University College Hospital in Kraków
31-501 Kraków, ul. Kopernika 36
Health Ministry Code: 000000018583

Tadeusz Olszewski, PESEL no 45081301335
[logo]
University College Hospital in Kraków
Kraków, 20 June 2014-06-24
Pulmonlogy Ward (Health Ministry Code: 37)
31-066 Kraków, ul. Skawińska 8
Pulmonlogy Ward (Health Ministry Code: 312)
Tel. 12 430-52-66
Head of Ward: Prof. dr hab. med. Krzysztof Sładek

Hospital Discharge Summary Report

Hospital Register of Admittance and Discharge Number and Register Number: 43181/2014
Number in the Patient's Register and Register Number: 1089/2014

First name and surname: Tadeusz Olszewski	PESEL no: 45081301338
Date of birth: 13 August 1945	Sex: Male
Address: Konstantego Ciołkowskiego 5D/17	Post code/ town: 80-463 Gdańsk

Date of admission: 28 May 2014 Date of discharge: 20 June 2014

Clinical diagnosis/ underlying medical condition/: M06.9 - Rheumatoid arthritis.
Secondary amyloidosis of the kidneys. Kidney failure during dialysis.
Gout.
Arterial Hypertension.
Pulmonary post-inflammatory fibrosis. Small emphysematous lesions.
Substantial weight loss.

Treatment (procedures, surgeries, applied medicines):

Applied medicines:
Simvastatin 0,02 g, AZATHIOPRINE 0,05 G, Ciprofloxacin 0,1g/50ml, Calcium Carbonate, Metypred, Controloc, Calperos, regular diet, Atoris, Binocrit, kidney-friendly diet

Discharge Summary:

Patient, aged 69, was admitted to the hospital due to diagnosis of lung lesions. The Patient with the medical history since his youth reported very frequent upper and lover respiratory tracts infections, in addition he suffered form tuberculosis in his childhood. Emphysematous lesions and fibrosis in lungs have been described in the chest X-ray since 2009. Additionally, the patient was diagnosed with Rheumatoid arthritis in July 2009 (confirmed in hands and feet X-ray and positive test result of presence of antibodies anti-CCP and RF) – patient treated mostly with steroids. As patient reported, metothrexat was excluded from the chronic treatment due to interstitial pneumonitis lesions? (such lesions are not a counter indication to treatment with metothrexat). Increasing proteinuria has

been reported in test results since 2009. In 2010, kidney biopsy was performed, and histopathology indicated AA amyloidosis of kidneys. Due to increasing kidneys failure, the patient has required dialysis since April 2014.

On the admittance to the ward, the patent was in general good condition, physiological vesicular murmur over the lung fields was normal. Patient was chronically treated with small doses of Metypred and Azathioprine at a dose of 50 mg per day, which was included in February 2014.

During the current hospitalization, the following procedures were performed:

1. X-ray and CT scan of the chest – fibrotic lesions, post-inflammatory. These are not the lesions in the course of the underlying medical condition. Currently active tuberculosis process was excluded.
2. Lung function tests VC 105%, DLCO 63% of the norm.
3. Bronchofiberoscopy - Mucopurulent discharge and many macrophages were found in the bronchial tree. Pseudomonas aeruginosa was cultured from bronchial lavage, targeted treatment with Ciprofloxacin was applied, which should last for another 5 days after discharge. Slit-like narrowed, but unobstructed B9 was found on the left side.
4. Immunoassay testing – ANA, aCCP – test result to be collected at this hospital (prof. L. Mastalerz) in approximately 7 days.
5. Rheumatology consultation was held - diagnosis of Rheumatoid arthritis due to NN during dialysis therapy was confirmed, treatment with Metothrexat was interrupted. It was stated that amyloidosis of the kidneys was secondary to autoimmune disease. Rheumatoid arthritis is in a stable stage, recommended treatment with steroids and azathioprine.
6. Due to weight loss of about 10 kg in 6 months, the patient was diagnosed for proliferative process. Increased tumor marker of breast cancer was found. Breast ultrasound showed a visible area of glandular tissue of gynecomastia type within the area of 17x4mm in retroareolar area on the right side. There were no lesions in retroareolar area on the left side. No enragement or dysfunctions were found in the lymph nodes in the right arm pit. In the left arm pit two Hypoechoic lymph nodes of 6x5 mm and 9x4 mm were found and a lymph node of 32x9 mm with marginal displacement of a sinus of slightly increased vascularity – suspicious.
7. Ultrasound of lymph nodes was performed (vide description), consultation at the Clinic of Breast Cancer Treatment followed, where biopsy of left arm lymph nodes was performed and test results are to be collected in 10 days from the 1st Surgery Clinic, the Clinic of Breast Cancer Treatment. Once test results have been collected, urgent oncological consultation is recommended at a local health institution.

