

# AI-Assisted Treatment Plan Report

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## PATIENT DETAILS

Patient Name	John Doe Age
Age / Gender	45 / Male
Diagnosis	/ FINAL DIAGNOSIS • • • • • • •
Prepared By	AI Clinical Decision Support System

## CLINICAL SUMMARY

Verified by: Dr. Rajesh Kumar, MD Pathology CLARIOVEX DIAGNOSTICS CENTER123 Medical Center Drive, Healthcare District, City - 400001 +91-22-2345-6789 | reports@clariovexdiagnostics.com Patient Name: John Doe Age/Sex: 45 / Male Patient ID: ZAI-45-JOHND0001 Date of Report: 04 December 2025 Referring Physician: SECTION A — CLINICAL SUMMARY 1. Chief Complaint The patient has been complaining of excessive thirst, frequent urination, and fatigue for the past 2 weeks 2. History of Present Illness The patient has been complaining of excessive thirst, frequent urination, and fatigue for the past 2 weeks. SECTION B — RISK FACTORS No major risk factors documented SECTION C — PHYSICAL EXAMINATION Vital Signs BP: 148/92 mmHg HR: 108 bpm RR: 22/min SpO2: 94% General Alert but anxious; diaphoretic; mild respiratory distress. SECTION D — ECG INTERPRETATION (12-LEAD) Findings No acute ischemic changes Conclusion: Normal ECG SECTION E — LAB INVESTIGATIONS Test Result Comment Glucose 160 High SECTION F — ECHOCARDIOGRAPHY Lungs are clear. Cardiac silhouette normal. INTERVENTION Primary intervention as clinically indicated. IMPRESSION / FINAL DIAGNOSIS ••••• Patient: John Doe Page 1 of 1 Acute myeloid leukemia Symptoms: The patient has been complaining of excessive thirst, frequent urination, and fatigue for the past 2 weeks. Labs: Glucose:160 Imaging: Normal Chest X-Ray Signed out by: Dr. AI Pathologist, MD Date Reported: 04 December 2025 ••• Patient: John Doe Page 1 of 1

## WHAT IS THE PROBLEM & HOW IT IS MANAGED

This condition requires appropriate medical evaluation and management as determined by the treating physician.

## TREATMENT OBJECTIVES

- Stabilize the patient clinically.
- Treat the underlying medical condition.
- Prevent complications.
- Ensure appropriate follow-up and rehabilitation.

## TREATMENT PLAN

### IMMEDIATE CARE

- Ensure adequate hydration
- Educate patient on blood glucose monitoring

### MEDICATIONS

- Oral hypoglycemic agents if clinically indicated
- Insulin therapy if blood sugar remains uncontrolled

### LIFESTYLE AND DIET

- Low carbohydrate, high fiber diet
- Regular physical activity (at least 30 minutes daily)

### MONITORING

- Fasting blood glucose monitoring
- HbA1c every 3 months

### FOLLOW UP

- Physician follow-up in 1–2 weeks
- Endocrinology referral if required

## ESTIMATED COST

**Consultation:** ■800 – ■1,500

**Investigations:** ■1,500 – ■3,000

**Medications:** ■500 – ■1,200 per month

**Follow Up Cost:** ■500 – ■1,000 per visit

**Notes:** Costs depend on oral therapy vs insulin requirement.

## FOLLOW-UP & APPOINTMENT

**Urgency:** High

**Specialist:** Endocrinologist / General Physician

**Recommended Timeline:** Within 7 days

**Follow Up Frequency:** Every 3 months (or as advised)

## DISCLAIMER

*This report is generated using an AI-assisted clinical decision support system. It is intended to support clinicians and does not replace professional medical judgment. Final diagnosis and treatment decisions must be made by a licensed medical professional.*