



Ascension
Seton

F A X

Date: 11/17/2023 10:00:54 AM

To: INHABIT

Fax Number: 5126102330

From: Sheila Nicholson

Fax Number:

Message:

KNIGHT, GARY

CONFIDENTIALITY STATEMENT

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS LEGALLY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS TRANSMISSION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMISSION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY COLLECT TELEPHONE CALL AND RETURN THE ORIGINAL TRANSMISSION TO US AT THE ADDRESS ABOVE VIA U.S.MAIL.

If you have received this copy in error, please immediately notify the sender at the number above.

Ascension Seton Hays6001 Kyle Parkway
Kyle, TX 78640-6112**KNIGHT, GARY****DOB:** 12/8/1939

Admit Age: 83 years Gender: Male

MRN: 7855705**FIN:** 8085347994**Type:** OP Emergency**Admit:** 11/7/2023**Discharge:** 11/8/2023**Medical Service:** Emergency Medicine**PROCEDURE LIST - Historical Across Seton Healthcare Family****Dilation of Common Bile Duct Via Natural or Artificial Opening Endoscopic****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Provider:** Ali ,Jawad Tahir MD**Last Updated:** 4/7/2023; Contributor _system,D77 _SMS**Dilation of Common Bile Duct Via Natural or Artificial Opening Endoscopic****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Last Updated:** 4/7/2023; Contributor _system,D77 _SMS**Resection of Gallbladder,Percutaneous Endoscopic Approach****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Provider:** Ali ,Jawad Tahir MD**Last Updated:** 4/7/2023; Contributor _system,D77 _SMS**Resection of Gallbladder,Percutaneous Endoscopic Approach****Procedure Date:** 4/3/2023 12:30 CDT (83 years)**Last Updated:** 4/7/2023; Contributor _system,D77 _SMS**Drainage of Right Pleural Cavity with Drainage Device,Percutaneous Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Provider:** Corne Jr,Louis M MD**Last Updated:** 4/14/2021; Contributor _system,D77 _SMS**Drainage of Right Pleural Cavity with Drainage Device,Percutaneous Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Last Updated:** 4/14/2021; Contributor _system,D77 _SMS**Extraction of Finger Nail,External Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Provider:** Kelley ,Brian Patrick MD**Last Updated:** 4/14/2021; Contributor _system,D77 _SMS**Extraction of Finger Nail,External Approach****Procedure Date:** 4/9/2021 16:29 CDT (81 years)**Last Updated:** 4/14/2021; Contributor _system,D77 _SMS**Tonsillectomy****Procedure Date:** 1944 (5 years)**Last Updated:** 10/3/2019; Hernandez ,Laura RN**Last Reviewed:** 4/3/2023; Rhea ,Jennifer APRN AGACNP-BC~~~~~
Performing Laboratory (*unless otherwise specified): Ascension Seton Hays, CLIA#45D1103194, 6001 Kyle Parkway, Kyle, TX 78640
~~~~~

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY**

FIN: 8085347994

Admit: 11/7/2023

MRN: 7855705

Discharge: 11/8/2023

**Emergency Documentation**DOCUMENT NAME:  
SERVICE DATE/TIME:  
RESULT STATUS:  
SIGN INFORMATION:

Physician ED Documentation

11/8/2023 01:10 CST

Modified

Zoerb, Michael Lambert PA-C (11/9/2023 15:04 CST); Zoerb,  
Michael Lambert PA-C (11/9/2023 15:04 CST); Zoerb,  
Michael Lambert PA-C (11/8/2023 01:10 CST)**Basic Information**

Hospital Admission Date/Time: 11/07/23 14:52 Day #: 1

Anticipated LOS:

Inpatient Code Status:

Advanced Directives: 0

**Chief Complaint**

LBM 3-4 days ago, severe abd. pain

**History of Present Illness**

This is an 83-year-old male presents to the emergency department constipation for the last 5 to 6 days. Previously evaluated here on October 26, 2023. That time, placed on gabapentin for shingles. He had follow-up with his primary care physician who had taken him off the gabapentin and placed him on Norco. He states that since he started the Norco, he has developed worsening constipation. States he has had slight nausea, no vomiting or diarrhea, no blood in the stool. No history of GI issues. He rates his symptoms moderate. Reports a remote history of this. He has not take any medication for his symptoms. Rates his symptoms moderate.