The patient was discharged with the recommendations as presented in the first page of the Medical History Report. Recommended systematic specialized check-up: rheumatology, nephrology and urgent oncological consultation.

Recommendations:

1. Recommended systematic specialized check-up: rheumatology, nephrology
2. Oncological consultation with the biopsy test results of the left arm lymph node.
3. 2 packs of medicines:

Metypred 4 mg 1x1 pills
Innuran a 50 mg 1x1 pills
Controloc 20 mg 2x1 pills
Calperos 2 g 3x1 pills
Simvasterol 20 mg 2x1 pills in the evening
Ciprinol 250 mg 2x1 pills for 5 days

Rp.:
Calperos 1000 [capsules] 1g=0,4 g calcium – 2 packets, 2 pills three times a day [payable 100%]
Ciprinol [coated tablets] 0,25 g – 1 packet, 1 pill twice a day for 5 days [payable 50%]
Imuran [coated tablets] 0,05 g – 2 packets, 1 pill once a day in the morning [payable Refundable]
Metypred [pills] 0,004 g – 2 packets, 1 pill once a day in the morning [payable: Refundable]
Polprazol [capsules] 0,002 g – 2 packets, 1 pill twice a day [payable 50%]
Simvasterol [coated tablets] 0,02 g – 2 packets, 1 pill once a day in the evening [payable 30%]

Diagnostic test results, laboratory tests and consultations:

29 May 2014 – 87.410 – Chest CT Scan - HRCT without intravenous contrast – Data from referral: Diagnostics of interstitial pneumonitis lesions. Condition after numerous cases of pneumonia. AA amyloidosis of kidneys, PNN (kidney failure), Rheumatoid arthritis.

In the lower segments of left lungs there are vast streaky fibrous densities with citatrical atelectatic?? characteristics, with small calcification within densities, with the reduction of the lower lobe and emphysematous bullae among fibrotic lesions; with thickening of the pleura at the back of the chest wall. Bronchial tubes in this area are located on a smaller space, mostly they have thickened walls, traction bronchiectasis is also visible.

Small linear lesions with dilated bronchial airways are visible in the third segment of the right lung. At the top of the right lung there is a small stratification of the pleura.

Besides, lungs appear with no infiltrative lesions, with features of minor emphysema.

Numerous lymph nodes were found in mediastinum: the biggest lower right paratracheal lymph node of 12x18 mm, calcified, other lymph nodes do not exceed 10 mm in minor axis , some of them contain calcification.

Thyroid gland is enlarged in the left lobe, heterogeneous, with calcifications.

Calcifications in the aorta walls and coronary arteries.
Numerous, small calcification visible in the spleen and liver areas. Core of left adrenal is enlarged to 12 mm. Right adrenal appears normal. Auxiliary spleen of 10 mm in diameter located in spleen hilum.
In epigastrium quite numerous lymph nodes not exceeding 10 mm in axis.
Moderate degenerative and proliferative changes of the spine.

Conslusion: Image of lesions in the lungs might correspond to post-inflammatory lesions, including specific ones.
29 May 2014 – 87.440 – Routine images of chest X-ray – other (pa+lateral projection) vast fibrous obstructions in the lower field of the left lung. Small stratum of pleura in the right peak. Other lung fields show no infiltrative lesion. Heart is not enlarged. Aorta heavily calcified.
30 May 2014 – 89.522 – Electrocardiography with 12 or more leads (with description) – ECG; sinus rhythm, normal: about 85/min. Normogram.
3 June 2014 – 88.769 – ultrasonography diagnostics abdomen and retroperitoneal space - abdominal ultrasonography.
Liver with echogenically hetorogenous parenchyma, multiple scattered hyperintense foci of calcification visible in both lobes; not enlarged. Image of liver vessels appears normal. Exterior and interior bile ducts appear normal. In parietal gall bladder (pęcherzyku-czy chodzi o pęcherzyk żółciowy?) Gall bladder there are two round hyperechogenic structures of 2 mm and 3 mm axis, polyps in the first place.
Pancreas appears normal. Spleen with numerous scattered hyperintense foci of calcification type in parenchyma, regular size.
Kidneys are in regular size of slightly blurred outlines, with no signs of retention and typical deposit.
No enlarged lymph nodes are found in arterial area or iliac vessels. Abdominal aorta not enlarged.
The urinary bladder appears smooth-walled and transonic. Prostate gland enlarged – volume ˜ 50 ml.

