Details of Procedure Preoperative diagnosis - Crohn's disease with associated entero-enteral fistula and enterocutaneous fistula

Postoperative diagnosis same

Procedure: Open right Hemicolectomy for fistulizing and obstructive Crohn's disease

Operative note: This pleasant patient was brought to the operating room under general anesthesia prepped and draped appropriately in the supine position.

Preoperative checklist and consent was obtained. Risks of the procedure including infection, bleeding, conversion to open as well as risk of injuries to adjacent tissues were discussed in great detail.

We started by making a midline laparotomy incision using electrocautery dissection was carried to separate history during the abdominal cavity and direct visualization.

A Bookwalter retractor was placed. The tumor was visualized in the hepatic flexure.

I mobilized the right colon along the line of Toldt separating the retroperitoneal structures off the right colon mesentery.

The vascular pedicle was visualized and came around the hepatic flexure.

At this point the proximal and distal resection margins were visualized well away from diseased segment and divided using a GIA 80 stapler.

I used the LigaSure impact device to take the mesentery approximately 20 cm of small bowel was resected which was hyperemic thickened and had evidence of creeping fat.

There is also an additional segment of small bowel stuck to this adjacent to the disease segment which was divided.

2 burns were made on the stay side and 1 distally before transecting it. the duodenum was well visualized and stayed away from our dissection field the entire case.

At this point the specimen was completely removed and sent off to pathology.

I then fashioned a side-to-side stapled anastomosis.

2 enterotomies were made a GIA 80 stapler was inserted and anastomosis was fashioned the enterotomy was closed using an additional firing of the GIA 80 stapler.

The overlying staple line was closed using a running 3-0 PDS suture.

A crotch stitch 2-0 Vicryl suture was also placed the midline was then closed using a running #1 PDS suture x2 skin was closed with skin staples dressings were applied and patient was extubated taken recovery in stable condition.

I opened up the previous drain site and cutaneous fistula tract.

Patient was extubated and taken to recovery in stable condition. No immediate complications were noted, estimated blood loss was minimal. All sponge and instrument counts were correct at the end of the case.

Case Staff

Operation Date: [REDACTED-DATE] Anesthesia Type General + Epidural

Case Staff Anesthesiologist: Farrow, Ethan

Report Status: Signed Dictated By: Ahmadi, Liam

<Electronically signed by Javier Giordano>

Dictated Date/Time: [REDACTED-DATE] Transcribed Date/Time: [REDACTED-DATE]

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Principal Author: Giordano, Javier

CC List	**Admitting Provider**

Age	68 years				
DOB	1957				

Facility Report #:	872918		
Sent to:	Fitzgerald, Santiago	**Reported By:**	Sunnymede Family Practice 2
Collection Date:	2025-Nov-04	**Reviewed:**	2025-Nov-11 by [REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]
Message Unique ID:	872918		
Source Author:	872918^[REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]^[REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]^Santiago Fitzgerald^		
Updated On:	2025-Nov-11 Hana Obrien		

	Flags	**Results**	**Ref Range**
Maple Health Clinic 4 (S)			
MRI		See Below	

Northview Clinic

Manitoba Nova Scotia, ON QTH 7X3 Phone: 938-642-8517 Fax: (288) 414-7189

Medical Imaging Report

Patient: Alvarez, Lucia	FWS: F529685831	
DOB/Age/Sex: 05/09/1957 / 68 / F	Txdc: ZC8750876/02	
HCN: 3062663187SX	Outpt/ED Date: [REDACTED-DATE]	Admit Date:
Address: 386 Wellington Blvd	Report Number: 872918	
Barrhaven, ON QTH 7X3	Patient Location: V. IMAGING	
Phone Number: (288) 414-7189	Patient Rm/Bed:	

Ordering Provider: Fitzgerald, Santiago Primary Care Provider (Family Provider): Fitzgerald, Santiago
Copies To: Fitzgerald, Santiago; Fitzgerald, Santiago

Procedure(s): MRI Abdomen 4 REP wGD 3D Procedure Date/Time (DD/MM/YY): [REDACTED-DATE] 1502 Accession Number(s): 872918

Procedure: MRI Abdomen 4 REP wGD 3D

Clinical Information: History of Crohn's disease, assess small bowel.

Technique: Contrast-enhanced MR enterography with Gadovist. A large volume of biphasic oral contrast material was administered and the study acquisition was timed to optimize distention of the small bowel.

Comparison: CT abdomen and pelvis May 6, 2022 and other relevant studies.

Findings:

Adequate mid and distal small bowel distention has been achieved.

A short segment of neoterminal ileum is mildly thickened with progressive wall enhancement. No evidence of upstream obstruction. There is mesenteric vascular congestion in the subtending mesentery with a few small mesenteric lymph nodes.

There is no gross evidence of a fistula or sinus tract. No evidence of a mesenteric abscess.

No other thickened, hyperemic segment of small bowel is identified.

No apparent stricture or small bowel dilation.

The remaining large bowel is within normal limits.

This study was not optimized for assessment of the upper abdominal/retroperitoneal or pelvic organs. Cholelithiasis noted in the gallbladder lumen. No other gross abnormality is detected.

Impression:

Neoterminal ileal mild wall thickening and progressive enhancement, with associated mesenteric changes, potentially representing active inflammation. No upstream obstruction/evidence of fibrostenotic disease.

Follow-up as indicated clinically.

Report Status: Signed Dictated By: Fitzgerald, Santiago Electronically Signed By: Fitzgerald, Santiago Dictated Date/Time (DD/MM/YY): [REDACTED-DATE] 1059 Transcribed Date/Time (DD/MM/YY): [REDACTED-DATE] 1142

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- Hypothyroidism
- Osteoporosis
- History of bilateral arm numbness and tingling (neurologically cleared)

IBD HISTORY

- Crohn's disease, ileal and colonic, penetrating, no perianal - Dx in 2001 - presented with SBO, but did not required surgery upfront. Was on 5-ASA and one course of steroids, no prior biologics until starting Entyvio . Presented to Northview Clinic and admitted in [REDACTED-DATE] for RLQ abscess and what looks like an enterocutaneous and enterovesicular fistula. Underwent open right hemicolectomy for enteral enteral and enterocutaneous fistula with Dr. Fitzgerald July 2022. The pathology was consistent with severe Crohn's disease. No dysplasia identified. A total of 28 cm of small bowel was removed and 4 cm of colon. Fistula noted between distal TI, bladder, and abdominal wall. Infliximab started Nov 2022. Anti tnf induced psoriasis swtiched from IFX to Skyrizi Dec 2023.
- Apr 2022: admitted with right lower quadrant abscess and enterocutaneous/enterovesicular fistula
- July 2022: underwent open right hemicolectomy with Dr. Fitzgerald (28 cm small bowel and 4 cm colon removed)
- November 2022: started infliximab
- Developed anti-TNF induced psoriasis
- December 2023: switched from infliximab to Skyrizi due to psoriasis reaction - having eczema related to Skyrizi and is seeing Dermatology and Immunology

MEDICATIONS

1. Skyrizi 360mg SC Q8wk
2. Colestid 1 g twice daily

Patient: Lucia Alvarez PHN: 3062663187SX DOB: 1957

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3. Vitamin D 3000 units daily
4. Vitamin K (dose not specified)

SOCIAL HISTORY Lucia is retired and lives an active lifestyle. She is a non-smoker with rare alcohol consumption and no illicit drug use. routine visit

FAMILY HISTORY Two of her children have been diagnosed with celiac disease.

HISTORY OF PRESENTING ILLNESS She reports doing well overall with bowel movements occurring once daily, though frequency can vary from once daily to once every three days depending on life circumstances. She finds Colestid very helpful for symptom management. She continues to experience eczematous skin reactions, with widespread spots on her body that have been biopsied and confirmed as eczema by dermatology. She is seeing an immunologist this week regarding ongoing skin reactions. She denies abdominal pain, noting she typically does not experience pain until symptoms are severe. She reports no nausea, vomiting, or intentional weight loss, though she lost approximately 30 pounds that she has not regained, which she attributes to her active lifestyle. She had an MRI performed last week and is awaiting results. Her last colonoscopy in October 2024 showed very mild disease. She continues to consume gluten regularly, eating an English muffin daily and occasional cereal.

PHYSICAL EXAMINATION Abdominal examination revealed no tenderness or pain on palpation.

