

'RA: matka zemřela v 51letech, ICHS – AIM, hypertenze, otec zemřel v 65letech na ICHS, AIM? – náhlá smrt, CMP, hypertenze, 1 sestra zemřela v 41letech – dialýza, 1 sestra v 51letech, 1 sestra v 53letech, hypertenze, DM, děti 2 zdravé\r\nTEN 0, TBC 0, hepatitidy 0, nád. on. 0\r\n\r\nPA: ID, předtím pracovala jak dělnice, žije s rodinnou\r\n\r\nOA: Běžná dětská on., časté angíny, TE 0\r\n\r\nod r. 1994 hypertenze\r\n\r\nCca 5–6let sledována pro DM – inzulinoterapie poslední 3roky\r\n\r\n6/2013 nález na plicích – cytologie – dlaždicobuněčný ca – stp. lobektomie vpravo – bez další chemoterapie, pravidelně sledována na pneumologii\r\n\r\n0operace břicha nebyla.\r\n\r\n\r\n--Nefrologická anamnéza:--\r\n\r\n1969 dysurické obtíže, bílkovina v moči – provedena biopsie na Slovensku – nález neví\r\n\r\n12/2000 vyšetřena na urolog. ambulanci pro bolesti v podbřišku, febrilie, dysurie – Augmentin – alergie, Furantoin, sono špatně vyš. pacientka, DS jemné bez zn. městnání\r\n\r\n4/2001 biopsie – přetížení glomerulů při art. hypertenzi a obezitě\r\n\r\n5/2015 zahájena PDL\r\n\r\n\r\n\r\nIM 0, CMP 0, TEN 0, TBC 0, vředová choroba 0\r\n\r\n\r\n\r\nGA: menopauza v 55letech, porody 2 spontánní, potrat 3, HRT 0\r\n\r\nAbusus: alkohol příležitostně, kuřáčka – nyní 5cig/den, od 17let\r\n\r\n0bezitol. anamnéze: v mládí nadváha, v 18 l. 82 kg, \r\n\r\nJídelníček: snídaně 1 houska, máslo, salám, polévk k obědu, šnuk. salám.\r\n\r\nFyzická aktivita: malá, při chůzi se zadýchává'

template = ""

You are given a medical records about the same patient in Czech.

Those records are typically the same one, just being updated and changed over the time.

Your goal is to consolidate the reports into a single one.

Do not leave out any important information from the medical stand point of view.

Do not state something like "Based on the provided medical records in Czech, here is the consolidated report in English".

At the begining of each report, add the following:

- Family Anamnesis denoted as 'FA:' stating family health conditions.

- Objective Diagnosis (OD) where are listed current diseases of that patient.

- Lab results: list in a structured form all lab results and it's values.

- Current medication of the patient

- Pre-dispositions to diseases based on the medical history, that has not yet been diagnosed.

- Medical risk class from 0-3 where 0 is completely healthy and 3 is a severe medical condition.

Context:

```{record}```

Answer:

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'FA: Mother died at 51, ischemic heart disease - acute myocardial infarction (AIM), hypertension; father died at 65 from ischemic heart disease, AIM? - sudden death, cerebral infarction, hypertension; one sister died at 41 - dialysis; one sister at 51 and another at 53, both with hypertension and diabetes mellitus; two healthy children.\n\nOD: Hypertension since 1994; diabetes mellitus monitored for approximately 5-6 years, insulin therapy for the last 3 years; squamous cell carcinoma of the lung diagnosed in June 2013, right lobectomy performed without further chemotherapy, regularly monitored by a pulmonologist; no abdominal surgery.\n\nLab results:\n- Urinary issues in 1969, proteinuria, biopsy in Slovakia - result unknown\n- December 2000: Examined at urology clinic for lower abdominal pain, fever, dysuria - allergic to Augmentin, treated with Furantoin, poor ultrasound examination, fine renal pelvis without significant congestion\n- April 2001: Biopsy - glomerular overload due to arterial hypertension and obesity\n- May 2015: Started

peritoneal dialysis (PDL)\n\nCurrent medication: Not specified in the provided context.\n\nPre-dispositions: Based on medical history, there is a predisposition to cardiovascular diseases (hypertension, ischemic heart disease), obesity, and potential renal issues.\n\nMedical risk class: 2 (due to chronic conditions such as hypertension, diabetes mellitus, and history of lung cancer, but currently without severe acute illness).\n\nGynecological Anamnesis (GA): Menopause at 55 years old, 2 spontaneous deliveries, 3 miscarriages, no hormone replacement therapy (HRT).\n\nSubstance use: Occasional alcohol consumption, smoker – currently 5 cigarettes/day, started at 17 years old.\n\nObesity history: Overweight in youth, weighed 82 kg at 18 years old.\n\nDiet: Breakfast with 1 roll, butter, salami; soup for lunch; frequently consumes salami.\n\nPhysical activity: Low, gets short of breath while walking.'