

Emergency Department Documents

DOCUMENT TYPE: ED Physician Notes
SERVICE DATE/TIME: 8/12/2023 00:34 EDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Scott ,Randall E PA-C (8/12/2023 00:35 EDT)
SIGN INFORMATION: Rennie ,Chad T MD (8/12/2023 02:08 EDT); Scott ,Randall E PA-C (8/12/2023 00:35 EDT)

Chief Complaint

pt arrives with a c of lower abd pain radiating to left flank

History of Present Illness

Date/Time Seen: 08/11/2023 1650

Patient Provided History: Yes

Interpreter used: No

History limitation: None

Independent History Source: _

Chief Complaint:

Mode of Arrival: ED Mode of Arrival: Ambulatory/WC/Carried (08/11/23 16:41:00)

PCP: Primary Care Physician: NO , PCP PER PATIENT

Birth Sex: male

Administrative Sex: Male

HPI: Patient is a 42 Years old Male presenting with a complaint of left lower quadrant abdominal pain for 3 days. Patient reports his symptoms are similar to when he previous had a kidney stone. States that he does have blood in his urine. He denies any fevers or chills. Denies any nausea or vomiting.

Physical Exam

Vitals & Measurements

Initial:

T: 99.3 °F (Oral) HR: 91 (Peripheral) BP: 109/75 SpO2: 99%

WT: 99.4 kg BMI: 30.6

Latest:

T: 98.8 °F (Oral) HR: 88 (Peripheral) BP: 114/61 SpO2: 97%

WT: 99.4 kg

General: alert, in moderate distress. Vital signs noted.

Skin: warm, dry. No rashes noted

Head: Normocephalic nontraumatic

Eyes: Pupils equal, round, reactive to light, EOMI, conjunctiva noninjected, no discharge

ENT: No pharyngeal erythema, no tonsillar exudate, TMs clear bilaterally

Neck: Supple, trachea midline, no adenopathy, no tenderness.

Cardiovascular: Regular rate and rhythm, normal S1, S2. No murmurs, gallops or rubs. No peripheral edema

Respiratory: Clear to auscultation, nonlabored respirations, breath sounds equal with

Allergies

NKA

Problem List/Past Medical History

Ongoing

Obesity

Historical

Kidney stones

Procedure/Surgical History

- Ureter calculus removal

Social History

Tobacco

Exposure to Tobacco Smoke: Pt use <30 days (08/11/23)

Tobacco Use: Current daily smoker (08/11/23)

Tobacco Type: Cigarettes (08/11/23)

Tobacco Use Per Day: Less than 5 cigarettes/cigars/pipes daily (08/11/23)

Are You Interested In Quitting Tobacco: No (08/11/23)

Tobacco

Cigarettes, 1 per day.

Medications

Administered:

Medications:

Sodium Chloride 0.9% intravenous solution, 1000 mL, IV (08/11/2023 23:25 EDT)

fentaNYL, 50 mcg, IV (08/11/2023 18:05 EDT)

Sodium Chloride 0.9% bolus, 1000 mL, IV (08/11/2023 18:05 EDT)

Omnipaque 350, 75 mL, IV (08/11/2023 19:26 EDT)

Toradol, 15 mg, IV (08/11/2023 19:56 EDT)

Dilaudid, 0.5 mg, IV (08/11/2023 19:57 EDT)

Zosyn (dx intra-abdominal, complicated), IVPB (08/11/2023 21:27 EDT)

Admit Date: 8/11/2023

Disch Date/Time:

ACCT#: 106011318640

DOB/Age/Sex: 9/17/1980 / 42 years / Male

CPI:300509989

Facility: Bartow Regional Medical Center

Patient name: TURNER Jr, WILLIAM BENJAMIN

Report Request ID: 462882195

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Print Date/Time: 8/12/2023 10:46 EDT

Emergency Department Documents

symmetrical expansion. No adventitious sounds noted.
Chest wall: Nontender, no deformities
Gastrointestinal: normal active bowel sounds, nondistended. mild generalized tenderness. No organomegaly. No guarding, No rebound. Murphy's: negative, McBurney's: negative, Psoas: negative, Obturator: neg, Rovsing: neg
Back: Nontender, normal ROM, normal alignment, no step-offs
Extremities: Normal ROM, normal strength, no tenderness, swelling or deformity.
Neurological: Alert and oriented to person, place, time and situation. Level of consciousness is appropriate, CN II-XII intact. Normal motor, normal sensory, normal speech, normal coordination.
Lymphatics: No lymphadenopathy noted.
Psychiatric: Cooperative, appropriate mood and affect. Normal judgment. Not suicidal.

