



# ECHO Ontario Liver Case Form

**PLEASE FILL OUT THIS FORM ON YOUR COMPUTER**

**Please do not include any patient identifying data.**

This case form is the only document used for your ECHO case. Do not send any supplementary materials or share documents from your screen during the case presentation.

## Case Information

Case ID (Staff use only):  
Primary Care  
Provider:  
Clinical Site

Date:  
Presenter:  
Case Type:

## Patient Information

Liver Disease Entity  
Ethnicity/race  
Gender                      Weight                      BMI                      Height                      Age  
Immigration years (if applicable)  
What are your main questions about this patient?

## Past Medical History

## Current Medications

## Liver Related History

## Cirrhosis Status

Encephalopathy

Varices

Ascites

Other

## Psychiatric History

## Substance Use

Smoking

IDU

Alcohol

Other

## Metabolic Risk Factors

Obesity

DM(Diabetes)

Blood Pressure

Cholesterol

**Labs**

WBC

Sodium

ALT

Hemoglobin

BUN

AST

Platelets

Creatinine

Alk Phos

Albumin

HIV Antibody

HBV DNA

INR

HCV RNA

HepB e antigen

Bilirubin (Total & Direct)

HCV genotype

Hep B e antibody

Hep B Surface Antibody

Ferritin

**Diagnostic Tests:**

Ultrasound

EGD

Other

**Physical Exam Findings(if any):**

**Other Notes:**

*ECHO Staff Use:*

SIGNATURE:

DATE:

SIGNATURE:

DATE: