

長庚醫療財團法人
CHANG GUNG MEDICAL FOUNDATION
病歷摘要
MEDICAL SUMMARY

日期 年 / 月 / 日
Date / / (yyyy/mm/dd)

姓名(Name):李玉梅	病歷號碼(Chart No.):51086230
性別(Sex):女	出生日期(Date of Birth):1945/08/05
入院日期:2025年03月15日	病床號:S12D1277
<u>入院診斷(Diagnosis on Admission):</u>	
<ul style="list-style-type: none"> . pancytopenia with blast cell, r/o acute leukemia . community acquired pneumonia . bilateral pleural effusion, transudate, s/p thoracentesis 2025/03/12 . massive pericardial effusion with fibrin over right side of the heart, no tamponade sign . right femoral neck fracture s/p operation 2025/02 . hypertension 	
<u>出院診斷(Diagnosis on Discharge):</u>	
<ul style="list-style-type: none"> . Acute myeloblastic leukemia, not having achieved remission, new diagnosed . community acquired pneumonia . bilateral pleural effusion, transudate, s/p thoracentesis 2025/03/12 . massive pericardial effusion with fibrin over right side of the heart, no tamponade sign . right femoral neck fracture s/p operation 2025/02 . hypertension . HBsAg(-) Anti-HBs(+) Anti-HBc(-) Anti-HCV(-) 	
<u>主訴(Chief Complaint):</u>	
general weakness for one week	
<u>病史(Summary of History):</u>	
<p>this is a 79-year-old female with underlying disease of</p> <ul style="list-style-type: none"> . right femoral neck fracture s/p operation 2025/02 . hypertension 	
<p>the patient baseline ADL is partially independent (lived in temple, walk with assistance after fracture)</p> <p>this time, the patient suffered from general weakness, drowsy for one week (noted in the temple), associated with some sputum. The patient denied fever, chillness, weight loss, abdominal pain, dysuria, nausea and vomiting. The patient had went to 大同H for help, CT of chest showed Pericardial effusion. Therefore, the patient went to our ER for help. At our ER. Cardiologist was consulted, the 2D echo showed pericardial effusion with fibrin over right side of the heart, no tamponade sign, but pericardiocentesis is not indicated due to limited pericardial effusion. Lab data showed pancytopenia and blast cell was noted. Physical and neurological examination showed bilateral rales. ER also completed thoracentesis 2025/03/12, report showed transudate. Under the impression of acute leukemia, the patient was brought to our ward for further evaluation and treatment.</p>	
<p>Upon ward, the patient was E4V5M6, the patient still complained general weakness, we had kept moxifloxacin for occult infection control, arranged bone marrow study as soon as possible and follow lab data and blood transfusion</p> <p>(續下頁)</p>	

PRN. We will closely monitor the patient clinical condition and vital signs.

體檢發現(Physical Findings):

T: 36.4(2025/03/15 19:07)/°C P: 95(2025/03/15 19:07)/min R: 24(2025/03/15 19:07)/min BP: 186(2025/03/15 19:07)/87(2025/03/15 19:07) mmHg

身高: null cm

體重: null kg

BMI: null

Difficult Airway Assessment: No risk factor

GENERAL APPEARANCE:

ill* looking

CONSCIOUSNESS:

Clear, E 4 V 5 M 6

HEENT:

Conjunctivae: NOT pale

NECK:

Supple

CHEST:

no obvious rales or wheezing

HEART:

Regular heart beat

ABDOMEN:

Soft AND flat, No superficial vein engorgement

No tenderness; No rebounding pain

BACK:

No knocking pain over bilateral flank area

EXTREMITIES:

No joint deformity

SKIN:

No wound

一般檢查(Laboratory Examinations):

(血液):

	20250313 15:02	20250314 06:01	20250317 07:03	20250318 07:17	20250318 08:10
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WBC	1000/uL	2.8	3.5	2.8	2.9
RBC	million/	2.83	3.40	2.99	3.06
Hemoglobin	g/dL	8.8	10.6	9.1	9.3
Hematocrit	%	24.8	29.9	26.7	27.7
MCV	fL	87.6	87.9	89.3	90.5
MCH	pg/Cell	31.1	31.2	30.4	30.4
MCHC	gHb/dL	35.5	35.5	34.1	33.6
RDW-SD	fL	47.7	45.6	46.5	46.8
Platelets	1000/uL	31	63	21	52
RDW-CV	%	14.7	14.1	14.3	14.1
PDW	fL	13.7	10.2	17.0	9.9
MPV	fL	10.9	9.7	11.5	10.2
Segment	%	60.0	65.0	56.6	65.0
Lymphocyte	%	13.0	14.0	28.5	22.0
Monocyte	%	15.0	12.0	12.0	7.0
Eosinophil	%	1.0	0.0	2.9	6.0
Basophil	%	0.0	0.0	0.0	0.0