4 June 2014 – 33.22 – **Fiberoscopic bronchoscopy** – Larynx: vocal cords are mobile during phonation. Regular size of trachea. Sharp main carina. Bronchial tree: main bronchial tubes, lobar and segmental openings are bilaterally unobstructed, moving during respiration with slightly congested muscous membrane. Slit-like narrowed, but B9 unobstructed on the left side. In low-wing bronchial tube there was large amount of thick muscous secretion which was sucked out. Bronchoalveolar lavage (BAL) was performed after inserting a bronchofiberoscope ending in bronchus lingularis (oskrzelu języczka) (150 ml of saline was applied, recovery 45 ml). Bronchial washing was collected for pap test and bacteriological examination and for Bactec.
4 June 2014 – 91-821 –Human biological specimens – inoculation for quality and quantity – 38325/04-06-2014

Microbiology – anaerobic inoculation from lower respiratory tracts - Bronchoalveolar lavage (BAL)

Date of completing the examination: 16 June 2014 []

Identification:

Identification: Veillonella species [] Colony count: 100000 cfu/ml []

Drug intolerance:

Ampicillin: S []; Amoxicillin/Clavulanic Acid S [] Penicillin: S []; Ticarcillin: S []; Ticarcillin/ Clavulanic acid: S []; Piperacillin: S []; Piperacillin/ tazobactam: S []: Imipenem: S [];Clindamycin S []; Metronidazole S []

38326/ 04-06-2014
Microbiology of Bronchial washing
Date of completing the examination: 7 June 2014 []

Identification:

Identification: Pseudomonas aeruginosa [] Colony count: 100000 cfu/ml [] Notes: Natural immunity of Pseudomonas aeruginosa spp. to Penicillin, Aminopenicillin, Cephalosporin (except for Ceftazidime, Cefepime, cefoperazone, Cefpirome), Chloramphenicol, Moxifloxacin, Trimetoprym – Sulfamethoxazole, Ertapenem. []

Drug intolerance:

Ticarcillin - Clavulanic acid: S []; Piperacillin: S (MIC boundary value for Piperacillin. Correlation with dose 4gx4) []; Piperacillin/ Tazobactam: S (MIC boundary value for Piperacillin/ Tazobactam. Correlation with dose 4 gx4) [] Ceftazidime: S []; Cefepime: S [] Imipenem: S [] Meropenem:S [] Amikacin: S Gentamicin: S [] Netilmicin: S (MIC boundary value for Netilmicin . Correlation with the large dose applied daily. Combination therapy recommended) []Tobramycin: S []Ciprofloxacin: S Levofloxacin: S [] Colistin: S []

Bronchial washing for mycobacterium (met. Bactec) 4 June 2014: negative AFB preparation. No acid resistant mycobacteria was found in the preparation.

Pap test for bronchial washing, 5 June 2014: Purulent and mucous substance, abundant detritus, macrophages and few bronchial glandular epithelium.

Pap test for bronchial washing, Bronchoalveolar lavage (BAL) 10 June 2014: Moderately cellular specimen, about 4430 cells in one review preparation (27687/ul), including:
macrophages – 93,5% (- few, multinucleated), lymphocytes – 2%, neutrophils -4%, eosinophils -0,5%, additionally few bronchial glandular epithelium. No birefringent bodies found in polarized light.
4 June 2014 – 88.732-Chest ultrasound - In retroareolar area on the right side the area of glandular breast tissue of gynecomastia type of 17x4mm. No lesions found in retroareolar area on the left side. No enlargement or dysfunction was found in the lymph nodes in the right arm pit. In the left arm pit two hypoechoic lymph nodes of 6x5 mm and 9x4 mm were found and lymph node of 32x9 mm with marginal displacement of a sinus of slightly increased vascularity – suspicious.
5 June 2014 – 88.790 – Ultrasound of lymph nodes - Ultrasound of lymph nodes

Neck, both supraclavicular and subclavicular, axillary and inguinal lymph nodes were examined (the right side of neck was partially difficult to access for examination due to surgical dressing and central venous catheter).

No enlarged lymph nodes of examined body parts were found.

