[redacted]

[redacted]

DATE OF PROCEDURE: 03-22-2004

PREOPERATIVE DIAGNOSIS:
End-stage liver disease secondary to biliary atresia.

POSTOPERATIVE DIAGNOSIS:
End-stage liver disease secondary to biliary atresia.

STAFF SURGEON:
Alan Langnas, DO

ASSISTANT SURGEON:
Jean F Botha, MD and David Mercer, MD

INDICATIONS:

OPERATION:
Left lateral segment living donor liver transplant.

ANESTHESIA:
General.

PROCEDURE:
Prior to taking the patient to the operating room, the family was carefully explained the potential risks and benefits associated with liver transplantation and they seemed to have a good understanding of this. The patient was then taken to the operating room and following induction of general anesthesia, the abdomen was sterilely prepped. Following this ,a bilateral subcostal skin incision was made through the previous incision. The peritoneal cavity was entered. There were multiple adhesions from the patient's previous operation were noted. Dense adhesions were very difficult to takedown at some points. A small hole in the duodenum was also identified and this was oversewn. Following this, the _____ was taken down. Hepatitic artery was ligated, portal vein was freed up. It was noted to be small and atrophic. Upper and lower vena cava were freed up as the ligamentous fascia was taken down. After a very difficult dissection, we brought the portal vein back to the confluence of the splenic and superior mesenteric veins. After this, we then placed clamps in the upper lower vena cava. The liver was excised. The recipient's vena cava looked intact. The holes were closed. The donor liver was then brought into the operative field. The upper caval anastomosis was then performed with 4-0 Prolene. The portal vein was then reconstructed and then fascia with 7-0 Prolene for growth factor. There are two hepatic arteries on the donor liver and these

[redacted]

OR Surgeon signed by Alan Langnas, DO at 4/5/2004 1:13 PM (continued)

were anastomosed into the right and left hepatic arteries of the recipient. These were done with 8-0 Prolene. The clamps were removed and revascularized well. Minimal bleeding was noted. It was controlled by using the previous Roux limb. A choledochojejunostomy was then created with interrupted 6-0 Maxon. No further bleeding was noted. A drain was placed. Fascia was closed in layers, skin was closed with staples. The patient tolerated the procedure well.

Dictated By: ALAN LANGNAS, DO

412837-35963-20951-JOB: 40759
DD: 03-23-2004 09:01 DT: 03-23-2004 15:01

Electronically signed by Alan Langnas, DO on 4/5/2004 1:13 PM

Discharge Summaries signed by at 11/17/2004 10:38 AM

Author: Debra L Sudan, MD	Service: (none)	Author Type: Physician
Filed: 3/22/2013 3:02 PM	Encounter Date: 3/27/2004	Note Type: Discharge Summaries
Status: Signed	Editor: User, Conversion Test	
Trans ID: 8165633018	Trans Status: Available	Dictation Time: 4/1/2004 7:12 PM
Trans Time: 4/3/2004 12:04 AM	Trans Doc Type: D/C Summaries	

[redacted]

ADMISSION DATE: 03-18-2004

DISCHARGE DATE: 03-30-2004

ATTENDING PHYSICIAN: Debra L Sudan, MD

PRIMARY DIAGNOSIS:
Biliary atresia.

SECONDARY DIAGNOSES:

1. Status post hepatoportal jejunostomy (Kasai procedure).
2. Thrombocytopenia.
3. History of patent foramen ovale and atrial septal defect with left-to-right shunt.

FINAL DIAGNOSIS:

REASON FOR ADMISSION:
This 17-month-old African American female was born with jaundice and a diagnosis of biliary atresia was established, and the patient underwent Kasai procedure on December 16, 2003; however, her condition did not improve. Her liver function deteriorated, and after extensive evaluation she was qualified for a liver transplant. Her father decided to donate left lateral segment of liver for living-related liver transplant for her, and she underwent the

[redacted]

above-mentioned surgical procedure, and she had an uneventful postoperative course.

PROCEDURES:
During this hospital stay, the patient underwent left lateral segment living donor liver transplant by Dr. Alan Langnas on March 22, 2004.

HOSPITAL COURSE:
Initially, she was admitted to the ICU after the transplant, and immunosuppression therapy was initiated. Her liver function values were closely monitored, and she recovered smoothly without complication, and once her bowel function returned we started to advance diet as she tolerated a general regular diet. She remained afebrile, and all the cultures including the blood culture during her hospital stay were negative.

Her liver function improved, and on March 27, 2004, her CMP was sodium 133, potassium 4.6, chloride 103, carbon dioxide 27, BUN 7, creatinine 0.1, glucose 70, magnesium 1.9, phosphorus 3.8, total protein 5.3, albumin 2.0, AST 62, ALT 134, and alkaline phosphatase 196. Gamma GT was 48, and total bilirubin was 2.8 (on admission, her total bilirubin was 23.4).

On the date of discharge, she is awake, alert, and comfortable. Temperature 36.8, pulse 100, respirations 30, and blood pressure is 103/50. Lungs are clear to auscultation bilaterally. Abdomen is soft, nontender, and nondistended. Incision has healed nicely. She has good bowel sounds. The rest of her abdominal wound healed nicely. At the central part of the abdominal wound, there is a small open wound, and on dressing change there is no purulent discharge and there are no signs of infection.

DISCHARGE MEDICATIONS:

1. Prednisolone 5 mg p.o. daily from March 31, 2004, to April 5, 2004, and prednisolone 2.5 mg p.o. daily starting from April 6, 2004.
2. Tacrolimus 3 mg p.o. q.8h.
3. Amlodipine 5 mg p.o. b.i.d.
4. Valganciclovir 160 mg p.o. daily.
5. Bactrim 5 mL p.o. b.i.d. on Monday and Tuesday weekly.