(續下頁)

Atypical-L %	2.0	3.0		
Blast cell %	9.0	6.0		
P.T sec	14.0		14.0	
Nor. plasma sec	10.8		10.8	
INR sec	1.32		1.32	
APTT sec	30.1		29.9	
Nor. plasma sec	29.4		29.4	
APTT data/ 倍數	1.02		1.02	
Fibrinogen mg/dL				154.5
Abs Neutro / μ L	1680	2275	1585	1885

20250320
05:55

WBC	1000/ μ L	3.7		
RBC	million/	2.99		
Hemoglobin g/dL		8.9		
Hematocrit %		27.8		
MCV fL		93.0		
MCH pg/Cell		29.8		
MCHC gHb/dL		32.0		
RDW-SD fL		46.8		
Platelets 1000/ μ L		38		
RDW-CV %		13.5		
PDW fL		11.2		
MPV fL		11.8		
Segment %		78.0		
Lymphocyte %		18.0		
Monocyte %		4.0		
Eosinophil %		0.0		
Basophil %		0.0		
Abs Neutro / μ L		2886		
(生化):				

20250312 20250312 20250313 20250313 20250314
16:35 17:01 15:02 17:31 06:01

HBsAg	COI	Nonreactive(陰性) 0.30	
Anti-HBs	IU/L	Reactive(陽性) 206.00	
T-Protein	g/dL	1.5	
LDH (PL)	U/L	70.0	
Total Bili	mg/dL	0.9	
Calcium	mg/dL	7.2	
Na	mEq/L		138
K	mEq/L		3.4
Total Prot	g/dL		4.7
CRP	mg/L	43.21	
CK-MB	ng/mL	1.2	
LDH	U/L		181.0
Albumin	g/dL		3.30
hs-Troponi	ng/mL	< 0.01	
Procalcito	ng/mL		0.12
NT-ProBNP	pg/mL	842.0	
Anti-HCV	COI		Nonreactive(陰性) 0.05

20250318 20250318 20250320
07:17 07:18 05:57

HBsAg	COI	Nonreactive(陰性) 0.35
Anti-HBs	IU/L	Reactive(陽性) 238.00

(續下頁)

*Anti-HBc	COI	Reactive(陽性) 0.008
BUN (B)	mg/dL	7.7 8.4
Creatinine	mg/dL	0.47 0.48
Estimated	mg/dL	>60(128 僅供參考) mL/min/1.73m ²
Total Bili	mg/dL	0.8 0.7
ALT/GPT	U/L	5 6
Na	mEq/L	144 144
K	mEq/L	3.0 3.0
LDH	U/L	167.0
Uric Acid	mg/dL	4.3
Anti-HCV	COI	Nonreactive(陰性) 0.05

檢驗(鏡檢,血清)項目:

項目	單位	結果值(日期)
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檢體:B

RPR	NONREACTIVE(陰性)(0313)
TPPA	NONREACTIVE(陰性)(0313)
EB-VCAM	Negative 11.9(0313)

檢體:PL

pH(PL)	8.7(0313)
Gram Stain Specimen	OPF No bacteria seen(未發現細菌)(0313)
Appearance	PL(0313)
Color	Cloudy(0313)
SP.Gravity	Yellow(0313)
Protein	1.012(0313)
Leukocyte count	/uL Negative(0313)
RBC	/uL 188(0313)
Neutrophil%	% 100(0313)
Lymphocyte%	% 0(0313)
Monocyte%	% 6(0313)
Mesothel cell%	% 87(0313)

放射線報告(Radiological Report):

檢查日期: 2025/03/14

名稱: Chest A-P View(Supine)

報告內容> 收件號: 25031483794

Radiography of Chest A-P View(Supine) Show:

cardiomegaly.

Tortuosity of thoracic aorta.

Mixed alveolar & interstitial infiltration over bil. lungs, suspect pneumonia.

Bilateral pleural effusion

Osteoporotic change of visible bony structure

Joint space narrowing with spurs formation and surrounding sclerotic change over

bil. humeroglenoid joints due to OA.

特殊檢查(Special Examinations):

檢查日期: 2025/03/13(四)

醫囑單號: 82491735-2025031247248 檔區: S 開單醫師: 洪至威
(續下頁) 影像號: 253D813000081

檢查項目 : M21-053 CHEST ECHO-GUIDE ASPIRATION

Indication:

Pleural effusion

Procedure:

Position: Sitting

Machine: Aloka

Echographic Finding:

Right chest: pleural effusion.

The movement of R't side hemidiaphragm is .

Aspiration: .