Medical Decision Making

Differential Diagnosis: Diverticulitis, abscess, gastroenteritis, cholecystitis, pancreatitis, gastritis/PUD, IBS, colitis, constipation

Consideration of Admission/Observation: Based on the differential diagnosis documented above I considered escalation of care including admission/observation.

Chronic conditions affecting care: []

MDM Rationale: 42 Years old Male presenting with a complaint of left lower quadrant abdominal pain for 3 days. Patient reports his symptoms are similar to when he previous had a kidney stone. States that he does have blood in his urine. He denies any fevers or chills. Denies any nausea or vomiting.

This patient is well-appearing, afebrile, and hemodynamically normal.

Lab results - current encounter

WBC: 15.5 th/uL High
RBC: 4.37 mill/uL
HGB: 12.7 g/dL Low
HCT: 38.8 % Low
MCV: 88.9 fL
MCH: 29.2 pg
MCHC: 32.8 g/dL
RDW: 13.9 %
PLT: 273 th/uL
MPV: 7.8 fL
Segs: 78.3 % High
Lymphs: 11 % Low
Mono: 8.7 %
Eos: 1.6 %
Baso: 0.4 %
Neutrophil, Abs: 12.1 th/uL High
Lymph, Abs: 1.7 th/uL
Monocyte, Abs: 1.4 th/uL High
Eosinophil, Abs: 0.2 th/uL
Basophil, Abs: 0.1 th/uL

Dilaudid, 0.5 mg, IV (08/11/2023 23:03 EDT)

Diagnostic Results

Radiology Results (08/11/23 00:00 - 08/12/23 00:34)

Abd/Pelvis W/Cont - CT Scan

Performed on: 08/11/2023 19:32
IMPRESSION:

1. Patient has an active inflammatory process in the central and left pelvis. There is a 5 cm abscess and there is inflammation about the sigmoid colon. The finding is likely related to diverticulitis with a diverticular abscess.

Electronically signed by Michael B Esposito,
Radiology on 8/11/2023
7:36 PM

DICOM format image data is available via a secure, media-free system.

INTERPRETED BY: Michael Benedetto
Esposito Finalized On: 08/11/2023 19:38

Patient name: TURNER Jr, WILLIAM BENJAMIN

ACCT#: 106011318640

CPI:300509989

Report Request ID: 462882195

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Emergency Department Documents

Color: Amber Abnormal
Appearance: SI-Cloudy Abnormal
Spec Grav: 1.032 High
pH: 5
Protein: 2+ Abnormal
Glucose: Negative
Ketone: Negative
Bilirubin: Negative
Blood: 2+ Abnormal
Urobilinogen: 4.0 mg/dL Abnormal
Leuk Est: Negative
Nitrite: Negative
RBC: TNTC Abnormal
WBC: 6-10 Abnormal
Sq Epith: Occasional
Bacteria: Occasional Abnormal
Mucous: Occasional Abnormal
Hyaline Cast: Few Abnormal
Granular Cast, Ur: Few Abnormal
Culture Reflexed: No

Sodium: 138 mmol/L
Potassium: 3.4 mmol/L Low
Chloride: 101 mmol/L
Carbon Dioxide: 24 mmol/L
Glucose: 91 mg/dL
BUN: 16 mg/dL
Creatinine: 0.848 mg/dL
BUN/Creatinine: 19
Calcium: 9.4 mg/dL
T Protein: 6.8 g/dL
Albumin: 3.3 g/dL Low
Globulin: 3.5 g/dL
Alb/Glob: 0.9
Bili Total: 0.9 mg/dL
Alk Phos: 112 IU/L
ALT: 17 IU/L
AST: 17 U/L
Anion Gap: 13

