



DocCrew Medical Center

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Medical Report

Patient Information

Name: This information is classified

Age: Neonate

Sex: Unspecified

Patient ID: This information is classified

Date of Report: Tuesday 20th May, 2025

Prepared by: Dr. Yahya Ghallali

License SDIA

1. Medical History

The patient, a neonate, presented with a history of similar, though less severe, episodes of palpitations during the preceding week. A paternal grandfather has a history of cystic fibrosis.

2. Clinical Presentation

The primary complaint was palpitations, reported by the parent with an onset four hours prior to presentation. The infant was described as "jittery," with movements described as fine tremors affecting both upper and lower extremities. A rapid heart rate (per parental observation) and a low-grade fever of 38.2°C (100.8°F) were also noted. The duration and timing of the fever is unspecified.

3. Physical Examination

The neonate appeared alert but slightly irritable. Mild tachypnea was noted, but there was no significant respiratory distress. Vital signs revealed a heart rate of 220 bpm (regular rhythm), respiratory rate of 40 breaths per minute, oxygen saturation of 98% on room air, and blood pressure of 70/40 mmHg. Skin was warm and dry with slightly dry mucous membranes; no rashes or lesions were observed. The neurological examination revealed brisk reflexes (2+ in all extremities), normal muscle tone, appropriate response to stimuli, and grossly intact cranial nerves. The abdomen was soft, non-tender, without hepatosplenomegaly or edema.

4. Additional Examinations

A 12-lead electrocardiogram (ECG) demonstrated sinus tachycardia with a heart rate of 220 bpm. A point-of-care glucose check revealed normal results. Results of blood electrolytes, cardiac enzymes, and other relevant laboratory investigations: This information is classified.

5. Diagnosis and Treatment

5.1 Main Diagnosis

This information is classified.

5.2 Differential Diagnoses

The ECG finding of sinus tachycardia is the primary finding. Supraventricular tachycardia is a strong consideration. Myocarditis/pericarditis and metabolic disorders are considered less likely given the presentation but cannot be definitively excluded without further investigation. The rationale for considering each differential diagnosis and the process of ruling them in or out are not documented in this section.

5.3 Treatment Plan

This information is classified.

Signature: _____

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