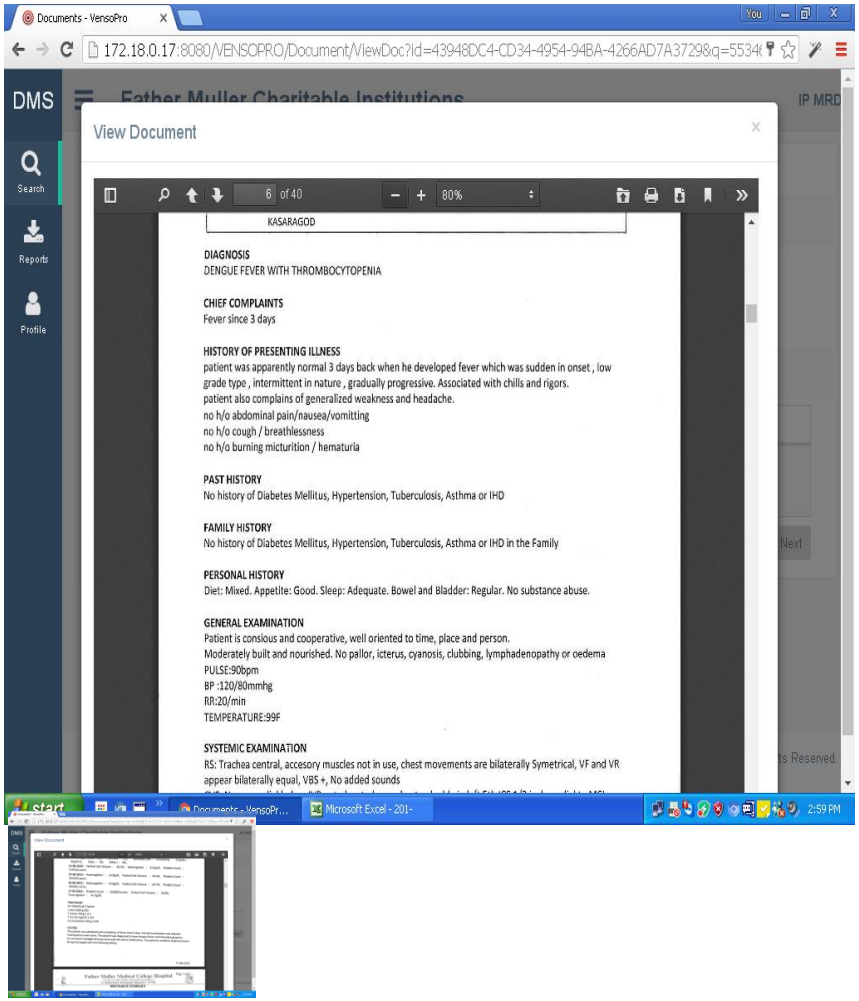
Documents - VensoPro
172.18.0.17:8080/VENSOPRO/Document/ViewDoc?id=43948DC4-CD34-4954-94BA-4266AD7A3729&q=5534
DMS
Search
Reports
Profile
IP MRD
View Document
6 of 40
80%
KASARAGOD
DIAGNOSIS
DENGUE FEVER WITH THROMBOCYTOPENIA
CHIEF COMPLAINTS
Fever since 3 days
HISTORY OF PRESENTING ILLNESS
patient was apparently normal 3 days back when he developed fever which was sudden in onset , low grade type , intermittent in nature , gradually progressive. Associated with chills and rigors.
patient also complains of generalized weakness and headache.
no h/o abdominal pain/nausea/vomitting
no h/o cough / breathlessness
no h/o burning micturition / hematuria
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: Good. Sleep: Adequate. Bowel and Bladder: Regular. No substance abuse.
GENERAL EXAMINATION
Patient is consious and cooperative, well oriented to time, place and person.
Moderately built and nourished. No pallor, icterus, cyanosis, clubbing, lymphadenopathy or oedema
PULSE:90bpm
BP :120/80mmhg
RR:20/min
TEMPERATURE:99F
SYSTEMIC EXAMINATION
RS: Trachea central, accesory muscles not in use, chest movements are bilaterally Symetrical, VF and VR appear bilaterally equal, VBS +, No added sounds
Next
Microsoft Excel - 201-
2:59 PM