MEDICAL RECORDS (S) Colonoscopy See Below

Northview Clinic

Manitoba Nova Scotia, ON QTH 7X3 Phone: 938-642-8517 Fax: (288) 414-7189

Colonoscopy

Patient: Alvarez, Lucia FWS: F529685831 DOB/Age/Sex: 05/09/1957 / 68 / F Mczh: CX9510794/60 HCN: 3062663187SX Outpt/ED Date: 09/04/2026 Admit Date: Address: 386 Wellington Blvd Report Number: 872918 Barrhaven, ON QTH 7X3 Patient Location: V.ENDO Phone Number: (288) 414-7189 Patient Rm/Bed:

Attending Provider: [REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME],Santiago MD Primary Care Provider (Family Provider): Fitzgerald, Santiago Copies To: [REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME],Santiago MD; Fitzgerald, Santiago

Operative Report Surgeon Santiago Fitzgerald

Details of Procedure

PROCEDURE: Colonoscopy

PRE-PROCEDURE DIAGNOSIS: Elevated fecal calprotectin with imaging showing possible active inflammation in the neoterminal TI.

POST-PROCEDURE DIAGNOSIS: Anastomotic and neo-terminal ileal Crohn's activity with nodularity, erythema extending approximately 3 cm into the neo-terminal ileum and blind limb involvement, mild narrowing, and 3 ulcers, with the remainder of the colon normal aside from mild left-sided diverticulosis. Rutgeerts i4. SES-CD 6.

CLINICAL HISTORY: She has a history of Crohn's disease diagnosed in 2001 after presenting with small bowel obstruction, later complicated by a right lower quadrant abscess and fistulizing disease requiring open right hemicolectomy in July 2022. She was switched from infliximab to Skyrizi in December 2023 after developing anti-TNF-induced psoriasis, but has continued to have eczema felt to be related to Skyrizi. At follow-up, she reported bowel movements ranging from once daily to once every 3 days, with Colestid providing good symptom control. She denied abdominal pain, nausea, vomiting, or intentional weight loss, though she reported a prior 30 lb weight loss that has not been regained. Fecal calprotectin was elevated, and prior colonoscopies showed recurrent neo-terminal ileal aphthous ulcers with Rutgeerts score 1.

PAST MEDICAL HISTORY:

Crohn's disease, diagnosed 2001; penetrating ileocolonic disease without perianal involvement, initially presented with small bowel obstruction

---

Right lower quadrant abscess with enteroenteral and enterocutaneous/enterovesicular fistula in 2022

Open right hemicolectomy with resection of 28 cm small bowel and 4 cm colon, July 2022

Possible celiac disease

Asthma

Hypothyroidism

Osteoporosis

Anti-TNF induced psoriasis

Eczema related to Skyrizi

History of bilateral arm numbness and tingling, neurologically cleared

MEDICATIONS:

Skyrizi 360 mg SC every 8 weeks

Colestid 1 g PO twice daily

Vitamin D 3000 units PO daily

Vitamin K

ALLERGIES:

NKDA

SOCIAL HISTORY:

Alcohol: Rare alcohol consumption. Tobacco: Non-smoker. Recreational/IV drugs: No illicit drug use.

FAMILY HISTORY:

Two children with celiac disease

LABS:

2026-03-22: Fecal calprotectin 886 ?g/g

IMAGING:

MRI abdomen 2025-11-04: Neoterminal ileal mild wall thickening and progressive enhancement with associated mesenteric changes, potentially representing active inflammation. No upstream obstruction or evidence of fibrostenotic disease.

MRI 2021-12-09: Active inflammatory Crohn's disease affecting the terminal ileum with 2 skip lesions, longest measuring 12 cm.

PREVIOUS ENDOSCOPY:

Colonoscopy 2024-11-03: 3 aphthous ulcers in the neoterminal ileum, Rutgeerts score 1, remainder unremarkable.

Colonoscopy 2023-05-28: Widely patent ileocolonic anastomosis, 4 aphthous ulcers in the neoterminal ileum, Rutgeerts score 1.

Gastroscopy and colonoscopy 2021-09-12: Unremarkable gastroscopy. Terminal ileum biopsies showed moderate chronic colitis.

PHYSICAL EXAM:

Abdominal exam was soft and nontender. Digital rectal examination was normal.