DISCHARGE INSTRUCTIONS:
Activities: As tolerated. Diet: Pregestimil-general diet. No juices.
Followup diagnostic studies including CMP, GGT, CBC with differential, and FK level on Monday and Wednesday.

Dictated By: YE YE, MD

633018-34431-31428-JOB: 47259
DD: 04-01-2004 19:12 DT: 04-03-2004 00:04

Patien[redacted]

Discharge Summaries signed by at 11/17/2004 10:38 AM (continued)
Electronically signed by User, Conversion Test on 3/22/2013 3:02 PM

Resulted: 03/19/04 1656, Result status: Final result

XR chest PA & lateral [302085071]

Ordering provider	Timothy E Moore, MD 03/18/04 1628	Order status:	Completed
Resulted by	Timothy E Moore, MD	Filed on:	02/08/13 2321
Resulting lab:	EPIC MEDICAL CLINIC LAB		

Narrative:
TWO VIEWS CHEST

IMPRESSION:
1. Cardiomegaly.
2. Prominence of pulmonary vasculature, suggesting hypervolemia.

DISCUSSION: Two views of the chest, no comparison. Cardiomegaly. Prominent pulmonary vasculature, suggesting hypervolemia.

I have participated in the interpretation of these images and approved this report.

Specimen information

ID	Type	Source	Collected By
			03/18/04 1830

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

Resulted: 03/19/04 1655, Result status: Final result

XR for bone age [302085072]

Ordering provider	Timothy E Moore, MD 03/18/04 1628	Order status:	Completed
Resulted by:	Timothy E Moore, MD	Filed on:	02/08/13 2321
Resulting lab:	EPIC MEDICAL CLINIC LAB		

Narrative:
BONE AGE

IMPRESSION:
1. Normal bone age.

DISCUSSION:
The patient's actual age is 18 months.

The patient's expected ossification centers according to the standards of Sontag, Schnell, and Anderson is 34 with a standard deviation of 8.4.

Actual ossification centers number 22. This is within 2 standard deviations of the expected ossification centers, therefore representing normal bone age.

I have participated in the interpretation of these images and approved this report.

[redacted]

XR for bone age [302085072] (continued)

Resulted: 03/19/04 1655, Result status: Final result

Specimen Information

ID	Type	Source	Collected By
			03/18/04 1830

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

US abdomen complete [302085073]

Resulted: 03/20/04 1738, Result status: Final result

Ordering provider:	Joseph C Anderson, MD 03/18/04 1628	Order status:	Completed
Resulted by	Joseph C Anderson, MD	Filed on:	02/08/13 2321
Resulting lab	EPIC MEDICAL CLINIC LAB		

Narrative:

ABDOMINAL ULTRASOUND WITH DOPPLER:

IMPRESSION:
1. Liver deformity and heterogeneity, chronic liver disease.
2. Gallbladder not visible.
3. Splenomegaly.
4. Portal vein not visible.

DISCUSSION:
Examination of the abdomen was done by ultrasound to evaluate prior to liver transplantation. The liver is markedly deformed with a shortened right lobe. Imaging of the right lobe was difficult because of overlying bowel contents. The right lobe length is about 8 cm and left lobe length is 6.2 cm. There is marked heterogeneity of the liver parenchyma with hyperechogenicity along the portal tracts. The gallbladder is not visible. Doppler flow was visible in the intrahepatic arteries. Doppler flow in the portal vein was not visible with certainty likely because of technical difficulties in imaging the liver with a small right lobe. The portal vein was not visualized sufficiently to measure diameter. Further evaluation of the liver vascularity by other modality such as MRA or MRV may be of help if vascular assessment if needed. The hepatic artery has normal flow velocity at 81 cm/second. The splenic vein and pancreas were not visible from the midline because of overlying bowel contents. The spleen is enlarged measuring 12.2 cm in length. The kidneys appear normal bilaterally with the right measuring 8.3 and the left measuring 8.7 cm in length. No ascites or abnormal bowel is visible.

Specimen Information

ID	Type	Source	Collected By
			03/18/04 2000

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

[redacted]

Nebraska Medicine
NMC 6UNS
987400 NEBRASKA MEDICAL CENTER
OMAHA NE 68198-7400
Results Report

[redacted]

Resulted: 03/20/04 1738, Result status: Final result

US abdomen pelvis retroperitoneal duplex limited [3020850974]

Ordering provider:	Joseph C Anderson, MD 03/18/04 2006	Order status:	Completed
Resulted by:	Joseph C Anderson, MD	Filed on:	02/08/13 2321
Resulting lab:	EPIC MEDICAL CLINIC LAB		

Narrative:

ABDOMINAL ULTRASOUND WITH DOPPLER:

IMPRESSION:
1. Liver deformity and heterogeneity, chronic liver disease.
2. Gallbladder not visible.
3. Splenomegaly.
4. Portal vein not visible.

DISCUSSION:
Examination of the abdomen was done by ultrasound to evaluate prior to liver transplantation. The liver is markedly deformed with a shortened right lobe. Imaging of the right lobe was difficult because of overlying bowel contents. The right lobe length is about 8 cm and left lobe length is 6.2 cm. There is marked heterogeneity of the liver parenchyma with hyperechogenicity along the portal tracts. The gallbladder is not visible. Doppler flow was visible in the intrahepatic arteries. Doppler flow in the portal vein was not visible with certainty likely because of technical difficulties in imaging the liver with a small right lobe. The portal vein was not visualized sufficiently to measure diameter. Further evaluation of the liver vascularity by other modality such as MRA or MRV may be of help if vascular assessment if needed. The hepatic artery has normal flow velocity at 81 cm/second. The splenic vein and pancreas were not visible from the midline because of overlying bowel contents. The spleen is enlarged measuring 12.2 cm in length. The kidneys appear normal bilaterally with the right measuring 8.3 and the left measuring 8.7 cm in length. No ascites or abnormal bowel is visible.

