

**HBV ECHO Case Presentation Form**

Presentation date: Site: Clinician:

**Clinical Question:**

**Subjective**

**History of Present Illness** (include age, sex, ethnicity, birthplace, HBV status, HBeAg/anti-HBe status, HBV DNA and ALT level):

**Past Medical History** (include HBV treatment history, relevant comorbidities e.g. diabetes mellitus, hypertension, hyperlipidemia, other liver disease including fatty liver disease):

**Medications** (include prescription, OTC, and herbals):

**Family History** (include HBV, cirrhosis, liver cancer):

**Social History** (include EtOH, tobacco and other recreational drug use):

**Objective**

**Physical Exam** (include BMI, relevant physical exam):

**Labs** (include relevant labs with test dates and trends):

* Complete blood count (including platelet count)
* Comprehensive metabolic panel (including AST/ALT, total or direct bilirubin, alkaline phosphatase, albumin, creatinine)
* PT/INR
* Viral serologies (Anti-HAV, Anti-HDV, Anti-HCV, Anti-HIV)
* HBV serologies (HBsAg, anti-HBs, anti-HBc)
* HBV DNA (IU/mL)
* HBeAg/anti-HBe
* Serum fibrosis assessment: FibroSure/FibroTest or APRI or FIB-4 score (calculator online)

**Imaging** (include liver/abdominal ultrasound, CT, MRI, elastography/Fibroscan, if available):

**Assessment/Plan** (include management thus far):