Visible lymph nodes of regular oval shape, with maintained adipose recess/sinuses????? with regular vascular flow. The biggest lymph node of about 34 x8 mm is visible in the left armpit.

Enlarged thyroid gland is noticeable in the examination, with visible focal lesions, the biggest lesion is visible on the isthmus boundary and the left lobe. Recommended testing for thyroid gland and endocrinological consultation.
10 June 2014 – 89.383 – Spirometry test

before taking medicine

	(I)	(%)
FEV1	2,59	93,7
FVC	3,67	102,8
FEV1%FVC	70,49	
FEF 25	4,59	68,2
FEF50	1,79	45,8
FEF75	0,62	48,9

10 June 2014 – 89.394 - Diffusion capacity of the lungs test

	Act1	%Act1/pred
RV-He [I]	1,05	42,4
RV%TLC-He [%]	20,73	51,2
TLCO SB [mmol/min/kPa]	3,83	47
TLCOc SB [mmol/min/kPa]	5,17	63,4
TLCOc/VA [mmol/min/kPa]	1,05	81,8

10 June 2014 – 89.422 - 6 Minute Walk Test - 6 Minute Walk Test – Parameters before test: SpO2 97%, HR 99, CTK 100/50, measurement of dyspnoea 0, measurement of fatigue 0. Parameters after test: SoO2 88%, HR 89, CTK 140/50, measurement of dyspnoea 2, measurement of fatigue 3. Distance: 401 m. Aliments during test: gait disturbance due to Achilles tendon rupture. Is patient able to walk any further? YES Faster?: No.

Consultation:

29 May 2014 – Nephrological Consultation – chronic kidney disease CKD st. 5 Hemodialysis therapy. Scheduled HD was performed in accordance with changes of the home dialysis unit. The course of dialysis was uncomplicated.

Medical doctor: Dr n. med. Ewa Ignacak Medical licence no and specializations: 2044383, Internal diseases, Clinical Transplantology, Nephrology.

3 June 2014 - Nephrological Consultation – Patient diagnosed with rheumatoid arthritis and secondary amyloidosis confirmed in biopsy of kidneys, treated since April 2014, repeated hemodialysis at the Gdńsk clinic, admitted to pulmonary diagnostics. In medical history: tuberculosis, emphysema, 6 weeks of hospitalization due to infection of the respiratory system. No pains in the urinary system currently reported by the patient. Hemodialysis scheduled every other day. Physical examination:

cardiovasculary stable, no swellings. No auscultatory changes in the lungs. Kidneys – not tested, painless.
CTK – 110/70 mm [illegible] According to the patient diuresis about 1000 ml/d.
In additional test: massive proteinuria (18g/d), hypoproteinaemia and hypoalbuminemia, electrophoretically nephrotic spectrum,were found. Patient treated with Imuran for several weeks.
Recommendation: - Tests complement (Lipid profile, PTH, Ca, P) ultrasound of kidneys

- high protein diet, or supplementation of albumin iv
- continuation of the ongoing treatment until final pulmonary diagnosis
- in case of continuing massive proteinuria, considering replacing imuran with cyclophosphamide in a smaller dose.

Medical doctor: Dr n. med. Jerzy Kopeć Medical licence no and specializations: 4049004, Nephrology and Internal diseases.
5 June 2014 Oncological consultation – Patient aged 69 with chronic kidney disease, AA amyloidosis, rheumatoid arthritis, about 10 kg of weight loss for 3 months. Patient reported that the biggest weight loss happened during the last few weeks of hospitalization during which hemodialysis treatment was started due to increasing deterioration of the kidneys function. Current appetite appears regular.

In tests increased Ca 15,3, in ultrasound the left lymph nodes appear abnormal.
Physical examination: in the left armpit there are few movable lymph nodes of 1 cm in diameter, one lymph node up to 2 cm.
Recommended biopsy of abnormal lymph nodes in order to confirm/exclude neoplasm.
It should be noted however that the patient's weigh loss is linked to the general deterioration of health condition and previous hospitalization.

