

MEDICAL REPORT

MEMORIAL HEALTHCARE SYSTEM

Facility ID: MHS-2023-774 Report Date: March 12, 2025

PATIENT INFORMATION

Patient ID: MHS-P112233 Name: SMITH, JOHN DOE DOB: 05/15/1975 Sex: Male MRN: 987654321 Admission Date: March 10, 2025 Primary Physician: Dr. Elizabeth Chen

REASON FOR VISIT

Patient presented with complaints of persistent cough for 3 weeks, intermittent fever, and fatigue.

VITAL SIGNS

- Temperature: 38.2 °C
- Blood Pressure: 128/82 mmHg
- Heart Rate: 88 bpm
- Respiratory Rate: 22 breaths/min
- Oxygen Saturation: 96% on room air

PHYSICAL EXAMINATION

General: Patient is a 49-year-old male, alert and oriented x3, in mild respiratory distress **HEENT:** Normocephalic, atraumatic, Oropharynx is clear, No cervical lymphadenopathy **Chest:** Decreased breath sounds in right lower lobe, Dull to percussion **Cardiovascular:** Regular rate and rhythm, No murmurs, gallops, or rubs **Abdomen:** Soft, non-tender, non-distended, Normal bowel sounds

Extremities: No edema, Normal peripheral pulses **Neurological:** Grossly intact, No focal deficits

LABORATORY RESULTS

CBC: - WBC: $12.4 \times 10^9/L$ (High) - RBC: $4.5 \times 10^{12}/L$ - Hemoglobin: 14.2 g/dL - Hematocrit: 42% - Platelets: $250 \times 10^9/L$

Chemistry: - Sodium: 138 mEq/L - Potassium: 4.1 mEq/L - Chloride: 101 mEq/L - BUN: 15 mg/dL - Creatinine: 0.9 mg/dL - Glucose: 105 mg/dL

Inflammatory Markers: - CRP: 75 mg/L (High) - ESR: 45 mm/hr (High)

IMAGING

Chest X-ray: Right lower lobe consolidation consistent with pneumonia. No pleural effusion or pneumothorax.

CT Chest (contrast): - Right lower lobe consolidation with air bronchograms - No evidence of pulmonary embolism - Small reactive right hilar lymphadenopathy - No pleural effusion

MICROBIOLOGY

Sputum Culture: - Sample quality: Acceptable - Predominant organism: *Streptococcus pneumoniae* - Antibiotic sensitivity: Sensitive to penicillin, amoxicillin, ceftriaxone

ASSESSMENT

1. Community-acquired pneumonia, right lower lobe, moderate severity
 2. Mild dehydration
 3. History of seasonal allergies
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TREATMENT PLAN

1. Antibiotic therapy: Ceftriaxone 1g IV daily for 3 days, then transition to oral amoxicillin 500mg TID for 7 days
 2. Antipyretics: Acetaminophen 650mg Q6H PRN for fever/pain
 3. IV fluids: 0.9% NS at 100mL/hr for 24 hours, then reassess
 4. Incentive spirometry Q2H while awake
 5. Oxygen therapy: PRN to maintain O2 saturation > 92%
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RECOMMENDATIONS

1. Follow up with primary care physician in 7-10 days
 2. Repeat chest X-ray in 4-6 weeks
 3. Rest and adequate hydration
 4. Return to ED if symptoms worsen or fever persists beyond 48 hours of antibiotic therapy
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DISPOSITION

Patient admitted to Medical Floor, Room 415

NOTES

Patient has no known drug allergies. Patient received pneumococcal vaccine 2 years ago. No recent travel history.

SIGNATURE

Attending Physician: Dr. Michael Rodriguez, MD **Electronic Signature ID:** MR72254 **Date & Time:** March 12, 2025, 14:30

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