Left chest: pleural effusion.

The movement of left side hemidiaphragm is .

Aspiration: .

The specimen are sent for study if requested.

Others: nil

Impression:

Bilateral mild pleural effusion, aspiration from left side 60cc clear, yellowish

fluid for study; pericardial effusion was also noted

*** 檢查後交班 ***

Situation: 於胸腔超音波術後

Background: 因上述原因執行胸腔超音波

Assessment: 詳見檢查結果 stable after procedure

Recommendation: 注意呼吸狀態，及有無後續不適

姓名:李玉梅 病歷號碼:51086230 性別:女 出生日期:1945/08/05 年齡:80歲
 病患來源:住診 病床號:S12D1277 收件日期:2025/03/19(三)
 檢查項目:M26-002 M26-003 M26-004 M26-012 M26 主治醫師:劉鴻霖
 LOC: S 報告編號:25A-000269
 高雄長庚醫院 地址:高雄市烏松區大塊路123號 電話:(07)7317123

Clinical diagnosis:

Pancytopenia with increase of blasts

Final diagnosis:

Acute myeloid leukemia with myelodysplasia related change

骨髓檢查報告單:

Site: Right posterior iliac crest; Method: aspiration, biopsy ;

Marrow particle: Adequate; Smear: Good

Cellularity: 70-80% (Hypercellularity)

Megakaryocyte distribution: ↓ ; Morphology: Dysplastic change with , Separated nucleus

M/E ratio: 2.9/ 1 (myeloid series:70.4 % of TNC)

TNC Blast:30.2%, Promye: 9.4%, Mye+Meta-mye:14.2% , Band+Seg:16.6 % of

Morphology: Abnormal with Increased blasts ; Blasts with Auer Rod

Negative

Erythroid series: 24.6% of TNC; Morphology:Dysplasia; Multinuclearity

(續下頁)

Mono-histiocytes: 1.4% of TNC; Morphology: Normal;
 Eosinophils: 0.4% of TNC
 Basophils: 0% of TNC
 Plasma cells: 2.8% of TNC; Morphology: Normal
 Lymphoid cells: 0.4% of TNC; Morphology: normal
 Lymphoblasts: Negative
 Cancer cells: Negative
 Others: nil
 Cytochemical studies: Peroxidase, Double esterase
 Peroxidase: Positive, (43% of blasts)
 Double esterase: ANAE: 2%, CAE: 54% of NEC

Peripheral blood smears interpretation:

*RBC: Normocytic, Normochromic; Anisocytosis(+)
 *WBC: Leukopenia, ; Morphology: Abnormal with Blast without auer rods
 *Platelet: Thrombocytopenia, ; Morphology: Normal
 *Other comment: nil
 *報告日期: 2025/03/19;

病理報告(Pathological Report):

SPECIMEN SOURCE:

Fluid cytology & cell block (Pleural effusion) (left)

RESULT:

Negative for malignancy

COMMENT:

IHC result:

Antibody:
 TTF-1: (-)
 Calretinin: (+)

All controls show appropriate reactivity.

Comment: No evidence of malignancy is found.

SPECIMEN SOURCE:

Fluid cytology & cell block (Pleural effusion) (left)

Gross:

Amount: 45 ml
 Color: Yellowish
 Transparency: Clear

Specimen adequacy:
 Satisfactory

RESULT:

Result of cytology and cell block:
 Negative for malignancy.

(續下頁)

COMMENT:

Lymphocytes, histiocytes, and reactive mesothelial cells.

手術日期、方法及發現(Operation Date、Method & Findings):

Nil

住院治療經過(Course and Treatment):

- . Acute myeloblastic leukemia, not having achieved remission, new diagnosed
- . community acquired pneumonia
- . bilateral pleural effusion, transudate, s/p thoracentesis 2025/03/12
- . massive pericardial effusion with fibrin over right side of the heart, no tamponade sign
- . right femoral neck fracture s/p operation 2025/02
- . hypertension
- . HBsAg(-) Anti-HBs(+) Anti-HBC(-) Anti-HCV(-)
supportive care

併發症(Complications):

Nil

出院時情況(Status on Discharge):

改門診治療

出院指示(Instructions on Discharge):

藥名	天數	劑量	用法
MOXIFLOXACIN 400mg/250mL/bot (Mosflow, 信東)	2天	1PC	QD
(*<請參考抗生素審核單, 於114年03月17日開始調整用藥, 如有問題請洽醫師>			
*照會感控醫師審核用藥之適當性)			
Exforge 5/160 tab(Amlodipine 5mg+Valsartan 160mg)	7天	1PC	QD
Quetiapine 25mg/f.c tab	7天	1PC	HS

主治醫師:  (劉鴻霖, MA9400, G10024)