Medical doctor: Sebastian Ochenduszko Medical licence no and specializations: 1982120, Clinical oncology
7 June 2014 - Nephrological Consultation – Another HD was performed. Uncomplicated technical course. 40 mg of Clexane was applied, dehydration to due weight – 59 kg.
Medical doctor: Bernadetta Przepiórkowska-Hoyer Medical licence no and specializations: 7769628, Nephrology and Internal diseases.
14 June 2014 - Nephrological Consultation. – Another hemodialysis was performed, 40 mg of Clexale was applied, patient dehydrated to 58,3 kg. Without complications.
Medical doctor: Dr n. med. Martyna Kowalczyk-Michałek Medical licence no and specializations: 8044362, Nephrology and Internal diseases.
16 June 2014 Surgical Consultation – USG guided Fine needle aspiration (FNA) of the left armpit lymph node. In the ultrasound examination the image was reactive first of all, examination

unobstructed and without complications. Specimen sent to histopathological examination. The results can be collected in about one week.
Medical doctor: Dr n. med. Tomasz Gach Medical licence no and specializations: 1566340, General surgery
16 June 2014 – Rheumatological Consultation – Dgn. Rheumatoid arthritis, Renal Failure, secondary amyloidosis.
Rheumatoid arthritis diagnosed in 2009. Treated with a small dose of Metylopred, without disease-modifying drugs, AA secondary amyloidosis. HD since April this year to May this year, AZA 100 mg/d.

Currently no joint and /or muscles pains reported: systemic symptoms connected to renal failure. In examination a small swelling visible (without palpation pain) of single MCP joints, wrists and MTP joints, exudate with small swelling in both knee joints, muscle strength retained, muscle atrophy in upper extremities and lower extremities; scopes of movements appear normal without [sczytowy] pain. CRP increased by 50% ggn

Summing up, in my opinion Rheumatoid arthritis is in remission. Currently, there are no strong rheumatologic recommendations to exclude MTX, also in the context of excluding interstitial changes in the lungs, nonetheless due to chronic steroid treatment and potential side effects, applying MTX might be considered (discontinuation of AZA) in medium dose, for example 15 mg/week (between further HD) in order to titrate Metypred to zero, MTZ together with Metypred for 8-12 weeks, later an attempt to reduce Metypred. The patient had a similar Metypred reduction in the past but due to intensification of systemic symptoms, Metypred was restarted.
However, if nephrologists prefer to apply AZA due to renal failure, the modifying effect of AZA treatment as well as an attempt to reduce Metypred might be beneficial to rheumatoid arthritis. I suggest a control DXA till 2011 in order to confirm possible progress of atrophy of bone mass and treatment modification.
Medical doctor: Dr n. med. Mariusz Korkosz Medical licence no and specializations: 7568877, Rheumatology, Internal Diseases.
17 June 2014 – Specialists Consultation – Consultation at the Pulmonology Clinic, the patient with renal failure and amyloidosis. In the ultrasound of the chest – June 2014 - in retroareolar area on the right side a visible area of glandular tissue of gynecomastia type of 17x4mm size. In the left armpit two hypoechoic lymph nodes of 9x4 mm and 6x5 mm were found and a lymph node of 32x9 mm with marginal displacement of a sinus of slightly increased vascularity – suspicious
In addition enlarged thyroid gland with visible focal lesions, the biggest lesion is visible on the isthmus boundary and the left lobe.

Physical examination: symmetrical nipples, parenchyma without nodules in both armpits ordinary supraclavicular lymph nodes both sides not ordinary. Referred to BAC.

40,10 – biopsy of the lymph node(s) was performed. USG guided Fine needle aspiration (FNA) of the lymph node of the left armpit was made. In the ultrasound examination the image was reactive first of all, examination unobstructed and without complications. Specimen directed to histopathology examination. The results can be collected in about one week.
Medical doctor: Dr n. med. Tomasz Gach Medical licence no and specializations: 1566340, General surgery

Laboratory tests:
Cyto-immunology
Antinuclear Antibody ANA pattern and titre (IIF) - Aninuclear Antibody ANA pattern and titre IIF: using IIF method – No antinuclear or anti-cytoplasmic antibodies found on Hep-2 cells. [Titre norm <1:160]
Elisa anti-ENA (nRNP, Sm, SS-A [Ro], SS-B[La], Scl-70 and Jo-1) – Elisa – anti-ENA (nRNP, Sm, SS-A[Ro], SS-B [La], Scl-70, Jo-1):3,2
RU/ml [negative < 20 Ru/ml]
positive > or = 20 RU/ml