INFORMED CONSENT:

We discussed the benefits, risks, and alternatives to the procedure including the risks of sedation, aspiration, bleeding, infection, perforation, and missed lesions. Written informed consent was obtained. All questions were answered and patient was brought into the endoscopy suite in stable condition.

PROCEDURE:

The patient was positioned appropriately in the endoscopy suite for colonoscopy. The patient was placed in left lateral decubitus position and intravenous sedation was provided, as appropriate. A digital rectal examination was performed and there were no abnormalities. An adult colonoscope was advanced through the anal verge all the way to the neoterminal ileum without difficulty. The Boston bowel prep was 9 requiring minimal suctioning of liquid stool contents throughout. The total withdrawal time was approximately 9 minutes. Rectal retroflexion was performed. The findings are as follows.

The patient received intravenous sedation with 4 mg midazolam and 75 mcg fentanyl.

COLONOSCOPY FINDINGS:

The ascending colon and area around the anastomosis were normal. The anastomosis itself demonstrated nodularity with erythema extending approximately 3 cm into the neo-terminal ileum and involving the blind limb, with mild narrowing. Three ulcers were seen in this area into the neoterminal ileum with intervening normal mucosa and erythema. Beyond 5 cm into the neo-terminal ileum, the mucosa appeared normal, and the remainder of the colon was normal. Retroflexion in the rectum revealed no lesions, masses, or hemorrhoids. Mild left-sided diverticulosis was present. Biopsies were obtained from the neo-terminal ileum, right colon, left colon, and rectum to assess for Crohn's activity.

Rutgeerts i4. SES-CD 6 neoterminal ileum.

The patient tolerated the procedure well and there were no complications.

ASSESSMENT PLAN:

There is endoscopically active Crohn's recurrence (Rutgeerts i4, SES-CD 6 neoterminal ileum) at the anastomosis and neo-terminal ileum, with nodularity, erythema, mild narrowing, and three ulcers, in the setting of elevated fecal calprotectin and asymptomatic. The remainder of the colon was normal aside from mild left-sided diverticulosis. Biopsies were obtained from the neo-terminal ileum, right colon, left colon, and rectum, and pathology will be reviewed. Another IV induction dose of Skyrizi is felt unlikely to recapture disease activity. At this time, I will continue current therapy. Given her history of psoriasis secondary to anti-TNF's, this is likely not an option in the future though may be an option if there becomes significant disease activity. I will see if there are any clinical trials that may be an option for her. Rinvoq will likely not help with her small segment of ileal disease. We will closely monitor her and she will likely need surgery in the future.

Follow-up will be arranged to review pathology and discuss next management steps.

Thank you for involving me in the care of this patient. Please do not hesitate to contact me if there are any questions or concerns.

Sincerely, Santiago Fitzgerald

Case Staff

Operation Date: [REDACTED-DATE] 09:20 Anesthesia Type Conscious Sedation

Report Status: Signed

Dictated By: Fitzgerald, Santiago MD

<Electronically signed by Santiago Fitzgerald>

Dictated Date/Time: 09/04/2026 1553 Transcribed Date/Time: 09/04/2026 1553

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Principal Author: Fitzgerald, Santiago

[X] --

This task has been completed

Patient	Alvarez, Lucia	**Task Created By**	[REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]
Date Due	[REDACTED-DATE]	**Priority**	Normal
Assigned To	[REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]	**Completed**	2026-Apr-15 by [REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]

Notes is she eligible for any tl1a trials? don't really have many options for her neo-TI rutgeerts i4 crohns (scoped toda), on skyrizi, non-response

Fitzgerald, 2026-Apr-09, Hana Obrien: Dr. Fitzgerald, we do have SIBERITE study (Sponsor Maple Health Clinic). Will have Santiago and [REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME] review patient's eligibility and do a prescreening call next week. Please leave this task open for them. Thanks! CHM-2026-Apr-12- call booked with [REDACTED-PROVIDER-STAFF-FIRST-NAME] tomorow, thanks.

Santiago Fitzgerald 2026-Apr-13, Hana Obrien: Hi Dr Santiago, I spoke with pt this morning and she is interested in screening for the SIBERITE study. I have her booked for May 5th, 2026 at Hana Obrien and she will be seeing you that day as well. Her washout will be completed May 31, 2026 as her last dose of Skyrizi was [REDACTED-DATE]. She is currently only experiencing 1-3 BM per day can be either compacted or loose due to use of Colestid 1g BID; without this medication she has about 6 BM daily. Experiencing no blood and constant dull abdo pain. Thank you.

[REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME], Apr 13, 2026 Obrien: great, thx

---

[X] Follow-up Appt.

This task has been completed

Patient	Alvarez, Lucia	**Task Created By**	[REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]
Date Due	[REDACTED-DATE]	**Priority**	Normal
Assigned To	[REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]	**Completed**	2026-Apr-13 by [REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]
Notes	1-2 months		

Northview Clinic Laboratory Services Department Manitoba, Nova Scotia, ON QTH 7X3 (778) 415-2797
Fairlight Medical Centre

Patient: Alvarez, Lucia **DOB:** 05/09/1957 **Age/ Sex:** 68/F **Visit Date:** 09/04/2026 **Pt. Facility:** Northview Clinic **Location:** V. ENDO **MRN:** 178119 **ACCT:** QL4735080/09 **HCN:** 3062663187SX **Pt. Phone:** (288) 414-7189

Family Phys: Santiago Fitzgerald Order Phys: Santiago Fitzgerald Other Phys: Santiago Fitzgerald Other Phys:

Specimen Date: 09/04/2026 **Received Date:** 09/04/2026 **Case Number: 872918**

Final Diagnosis

A. Neoterminal ileum, biopsy:

- **Focal active inflammation**
- **No granulomas or dysplasia**

B-D. Right, left colon and rectum, biopsies:

- **No histopathologic abnormality**
- **No granulomas or dysplasia**

5/pr

Signed by: 15/04/2026 Santiago Fitzgerald Pathologist Zimmerman, FRCPC

Clinical History

CROHN'S HISTORY

Gross Description

The specimen is received in 4 parts.

A. The specimen, received in formalin, labeled with the patient's identification, Vantage tag and "A neo TI BX", consists of 4 pieces of soft tan tissue (3 mm).

Patient Name: Alvarez, Lucia EXH:J837755664 Qtbk:SH8966601/36 Case # : 872918

Entirely submitted: A1

B. The specimen, received in formalin, labeled with the patient's identification, Vantage tag and "B right colon BX", consists of 4 pieces of soft tan tissue (2-4 mm). Entirely submitted: B1

C. The specimen, received in formalin, labeled with the patient's identification, Vantage tag and "C left colon BX", consists of 2 pieces of soft tan tissue (4-5 mm). Entirely submitted: C1

D. The specimen, received in formalin, labeled with the patient's identification, Vantage tag and "D rectal BX", consists of 3 pieces of soft tan tissue (2 mm). Entirely submitted: D1

12/04/2026 0955 /872918

Tissues

TISSUES:	
	A. Biopsy Tissue - NEO T1 BX
	B. Biopsy Tissue - RIGHT COLON BX
	C. Biopsy Tissue - LEFT COLON BX
	D. Biopsy Tissue - RECTAL BX

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Conversations

Created 2026-Apr-01 Hana Obrien

2026-Apr-01 Hana Obrien [REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]

[image] Message Left

2026-03-29 98:83:57 1 /2

Northview Clinic

SCC Accredited LAB LAB Accredited CCN

Lab ID: 872918 External Ref. No.: Patient ID: 178119

Prescriber Name: Santiago Fitzgerald Clinic: Maple Health Clinic Address: 386 Wellington Blvd Nova Scotia, ON U4U 5X1 Telephone: 472-336-3702 Fax: 472-336-3702

Patient Name: Alvarez, Lucia Date of birth: 1957-09-05 Age: 68 Sex: F Health Ins.: 5817 811 918

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status
Calprotectin	Stool	886	<100	µg/g	

[image]

Collection date	Result (µg/g)
2026-03-22	886

Interpretation: Active inflammation in the gastrointestinal tract. It is recommended to order additional analyses and to optimize the curative treatment under the supervision of medical specialists.

Note: The cut-off level suggested for adults (100 µg/g) can also be used for children aged 4 to 17 years regardless of sex.

