

COMPLAINTS

fever, headache, generalised bodyache x 5 days
vomiting and loose stools since 3 days

PAST HISTORY

k/c/o dyslipidemia x 2 yrs
no h/o dm,htn,tb

FAMILY HISTORY

nothing significant

PERSONAL HISTORY

sleep - normal appetite - decreased diet - mixed bowel and bladder - regular,

GENERAL EXAMINATION

patient was conscious, cooperative, well oriented with time, place and person.
moderately built and nourished
pallor,icterus, cyanosis, clubbing, lymphadenopathy, edema absent
PR-80 bpm BP- 110/80mmHg TEMP - 98.6F RR-16 CYCLES / MIN

28-05-2015 : Haemoglobin : 13.2g/dl, Leukocyte Count Total : 5900/cumm, Mchc : 32.8g/dl, Mch : 27.8pg, Mcv : 84.6fl, Packed Cell Volume : 40.3%, Platelet Count : 50000/cumm, Red Blood Cell

30-05-2015 : Haemoglobin : 12.6g/dl, Packed Cell Volume : 37.8%, Platelet Count : 35000/cumm,

31-05-2015 : Haemoglobin : 12.1g/dl, Packed Cell Volume : 36.3%, Platelet Count : 111000/cumm,

01-06-2015 : Packed Cell Volume : 38.0%, Platelet Count : 184000/cumm,

TREATMENT

iv fluids ns/dns
tab dolo 650mg sos
tab rantac 150mg 1-0-1
tab buplex forte 0-1-0
tab zolfresh 5mg HS