29 May 2014 – 8 Parameter Blood Cell Count – Leucocytes 8.74 10’3/ uL [4,20-9,10], Erythrocytes 3.05 10’6/ uL [4,60-6,10] L, Haemoglobin 9.00 g/dl [13,70-17,50] L, Haematocrit 28.30% [40,00-51,00] L, MCV 92.80 fL [79,00-92,00] H, MCH 29.50 pg [26,00-32,00], MCHC 31.80 g/dl [32,00-37] L, RDW-CV 21.10% [11,60-14,40] H, Palates 370.00 10’3/uL [160,00-340,00] H, MPV 9.20 fL [9,40-12,60] L, PDW 9.60 fL [90,80-16,10] L, P-LCR 18.70 % [19,20 - 47,00] L,
4 June 2014 - 8 Parameter Blood Cell Count – Leucocytes 8.16 10’3 uL [4,20-9,10], Erythrocytes 2.63 10’6/uL [4,60-6,10] L, Haemoglobin 7.90 g/dL [13,70-17,50] L, Haematocrit 24.80% [40,00-51,00] L, MCV 94.30 fL [73,00-92,00] H, MCH 30.00 pg

[26,00-32,00], MCHC 31.90 g/dL [32,00-37,00] L, RDW-CV 21.00 % [11,60-14,40] H, Palates 315.00 10’3/uL [1600,00-340,00], MPV 9.40 fL [9,40-12,60], PDW 9.70 fL [9,80-16,10] L, P-LCR 20.00 % [19,20-47,00]
13 June 2014 - Blood Cell Count with a full granulocyte differential - – Leucocytes 8.29 10’3/uL [4,20-9,10], Erythrocytes 2.57 10’6/uL [4,60-6,10] L, Haemoglobin 7.90 g/dL [13,70-17,50] L, Haematocrit 24,50 % [40,00-51,00] L, MCV 95.30 fL [79,00 -92,00] H, MCH 30.70 pg [26,00-32,00], MCHC 32.20 g/dL [32,00-37,00], RDW-CV 20.20 % [11,60-14,10] H, Palates 254.00 10’3/uL [160,00-340,00], PDW 10.20 fL [9,80-16,10], MPV 9.60 fL [9,40-12,60], P-LCR 21,50% [19,20-

47,00], Neutrophils (number) 4.40 10’3/uL [1,8-5,4], Lymphocytes {number) 2.54 10’3/uL [1,32-3,57], Monocytes (number) 0.99 10’3/uL [0,30-0m82] H, Eosinophils (number) 0.26 10’3/uL [0,04-0,54], Basophiles (number) 0.07 10’3/uL [0,01-0,08], Immature granulocytes (number) 0.03 10’3/uL [0,00-0,03], Neutrophils (%) 53.2 % [34,00-68,0], Lymphocytes (%) 30.60 % [22,0-53,0], Monocytes (%) 11.90% [5,3-12,2], Eosinophils (%) 3.10% [0,8-7,0], Basophiles (%) 0.80% [01,-1,2], Immature granulocytes (%) 0,4 % [0,0-0,5],

16 June 2014 8- Parameter Blood Cell Count – Leucocytes 9.85 10’3/ uL [4,20-9,10] H, Erythrocytes 2.88 10’6/ uL [4,60-6,10] L, Haemoglobin 8.90 g/dl [13,70-17,50] L, Haematocrit 27.30% [40,00-51,00] L, MCV 94.80 fL [79,00-92,00] H, MCH 30.90 pg [26,00-32,00], MCHC 32.60 g/dl [32,00-37], RDW-CV 20.50% [11,60-14,40] H, Palates 320.00 10’3/uL [160,00-340,00], MPV 9.20 fL [9,40-12,60] L, PDW 10.00 fL [90,80-16,10], P-LCR 18.70 % [19,20 - 47,00] L,

29 May 2014 - General urinalysis (profile) – PH 8.0 [5,0-7,0], CWM 1.015 g/mL, Glucose 2+, leucocytes not present, nitrites not present, Protein 4+, Erythrocytes not present, ketone bodies not present, bilirubin not present, urobilinogen normal [0,2-1,0 EU/dL], pale yellow colour, Leucotytes 10-15 [0-5 hpf], single squamous epithelial cells [0-5 hpf], single muscus threads [single],