Lactic Acid: 0.8 mmol/L
eGFR (Cr): >60
AKI Suspected: N/A

Procalcitonin: 2.19 ng/mL High

Abd/Pelvis W/Cont

08/11/23 19:32:00

IMPRESSION:

1. Patient has an active inflammatory process in the central and left pelvis. There is a 5 cm abscess and there is inflammation about the

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Emergency Department Documents

sigmoid colon. The finding is likely related to diverticulitis with a diverticular abscess.

Electronically signed by Michael B Esposito, Radiology on 8/11/2023
7:36 PM
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INTERPRETED BY: Michael Benedetto Esposito Finalized On: 08/11/2023 19:38

Signed By: Esposito , Michael B MD

Discussion of management with other physician/healthcare provider:
My ED attending: [RENNIE]
Hospitalist: []
Other specialist: [RENNIE to BAMARNI] REC: TRANSFER CENTER/IR
IR: Dr Merta: contact RIS
RIS: Dr. Mina, admit, continue abx, will perform over weekend or Monday depending on staffing/facilities

External Notes Reviewed: Previous ED and Inpatient records

Independent Interpretation:
EKG: My independent interpretation is: .ekg
Rhythm Strip: My independent interpretation is: n/a
X-ray: My independent interpretation is: n/a

Discussion of Radiology Result with Radiologist: _

Testing considered but not performed:
The following testing was considered but ultimately not selected after discussion with patient/family: n/a

Prescription medication was considered but ultimately not given after discussion with patient/family:
I considered prescription management with: n/a

Patient's care significantly limited by Social Determinants of Health including: []

—
—
—
—

? Shared decision making: In-depth discussion with patient and family present.
Verbalized understanding and agreed with treatment plan and follow-up recommendations.

Sepsis: n/a

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Emergency Department Documents

Assessment/Plan

Diagnosis List

AP - Abdominal pain (AP - Abdominal
pain)(3912ABCF-0857-436E-B60C-658A6517728B)

Orders:

CM Review

Consult to Care Coordination

Consult to Physician

Consult to Physician

Sepsis - Patient has No Evidence of Sepsis

Primary Diagnosis Statement: n/a

Condition: stable

Medically Cleared: n/a

Disposition: Admitted to: []INPATIENT

Counseled: Patient regarding diagnosis, results and treatment plan.

Discharge Prescriptions:

Controlled Substance Prescribed: No

Acute Pain Exception: _

E-Prescribe: n/a

Emergency Medical Condition Attestation:

I hereby attest that, upon arrival in the Emergency Department, the patient met the definition of Emergency Medical Condition pursuant to Florida Statute 627.732 (16) which states:

"Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- (a) Serious jeopardy to patient health.
- (b) Serious impairment to bodily functions.
- (c) Serious dysfunction of any bodily organ or part.

Electronically Signed By:

Scott , Randall E PA-C, on 08.12.2023 12:35 AM

Electronically Signed By:

Rennie , Chad T MD, on 08.12.2023 02:08 AM

DOCUMENT TYPE:

SERVICE DATE/TIME:

RESULT STATUS:

PERFORM INFORMATION:

SIGN INFORMATION:

ED Physician Notes

8/11/2023 19:58 EDT

Auth (Verified)

Rennie ,Chad T MD (8/11/2023 20:00 EDT)

Rennie ,Chad T MD (8/11/2023 20:00 EDT)

Patient name: TURNER Jr, WILLIAM BENJAMIN

ACCT#: 106011318640

CPI:300509989

Report Request ID: 462882195

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Addendum *ED

Patient: **TURNER Jr, WILLIAM BENJAMIN** MRN: 2106183283 FIN: 106011318640
Age: **42 years** Sex: **Male** DOB: **09/17/1980**
Associated Diagnoses: **None**
Author: **Rennie, Chad T MD**