Method: Reference values:

Normal: < 100 µg/g Moderate inflammation: ≥ 100 - ≤ 250 µg/g Active inflammation: > 250 µg/g

Reference: Bressler B. et al. Clinicians' guide to the use of fecal calprotectin to identify and monitor disease activity in inflammatory bowel disease. Can J Gastroenterol Hepatol. 2015 29(7):369-72.

Fecal calprotectin quantification is performed with the Maple Health Clinic fCAL Turbo immunoturbidimetric assay and the Maple Health Clinic COBAS c311 analyzer.

The performance characteristics of this test performed on the Maple Health Clinic COBAS c311 analyzer have been validated by Northview Clinic. This test is approved by the Therapeutic Products Directorate (TPD) of Health Canada for application on other analyzers.

Moderate elevations of fecal calprotectin may be seen in patients taking non-steroidal anti-inflammatory drugs, aspirin, or proton pump inhibitors. If moderate inflammation is present, it is suggested to repeat the test in 4 to 6 weeks.

Date Collected	Date Received	Partial report	Completed report	Revised report
2026-03-22	2026-03-24 Obrien		2026-03-29	

636 Maple Blvd, Ottawa (QC) Canada U4U 5X1 T 472-336-3702 F 472-336-3702

Northview Clinic

SCC Accredited LAB LAB Accredited CCN

Lab ID: 872918 External Ref. No.: Patient ID: 178119

Prescriber Name: Santiago Fitzgerald Clinic: Maple Health Clinic Address: 386 Wellington Blvd Nova Scotia, ON U4U 5X1 Telephone: 472-336-3702 Fax: 472-336-3702

Patient Name: Alvarez, Lucia Date of birth: 1957-09-05 Age: 68 Sex: F Health Ins.: 5817 811 918

Biochemistry

Analysis	Specimen	Result	Reference value	Unit	Status

Moderate to marked increases in fecal calprotectin may be seen in other conditions unrelated to inflammatory bowel disease when there is an increase in neutrophils, monocytes, or macrophages (including celiac disease, colorectal cancer and gastrointestinal infections).

Due to the lack of homogeneous distribution of calprotectin in feces, variability in results may be observed when patients are monitored over time, particularly in samples with high calprotectin concentrations.

[image] Rafael Beckett Clinical Biochemist

Date Collected	Date Received	Partial report	Completed report	Revised report
2026-03-22	2026-03-24 Obrien	-	2026-03-29	-

636 Maple Blvd, Ottawa (QC) Canada U4U 5X1 T 472-336-3702 F 472-336-3702

Fairlight Medical Centre

FAX

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    - No preparation required.
12. **SALIVARY**
    - No preparation required.

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If you are late, another appointment may have to be arranged.

This requisition form can be taken to any licenced facility providing healthcare services including hospitals and Independent Health Facilities.

Visit us at... www.harbourmedicalcentre.ca

Patient: Mrs. Lucia Alvarez **Appointment Date:** 2026-Apr-13 **Title:** Chart notes **Provider:** Fitzgerald, Santiago **Referred By:** None

Santiago Fitzgerald 2026-Apr-13, Hana Obrien: Writer spoke with pt today regarding SIBERITE study. Pt was interested in completing the screening process to determine if she is eligible for this clinical trial. Writer explained the study to pt and discussed what screening appt would entail. Pt described having about 3 bowl movements per day without an true consistency; she reports due to being on Colestid 1g BID her bowel movements can be loose or compacted causing constipation. Without Colestid she reports having 6 plus lose BM daily. She began this medication post-surgery in July 2022 after having 28cm of her small bowel and 4cm of her colon removed. Her last dose of Skyrizi was [REDACTED-DATE]; this study requires an 8 week washout before receiving any drug. Her screening appt is booked with Santiago Fitzgerald and writer on May 5, 2026 at Hana Obrien to determine eligibility.

Hospital Report

Patient	Alvarez, Lucia	**HomePhone**	(288) 414-7189	**WorkPhone**	
Health #	3062663187SX	**Sex**	F	**Patient ID**	178119
Age	68 years				
DOB	1957				

Facility Report #: 872918 Sent to: Fitzgerald, Santiago Reported By: Sunnymede Family Practice 2 Collection Date: 2026-Apr-09 Message Unique ID: 872918 Source Author: 872918^[REDACTED-STAFF-PROVIDER-NAME-OR-USERNAME]^Santiago^^^

Flags Results Ref Range