HISTORY OF PRESENTING ILLNESS
Patient complains of fever since 5 day, insidious in onset, gradually progressive, high grade fever, intermittent in nature, without chills and rigors. No diurinal variation.
Patient also complains of mild cough since 1 day, without any expectoration.
No h/o chest pain/palpitation/syncope
No h/o abdominal pain/loose stools/vomiting
No h/o burning micturition
No h/o headache/focal neurological deficits

PAST HISTORY
No history of Diabetes Mellitus, Hypertension, Tuberculosis, Asthma or IHD

FAMILY HISTORY
No history of Diabetes Mellitus, Hypertension, Tuberculosis, Asthma or IHD in the Family

PERSONAL HISTORY
Diet: Mixed. Appetite: Decreased. Sleep: Adequate. Bowel and Bladder: Regular. No substance abuse.

GENERAL EXAMINATION
Patient is conscious and cooperative, well oriented to time, place and person. Moderately built and nourished. No pallor, icterus, cyanosis, clubbing, lymphadenopathy or oedema
PULSE: 80/min
BP: 120/80mm Hg
RR: 14/min
TEMPERATURE: 101F

LAB INVESTIGATION

09-05-2015 : Haemoglobin : 14.4g/dl, Neutrophils : 58%, Lymphocytes : 41%, Eosinophils : 00%, Monocytes : 01%, Basophils : 00%, **Other Cells** Method : Manual WITH MANY PLATELET CLUMPS, Leukocyte Count Total : 2200/cumm, **Malarial Parasite Fluoroscent (Mp Ft)** presence of parasites NEGATIVE, Platelet Count : 280000/cumm, **Urine Blood** Positive (++), **Urine Ketone Bodies** Negative, **Ph** 5.0, **Urine Protein** Positive(++), **Urine Sugar (Qualitative)** Negative, **Colour** Pale Yellow, **Transperancy** Slightly turbid, **Specific Gravity** 1.020, **Bile Salts** Negative, **Bile Pigments** Negative, **Urine Microscopy** RBCs 2-4, Pus Cells : 3-4, Epithelial Cells : 2-3, Crystals : Negative, Casts : Nil, Others : NIL, Serum Total Protein : 6.21g/dl, Serum Albumin : 3.82g/dl, Serum Globulin : 2.4g/dl, Serum Total Bilirubin : 0.32mg/dl, Serum Conjugated Bilirubin : 0.15mg/dl, Serum Unconjugated-Bilirubin : 0.17mg/dl, Serum Ast (Sgot) : 62IU/L, Serum Alt (Sgpt) : 34IU/L, Serum Alkaline Phosphatase : 58IU/L, Serum A/G Ratio : 1.6units, **Dengue Rapid (Ns1, Igm, Igg)** NS1 ANTIGEN POSITIVE, IgM ANTIBODY : NEGATIVE, IgG ANTIBODY : NEGATIVE, COMMENTS : This is only a screening test. Detectable antibody levels may be low in early infection. Please confirm by ELISA.,

10-05-2015 : Platelet Count : 40000/cumm, Haemoglobin : 14.5g/dl, Platelet Count : 150000/cumm, Packed Cell Volume : 42.6%,

11-05-2015 : Haemoglobin : 10.8g/dl, Packed Cell Volume : 33.3%, Platelet Count : 150000/cumm,

12-05-2015 : Haemoglobin : 13.0g/dl, Leukocyte Count Total : 7500/cumm, Platelet Count : 100000/cumm, Packed Cell Volume : 39.2%, Serum Total Bilirubin : 0.44mg/dl, Serum Ast (Sgot) : 68IU/L, Serum Alt (Sgpt) : 53IU/L,

Chest Xray 09/05/15: Normal Chest Radiograph

REFERRAL
Nil

TREATMENT
Tab Dolo 650mg 1-1-1
Tab Pan 40mg 1-0-0 (B/F)