Medical Decision Making

Results review: Lab Fishbone
Labs (08/10/23 00:00 - 08/11/23 19:58)

CBC - 08/11/23 17:58

\ **L 12.7** /
H 15.5 / **L 38.8** \ 273

BMP - 08/11/23 17:58

138 | **101** | **16** /
L 3.4 | **24** | **0.848** \ 91

CBC WBC: **H 15.5** HGB: **L 12.7** HCT: **L 38.8** PLT: 273 (08/11/23 17:58)

BMP Sodium: 138 Potassium: **L 3.4** Chloride: 101 Carbon Dioxide: 24 Glucose: 91 BUN: 16 Creatinine: 0.848 (08/11/23 17:58)

Hematology RBC: 4.37 MCV: 88.9 MCH: 29.2 MCHC: 32.8 RDW: 13.9 MPV: 7.8 Segs: **H 78.3** Lymphs: **L 11.0** Mono: 8.7 Eos: 1.6 Baso: 0.4
Neutrophil, Abs: **H 12.1** Lymph, Abs: 1.7 Monocyte, Abs: **H 1.4** Eosinophil, Abs: 0.2 Basophil, Abs: 0.1 (08/11 17:58)

Urinalysis Color: **Amber** Appearance: **Sl-Cloudy** Spec Grav: **H 1.032** pH: 5.0 Protein: **2+** Glucose: Negative Ketone: Negative Bilirubin:
Negative Blood: **2+** Urobilinogen: **4.0 mg/dL** Leuk Est: Negative Nitrite: Negative RBC: **TNTC** WBC: **6-10** Sq Epith: Occasional

Bacteria: Occasional Mucous: **Occasional** Hyaline Cast: **Few** Granular Cast, Ur: **Few** Culture Reflexed: No (08/11 17:58)
General Chem BUN/Creatinine: 19 Calcium: 9.4 T Protein: 6.8 Albumin: **L 3.3** Globulin: 3.5 Alb/Glob: 0.9 Bili Total: 0.9 Alk Phos: 112
ALT: 17 AST: 17 Anion Gap: 13 Lactic Acid: 0.8 eGFR (Cr): >60 AKI Suspected: N/A (08/11 17:58)

, Interpretation (Leukocytosis with white count of 15. Gross hematuria),
Labs (08/10/23 00:00 - 08/11/23 19:58)

POC BMP -

| | /

| | \

Radiology Results

Radiology Results ED (08/10/23 00:00 - 08/11/23 19:58)

Abd/Pelvis W/Cont - CT Scan Performed on: 08/11/2023 19:32
CLINICAL INDICATION: Abdominal pain

TECHNIQUE: Standard CT of the Abdomen and Pelvis was performed with IV contrast. This CT exam was performed using one or more of the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction technique.

Patient name: TURNER Jr, WILLIAM BENJAMIN

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COMPARISON: September 29, 2016

FINDINGS:

Lung base: Linear density at the right lung bases atelectasis.

Liver: The liver is normal in size and density. There are no masses.
There is no intra-or extrahepatic biliary ductal dilatation.

Spleen: Normal in size without focal lesion.

Pancreas: Normal without calcification, mass or peripancreatic fluid.

Gall Bladder: Normally distended without cholelithiasis, wall thickening or pericholecystic fluid.

Adrenal glands: Normal without masses.

Kidneys: The kidneys are normal in size and position. There are no stones identified. There is no evidence for obstruction. No masses are identified

Bowel: 5 cm extraluminal gas and fluid collection in the mesentery of the left pelvis is likely an abscess related to sigmoid diverticula disease. There is inflammation seen in the mesentery in the central and left pelvis. There is no evidence for bowel obstruction. There is no free air. There is no significant ascites..
The appendix is normal in appearance

Bladder: Normal without wall thickening, calculi or diverticuli.

GU: No acute findings and no pelvic masses or adenopathy.

Osseous structures: Normal.

Retroperitoneum: The aorta is normal in caliber. There is no aneurysm or dissection. There is no retroperitoneal or para-aortic lymphadenopathy.