Specimen information

ID	Type	Source	Collected By
			03/18/04 2000

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

Resulted: 03/23/04 1143, Result status: Final result

XR chest PA or AP only [3020850975]

Ordering provider:	Signed Orders 03/22/04 1705	Order status:	Completed
Resulted by:	Signed Orders	Filed on:	02/08/13 2321
Resulting lab:	EPIC MEDICAL CLINIC LAB		

Narrative:

AP PORTABLE CHEST:

IMPRESSION:
1. Postoperative changes in the upper abdomen with a right upper quadrant surgical drain.

[redacted]

Resulted: 03/23/04 1343, Result status: Final result

XR chest PA or AP only [302085075] (continued)

DISCUSSION:
No comparison. Postoperative changes in the upper abdomen with surgical drain. NG tube coiled within stomach. ET tube 1 cm above the carina. Right IJ central venous catheter in the deep right atrium.

I have participated in the interpretation of these images and approved this report.

Specimen Information

ID	Type	Source	Collected By
			03/22/04 1717

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

Resulted: 03/23/04 1334, Result status: Final result

XR chest PA or AP only [302085076]

Ordering provider: Thomas J Imray, MD 03/22/04 1759
Resulted by: Thomas J Imray, MD
Resulting lab: EPIC MEDICAL CLINIC LAB
Order status: Completed
Filed on: 02/08/13 2321

Narrative:
AP PORTABLE CHEST

IMPRESSION:
1. Right upper lobe atelectasis, increased.
2. Left base subsegmental atelectasis, unchanged.

DISCUSSION: Comparison is to 03/22/2004. Cardiac size again appears normal. Right upper lobe atelectasis has increased. Patchy left perihilar and lower lobe subsegmental atelectasis appears largely unchanged. Endotracheal tube tip is at aortic arch level. Right upper quadrant drain, nasogastric tube, and right sided central line appear unchanged.

I have participated in the interpretation of these images and approved this report.

Specimen Information

ID	Type	Source	Collected By
			03/23/04 0654

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

Resulted: 03/24/04 1401, Result status: Final result

US abdomen complete [302085077]

Ordering provider: Annabel Galva, MD 03/22/04 1800
Resulted by: Annabel Galva, MD
Order status: Completed
Filed on: 02/08/13 2321

[redacted]9)

[redacted]

Resulted: 03/24/04 1401, Result status: Final result

US abdomen complete [302065077] (continued)

Resulting lab: EPIC MEDICAL CLINIC LAB
Narrative:
ABDOMINAL ULTRASOUND WITH DOPPLER

IMPRESSION:
1. Left lobe liver transplantation with small hematoma near the cut edge.
2. Massive splenomegaly.
3. Small amount of perisplenic ascites.
4. Right pleural effusion.

DISCUSSION: There is a right pleural effusion. There is left lobe liver transplantation with the left lobe length being 8.9 cm. This would correspond with the 22nd percentile length for age for this patient. There is an approximately 2.4 x 1.8 x 1.3 cm complex fluid collection near the cut edge of the liver, consistent with post-operative hematoma. There is no intrahepatic bile duct dilatation. The gallbladder is absent consistent with transplantation. The portal vein is patent with antegrade normal wave form at 68 cm per second. Hepatic arterial wave form is normal, antegrade and measures 59 cm per second. Hepatic vein is patent, however, has a dampened wave form. The inferior vena cava is patent and antegrade. The spleen is enlarged measuring 12.4 cm in length which is 7.6 standard deviations above the mean. There is a small amount of perisplenic fluid. The kidneys are normal in size and echotexture with the right measuring 8.4 x 3.4 x 4.4 cm and left 7.2 x 3.8 x 4.1 cm. This corresponds with the 37th and 38th percentile volume for age, respectively. The pancreas was not well visualized due to overlying bowel gas.

I have participated in the interpretation of these images and approved this report.

Specimen Information

ID	Type	Source	Collected By
			03/23/04 0951

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

Resulted: 03/24/04 1401, Result status: Final result

US abdomen pelvis retroperitoneal duplex complete [316194630]

Ordering provider: Annabel Galva, MD 03/23/04 0957
Resulted by: Annabel Galva, MD
Resulting lab: EPIC MEDICAL CLINIC LAB
Order status: Completed
Filed on: 02/08/13 2321
Narrative:
ABDOMINAL ULTRASOUND WITH DOPPLER

IMPRESSION:
1. Left lobe liver transplantation with small hematoma near the cut edge.
2. Massive splenomegaly.

[redacted]

[redacted]

US abdomen pelvis retroperitoneal duplex complete [316194630] (continued) Resulted: 03/24/04 1401, Result status: Final result

3. Small amount of perisplenic ascites.
4. Right pleural effusion.

DISCUSSION: There is a right pleural effusion. There is left lobe liver transplantation with the left lobe length being 8.9 cm. This would correspond with the 22nd percentile length for age for this patient. There is an approximately 2.4 x 1.8 x 1.3 cm complex fluid collection near the cut edge of the liver, consistent with post-operative hematoma. There is no intrahepatic bile duct dilatation. The gallbladder is absent consistent with transplantation. The portal vein is patent with antegrade normal wave form at 68 cm per second. Hepatic arterial wave form is normal, antegrade and measures 59 cm per second. Hepatic vein is patent, however, has a dampened wave form. The inferior vena cava is patent and antegrade. The spleen is enlarged measuring 12.4 cm in length which is 7.6 standard deviations above the mean. There is a small amount of perisplenic fluid. The kidneys are normal in size and echotexture with the right measuring 8.4 x 3.4 x 4.4 cm and left 7.2 x 3.8 x 4.1 cm. This corresponds with the 37th and 38th percentile volume for age, respectively. The pancreas was not well visualized due to overlying bowel gas.

I have participated in the interpretation of these images and approved this report.

