Date: 2025-03-01 13:10:26  
\*\*Medical Report\*\*  
  
\*\*Patient Name:\*\* Nidhin  
\*\*Age/Sex:\*\* 21/Male  
\*\*Date of Consultation:\*\* 2025-03-01 13:10:26  
  
\*\*Chief Complaint:\*\* Feeling unwell for several weeks with fatigue, headaches, muscle weakness, and difficulty concentrating.  
  
\*\*History of Present Illness:\*\* The patient reports experiencing extreme fatigue despite adequate sleep, frequent headaches, and muscle weakness for an unspecified duration. He also notes difficulty concentrating and decreased appetite. He denies significant weight loss, fever, or unusual pain. He reports a history of COVID-19 infection last year and raises the possibility of long COVID.  
  
\*\*Past Medical History:\*\* Generally healthy, with a history of COVID-19 infection in the past year. No other significant medical history reported.  
  
\*\*Review of Systems:\*\*  
  
\* \*\*General:\*\* Fatigue, decreased appetite.  
\* \*\*Neurological:\*\* Headaches, difficulty concentrating, muscle weakness.  
\* \*\*Musculoskeletal:\*\* Muscle weakness.  
  
\*\*Assessment:\*\* The patient presents with symptoms consistent with several potential diagnoses, including anemia, thyroid disorders, chronic fatigue syndrome, and potentially long COVID.  
  
\*\*Plan:\*\* Laboratory tests are ordered to investigate anemia, thyroid function, inflammation markers, and vitamin deficiencies. Further investigation into the possibility of long COVID will be conducted based on test results.   
  
\*\*Differential Diagnoses:\*\*  
  
\* Anemia  
\* Thyroid disorder (hypothyroidism or hyperthyroidism)  
\* Chronic Fatigue Syndrome  
\* Long COVID  
  
\*\*Treatment Plan (Provisional):\*\* Treatment will be determined based on laboratory results. Initial recommendations include adequate rest, a balanced diet, and light exercise. Further interventions, such as physical therapy or medication, may be considered depending on the diagnosis.  
  
\*\*Prognosis:\*\* The prognosis is currently uncertain pending further investigation. Many of the conditions in the differential diagnosis are manageable with appropriate treatment.  
  
\*\*Patient Education:\*\* The patient was educated on the potential causes of his symptoms and the importance of completing the ordered tests. He was reassured that many conditions with similar symptoms are treatable.  
  
\*\*Follow-up:\*\* The patient will be contacted to review test results and formulate a definitive treatment plan.  
  
Date: 2025-03-01 13:13:27  
\*\*Medical Report\*\*  
  
\*\*Patient Name:\*\* Nidhin  
\*\*Age/Sex:\*\* 21/Male  
\*\*Date of Consultation:\*\* 2025-03-01 13:13:27  
\*\*Date of Procedure:\*\* 2025-03-01 (Procedure time: 10:32 AM - 11:23 AM)  
  
\*\*Reason for Consultation:\*\* Emergency exploratory laparotomy for suspected sigmoid colon perforation.  
  
\*\*Procedure Performed:\*\* Segmental resection of sigmoid colon with primary anastomosis.  
  
\*\*Pre-operative Findings:\*\*  
\* Suspected sigmoid colon perforation.  
\* Initial vital signs: BP 110/70, HR 82, maintaining oxygenation.  
  
\*\*Intra-operative Findings:\*\*  
\* Midline incision.  
\* Significant paratoneal contamination with purulent fluid and fibrinous exudate present.  
\* Confirmed sigmoid colon perforation.  
\* Intraoperative blood pressure fluctuation: Initial BP 110/70, dropped to 98/65 (corrected with IV fluids), stabilized at 105/70.  
  
  
\*\*Surgical Procedure:\*\*  
1. Midline incision was made.  
2. Thorough lavage performed using warm saline.  
3. Segmental resection of the perforated sigmoid colon was performed.  
4. Clamping applied proximally and distally to the resection site.  
5. Stapled primary anastomosis completed.  
6. Meticulous hemostasis achieved.  
7. No leaks observed post-anastomosis.  
8. Layered closure of the abdominal wall using 2-0 Vicryl suture.  
9. Dressing applied.  
  
  
\*\*Post-operative Findings:\*\*  
\* Abdominal closure complete. No residual contamination noted.  
\* Hemodynamic stability achieved.  
\* Anesthesia uneventful.  
  
\*\*Post-operative Plan:\*\*  
\* Transfer to ICU for monitoring.  
\* Extubation and ongoing ICU care.  
  
\*\*Physician(s) involved:\*\* Dr. Adams, Dr. Khan, Dr. Roberts, Dr. Collins, Nurse Riley.  
  
  
\*\*Diagnosis:\*\* Perforated sigmoid colon.  
  
\*\*Prognosis:\*\* To be determined based on post-operative recovery in the ICU. Further evaluation will be required.