IMPRESSION:

1. Patient has an active inflammatory process in the central and left pelvis. There is a 5 cm abscess and there is inflammation about the sigmoid colon. The finding is likely related to diverticulitis with a diverticular abscess.

Electronically signed by Michael B Esposito, Radiology on 8/11/2023
7:36 PM

DICOM format image data is available via a secure, media-free system.

INTERPRETED BY: Michael Benedetto Esposito Finalized On: 08/11/2023 19:38

, Radiology Result Reviewed.

Emergency Medical Condition EMC Attestation

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(2) Immunocompromised (HIV, Cancer, Etc) : No
(2) New Positive Test Result TST or IGRA : No
(5) HIV Positive W/Resp Presentation : No

Bohnenkamp , Kelsey RN - 8/11/2023 16:41 EDT

TB Symptoms Grid

(3) Bloody Sputum : No
(2) Cough (> 2 Weeks) : No
(2) Fever, Chills, Night Sweats : No
(2) Unexplained Wt Loss > 10 lbs in 30 : No

Bohnenkamp , Kelsey RN - 8/11/2023 16:41 EDT

TB Screening Total Score : 0

Bohnenkamp , Kelsey RN - 8/11/2023 16:41 EDT

DOCUMENT TYPE:

ED Physician Notes

PERFORMED BY:

Scott ,Randall E PA-C (8/12/2023 00:35 EDT)

RESULT STATUS:

Auth (Verified)

ELECTRONICALLY SIGNED BY:

Rennie ,Chad T MD (8/12/2023 02:08 EDT); Scott ,Randall E PA-C (8/12/2023 00:35 EDT)

Chief Complaint

pt arrives with a c of lower abd pain radiating to left flank

History of Present Illness

Date/Time Seen: 08/11/2023 1650

Patient Provided History: Yes

Interpreter used: No

History limitation: None

Independent History Source: _

Chief Complaint:

Mode of Arrival: ED Mode of Arrival: Ambulatory/WC/Carried (08/11/23 16:41:00)

PCP: Primary Care Physician: NO , PCP PER PATIENT

Birth Sex: male

Administrative Sex: Male

HPI: Patient is a 42 Years old Male presenting with a complaint of left lower quadrant abdominal pain for 3 days. Patient reports his symptoms are similar to when he previous had a kidney stone. States that he does have blood in his urine. He denies any fevers or chills. Denies any nausea or vomiting.

Physical Exam

Vitals & Measurements

Initial:

T: 99.3 °F (Oral) HR: 91 (Peripheral) BP: 109/75 SpO2: 99%

WT: 99.4 kg BMI: 30.6

Latest:

Patient name: TURNER Jr, WILLIAM BENJAMIN

ACCT#: 106011318640

CPI:300509989

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Print Date/Time: 8/12/2023 10:46 EDT

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Allergies

NKA

Problem List/Past Medical History

Ongoing

Obesity

Historical

Kidney stones

Procedure/Surgical History

- Ureter calculus removal

Social History

Tobacco

Exposure to Tobacco Smoke: Pt use <30 days (08/11/23)

Tobacco Use: Current daily smoker (08/11/23)

Tobacco Type: Cigarettes (08/11/23)

Tobacco Use Per Day: Less than 5 cigarettes/cigars/pipes daily (08/11/23)

Are You Interested In Quitting Tobacco: No (08/11/23)

Tobacco

Cigarettes, 1 per day.

Medications

Administered:

Medications:

Emergency Department Documents

T: 98.8 °F (Oral) **HR:** 88 (Peripheral) **BP:** 114/61 **SpO2:** 97%
WT: 99.4 kg

General: alert, in moderate distress. Vital signs noted.
Skin: warm, dry. No rashes noted
Head: Normocephalic nontraumatic
Eyes: Pupils equal, round, reactive to light, EOMI, conjunctiva noninjected, no discharge
ENT: No pharyngeal erythema, no tonsillar exudate, TMs clear bilaterally
Neck: Supple, trachea midline, no adenopathy, no tenderness.
Cardiovascular: Regular rate and rhythm, normal S1, S2. No murmurs, gallops or rubs. No peripheral edema
Respiratory: Clear to auscultation, nonlabored respirations, breath sounds equal with symmetrical expansion. No adventitious sounds noted.
Chest wall: Nontender, no deformities
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Lymphatics: No lymphadenopathy noted.
Psychiatric: Cooperative, appropriate mood and affect. Normal judgment. Not suicidal.

