

QUESTION

1. A patient with a long history of alcohol abuse presents with a 2-week history of weight loss, anorexia, and weakness. Physical examination reveals a thin, elderly man with a yellowish tint to the skin and sclera. Laboratory studies show a total bilirubin of 3.5 mg/dL, with a direct bilirubin of 2.5 mg/dL. The patient's liver enzymes are elevated, with an aspartate aminotransferase (AST) of 120 U/L and an alanine aminotransferase (ALT) of 150 U/L. The patient's prothrombin time (PT) is 18 seconds, and his albumin level is 2.5 g/dL. The patient's medical history is significant for chronic alcohol abuse, hypertension, and type 2 diabetes mellitus. The patient's family history is unremarkable. The patient's physical examination is otherwise unremarkable.

2. A 65-year-old male patient with a long history of alcohol abuse presents with a 2-week history of weight loss, anorexia, and weakness. Physical examination reveals a thin, elderly man with a yellowish tint to the skin and sclera. Laboratory studies show a total bilirubin of 3.5 mg/dL, with a direct bilirubin of 2.5 mg/dL. The patient's liver enzymes are elevated, with an aspartate aminotransferase (AST) of 120 U/L and an alanine aminotransferase (ALT) of 150 U/L. The patient's prothrombin time (PT) is 18 seconds, and his albumin level is 2.5 g/dL. The patient's medical history is significant for chronic alcohol abuse, hypertension, and type 2 diabetes mellitus. The patient's family history is unremarkable. The patient's physical examination is otherwise unremarkable.

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ANSWERS

1. The patient's presentation is consistent with alcoholic liver disease. The patient's weight loss, anorexia, and weakness are common symptoms of liver disease. The patient's physical examination findings of jaundice (yellowish tint to the skin and sclera) and elevated liver enzymes (AST and ALT) are also consistent with liver disease. The patient's laboratory studies show a total bilirubin of 3.5 mg/dL, with a direct bilirubin of 2.5 mg/dL, which is indicative of conjugated hyperbilirubinemia. The patient's prothrombin time (PT) is 18 seconds, and his albumin level is 2.5 g/dL, which are also consistent with liver disease. The patient's medical history is significant for chronic alcohol abuse, which is the most common cause of liver disease. The patient's family history is unremarkable. The patient's physical examination is otherwise unremarkable.

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4. A 65-year-old male patient with a long history of alcohol abuse presents with a 2-week history of weight loss, anorexia, and weakness. Physical examination reveals a thin, elderly man with a yellowish tint to the skin and sclera. Laboratory studies show a total bilirubin of 3.5 mg/dL, with a direct bilirubin of 2.5 mg/dL. The patient's liver enzymes are elevated, with an aspartate aminotransferase (AST) of 120 U/L and an alanine aminotransferase (ALT) of 150 U/L. The patient's prothrombin time (PT) is 18 seconds, and his albumin level is 2.5 g/dL. The patient's medical history is significant for chronic alcohol abuse, hypertension, and type 2 diabetes mellitus. The patient's family history is unremarkable. The patient's physical examination is otherwise unremarkable.