



Structure of this document

1. Case information

Brief narrative overview of the case.

2. Patient profile

Overview of key information about the patient.

3. Sources used

List of all medical records utilized and the filters applied to compile this summary.

4. Chronology

Timeline of events in a comprehensive overview, arranged in the order in which they occurred.

5. Medical record summaries

Structured summary to review the most critical information without sifting through extensive medical records.

How to navigate this document

1. Using embedded hyperlinks in document

The **hyperlinks in the header** ('Guidelines / Case / Chronology...') allow you to navigate to specific sections of the document, while the **hyperlinks in the chronology and summary sections** ('[1]') help you navigate to the source information in the referenced medical records. The **go back** ('← Go back') link allows you to return to the previously viewed page.

2. Using bookmarks in Adobe Acrobat Reader

Use the bookmarks in Adobe Acrobat Reader as a 'Table of Contents' to navigate the summary more efficiently. To access them, click the Bookmarks button on the left side of the screen, or go to View > Show/Hide > Navigation Panes > Bookmarks.

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Case overview

Patient name	Date of birth	Gender
		Male

Overview

Primary Diagnoses

Urinary Tract Infection and Sepsis

The patient was diagnosed with pyelonephritis complicated by septic shock. [1] Blood cultures revealed E. coli bacteremia, with the organism demonstrating sensitivity to all antibiotics tested. [3]

Prostatic Enlargement

An enlarged prostate was identified as the underlying cause of urinary retention, with post-void residual volumes measuring between 150-200cc. [2-3]

Initial Presentation

Urinary Symptoms

The patient presented with a five-day history of urinary frequency, urgency, and dysuria, consistent with a urinary tract infection. [1]

Septic Presentation

The clinical presentation included 48 hours of fever and rigors. [1] Initial vital signs showed hypotension with blood pressure of 80/40 mmHg and tachycardia. [1] The serum lactate was significantly elevated at 6.1, indicating tissue hypoperfusion. [1]

Hospital Course

Hemodynamic Management

The patient required hemodynamic support with levophed and crystalloid fluids. [1-3] Hemodynamic stability was achieved after 12 hours of treatment, concurrent with normalization of serum lactate levels. [1-3]

Liver Function Abnormalities

Initial liver enzymes were severely elevated with ALT 1001, AST 850, and ALP 450. [3] These values showed significant improvement by discharge, with final values of ALT 90, AST 70, and ALP 35. [3]

Case overview

Diagnostic Studies

Imaging Findings

Ultrasound examination of the kidneys and liver demonstrated normal findings. [1–3] Prostatic evaluation revealed enlargement with post-void residual volumes of 150–200cc. [2–3]

Laboratory Results

Blood cultures identified *E. coli* bacteremia with pan-antibiotic sensitivity. [3] Liver function tests showed initial severe elevation with subsequent improvement by discharge. [3]

Discharge Plan

Medication Regimen

The discharge medication plan included a 14-day course of ciprofloxacin 500mg twice daily and newly prescribed tamsulosin 0.4mg to be taken at bedtime. [3]

Follow-up Instructions

Follow-up plans include liver enzyme testing in two weeks, urology evaluation for enlarged prostate, and monitoring for orthostatic symptoms. [3] The patient was instructed to seek immediate medical attention if fever or urinary symptoms recur. [1–3]

Patient Profile

Patient name	Date of birth	Gender
		Male

Patient Profile

Patient Information

Demographics

The patient is a 65-year-old male. [1], [3]

Current Medical Condition

The patient presents with pyelonephritis complicated by acute kidney injury and transaminitis. [1], [3]

Medical History

Pre-existing Conditions

The patient has a medical history of hypertension, Type 2 diabetes without complications, and iron deficiency anemia. [1-3] Additionally, the patient has a one-year history of prostatism symptoms. [1-3]

Hospital Complications

During hospitalization, the patient developed acute kidney injury and transaminitis. [1]

Case overview

Sources

Medical records used:

test discharge.pdf

Chronology

Date / Provider / Facility	Entry
08-04-2015 Litt, Dhanjit, MD, Frost, David, MD, Snow, Michael, MD, Lee, Dan, MD, Cole, Kenneth, MD, Jay, Samantha, MD Toronto General Hospital	Hospitalization for Sepsis Patient admitted with septic shock secondary to pyelonephritis, requiring vasopressor support. Condition stabilized with antibiotics and fluid resuscitation. Enlarged prostate identified as underlying cause. Summaries: [7] ; Source pages: [1-3]

Summary (Grouped by date)

Date / Provider / Facility	Summary
<p>08-04-2015</p> <p>Litt, Dhanjit, MD, Frost, David, MD, Snow, Michael, MD, Lee, Dan, MD, Cole, Kenneth, MD, Jay, Samantha, MD</p> <p>Toronto General Hospital</p>	<p>Hospital Course</p> <p>Initial Presentation: Patient presented with five days of increased urinary frequency, urgency and dysuria, plus 48 hours of fever and rigors. [1], [3] Initial assessment showed hypotension (BP 80/40) and tachycardia with elevated serum lactate of 6.1. [1-2]</p> <p>Clinical Course and Treatment: Diagnosed with pyelonephritis. [1] Received 1.5L IV fluid bolus but remained hypotensive, requiring hemodynamic support with levophed and crystalloids. [1-2] Arterial line placed for monitoring. [3] Blood cultures positive for E.Coli, sensitive to all antibiotics. [3] After 12 hours, serum lactate normalized and hemodynamics stabilized. [1-3]</p> <p>Diagnostic Findings: Severely elevated liver enzymes initially (ALT 1001 IU/L, AST 850 IU/L, ALP 450 IU/L), improved at discharge (ALT 90 IU/L, AST 70 IU/L, ALP 35 IU/L). [3] Abdominal ultrasound revealed severely enlarged prostate with significant post-void residuals (150-200cc), identified as the underlying mechanism for pyelonephritis. [1-3] Normal kidney and liver findings on ultrasound. [1-3]</p> <p>Discharge Plan</p> <p>Medications: Continuing: Proferrin 1 tablet daily, Ramipril 10mg daily, Metformin 500mg BID. New: Ciprofloxacin 500mg twice daily to complete 14-day course, Tamsulosin 0.4mg QHS for enlarged prostate. [3]</p> <p>Follow-up Care: Mandatory follow-up in two weeks for repeat AST and ALT testing to ensure normalization. [1-3] Urology evaluation arranged for enlarged prostate management. [3] Patient to seek immediate medical attention if fever or urinary symptoms recur. [1-3] Monitor for orthostatic symptoms with new prostate medication. [1], [3]</p>

Summary (Grouped by date)

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