ECG: sinus rhythm, regular, AS approx. 90/min, flat T wave in V1-V3 leads

PA and lateral chest X ray (9.04.09) right costophrenic angle and costophrenic posterior recess shallow (on the image dated 2009 right costophrenic angle was sharp) – the image speaks for presence of s small amount of liquid. Pleural adhesions in frontal sinus. Emphysema (especially the upper left lobe), in the lateral image in the projection of the upper lobe (most likely the right one) small parenchymal inflammatory? concentrations, they are not visible in the projection of the left lung - in the lower field fibrosis and streaky density – pleural thickening and bronchiectasis – the image as in the previous examination. Heart slightly enlarged, aorta not dilated,

Chest X-ray (17.04.2009) In the current image there is no liquid in the right pleural cavity, acute angle. Inflammatory lesions described in the lateral image of the upper lobe posterior segment are definitely less visible, and now the image corresponds more with fibrosis in the area of that segment, with thickening of the oblique interlobular cleft in the upper part. As previously, the image of the left lung has not changed. Small nodal calcification in the left pulmonary hilum. Heart with slightly marked left ventricle. Aorta not dilated.

Abdominal ultrasonography (20.04.09) Liver not enlarged, normoechogenic, homogeneous, with no clear focal lesion. The gall balder is thin-walled, no deposit. Common bile duct and intrahepatic bile duct not dilated. Pancreas is not dilated, with no echo pathology. Spleen is not dilated; homogeneous. The accessory small spleen of 9 mm. Both kidneys have the right size and placement, with regular parenchyma-sinus differentiation, with not dilated pelvicalyceal systems and no deposits. Parenchyma width is regular. Abdominal aorta is not dilated. Aortic space with no clear enlarged lymph nodes. Empty bladder, cannot be assessed. The prostate cannot be assessed at this level of barely filled bladder.

Hand H-ray (15.04.2014) No visible features of rheumatoid arthritis. Degenerative lesions of wrist - metacarpal joints of the thumb, bigger in the left one and in the left radio carpal joint. Small degenerative changes in the interphalangeal joint *phalanx distalis* in the 5th finger of the right hand.

Histopathological examination of sputum No 3780884 – Profuse mucopurulent sputum with the element of fungus. No basis found to diagnose cancer.

Rheumatological consultation (27.04.2009) attached copy.

Medical History Report:

Patient, aged 64 with disease burden as diagnosed, was admitted to the ward due to nonspecific chest pain that had lasted for approximately 2 weeks, and increased while taking a deep breath and in resting position. Chest pain was accompanied by productive cough and expectoration of mucus, and pyrexia up to 38C. Additionally, the patient lost 7 kg of weight recently. In the interview the patient also reported joint pains of hands and ankles that had lasted approximately for one year, with periods of intensification of symptoms (joint swelling). Patient noticed foamy urine which had been observed for several weeks.

On admittance, the patient was in average general condition, conscious, verbally and logically responsive, marked intensification of dyspnoea at rest, drying mucosa, tongue covered with white coating, RR140/90, ASM approximately 85/min, body temperature 38,2º C, peripheral lymph nodes intangible, vesicular murmur over the lung fields in ausculation, intensified at the base of lungs, in addition audible crackles over the whole lung fields, soft stomach, painless, present peristalsis, negative peritoneal signs, trace swellings of lower limbs.

In chest X-ray performed on admittance to the hospital a small amount of liquid was found in the right pleural cavity and small inflammatory parenchymal concentrations in the upper lobe of the right lung. The patient's sputum was referred for medical examination for detection of mycobacterium and a pap test that did not show any dysfunction. Due to the lesions of fibrosis nature in the left lung described in chest X-ray, at a radiology and internal diseases experts meeting (dr Adrich, dr Zuber), current images were compared to the ones taken 10 years ago – increasing amount of fibrosis lesions in the field of the lower lung is found, the image of hilium of lung is non-progressive.

Considering joint pains reported by the patient, the levels of rheumatoid factor (RF) and anti–citrullinated protein antibodies were marked, which considerably exceeded the upper limit of the norm, whereas anti-nuclear antibodies were not found. Diagnostics was extended to X-ray of both hands, on which no lesions specific to Rheumatoid arthritis were not found. In addition, a considerable loss of protein was found in a daily urine volume (5,5g/per day). The patient was examined by a rheumatologist (dr Szulewska-Drzemczewska), who did not find the presence of active Rheumatoid arthritis features, based on physical examination and additional test results gathered so far.

Applied treatment: Augmentin i.v., Lakcid, Tritace, Furosemid, ACC, Codeine, glucose 5% i.v, PWE i.v., Polprazol, Kalipoz, Paracetamol, as a result dysponea and cough discontinued, regression of parenchyma lesion in a check-up chest X-ray, decrease of inflammation parameters and daily proteinuria.

With regard to the necessity of further diagnostics into the causes of proteinuria presence and possible connective tissue disease, the patient was discharged in improved general condition, with the recommendation to register on the below indicated date.

RECOMMENDATIONS:

1. Register at the Reception of Scheduled Appointments of the Hospital St Wojciech on 20 May 2009 at 7 a.m., on an empty stomach, with the referral in the RUM book (Medical Service Registry Book), with the purpose of admittance to the Second Ward of Internal Diseases and further diagnostics (including colonoscopy procedure).
2. Please prepare for the colonoscopy procedure according to the flyer guidelines.
3. Recommended control of complete blood count, electrolytes and kidney parameters in about 10 days.
4. Recommended daily control of blood pressure.
5. Prescribed medicines to be taken at home:
    - Tritace 5mg 1x1 pill/morning
    - Naproxen 0,25g 2x1 pill
    - Polprazol 20mg 2x1 capsule

Head of the Hospital Ward Zygmunt ADRICH, PhD [stamp with illegible signature and content:] Bożena Marzec-Nieradko Medical Doctor Specialist of internal diseases ZUS No 6716344	Treating physician Radosław WIWATOWSKI, Medical Doctor [stamp with illegible signature and content:] Radosław Wiwatowski Medical doctor ZUS No 2246437