**NEJMcpc2402485：**

**Dialogue Between Clinician and Patient’s Parents**

**Clinician:** Good morning, Mr. and Mrs. Smith. I understand that your son has been experiencing some health issues lately. Can you tell me what brought you in today?

**Mother:** Yes, doctor. Over the past two weeks, he’s been vomiting quite often, mostly after eating solid foods. Initially, it was once every few days, but it has become more frequent—now almost every time he eats or drinks.

**Clinician:** I see. Has he had any other symptoms? Fever, diarrhea, or changes in his energy levels?

**Father:** No fever or diarrhea. He seems active and normal between vomiting episodes, but he has lost interest in eating solid foods. He only wants milk and water now. Also, we’ve noticed he seems extremely thirsty. He drinks a lot and sometimes even sucks water from washcloths when we bathe him.

**Clinician:** That’s very helpful information. Have there been any changes in his weight recently?

**Mother:** Yes. When he was last checked at his 9-month visit, he weighed 7.44 kg, but today he’s only 7.36 kg. He’s definitely thinner than before.

**Clinician:** I understand. I see from his history that he was born at 38 weeks after labor was induced due to maternal gestational hypertension. Has he had any other significant health concerns before this?

**Father:** Not really. He had some reflux issues as a baby and mild eczema, but nothing serious.

**Clinician:** And is he currently on any medications?

**Mother:** Yes, he’s been taking omeprazole for his reflux, but nothing else.

**Clinician:** Thank you. Now, let’s discuss his family history. Are there any conditions we should be aware of?

**Father:** My mother has hyperparathyroidism and Lynch syndrome. I have GERD and had a heart transplant due to cardiomyopathy.

**Mother:** My side of the family has a history of diabetes, coronary artery disease, and eczema. My brother has DiGeorge syndrome.

**Clinician:** Understood. Let’s take a look at him now. *[Performs examination]*

**Clinician:** His temperature is 36.1°C, blood pressure is 102/78 mmHg, and his pulse is 140 beats per minute. He looks alert but definitely thinner than expected for his age. His abdomen is soft with no swelling or tenderness, and there are no signs of an enlarged liver or spleen. However, I do notice his skin is quite dry, with some excoriations.

**Mother:** What does that mean?

**Clinician:** It means his skin is dry and irritated, possibly from excessive water loss. We also need to investigate further why he is losing weight and why his vomiting has worsened.

**Father:** What tests will you be running?

**Clinician:** We’ll start with blood tests to check for dehydration, electrolyte imbalances, and any signs of infection. We’ll also measure his calcium levels. Additionally, we may need imaging studies if we suspect any structural issues in his digestive system.

**Mother:** That makes sense. Is there anything we should do in the meantime?

**Clinician:** For now, keep him hydrated with small sips of fluid. We’ll monitor his intake and make sure he gets proper nutrition while we work on a diagnosis. If his condition worsens—such as decreased urination, lethargy, or difficulty breathing—let us know immediately.

**Father:** Thank you, doctor. We just want to figure out what’s going on.

**Clinician:** We’ll do our best to find the cause and get him the treatment he needs.

**NEJMcpc2402486:**

Dialogue Between Clinician and Patient

Clinician: Good morning, Mr. [Patient’s Last Name]. I understand you’ve been experiencing some troubling symptoms. Can you describe what’s been going on?

Patient: Yes, doctor. It started about two weeks ago—I began feeling extremely fatigued and noticed my appetite had decreased. A few days later, I developed nausea and started vomiting occasionally.

Clinician: I see. Have you noticed any patterns to the vomiting? Does it happen after meals or at specific times of the day?

Patient: At first, it seemed random, but lately, I’ve noticed it happens more after I eat. I also feel a bit dizzy sometimes.

Clinician: That’s helpful to know. Have you had any fever, chills, or other flu-like symptoms?

Patient: No fever, but I do feel colder than usual, and I’ve been sweating a lot at night. My muscles also feel weaker than normal.

Clinician: Have you had any changes in your bowel habits—constipation or diarrhea?

Patient: I think I’ve been more constipated than usual, but nothing severe.

Clinician: How about your weight? Have you noticed any unintentional weight loss?

Patient: Yes, actually. I’ve lost about 6 or 7 pounds in the last couple of weeks without trying.

Clinician: That’s important to note. Have you ever had similar symptoms before?

Patient: Not really. I’ve had the occasional stomach bug, but nothing like this that lasted so long.

Clinician: I understand. Now, let’s talk about your medical history. Do you have any existing conditions, or are you currently taking any medications?

Patient: I have high blood pressure and take medication for it, but that’s about it. No recent changes in my meds.

Clinician: Any history of gastrointestinal issues, such as acid reflux, ulcers, or previous surgeries?

Patient: No, none that I know of.

Clinician: What about your family history? Any conditions like diabetes, thyroid issues, or autoimmune diseases?

Patient: My father had diabetes, and my mother has hypothyroidism. No major autoimmune diseases that I know of.

Clinician: Thank you for sharing that. Now, I’d like to do a physical examination. [Performs examination]

Clinician: Your blood pressure is stable, but I do notice some pallor and mild dehydration. Your abdomen feels soft but slightly tender in some areas. Your pulse is a bit faster than usual.

Patient: What does that mean? Is something wrong?

Clinician: It suggests that we need to run some tests to figure out what’s causing these symptoms. We’ll start with blood tests to check your electrolytes, liver function, and any signs of infection or inflammation. We might also do an ultrasound or CT scan if needed.