Medical Decision Making

Differential Diagnosis: Diverticulitis, abscess, gastroenteritis, cholecystitis, pancreatitis, gastritis/PUD, IBS, colitis, constipation

Consideration of Admission/Observation: Based on the differential diagnosis documented above I considered escalation of care including admission/observation.

Chronic conditions affecting care: []

MDM Rationale: 42 Years old Male presenting with a complaint of left lower quadrant abdominal pain for 3 days. Patient reports his symptoms are similar to when he previous had a kidney stone. States that he does have blood in his urine. He denies any fevers or chills. Denies any nausea or vomiting.

This patient is well-appearing, afebrile, and hemodynamically normal.

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MCHC: 32.8 g/dL
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PLT: 273 th/uL

Sodium Chloride 0.9% intravenous solution, 1000 mL, IV (08/11/2023 23:25 EDT)
fentaNYL, 50 mcg, IV (08/11/2023 18:05 EDT)
Sodium Chloride 0.9% bolus, 1000 mL, IV (08/11/2023 18:05 EDT)
Omnipaque 350, 75 mL, IV (08/11/2023 19:26 EDT)
Toradol, 15 mg, IV (08/11/2023 19:56 EDT)
Dilaudid, 0.5 mg, IV (08/11/2023 19:57 EDT)
Zosyn (dx intra-abdominal, complicated), IVPB (08/11/2023 21:27 EDT)
Dilaudid, 0.5 mg, IV (08/11/2023 23:03 EDT)

Diagnostic Results

Radiology Results (08/11/23 00:00 - 08/12/23 00:34)

Abd/Pelvis W/Cont - CT Scan

Performed on: 08/11/2023 19:32

IMPRESSION:

1. Patient has an active inflammatory process in the central and left pelvis. There is a 5 cm abscess and there is inflammation about the sigmoid colon. The finding is likely related to diverticulitis with a diverticular abscess.

Electronically signed by Michael B Esposito, Radiology on 8/11/2023

7:36 PM

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INTERPRETED BY: Michael Benedetto Esposito Finalized On: 08/11/2023 19:38

Patient name: TURNER Jr, WILLIAM BENJAMIN

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Segs: 78.3 % High
Lymphs: 11 % Low
Mono: 8.7 %
Eos: 1.6 %
Baso: 0.4 %
Neutrophil, Abs: 12.1 th/uL High
Lymph, Abs: 1.7 th/uL
Monocyte, Abs: 1.4 th/uL High
Eosinophil, Abs: 0.2 th/uL
Basophil, Abs: 0.1 th/uL

Color: Amber Abnormal
Appearance: SI-Cloudy Abnormal
Spec Grav: 1.032 High
pH: 5
Protein: 2+ Abnormal
Glucose: Negative
Ketone: Negative
Bilirubin: Negative
Blood: 2+ Abnormal
Urobilinogen: 4.0 mg/dL Abnormal
Leuk Est: Negative
Nitrite: Negative
RBC: TNTC Abnormal
WBC: 6-10 Abnormal
Sq Epith: Occasional
Bacteria: Occasional Abnormal
Mucous: Occasional Abnormal
Hyaline Cast: Few Abnormal
Granular Cast, Ur: Few Abnormal
Culture Reflexed: No

Sodium: 138 mmol/L
Potassium: 3.4 mmol/L Low
Chloride: 101 mmol/L
Carbon Dioxide: 24 mmol/L
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BUN/Creatinine: 19
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ALT: 17 IU/L
AST: 17 U/L
Anion Gap: 13

Patient name: TURNER Jr, WILLIAM BENJAMIN

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Lactic Acid: 0.8 mmol/L
eGFR (Cr): >60
AKI Suspected: N/A

Procalcitonin: 2.19 ng/ml. High

Abd/Pelvis W/Cont

08/11/23 19:32:00

IMPRESSION:

1. Patient has an active inflammatory process in the central and left pelvis. There is a 5 cm abscess and there is inflammation about the sigmoid colon. The finding is likely related to diverticulitis with a diverticular abscess.