Specimen Information

ID	Type	Source	Collected By
			03/23/04 0951

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

XR chest PA or AP only [316194629] Resulted: 03/24/04 1747, Result status: Final result

Ordering provider:	Thomas J Imray, MD 03/22/04 1759	Order status:	Completed
Resulted by:	Thomas J Imray, MD	Filed on:	02/08/13 2321
Resulting lab:	EPIC MEDICAL CLINIC LAB		

Narrative:
AP PORTABLE CHEST

IMPRESSION:
1. Right upper lobe atelectasis.
2. Possible mild pulmonary edema.
3. Possible posteriorly layering right pleural effusion.

DISCUSSION: Comparison is to 03/23/2004. Right upper lobe atelectasis has increased. Right lung shows prominent slightly indistinct vasculature which may represent asymmetric mild pulmonary edema. A small right posteriorly layering pleural effusion may be present. Right sided central line tip is in right atrium, endotracheal tube tip 7 cm proximal to carina, nasogastric tube tip in stomach, and right upper quadrant post operative drain

[redacted]

[redacted]

Resulted: 03/24/04 1747, Result status: Final result

XR chest PA or AP only [316194629] (continued)

unchanged.

I have participated in the interpretation of these images and approved this report.

Specimen Information

ID	Type	Source	Collected By
			03/24/04 0636

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

Resulted: 03/29/04 0852, Result status: Final result

XR chest PA or AP only [316194631]

Ordering provider:	Cheryl A Williams, MD 03/25/04 2336	Order status:	Completed
Resulted by:	Cheryl A Williams, MD	Filed on:	02/08/13 2321
Resulting lab:	EPIC MEDICAL CLINIC LAB		

Narrative:

SINGLE VIEW CHEST

IMPRESSION:
1. Increasing left opacities
DISCUSSION: Comparison 3/24/04. Decreasing right lung atelectasis, with mild residual right upper lobe atelectasis. Increasing left lung opacification, also likely atelectasis. ET tube and NG tube have been removed. Right IJ central venous catheter and surgical drains in the right upper quadrant are unchanged.

I have participated in the interpretation of these images and approved this report.

Specimen Information

ID	Type	Source	Collected By
			03/25/04 2345

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

Resulted: 03/28/04 0556, Result status: Final result

XR chest PA & lateral [316194632]

Ordering provider:	Thomas J Imray, MD 03/27/04 1216	Order status:	Completed
Resulted by:	Thomas J Imray, MD	Filed on:	02/08/13 2321
Resulting lab:	EPIC MEDICAL CLINIC LAB		

Narrative:
PA AND LAT CHEST

IMPRESSION:
[redacted]

[redacted]

Resulted: 03/28/04 0858, Result status: Final result

XR chest PA & lateral (316194632) (continued)

1. Unchanged right upper lobe atelectasis and low lung volumes.

DISCUSSION: Compared to 03/25/04. Right upper lobe atelectasis. There are shallow lung volumes, but the lung parenchyma appears otherwise normal. The pleural effusions are identified. Right central venous catheter is seen with distal tip in high right atrium. Post-operative perihepatic drain, unchanged. No evidence of extraalimentary air.

I have participated in the interpretation of these images and approved this report.

Specimen Information

ID	Type	Source	Collected By
			03/27/04 1224

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
9 - HGL	EPIC MEDICAL CLINIC LAB	Model Lab Director	5301 Tokay Blvd. Madison WI 53711	Create - 03/22/06 1703

Letter by Clarivet Torres on 4/1/2004

Status: Sent

April 1, 2004

John Udall, MD
200 Henry Clay Avenue
New Orleans, LA 70118

RE: Kyeara Dean
UNH#: 218-50-59

Dear Dr. Udall,

Today we saw Kyeara in our Transplant Clinic. As you know, she is a 1-year, 5-month old girl who has a diagnosis of biliary atresia, who is status-post living-related liver transplant 10 days ago. She was discharged from the hospital 2 days ago. She came to clinic with her mother, and according to her, in general Kyeara is doing great. She has a good appetite and is drinking her formula 2-3 times a day.

During her hospitalization, she has had diarrhea (15 stools a day), mostly secondary to apple juice intake. The juices, in general, were stopped, and we limited her bottle to her formula Pregestimil 2-3 times a day, and continued with normal oral diet. According to her mother, currently she is only having

[redacted]

1-2 stools a day, she is tolerating her feedings well, and is not having any emesis, diarrhea, abdominal distention, fever, or any other associated symptoms. Otherwise, review of systems is negative.

Current medications are: Prograf 3 mg every 8 hours, prednisolone 5 mg daily, Norvasc 5 mg daily, Valganciclovir 160 mg daily, Bactrim 5 cc twice a day on Mondays and Thursdays, and prednisone 2.5 mg daily.

Labs today show tacrolimus 12.0 ng/ml, hemoglobin 12.5 g/dL, hematocrit 37.6%, platelets 93 X10E3/mcL, WBC 13 X10E3/mcL, sodium 133 mEq/l, potassium 4.3 mEq/l, chloride 101 mEq/l, CO2 25 mEq/l, BUN 8 mg/dL, creatinine 0.2 mg/dL, bilirubin 2.8 mg/dL, AST 43 U/l, ALT 81 U/l, GGTP 73 U/l, glucose 63 mg/dL, INR 1.1, PT 14.4, PTT 27.9, calcium 8.2 mg/dL, phosphorus 4.2 mg/dL, albumin 3.0 g/dL.

