

**Structure of this document**

**1. Case information**  
Patient information and a 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.

**Do you need help?**

If you have any questions or need assistance with issues, please reach out to our customer support team at support@parrot.us.

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| **Patient name** | **Date of birth** | **Gender** |
|  |  | Male |

**Primary Diagnoses**

**Urinary Tract Infection and Sepsis**

The patient was diagnosed with pyelonephritis complicated by septic shock.

Blood cultures revealed E. coli bacteremia, with the organism demonstrating sensitivity to all antibiotics tested.

**Prostatic Enlargement**

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

**Initial Presentation**

**Urinary Symptoms**

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

**Septic Presentation**

The clinical presentation included 48 hours of fever and rigors.

Initial vital signs showed hypotension with blood pressure of 80/40 mmHg and tachycardia.

The serum lactate was significantly elevated at 6.1, indicating tissue hypoperfusion.

**Hospital Course**

**Hemodynamic Management**

The patient required hemodynamic support with levophed and crystalloid fluids.

Hemodynamic stability was achieved after 12 hours of treatment, concurrent with normalization of serum lactate levels.

**Liver Function Abnormalities**

Initial liver enzymes were severely elevated with ALT 1001, AST 850, and ALP 450.

These values showed significant improvement by discharge, with final values of ALT 90, AST 70, and ALP 35.

**Diagnostic Studies**

**Imaging Findings**

Ultrasound examination of the kidneys and liver demonstrated normal findings.

Prostatic evaluation revealed enlargement with post-void residual volumes of 150-200cc.

**Laboratory Results**

Blood cultures identified E. coli bacteremia with pan-antibiotic sensitivity.

Liver function tests showed initial severe elevation with subsequent improvement by discharge.

**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.

**Follow-up Instructions**

Follow-up plans include liver enzyme testing in two weeks, urology evaluation for enlarged prostate, and monitoring for orthostatic symptoms.

The patient was instructed to seek immediate medical attention if fever or urinary symptoms recur.

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| **Patient name** | **Date of birth** | **Gender** |
|  |  | Male |

**Patient Information**

**Demographics**

The patient is a 65-year-old male.

**Current Medical Condition**

The patient presents with pyelonephritis complicated by acute kidney injury and transaminitis.

**Medical History**

**Pre-existing Conditions**

The patient has a medical history of hypertension, Type 2 diabetes without complications, and iron deficiency anemia.

Additionally, the patient has a one-year history of prostatism symptoms.

**Hospital Complications**

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

**Sources**

**Medical records used:**

test discharge.pdf

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| **Date** | **Provider / Facility** | **Description** |
| **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. |

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| **Date / Provider / Facility** | **Summary** |
| **08-04-2015**  Litt, Dhanjit, MD, Frost, David, MD, Snow, Michael, MD, Lee, Dan, MD, Cole, Kenneth, MD, Jay, Samantha, MD  Toronto General Hospital | **Hospital Course**  **Initial Presentation:** Patient presented with five days of increased urinary frequency, urgency and dysuria, plus 48 hours of fever and rigors.Initial assessment showed hypotension (BP 80/40) and tachycardia with elevated serum lactate of 6.1.  **Clinical Course and Treatment:** Diagnosed with pyelonephritis.Received 1.5L IV fluid bolus but remained hypotensive, requiring hemodynamic support with levophed and crystalloids.Arterial line placed for monitoring.Blood cultures positive for E.Coli, sensitive to all antibiotics.After 12 hours, serum lactate normalized and hemodynamics stabilized.  **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).Abdominal ultrasound revealed severely enlarged prostate with significant post-void residuals (150-200cc), identified as the underlying mechanism for pyelonephritis.Normal kidney and liver findings on ultrasound.  **Discharge Plan**  **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.  **Follow-up Care:** Mandatory follow-up in two weeks for repeat AST and ALT testing to ensure normalization.Urology evaluation arranged for enlarged prostate management.Patient to seek immediate medical attention if fever or urinary symptoms recur.Monitor for orthostatic symptoms with new prostate medication. |