Patient Medical Report

Patient Information:

Name: John Doe

Age: 52

Sex: Male

Date of Birth: 12/06/1972

Medical Record Number: 123456789

Date of Report: 02/24/2025

Referring Physician: Dr. Sarah Williams

Clinical History:

Chief Complaint: Persistent headaches, dizziness, nausea, and occasional vision disturbances for the past three months.

History of Present Illness: The patient has been experiencing progressively worsening headaches, particularly in the
morning, accompanied by intermittent blurred vision and episodes of confusion. No prior history of similar symptoms.
No known history of seizures.

Past Medical History: Hypertension, managed with medication. No previous history of neurological disorders or malignancy.

Family History: No known family history of brain tumors or other neurological conditions.

Neurological Examination:

- Mental Status: Alert and oriented, but occasional difficulty concentrating.
- Cranial Nerves: Mild left-sided facial weakness noted.
- Motor Function: Normal strength in all extremities.
- Reflexes: Symmetric, normal.
- Sensory Examination: No deficits noted.
- Coordination: Mild ataxia on finger-nose test.

Radiology Findings:

MRI Brain with Contrast (Date: 02/22/2025)

Findings:

- A well-circumscribed, heterogeneously enhancing lesion measuring approximately 3.5 cm x 2.8 cm in the right temporal lobe.
- Surrounding perilesional edema with mild midline shift (~4 mm).
- No evidence of hydrocephalus.
- No distant metastases or additional intracranial abnormalities noted.

Impression: Findings suggestive of a primary brain tumor, likely a high-grade glioma. Further evaluation with biopsy is recommended.

Laboratory Investigations:

- Complete Blood Count (CBC): Within normal limits.
- Serum Electrolytes: Normal.
- Tumor Markers: Awaiting results.
- CSF Analysis: No evidence of infection or malignant cells.

Diagnosis:

Suspected High-Grade Glioma (Glioblastoma Multiforme - Pending Histopathology Confirmation)

Treatment Plan:

1. Neurosurgical Consultation: Recommend biopsy and possible surgical resection to confirm histological diagnosis and reduce mass effect.
2. Oncology Referral: Discuss potential adjuvant therapy, including radiotherapy and chemotherapy (Temozolomide-based regimen).
3. Symptomatic Management:
   - Dexamethasone to reduce cerebral edema.
   - Antiepileptic medication (Levetiracetam) prophylactically.
   - Pain management as needed.
4. Follow-up: Close monitoring with repeat MRI in 4-6 weeks post-intervention.

Prognosis:

The prognosis depends on histological findings, tumor grading, and response to treatment.

Multidisciplinary management is crucial for optimizing the patient's quality of life.

Report Prepared by:

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