On physical examination, weight is 10.9 kg, blood pressure is 96/52, heart rate is 123 beats per minute, respiratory rate is 24, temperature is 98.2 F. In general, Kyeara looks to be in good shape, very cheerful, in no acute distress, and well hydrated with mild generalized icteresia. Tympanic membranes are normal. Oropharynx is normal. Neck is supple with no lymphadenopathy. Chest is symmetric. Lungs are clear to auscultation. Heart has a regular rate and rhythm. Abdomen is protuberant with positive ascites. Spleen is palpated. There is a wound which is open in the middle, but is not draining any secretions. The ends of the wound look closed and healing well. Extremities are warm and well perfused. Neurological examination is grossly normal.

ASSESSMENT: In general, Kyeara is doing great over the last 10 post-operative days. Her wound is healing well. Her blood pressure has been normal, and for this reason, today we stopped the amlodipine. Because she still has signs of moderate ascites, we decided to start Lasix 10 mg a day. The wound is well heald and the staples will be removed.

We will continue to follow her with labs twice a week, and see her in clinic next week.

Sincerely yours,

Clarivet Torres, M.D.
Assistant Professor of Pediatrics
Pediatric Gastroenterology

CT/rjm

Letter by Simon P Horslen on 4/8/2004
Status: Sent

April 8, 2004

[redacted]

THE NEBRASKA MEDICAL CENTER
NMC 6UNS
987400 NEBRASKA MEDICAL CENTER
OMAHA NE 68198-7400
Notes Report

[redacted]

H&P signed by at 3/26/2004 4:48 PM

Author: Debra L Sudan, MD	Service (none)	Author Type: Physician
Filed: 3/22/2013 3:02 PM	Encounter Date: 3/27/2004	Note Type: H&P
Status: Signed	Editor: User, Conversion Test	
Trans ID: 8164338519	Trans Status: Available	Dictation Time: 3/19/2004 12:22 AM
Trans Time: 3/19/2004 9:13 AM	Trans Doc Type: H&P	

EDITED REPORT: * 06-30-2006 *
ADMISSION DATE: 03-18-2004

We never saw these Dr's again
Why was the report edited?
This was sometime after the needle was brought to their attention.

ATTENDING PHYSICIAN: Debra L Sudan, MD

RESIDENT PHYSICIAN: Ye Ye, MD

CHIEF COMPLAINT:

These are copies of the Orginal records.

1. Liver function failure due to biliary atresia.
2. Pre-liver transplant evaluation.

HISTORY OF PRESENT ILLNESS:
This 17-month African American female who was born with jaundice; however, the patient did not go to 2 weeks and the 4 weeks well-being-child followup. At 6 weeks, her parents presented to her pediatrician with increased jaundice, and at that time, the patient was admitted in Shreveport, Los Angeles, and a liver biopsy was done and showed biliary atresia. Then, the patient was transferred to a Children's Hospital in New Orleans on December 14, 2003, where the patient had a Roux-en-Y hepatoportojejunostomy or Kasai procedure performed on December 16, 2003, without complications, and the patient was discharged on postoperative day #5. After the procedure, the patient had multiple admissions, and she had been scheduled for a liver transplant and got cancelled many times due to infection or donor liver was not compatible, and her liver function keeps deteriorating. On January 9, 2004, the patient was again admitted, and at that time, her ammonia level was high at 67, and abdominal ultrasound during that admission was consistent with cirrhosis and portal hypotension. Hepatic Doppler revealed reversal of flow, and the patient was started on lactulose and neomycin. Also, her coagulation test has been abnormal. PT, INR, and PTT have been severely elevated; however, no obvious bleeding episode has been noticed. Her father has been decided to be the patient's living-related liver transplant donor, and he has been evaluated and was qualified. The patient was also noticed to have increased abdominal distention and periorbital edema, and also her jaundice is getting worse and worse recently. She is transferred from Louisiana today to The Nebraska Medical Center. The patient's mother states the patient has been eating well and has no recent fever or chills. Her stool has been pale.

PAST MEDICAL HISTORY:

1. Biliary atresia.
2. Status post hepatoporto-jejunostomy or Kasai procedure on December 16,

[redacted]

2003.
3. PFO-ASD with left-to-right shunting.

ALLERGIES:
No known allergies.

MEDICATIONS:
The patient is on the following medications.

1. Lactulose 10 g per 15 mL, and she takes 6.6 g p.o. 4 times a day.
2. Reglan 1.5 mg 4 times per day.
3. Multivitamin with zinc sulfate 1 mL p.o. once a day.
4. Vitamin K 2 mg subcutaneous once a day.
5. Zantac 15 mg p.o. twice a day.
6. Ursodiol 10 mg per mL, she takes 4 mL p.o. 3 times a day.
7. Normal saline nasal drop, 1 drop p.r.n. for nasal dryness.
8. Spironolactone 20 mg p.o. t.i.d.
9. Ferrous sulfate 220 mg once a day.
10. Folic acid 1 mg p.o. once a day.
11. Lasix 12 mg IV once per day.

FAMILY HISTORY:
Noncontributory.

SOCIAL HISTORY:
She was born at 38 weeks by cesarean section, and immunizations are up to date. She lives with her mom.

REVIEW OF SYSTEMS:
GENERAL: No recent fever or chills. CARDIOVASCULAR: PFO and ASD detected by echocardiogram with a left-to-right shunting which is mild. RESPIRATORY: No hemoptysis. No recent cough. No recent runny nose. GI: Per history of present illness and past medical history. HEMATOLOGY: Significant for severely elevated PT, INR, and PTT; however, there is no acute bleeding episode. History of FFP transfusion in the past. GENITOURINARY: No recent urinary tract infection.