Bioch. 29.05.2014 Albumen 18.0 g/l [35,0-50,0]L Bioch. 29.05.2014 ALT 23.0 U/L [21,0-72,0], Bioch. 29.05.2014 AST 13.0 U/L [17,0-59] L, Bioch. 29.05.2014 Total protein 38.7 g/L [63,0-82,0]L, Bioch. 29.05.2014 Total Bilirubin <2.0 umol/L [3,0-22,0] L, Bioch. 29.05.2014 Glucose 3.80 mmol/L [3,30 -5,50] Bioch. 29.05.2014 Urea 20.20 mmol/L [3,20 -7,10] H, Bioch. 29.05.2014 Potassium 5.5 mmol/L [3,6 -5,0] H, Bioch. 29.05.2014 Sodium 142.0 mmol/L [137,0 - 145,0] H, Bioch. 04.06.2014 Creatinine 591,0 umol/L [71,0 - 133,0] H, GFR according to MDRD 9 mL/min/1,73m2 [>90] L, Bioch. 04.06.2014 Urea 16.40 mmol/L [3,20 -7,10] H, Bioch. 04.06.2014 Potassium 5.1 mmol/L [3,6 -5,0] H, Bioch. 04.06.2014 Sodium 138.0 mmol/L [137,0 - 145,0] H, Bioch. 04.06.2014 Phosphorus 1.53 mmol/L [0,81, - 1,45] H, Bioch. 04.06.2014 Calcium 1.93 mmol/L [2,10-2,55] H,	>0,5 very likely Bioch. 16.06.2014 Sodium 141.0 mmol/L [137,0 - 145,0] H, Immuno- 30.05.2014 CA 15-3 47.18 U/ml [0-25] H, Immuno- 30.05.2014 CA 19-9 36.028 U/ml [0,0-39,0], Immuno- 30.05.2014 PSA- total 2.960 ng/ml [0,0-4,0], Immuno- 06.06.2014 Parathormon 73.65 pg/ml [15,00-65,00] H, Clot. – 29.05.2014 APTT 27.8 sec. [25,0-33,5], Clot. – 29.05.2014 INR 1.11 sec. [0,85-1,15], Clot. – 16.06.2014 APTT 28.8 sec. [25,0-33,5], Clot. – 16.06.2014 INR 1.06 sec. [0,85-1,15], Lipid – 6.06.2014 – Total cholesterol 4.10 mmol/L [2,40-5,20], Lipid – 6.06.2014 – Cholesterol HDL 1.07 mmol/L [1,03-1,55], Lipid – 6.06.2014 – Cholesterol LDL wyliczany 2.54 mmol/L [<3,34],

Bioch. 08.06.2014 Creatinine 474.0 umol/L [71,0-133,0] H, GFR according to MDRD 11 mL/min/1,73m2 [>90] L, Bioch. 08.06.2014 Urea 11.80 mmol/L [3,20-7,10] H, Bioch. 08.06.2014 Potassium 4.8 mmol/L [3,6-5,0] , Bioch. 08.06.2014 Sodium 136.0 mmol/L [137,0 - 145,0] L, Bioch. 13.06.2014 Creatinine 537.0 umol/L [71,0-133,0] H, GFR according to MDRD 10 mL/min/1,73m2 [>90] L, Bioch. 13.06.2014 Urea 12.30 mmol/L [3,20-7,10] H, Bioch. 13.06.2014 Potassium 5.1 mmol/L [3,6-5,0] H, Bioch. 13.06.2014 Sodium 141.0 mmol/L [137,0 - 145,0], Bioch. 16.06.2014 Creatinine 740.0 umol/L [71,0-133,0] H, GFR according to MDRD 7 mL/min/1,73m2 [>90] L, Bioch. 16.06.2014 Urea 19.50 mmol/L [3,20-7,10] H, Bioch. 16.06.2014 Potassium 5.0 mmol/L [3,6-5,0], Bioch. 13.06.2014 Procalcitonin 0.43 ng/mL, [Risk of bacterial infection: <0,25 unlikely 0,25-0,5 likely Discharging medical doctor: Dr n. med Anna Bestyńska- Krypel Medical licence no: 4369137 Specialization: Internal diseases, Lung diseases, Allergology [stamp with illegible signature and illegible content:] Attending physician: Prof. dr hab. med. Lucyna Mastelarz Medical licence no: 8366851 Specialization: Internal diseases, Lung diseases, Allergology	Lipid – 6.06.2014 – Triglyceride 1.1 mmol/L [0,3-2,3], Prot. – 29.05.2014 – CRP 14.9 mg/L [0,0-10,0] H, Prot. – 16.06.2014 – CRP 15.3 mg/L [0,0-10,0] H, Other – 30.05.2014 Albumen % 42.90% [60,00-71,00] L, Alpha-1 globulins % 4.40% [1,40-2,90] H, Alpha-2 globulins % 23.10 % [7,00-11,00] H, Beta globulins % 17.40% [8,13,00] H, Gamma globulins % 12.20% [9,00-16,00], Albumens 18.45 g/l [35,00-55,00] L, Alpha-1 globulins 1.89 g/l [0,90-2,10], Alpha-2 globulins 9.93 g/l [5,00-7,90] H, Beta globulins 7.48 g/l [5,70-7,90] H, Gamma globulins 5.25 g/l [6,50-11,50] L, A/G 0.75, Total protein 43.0 g/l [66,0-87,0]L, Total protein 43.0 g.l [66,0-87,0] L, Other: 30.05.2014 faecal occult blood negative [negative] A, Other: 30.05.2014 Rheumatoid factor – RF 22.80 IU/mL [0,00-15] H, Other- 2.06.2014 Protein excretion (DZMA) 18.08. g/24 h, Head of the Ward: Prof. dr hab. med. Krzysztof Sładek Medical licence no: 4473362 Specialization: Internal diseases, Lung diseases, Allergology [stamp with illegible signature and content:] Ward Deputy Head of the Pulmonlogy Emergency Department of University College Hospital in Kraków Dr hab. med. Grażyna Bochenek
stamp and signature	stamp and signature

