

ULCI Mock Test Use Only

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Please record your answer on this page.

(Only answers on Page 1 and Page 2 will be marked.)

Dr. Michael Brown

Hepatologist

Newbridge Hospital

56 Clayton Road, Bassetthall

August 19, 2018

Dear Dr. Brown,

Re: Mr. Leo Berry, 12 Greenwood, Stillwater

DOB: 6th July 1974

Thank you for seeing Mr. Berry, a 44 year old, Phlebotomist, who is suspected to have early signs of cirrhosis of liver. I am referring him to you for further assessment and treatment of his condition.

Mr. Berry is a smoker (smokes 15-20 cigarettes per day) as well as a heavy drinker (drinks more than 15 drinks/week). His uncle died of liver cancer. He has a past medical history of Hepatitis C in 2015 for which he was treated with Pegylated Interferon and Ribavirin for 48 weeks and was fully cured. However, the cause of Hepatitis C is still unknown; whether it could be needle prick injury at hospital or tattoo piercing in Dubai. Please note that he has been vaccinated for Hepatitis A and B. Furthermore, there is no significant allergy history.

Initially, on 12th August 2018, Mr. Berry presented with complaints of generalised weakness and tiredness for 2 months. Eventually, he noticed gradual loss of appetite and easy bruising on exposed parts of his skin. On examination, his vitals were stable. However, on palpation of abdomen, revealed mild tenderness and presence of ascites following which urinalysis was done which showed presence of protein. Therefore, he was advised for smoking cessation, balanced diet and he was referred to alcohol

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support team for advice on cessation and withdrawal symptoms. In addition to that, he was requested for liver function tests, ultrasound scan of abdomen and advised to review in 1 week with test results.

On, 19th Aug 2018, Mr. Berry presented with no improvement in his condition. However, he has reduced smoking to 10 cigarettes/day and he even tried to reduce alcohol but consumption was still high. On examination, his vitals were stable. His liver function tests results were deranged (Increased bilirubin, AST, ALT, ALP, PT/INR and Decreased WCC, PLT) and his ultrasound scan revealed mild ascites, enlarged liver and spleen as well as presence of right posterior hepatic notch.

In view of the above, Mr. Berry is suspected to have early signs of cirrhosis of liver. Therefore, I have planned for liver biopsy and MRI scan. Hence, I am writing to refer him to you for further assessment and treatment of Mr. Berry's condition.

Please do not hesitate to contact me if you have any queries

Yours sincerely,
Doctor

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v.v. good
keep it up!

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