Internal Diseases Institute
Medical Academy in Gdańsk
1st Internal Diseases and Acute Intoxications Clinic
Head of the Clinic
Prof. dr hab. med. Z. Chodorowski
Tel: 31-65-15 or

DISCHARGE REPORT

First name and surname: TADEUSZ OLSZEWSKI date of birth: 13 August 1945
Stayed at the clinic: from 18 October 1997 till 29 October 1997
Hospital record number:

25757/2450

Diagnosis: Pneumonia Sin

47-82 extension no 15-21, 15-23

Blood type: 0Rh (+) positive au – antigen HBSAG (-) negative

Medical History Report:

Patient, aged 52, was hospitalized at the clinic with the symptoms of acute infection and retrosternal pain. During hospitalization no changes due to myocardial ischemia were found, although the left lung pneumonia was diagnosed. After applying antibiotics (Zinacef) patient's health condition quickly improved. Complete regression of lesions was found in the X-ray. The patient was discharged, for further medical observation on an outpatient basis, with the recommendation of staying on a sick leave for at least 1 month.

Recommendation:

Medicines:

- 1. DEFLEGMIN PROLONG 1 pill in the morning
- 2. MULTIVITAMINUM FORTE 2x1 pill
- 3. POLOPIRYNA S $\frac{1}{2}$ of a pill in the morning

follow-up chest X-ray examination in 3 months

[stamp with illegible signature and content:]
Elwira Stasiuk, Medical Doctor
Specialist of internal diseases
Gdańsk, ul. Kartuska 119/66
Reg no 53-523

Urinalysis:

CWM 1015 Reaction acidic protein (+) sugar (-)

Urobilinogen normal diastases

Sediment: leucocytes 2-4 erythrocytes (-)

Casts other few squamous Epithelial Cells

Blood test:

haemoglobin: 15,9-14,7 Haematocrit 45,3-43,9

erythrocytes 5,12-4,89 colour index MCV 89,7 MCH 30,1 MCHC 33,5

leucocytes 12,3-6,8 band cells segmented 70,8% eosinophils 0,1%

basophils0,2% lymfocytes 24% moncytes 11,2 %

palates 371-468 thousand reticulocytes

bleeding time Kadin-Zefel 35s clotting time Fibrinogen 591 mg/dl

Prothrombin time 84% INR 1,19 paracoagulation test (-)

USR test negative ESR

glucose in blood 98

Cholesterol catz 229, HDL 38 LDL 166 TG 124 Total cholesterol

Transaminases GOT 38-19 GPT 20-18

CK 68-53 GGTP 22

Total Bilirrubin 0,5 Thymol0,7 alkaline phosphates: 71 acid 4,3

Total protein 71 g/l albumins 35 g/l

globulins: normal restriction pattern

Kidney parameters: BUN 12 creatinine 1,1

Uric acid: 5,2 magnesium 1,9

Electrolytes in blood: sodium 139, potassium 3,9, chlorides, calcium 8,7

Diastase in serum 67 ferrum 74 mg

Other tests: pH 7,43, pCO 42,4 PO₂69,1, BE + 4, HCO₃ 28,4, setO₂ 94%

Sputum culture: Streptococacus vivdans (+++), Neisseria sp (++), staphylococcus epidermidis

(+) in direct [illegible] many purulent bodies, epithelial cells (-) [illegible] 6(+)

Radiological images (USG)

Chest X-ray from 18 October 1997

Pleural cavities – empty. Right lung shows no changes. Inflammatory parenchymal concentrations found in the segmentum basale. Due to the fact that lesions are arranged in an oval shape, it cannot be excluded that inflammatory lesions accompany [illegible]. Check-up tests recommended, and possibly, depending on the image, a CT should be done. The remaining segments of the left lung show no lesions. Heart found normal.

Chest X-ray from 29 October 1997

Pleural cavities – empty. No parenchymal concentrations and focal lesion found in lung fields. A heart and vessel silhouette within the norm.

ECG: Regular sinus rhythm, 79-100/min. Indirect cardiac electrical axis. Flat – [illegible] over inferior wall, no further abnormalities.