no fibrosis from patients with minimal fibrosis, Advanced fibrosis may be underestimated and patients with macro nodular cirrhosis may be classified as non-cirrhotic

Fibrosis may be overestimated in patients with extrahepatic cholestasis, acute hepatocellular injury or after heavy meals.

### **Liver Fat:**

Controlled attenuation parameter (CAP) correlates with fat content of the liver.

Optimal cutoff values of CAP for prediction of >33% and >66% fat in liver are 255-260 dB/m and 290-295dB/m respectively.

If the values of one or both Liver stiffness and CAP are abnormal, the individual is advised to be under regular follow up.