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Signed By: Esposito , Michael B MD

Discussion of management with other physician/healthcare provider:

My ED attending: [RENNIE]

Hospitalist: []

Other specialist: [RENNIE to BAMARNI] REC: TRANSFER CENTER/IR

IR: Dr Merta: contact RIS

RIS: Dr. Mina, admit, continue abx, will perform over weekend or Monday depending on staffing/facilities

External Notes Reviewed: Previous ED and Inpatient records

Independent Interpretation:

EKG: My independent interpretation is: .ekg

Rhythm Strip: My independent interpretation is: n/a

X-ray: My independent interpretation is: n/a

Discussion of Radiology Result with Radiologist: _

Testing considered but not performed:

The following testing was considered but ultimately not selected after discussion with patient/family: n/a

Prescription medication was considered but ultimately not given after discussion with patient/family:

I considered prescription management with: n/a

Patient's care significantly limited by Social Determinants of Health including: []

—
—
—
—

Patient name: TURNER Jr, WILLIAM BENJAMIN

ACCT#: 106011318640

CPI:300509989

Report Request ID: 462882195

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? Shared decision making: In-depth discussion with patient and family present.
Verbalized understanding and agreed with treatment plan and follow-up recommendations.

Sepsis: n/a

Assessment/Plan

Diagnosis List

AP - Abdominal pain (AP - Abdominal pain)(3912ABCF-0857-436E-B60C-658A6517728B)

Orders:

CM Review

Consult to Care Coordination

Consult to Physician

Consult to Physician

Sepsis - Patient has No Evidence of Sepsis

Primary Diagnosis Statement: n/a

Condition: stable

Medically Cleared: n/a

Disposition: Admitted to: ☐ INPATIENT

Counseled: Patient regarding diagnosis, results and treatment plan.

Discharge Prescriptions:

Controlled Substance Prescribed: No

Acute Pain Exception: ☐

E-Prescribe: n/a

Emergency Medical Condition Attestation:

I hereby attest that, upon arrival in the Emergency Department, the patient met the definition of Emergency Medical Condition pursuant to Florida Statute 627.732 (16) which states:

"Emergency medical condition" means a medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that the absence of immediate medical attention could reasonably be expected to result in any of the following:

- (a) Serious jeopardy to patient health.
- (b) Serious impairment to bodily functions.
- (c) Serious dysfunction of any bodily organ or part.

Electronically Signed By:

Scott , Randall E PA-C, on 08.12.2023 12:35 AM

Electronically Signed By:

Rennie , Chad T MD, on 08.12.2023 02:08 AM

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DOCUMENT TYPE:
PERFORMED BY:
RESULT STATUS:
ELECTRONICALLY SIGNED BY:

ED Physician Notes
Rennie ,Chad T MD (8/11/2023 20:00 EDT)
Auth (Verified)
Rennie ,Chad T MD (8/11/2023 20:00 EDT)

Addendum *ED

Patient: **TURNER Jr, WILLIAM BENJAMIN** MRN: 2106183283 FIN: 106011318640
Age: **42 years** Sex: **Male** DOB: **09/17/1980**
Associated Diagnoses: **None**
Author: **Rennie , Chad T MD**

Medical Decision Making

Results review: Lab Fishbone
Labs (08/10/23 00:00 - 08/11/23 19:58)

CBC - 08/11/23 17:58

\ L 12.7 /
H 15.5 / L 38.8 \ 273

BMP - 08/11/23 17:58

138 | 101 | 16 /
L 3.4 | 24 | 0.848 \ 91

CBC WBC: *H 15.5* HGB: *L 12.7* HCT: *L 38.8* PLT: 273 (08/11/23 17:58)