I herby confirm that I have collected the Hospital Discharge Summary Report:

Date: Patient's signature (or statutory representative):

PUOKL

[bar code]
6512369450
University College Hospital in Kraków
Diagnostics Department
Head of Ward – dr n. med Barbara Maziarz
31-501 Kraków, ul. Kopernika 15b
tel. 12 424 83 70, 12 424 83 68
Health Ministry Code 000000018583-12-109

[emblem]

Identification Number date/ in the Register 723/30-05-2014

Laboratory Test Results

Referring doctor: Lucyna Mastalerz, Medical LicenceNo: 8366851
Type of referral: routine
Referring unit: Pulmonology Clinic – First and Second Pulmonology Department
Payer: Pulmonology Clinic – First and Second Pulmonology Department
Result sent to: Ordering Party

Olszewski Tadeusz
PESEL No: 45081301338 Date of Birth: 13 August 1945 Age: 68 years old Sex: Male
Weight: not specified
Urine volume: not specified

No of medical history: 21758429

Immunochemistry

Examination Name	Result	Referential Scope	Performed
Material: Serum collected: 30 May 2014 7:36 (Barbara Kukułka-Czyżycka), Received: 30 May 2014 10:04			
CA 15-3	↑ 47,18 U/ml	0-25	at -11:11
CA 19-9	36,02 U/ml	0,0-39,0	30-05-2014
PSA-total	2,960 ng/ml	0,0-4,0	at-11:11
			30-05-2014
			at-11:11
			30-05-2014

the end of results

The end of results:
Performed by:
a-st. tech. anal. med. Elżbieta Krupa

Accepted by:
1 – Ewa Waryan-Pelaczyk M.A
[stamp with illegible signature and content]
Ewa Waryan-Pelaczyk M.A
Laboratory Diagnostician
04220
stamp and signature

Printed: 30 May 2014 12:43 Page 1/1

University College Hospital in Kraków
Radiology Department
Laboratory: ULTRASOUND – Skawińska 8

[emblem]
ul. Skawińska 8
31-066 Kraków
tel. 12 430 56 66
extention: TK 518, USG 216, RTG 236

Kraków, dated 4 June 2014
[bar code 0000006515416]

Patient's data:
Surname: Olszewski Tadeusz Pesel no: 45081301338 Nr of Laboratory Register: SUSG/2014/2046
Date of birth: 13 August 1945 Referral No: 62235/2014

Referral Data:
Date of performing examination: 4 June 2014 Date of impression: 4 June 2014
Apparatus: USG- Skawinska 8
Referring doctor: Mastalerz Lucyna
Referring unit: Pulmonology Clinic – First and Second Pulmonology Department

TEST RESULT
CHEST ULTRASOUND

In retroareolar area on the right side a visible area of glandular tissue of gynecomastia type of 17x4mm size. There were no lesions in retroareolar area on the left side.
No enlargement or dysfunction found in the lymph nodes in the right arm pit.
In the left arm pit two Hypoechoic lymph nodes of 6x5 mm and 9x4 mm visible and a lymph node of 32x9 mm with marginal displacement of a sinus of slightly increased vascularity – suspicious.

Impression entered by:
Magdalena Woch-Trojanowska, Medical Doctor

Impression accepted by:
Magdalena Woch-Trojanowska, Medical Doctor

[stamp with illegible signature and content]
Magdalena Woch-Trojanowska, Medical Doctor
2535279