

Later Consultation Report - John Doe (Follow-up to April 24th Visit)

This follow-up appointment is for Mr. John Doe, who first came in on April 24th, 2024. He described a persistent right lower abdominal pain that had lasted for two weeks. The pain worsened whenever he strained, but he denied experiencing fever, nausea, vomiting, or any problems urinating. We reviewed his medical history and noted controlled hypertension as the only significant past condition. A physical examination revealed tenderness in his lower right abdomen, leading us to suspect possible appendicitis or inflammatory bowel disease. To investigate further, we recommended a CBC, CMP, urinalysis, and an abdominal/pelvic CT scan.

The results of the blood tests (CBC, CMP, and urinalysis) were all normal. The abdominal/pelvic CT scan didn't show any signs of appendicitis or inflammatory bowel disease. However, it did reveal a small protrusion, about 3 millimeters in size, in the sigmoid colon, along with some mild inflammation surrounding it. These findings suggest the cause of Mr. Doe's pain is likely acute, uncomplicated diverticulitis. Diverticulitis is a condition that occurs when these small pouches in the colon, called diverticula, become inflamed.

Since the tests ruled out appendicitis and inflammatory bowel disease, and the CT scan indicated uncomplicated diverticulitis, we've adjusted his diagnosis accordingly. To treat the inflammation, we're putting Mr. Doe on a course of oral antibiotics (specific medication and dosage to be determined) for ten days. We've also recommended he stick to a high-fiber diet and make sure he's drinking enough fluids to stay hydrated. He'll need to return in a week so we can assess his response to the treatment.

In summary, Mr. Doe's abdominal pain is attributed to acute, uncomplicated diverticulitis. We've started him on a course of antibiotics and provided dietary advice. He'll be back in a week for a follow-up appointment to monitor his progress.