Patient: That sounds like a good plan. What should I do in the meantime?

Clinician: Try to stay hydrated as much as possible, eat small, light meals, and avoid anything too greasy or spicy. If your symptoms worsen—like severe vomiting, dizziness, or trouble breathing—come back immediately.

Patient: Understood. I just want to figure out what’s going on.

Clinician: We’ll do our best to get to the bottom of it and find the right treatment for you.

**NEJMcpc2402487**

**Dialogue Between Clinician and Patient**

**Clinician:** Good morning, Mr. [Patient’s Last Name]. I understand you’ve been experiencing some health issues. Can you tell me what’s been going on?

**Patient:** Yes, doctor. I’ve been feeling weak and extremely tired for the past few weeks. It seems to be getting worse.

**Clinician:** I see. Have you had any other symptoms—fever, nausea, pain, or any recent weight changes?

**Patient:** I haven’t had a fever, but I have lost some weight. I also feel lightheaded when I stand up, and my appetite has been poor.

**Clinician:** When did you first start noticing these symptoms?

**Patient:** I think it started about three or four weeks ago. At first, I just felt a little off, but it’s gotten worse over time.

**Clinician:** Have you had any issues with digestion, like nausea, vomiting, or changes in bowel movements?

**Patient:** No vomiting, but I’ve been more constipated than usual. And I feel bloated sometimes after eating.

**Clinician:** Any pain in your chest or shortness of breath?

**Patient:** Not really, just the occasional feeling of dizziness.

**Clinician:** Do you have any history of medical conditions, such as diabetes, heart disease, or thyroid issues?

**Patient:** No, nothing like that. I’ve generally been pretty healthy.

**Clinician:** How about medications? Are you taking any prescription or over-the-counter drugs?

**Patient:** Just a multivitamin now and then. Nothing prescribed.

**Clinician:** What about your family history? Any conditions like high blood pressure, cancer, or autoimmune diseases?

**Patient:** My father had high blood pressure, and my mother had some thyroid issues. No history of cancer or autoimmune diseases.

**Clinician:** Thank you for that information. Now, let’s take a look at you. *[Performs physical examination]*

**Clinician:** Your blood pressure is slightly low, and you do appear a bit pale. Your abdomen is soft, and I don’t feel any swelling or tenderness. However, I’d like to run some tests to understand what’s causing your symptoms.

**Patient:** What kind of tests?

**Clinician:** We’ll start with some blood tests to check your hemoglobin, electrolytes, kidney and liver function, and vitamin levels. Depending on those results, we may also do imaging or additional tests to rule out any underlying issues.

**Patient:** That makes sense. Is there anything I should do in the meantime?

**Clinician:** Try to stay hydrated, eat balanced meals, and rest as much as possible. If you start feeling worse—especially if you get severe dizziness, chest pain, or difficulty breathing—come in immediately.

**Patient:** Got it. Thanks, doctor. I really appreciate your help.

**Clinician:** You’re welcome. We’ll figure this out together and get you back to feeling well soon.

**NEJMcpc2402488**

**Dialogue Between Clinician and Patient**

**Clinician:** Good morning, Mr. [Patient’s Last Name]. I understand you’ve been experiencing some health concerns. Can you tell me about your symptoms?

**Patient:** Yes, doctor. I’ve had persistent headaches, dizziness, and blurry vision for the past couple of weeks.

**Clinician:** I see. Have these symptoms been getting worse over time?

**Patient:** Yes, especially the dizziness. It’s worse when I stand up or move suddenly.

**Clinician:** Have you had any nausea, vomiting, or weakness in any part of your body?

**Patient:** No vomiting, but I do feel weaker than usual. My arms and legs feel more fatigued even after small tasks.

**Clinician:** Have you experienced any changes in your appetite or weight?

**Patient:** Not really. I’ve been eating normally, but I do feel more tired than usual.

**Clinician:** Any chest pain, shortness of breath, or recent fevers?

**Patient:** No chest pain, and I haven’t had a fever. But I do sometimes feel out of breath after climbing stairs.

**Clinician:** Have you had any recent illnesses or infections?

**Patient:** No, nothing out of the ordinary. Just the occasional cold a few months ago.

**Clinician:** Do you have any history of medical conditions such as high blood pressure, diabetes, or neurological issues?

**Patient:** No, I’ve generally been healthy.

**Clinician:** Are you currently taking any medications or supplements?

**Patient:** No prescription medications, just a daily multivitamin.

**Clinician:** How about your family history? Any conditions like heart disease, stroke, or migraines?

**Patient:** My father had high blood pressure, and my mother had frequent migraines when she was younger.

**Clinician:** That’s helpful to know. Let me conduct a quick physical exam. *[Performs examination]*

**Clinician:** Your blood pressure is slightly elevated, and your pupils are reacting a bit sluggishly to light. I’d like to run some tests to gather more information.

**Patient:** What kind of tests are you thinking?

**Clinician:** We’ll start with blood tests to check your electrolytes, kidney function, and potential signs of infection. We may also need imaging, such as an MRI or CT scan, to rule out any neurological causes.

**Patient:** That makes sense. Is there anything I should do in the meantime?

**Clinician:** Try to stay hydrated and avoid sudden movements to minimize dizziness. If your symptoms worsen—such as severe headaches, vision loss, or fainting—seek medical attention immediately.

**Patient:** Got it. Thank you, doctor.

**Clinician:** You’re welcome. We’ll figure this out and work towards a solution for you.