PHYSICAL EXAM:
VITAL SIGNS: Temperature 36.8, pulse 120, respirations 52, and blood pressure 134/73, saturation is 100% on room air, and her body weight is 11.1 kg. GENERAL: She is awake, alert, and playful. No acute distress. HEENT: Atraumatic and normocephalic. Pupils are round and reactive to light and accommodation. Extraocular muscles are intact. There is a prominent scleral icterus and a mild periorbital edema. NECK: No jugular vein distention, no carotid bruits, no lymphadenopathy, and no thyromegaly. Her trachea is at midline. LUNGS: Clear bilaterally. ABDOMEN: Moderate distended, soft, and nontender. No guarding or rebound tenderness, and there is a positive shifting dullness sign. There is no palpable mass. She has normal bowel sounds. GENITOURINARY: External genitalia: Tanner stage I and no deformity. No purulent discharge. RECTAL: Rectum is patent. There is no

[redacted]

H&P signed by at 3/26/2004 4:48 PM (continued)

blood. EXTREMITIES: She moves all extremities symmetrically and with normal muscle strength. She walks steady, and her deep tendon reflexes are within normal limits and symmetrical.

LABORATORY AND X-RAY DATA:
WBC 7.2, hemoglobin 8.4, hematocrit 25.5, and platelets 20. PT is 45.8, INR is 5.5, and PTT 99.4. BMP showed sodium 135, potassium is 3.9, chloride is 104, CO2 25, BUN 4 and creatinine 0.2, magnesium 2.1, calcium 8.2, glucose 96, phosphorus 2.4, total protein 6.5, and albumin 2.3. Cholesterol less than 50 and triglyceride 31. AST 113, ALT 63, and alkaline phophatase 755. Her Gamma GT 39 and total bilirubin 23.4.

IMPRESSION AND PLAN:

1. Biliary atresia. Status post hepatoportal jejunostomy or Kasai procedure.
2. Patent foramen ovale and atrial septal defect with left-to-right shunt.
3. Thrombocytopenia.
4. Endstage liver disease with portal hypertension. Await for living-related liver transplant.

Plan

1. Admitted to Liver Service for preoperative evaluation.
2. We will check preoperative labs per protocol including alpha fetoprotein, vitamin D level, vitamin A and E level, and we will initiate consultation service including Pediatric Social Service, Child Life Service, Pediatric Psychiatry, Child Development, Pediatric Dietician, as well as Pediatric Hepatology.
3. We will closely observe her PT, INR, PTT, and if needed, we may give fresh frozen plasma, if any signs of bleeding is noticed.
4. We will resume her home medication.
5. We will repeat imaging studies including abdominal ultrasound and chest x-ray as well as bone age study.
6. We will get a copy of the lab results from previous hospital for viral studies including CMV and EBV.

Dictated By: YE YE, MD

338519-34945-31059-JOB: 38878
DD: 03-19-2004 00:22 DT: 03-19-2004 09:13

Electronically signed by User, Conversion Test on 3/22/2013 3:02 PM

OR Surgeon signed by Alan Langnas, DO at 4/5/2004 1:13 PM

[redacted]

Nebraska Medicine
NMC TRANSPLNT MULT ORG
987400 NEBRASKA MEDICAL CENTER
OMAHA NE 68198-7400
Letters

[redacted]

John Udall, MD
200 Henry Clay Avenue
New Orleans, LA 70118

RE: Kyeara Dean
UNH#: 2185059

Dear Dr. Udall,

Kyeara is a 17-month old child who underwent living-related liver transplantation for biliary atresia 17 days ago. She has done extremely well generally, and was discharged from the hospital on March 30, 2004, at which time she had stable tacrolimus levels. However, her level done on Monday was only 5.4 ng/ml, and it turns out that her father was not giving her the doses. He has only just admitted to this after leaving Omaha. She is on 3 mg 3 times a day, and we are awaiting today's blood level. She has excellent liver function tests, and her bilirubin is now almost normal at 1.6 mg/dL. She has normal renal function, good electrolytes, and CBC.

Her present medications are: Valganciclovir 160 mg daily, Bactrim suspension 5 ml twice a day on Mondays and Tuesdays, Lasix 10 mg daily, tacrolimus 3 mg 3 times a day, and prednisone 2.5 mg daily.

Review of other systems reveals no abnormalities. She is eating and drinking well, and is very active and cheerful.

On examination, she is afebrile, heart rate is 142 beats per minute, blood pressure is 92/87, and respiratory is 48. Weight is 11 kg, and length is 176 cm. She has no clinically noticeable jaundice. She has no lymphadenopathy and no pallor. Chest is clear; heart sounds are normal. Her abdomen is somewhat distended, mainly gaseous. Her wound is healing well, although she has a couple of little areas of granulation. Liver is palpable 4 cm below the costal margin. She has no ascites and no peripheral edema. Neurological examination is normal.

Overall, I'm pleased with Kyeara's progress. Her mother is very anxious to return home to New Orleans because of care of the family members, but she is only 2 weeks out and we need to stabilize the tacrolimus levels. However, I have told the mother

[redacted]

Nebraska Medicine
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Letters

[redacted]

that if the next 3 tacrolimus levels are all acceptable and she looks just as good as she does today in clinic next week, then we will consider allowing them to return home to Louisiana.

Yours sincerely,

Simon P. Horslen, M.B., Ch.B., FRCPCH
Associate Professor of Pediatrics
Medical Director, Pediatric Transplant Program
Clinical Director, Section of Pediatric Gastroenterology & Nutrition
Pediatric Hepatologist

SPH/rjm

Scan on 2/24/2016 12:00 AM by Default Authenticator Edi (below)

[redacted]

218-50-57

LSU Health Sciences Center
LSU HOSPITAL IN SHREVEPORT
Children's Hospital
Department of Pediatrics

School of Medicine in Shreveport
School of Allied Health Professions
School of Graduate Studies

October 5, 2005

MR# 3185059

Melinda Willis, M D.
600 Factory Outlet Drive
Arcadia, LA 71001

RE: [redacted]

Dear Dr. Willis:

I saw this kiddie who had a liver transplant in the West Monroe clinic on September 27, 2005. She has been doing reasonably well. Mother is at a job interview and grandmother brought her. Her only medicine is Prograf 4 mg bid. The liver transplant was done on 03/22/2004. She has occasional loose stools, but I don't believe this is beyond the limit of normal.

