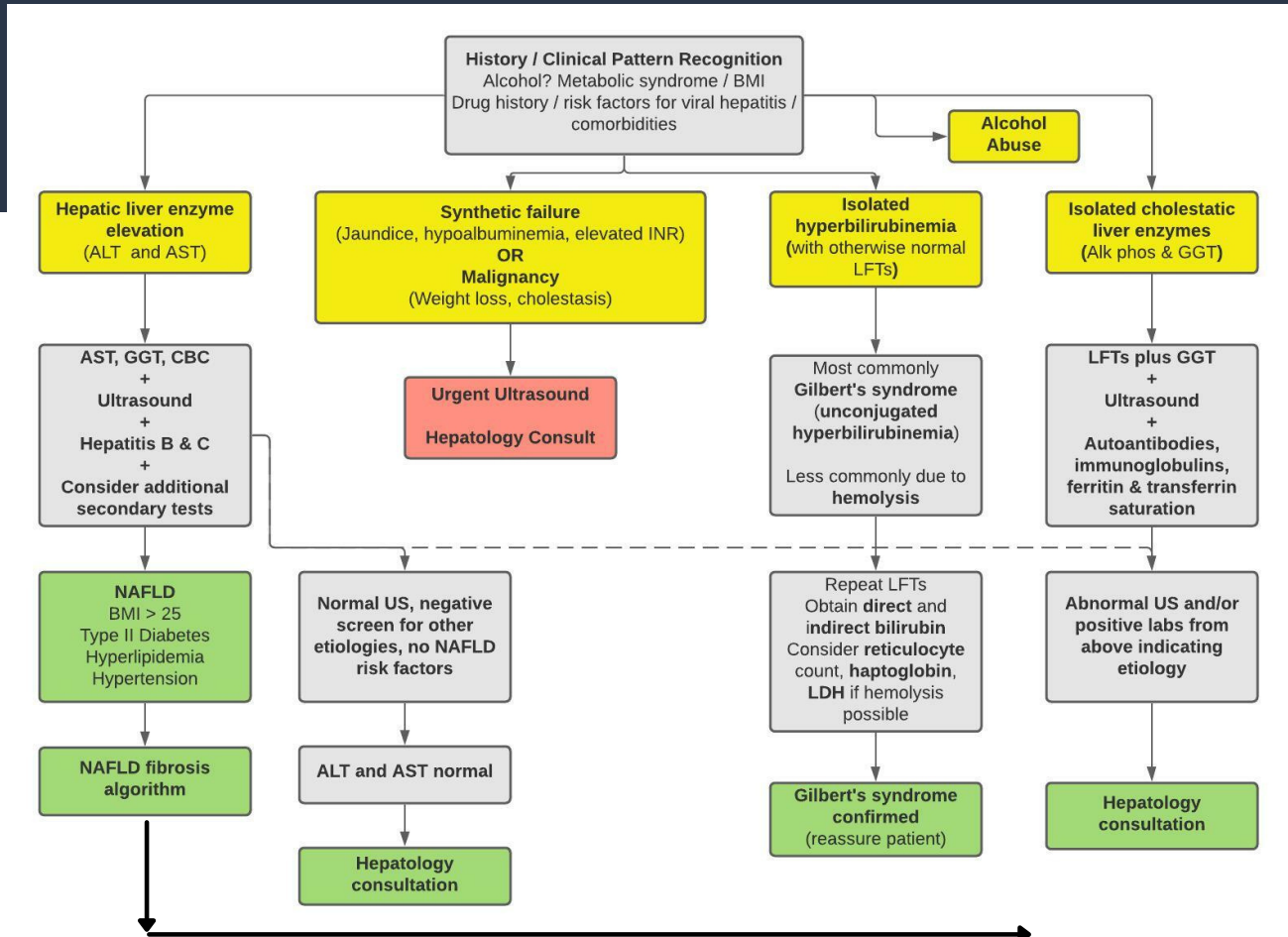


ABNORMAL LFT EVALUATION

S. GALVAGNO DO, PHD, FCCM



Final/definitive
 Tests to be considered at this stage

Initial evaluation

Urgent hepatology consult

Initial investigation: ALT, Alk Phos, GGT, CBC, US, hepatitis B surface Ag, Hepatitis C Ab

Secondary labs: anti-mitochondrial Ab, anti-smooth muscle Ab, ANA, serum immunoglobulins, serum ferritin and transferrin saturation

A few pearls

- Unconjugated hyperbilirubinemia is usually due to hemolysis
- Conjugated hyperbilirubinemia is typically due to parenchymal liver disease or obstruction of the biliary system
- If majority of elevated bilirubin is unconjugated, and no hemolysis, Gilbert's syndrome is highly likely (present in 5-8% of the population)
- For INR and PT to be elevated, ~70% of the synthetic function of the liver is usually lost
- Elevated alk phos? Check a GGT. If GGT elevated, hepatic origin. If not, other/boney origin
- Vitamin D deficiency is a common cause of an isolated elevated alk phos
- GGT is abundant in teh liver and other organs, but not in bone; useful to use when trying to determine the cause of an elevated alk phos
- AST/ALT ratio > 1 may indicate advanced fibrosis/cirrhosis
- Hemolysis: send reticulocyte count, LDH, haptoglobin