BMP Sodium: 138 Potassium: *L 3.4* Chloride: 101 Carbon Dioxide: 24 Glucose: 91 BUN: 16 Creatinine: 0.848 (08/11/23 17:58)

Hematology RBC: 4.37 MCV: 88.9 MCH: 29.2 MCHC: 32.8 RDW: 13.9 MPV: 7.8 Segs: *H 78.3* Lymphs: *L 11.0* Mono: 8.7 Eos: 1.6 Baso: 0.4
Neutrophil, Abs: *H 12.1* Lymph, Abs: 1.7 Monocyte, Abs: *H 1.4* Eosinophil, Abs: 0.2 Basophil, Abs: 0.1 (08/11 17:58)

Urinalysis Color: *Amber* Appearance: *Sl-Cloudy* Spec Grav: *H 1.032* pH: 5.0 Protein: *2+* Glucose: Negative Ketone: Negative Bilirubin:
Negative Blood: *2+* Urobilinogen: *4.0 mg/dL* Leuk Est: Negative Nitrite: Negative RBC: *TNTC* WBC: *6-10* Sq Epith: Occasional
Bacteria: *Occasional* Mucous: *Occasional* Hyaline Cast: *Few* Granular Cast, Ur: *Few* Culture Reflexed: No (08/11 17:58)

General Chem BUN/Creatinine: 19 Calcium: 9.4 T Protein: 6.8 Albumin: *L 3.3* Globulin: 3.5 Alb/Glob: 0.9 Billi Total: 0.9 Alk Phos: 112
ALT: 17 AST: 17 Anion Gap: 13 Lactic Acid: 0.8 eGFR (Cr): >60 AKI Suspected: N/A (08/11 17:58)

, Interpretation (Leukocytosis with white count of 15. Gross hematuria),
Labs (08/10/23 00:00 - 08/11/23 19:58)

POC BMP -

| | /

| | \

Radiology Results

Radiology Results ED (08/10/23 00:00 - 08/11/23 19:58)

Abd/Pelvis W/Cont - CT Scan

Performed on: 08/11/2023 19:32

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CLINICAL INDICATION: Abdominal pain

TECHNIQUE: Standard CT of the Abdomen and Pelvis was performed with IV contrast. This CT exam was performed using one or more of the following dose reduction techniques: Automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction technique.

COMPARISON: September 29, 2016

FINDINGS:

Lung base: Linear density at the right lung bases atelectasis.

Liver: The liver is normal in size and density. There are no masses. There is no intra-or extrahepatic biliary ductal dilatation.

Spleen: Normal in size without focal lesion.

Pancreas: Normal without calcification, mass or peripancreatic fluid.

Gall Bladder: Normally distended without cholelithiasis, wall thickening or pericholecystic fluid.

Adrenal glands: Normal without masses.

Kidneys: The kidneys are normal in size and position. There are no stones identified. There is no evidence for obstruction. No masses are identified

Bowel: 5 cm extraluminal gas and fluid collection in the mesentery of the left pelvis is likely an abscess related to sigmoid diverticula disease. There is inflammation seen in the mesentery in the central and left pelvis. There is no evidence for bowel obstruction. There is no free air. There is no significant ascites.. The appendix is normal in appearance

Bladder: Normal without wall thickening, calculi or diverticuli.

GU: No acute findings and no pelvic masses or adenopathy.

Osseous structures: Normal.

Retroperitoneum: The aorta is normal in caliber. There is no aneurysm or dissection. There is no retroperitoneal or para-aortic lymphadenopathy.

IMPRESSION:

1. Patient has an active inflammatory process in the central and left pelvis. There is a 5 cm abscess and there is inflammation about the sigmoid colon. The finding is likely related to diverticulitis with a diverticular abscess.

Electronically signed by Michael B Esposito, Radiology on 8/11/2023 7:36 PM

DICOM format image data is available via a secure, media-free system.

INTERPRETED BY: Michael Benedetto Esposito Finalized On: 08/11/2023 19:38

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