Her weight is 37 pounds. When I saw her in August, her weight was 36. Height is 34 inches. HEENT is normal. Neck is supple. Chest is clear. Heart sounds are normal. Abdomen is soft. Liver is not enlarged. She does have two areas that are not really healing.

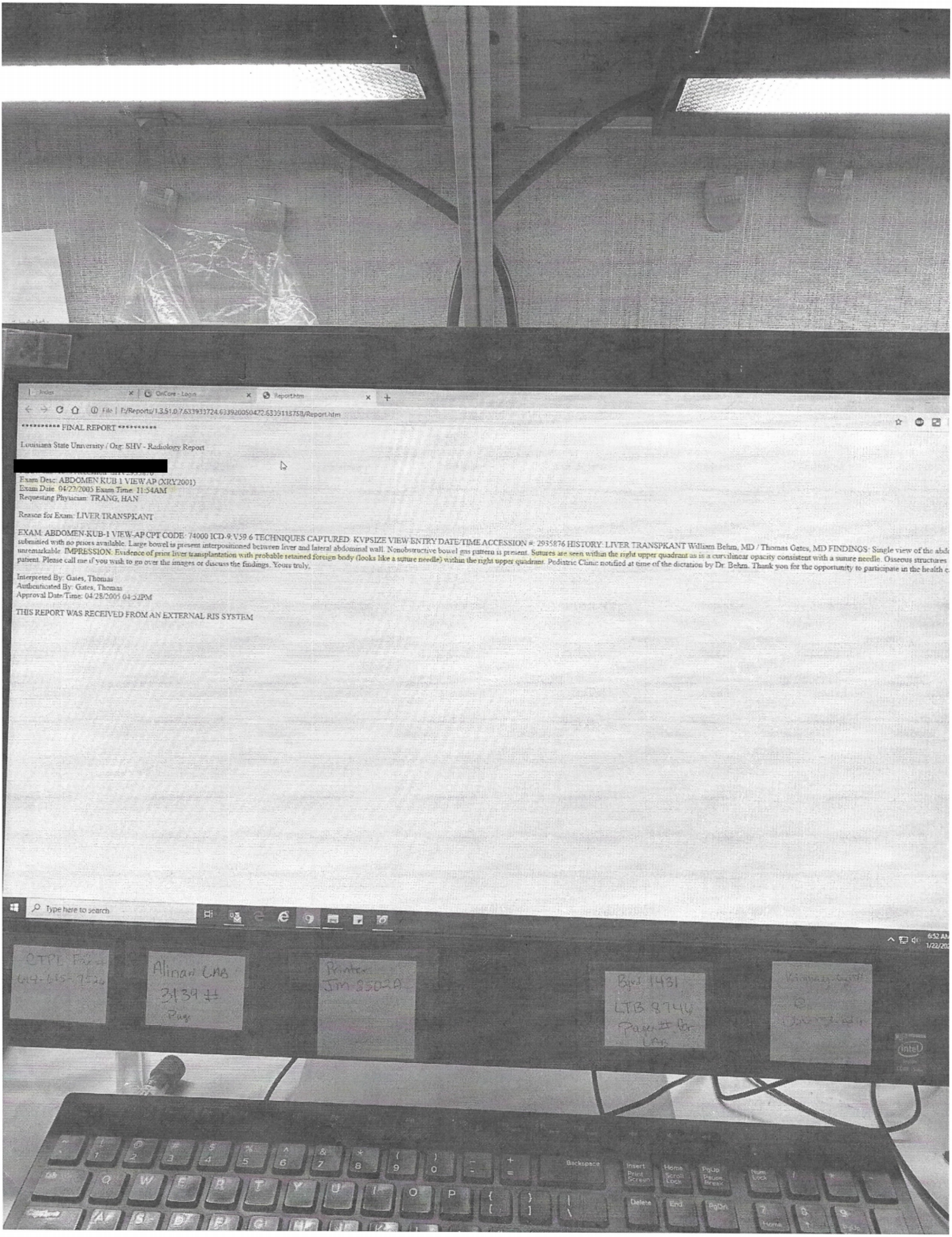
I will send them to the Zibari for the stitch abscess. I will get a copy of the lab work. The Prograf has been sent directly to the University of Nebraska. We will see them again when they desire. Mother says that there is a needle in the abdomen. I have explained that this is a stent, and does not need to be removed.

Thank you very much for allowing us to see your patient and participate in the care.

Yours truly,

John J. Herbst, M.D.
Emeritus Professor, Pediatric
Gastroenterology/Nutrition

JJH:br
cc: University of Nebraska, & lab work
Dr. Zibari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********** FINAL REPORT **********
Louisiana State University / Org: SHV - Radiology Report
[redacted]
Exam Desc: ABDOMEN KUB 1 VIEW AP (XRY2001)
Exam Date: 04/22/2005 Exam Time: 11:54AM
Requesting Physician: TRANG, HAN
Reason for Exam: LIVER TRANSPKANT
EXAM: ABDOMEN-KUB-1 VIEW-AP CPT CODE: 74000 ICD-9: V59.6 TECHNIQUES CAPTURED: KVPSIZE VIEW ENTRY DATE/TIME ACCESSION #: 2935876 HISTORY: LIVER TRANSPKANT William Behm, MD / Thomas Gates, MD FINDINGS: Single view of the abdo
submitted with no priors available. Large bowel is present interposimnned between liver and lateral abdominal wall. Nonobstructive bowel gas pattern is present. Sutures are seen within the right upper quadrant as is a curvilinear opacity consistent with a suture needle. Osseous structures
unremarkable. IMPRESSION: Evidence of prior liver transplantation with probable retained foreign body (looks like a suture needle) within the right upper quadrant. Pediatric Clinic notified at time of the dictation by Dr. Behm. Thank you for the opportunity to participate in the health c
patient. Please call me if you wish to go over the images or discuss the findings. Yours truly,
Interpreted By: Gates, Thomas
Authenticated By: Gates, Thomas
Approval Date/Time: 04/28/2005 04:52PM
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Num Lock
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Progress Notes (continued)

Progress Notes by Potter, Carol J, MD at 12/30/16 1345 (continued)

GROWTH DATA:[CP1.1]

Change in weight is -0.2 kg (0%) based on encounter weights of:
12/30/2016: 78.5 kg
11/14/2016: 78.7 kg
Ht Readings from Last 2 Encounters:
12/30/16 158.4 cm (62.36") (37 %, Z= -0.34)*
08/19/16 156.6 cm (61.65") (31 %, Z= -0.49)*

* Growth percentiles are based on CDC data.

Body mass index is 31.29 kg/(m^2).[CP1.3]
BMI Percentile:[CP1.1] 98 %ile based on CDC BMI-for-age data using vitals from 12/30/2016.[CP1.3]

PHYSICAL EXAM:[CP1.1]

BP 120/67 Pulse 62 Ht 158.4 cm (62.36") Wt 78.5 kg (173 lb 1 oz) BMI 31.29 kg/m2[CP1.3]
GENERAL: alert, well-appearing, no acute distress
HYDRATION: well-hydrated, mucous membranes moist, good skin turgor
HEAD: normocephalic, atraumatic
EYES: nonicteric
NECK: nontender, full range of motion, no mass, no focal lymphadenopathy
CHEST: breath sounds clear and equal bilaterally, no respiratory distress, respirations easy and regular
CARDIOVASCULAR: regular rate and rhythm, no murmur, brisk capillary refill
ABDOMEN: soft, nontender, nondistended, no hepatosplenomegaly, obese, well healed scar no mass, normal bowel sounds

A[CP1.2]**SSESSMENT/PLAN:**[CP1.1]
1. **Liver replaced by transplant**
2. Right upper quadrant abdominal pain[CP1.4]

I talked to Mom and radiology. We are going to do a CT to try and figure out where the needle is. I suspect that it will be deep and we will be unable to get it out. I am also going to do a hida scan to prove that she has no stricture. Her labs are normal as is her US so doing a cholangiogram would be very hard and unlikely to be useful

I did give her benty!. She could be having GI cramping and that may be helpful[CP1.2] **We will see her in followup in**[CP1.1] **3**[CP1.2] **months.**[CP1.1]

No orders of the defined types were placed in this encounter.

[redacted]

Cleveland Clinic

OCF CLEVELAND CLINIC MAIN
9500 EUCLID AVE
CLEVELAND OH 44195-0001

[redacted]

Operative Report - All Notes (continued)

Operative Report signed by Kareem M Abu Elmagd at 9/26/2017 9:00 AM (continued)

of the liver, very long afferent and efferent limb of the Roux-en-Y hepaticojejunostomy, dilated blind end of the biliary limb, subhepatic cecum and appendix with possible chronic inflammation of the appendix. Distorted liver with some gross morphologically changes.

OPERATIVE PROCEDURE: After the patient was put to sleep and intubated, the abdomen was prepped and draped in a standard fashion. The previous bilateral subcostal scar was identified and the incision was made along the scar line. There was extensive scar tissue with dimpling of the skin that was excised. There were also multiple nonabsorbable suture material in the abdominal wall that was excised. Finally, the abdominal cavity was entered. There were extensive adhesions that required careful and meticulous dissection. The omentum was attached to the liver and the intestinal loops that required omentectomy with individual ligation and interruption of the feeding vessels. Finally, the colon was identified and it was found totally trapped behind the right lobe of the liver. There were extensive adhesions between the liver and the diaphragm as well as the anterior abdominal wall that required further careful and meticulous dissection. There was a large superficial subcapsular vein in the liver that required multiple sutures. There was some evidence of portal hypertension with enlarged spleen and prominent gastric collaterals. The liver was finally mobilized from the diaphragm en bloc with the peritoneal coverage. The hepatic flexure was taken down after mobilizing the entire right lobe of the liver that could be the cause of the chronic abdominal pain. After mobilizing the hepatic flexure, the Roux-en-Y limb was identified. There was a long blind stump at the hepaticojejunostomy site that required resection with endovascular stapler. The staple line was oversewn with interrupted 4-0 silk sutures. Further dissection was carried out and the Roux-en-Y limb was identified. Both the biliary and pancreatic limbs were very Long that required disconnection and reconstruction of the previous enteroenteric anastomosis. Limited resection of the pancreatic limb was done using GIA stapler. The resected specimen was about 10 cm in length. An end-to-side enteroenteric anastomosis was then created with a shortened pancreatic and biliary limb. The cecum was mobilized distally and cecopexy was performed. Appendectomy was also performed in a standard fashion using a pursestring technique to avoid misdiagnosis of future appendicitis with possible ongoing inflammation. Proper hemostasis was carried out and the abdominal incision was closed using interrupted #0 PDS sutures. The closure was done in a single layer because of the previous scar tissue. The subcutaneous fat was approximated with 3-0 PDS suture. The skin was closed using staples. The JP drains were anchored into the abdominal wall with 3-0 silk sutures.

I was in the operating room during the entire operation and I was the primary surgeon and Dr. Costa was assistant attending. Assistance from an attending was required because of the complexity of the case, long duration of the operation and the lack of a qualified surgical resident.

STARTING TIME: 09:36 a.m.

ENDING TIME: 05:27 p.m.

ESTIMATED BLOOD LOSS: 200 mL.

DRAINS: Two JPs.

SPECIMENS: Omental lymph node, appendix, the stump of the hepaticojejunostomy, piece of jejunum a
liver biopsy.

ed on 9/19/2017 7:56 AM