**ROS:****Constitutional:** no fever, no chills, no sweats, no weakness**Skin:** no Jaundice, no rash, no lesions, no petechiae**ENMT:** no ear pain, no sore throat, no congestion, no hoarseness**Respiratory:** no shortness of breath, no cough, no orthopnea, no wheezing**Cardiovascular:** no chest pain, no palpitations, no edema**Gastrointestinal:** As above**Genitourinary:** no dysuria, no hematuria, no discharge, no pain**Musculoskeletal:** no back pain, no trauma**Neurologic:** no headache, no dizziness, no numbness, no weakness**Psychiatric:** no sleeping problems, no irritability, no mood swings/depression**Heme/Lymph:** no bleeding tendency, no bruising tendency, no petechiae, no swollen nodes**Allergy/Immunologic:** no seasonal allergies, no food allergies, no recurrent infections, no impaired immunity**Additional ROS info:** Except as noted in the above Review of Systems and in the History of Present Illness all other systems have been reviewed and are negative or noncontributory.

---

**PMH:** Pertinent reported past medical history as noted in HPI. Otherwise unremarkable or noncontributory.**PSH:** Pertinent reported past surgical history as noted in HPI. Otherwise unremarkable or noncontributory.**FH:** Pertinent reported family history as noted in HPI. Otherwise unremarkable or**Assessment/Plan**

Constipation

Orders:

Sodium Chloride 0.9%, 1,000 mL IV Infusion

Once, Form: Bag

ED Discharge

Enema

Urinalysis with Microscopic

**Lab Results****Lab Results**

|                                      | LAB                 | Referen<br>ce | Date                   |
|--------------------------------------|---------------------|---------------|------------------------|
| <b>Comprehensive Metabolic Panel</b> |                     |               |                        |
| AGAP                                 | 11 ( )              | 4 - 12        | 11/07/2023<br>18:06:00 |
| ALT                                  | 30<br>unit(s)/L ( ) | 10 - 60       | 11/07/2023<br>18:06:00 |
| AST                                  | 88<br>unit(s)/L ( ) | 5 - 34        | 11/07/2023<br>18:06:00 |
| Albumin<br>Level                     | 3.3 g/dL ( )        | 3.2 -<br>5.5  | 11/07/2023<br>18:06:00 |
| Alk<br>Phos                          | 55<br>unit(s)/L ( ) | 42 -<br>121   | 11/07/2023<br>18:06:00 |
| BUN                                  | 19 mg/dL<br>( )     | 6 - 20        | 11/07/2023<br>18:06:00 |
| Bili Total                           | 1.2 mg/dL<br>( )    | 0.2 -<br>1.2  | 11/07/2023<br>18:06:00 |
| CO2                                  | 21 mmol/L<br>( )    | 21 - 31       | 11/07/2023<br>18:06:00 |
| Calcium                              | 8.8 mg/dL<br>( )    | 8.5 -<br>10.5 | 11/07/2023<br>18:06:00 |
| Chloride                             | 112<br>mmol/L ( )   | 98 -<br>107   | 11/07/2023<br>18:06:00 |

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY**

FIN: 8085347994

Admit: 11/7/2023

MRN: 7855705

Discharge: 11/8/2023

**Emergency Documentation**

noncontributory.

**SH:** Pertinent social history as noted in HPI. Otherwise unremarkable or noncontributory.**Meds:** I have reviewed the patient's documented medications.**Allergies:** I have reviewed the patient's documented medication allergies.**Problem List/Past Medical History****Ongoing**

No chronic problems

**Historical**

No qualifying data

**Procedure/Surgical History**

- Dilation of Common Bile Duct, Via Natural or Artificial Opening Endoscopic (04/03/2023)
- Resection of Gallbladder, Percutaneous Endoscopic Approach (04/03/2023)
- Drainage of Right Pleural Cavity with Drainage Device, Percutaneous Approach (04/09/2021)
- Extraction of Finger Nail, External Approach (04/09/2021)
- Tonsillectomy (1944)

**Social History****Home/Environment**

Preferred language (patient): English. Other languages spoken: None. Mobility assistance prior to admission: Independent. Medical devices: None. Lives with: Alone. Sensory deficits: None. Home equipment/treatment: Shower chair, 10/04/2019

**Substance Abuse**

Never, 10/03/2019

**Tobacco**

Never (less than 100 in lifetime), 10/03/2019

**Home Medications****Unchanged****acetaminophen-HYDROcodone (Norco 325 mg-5 mg oral tablet) 1 tab(s)**

Take by mouth every 4 hours as needed for Pain. Refills: 0.

**acetaminophen-HYDROcodone (Norco 325 mg-7.5 mg oral tablet) 1 tab(s)**

Take by mouth every 4 hours as needed for pain. Refills: 0.

**capsaicin topical (capsaicin topical 0.025% cream) 1 application** Put on skin 3 times a day. Refills: 0.**gabapentin (gabapentin 100 mg oral capsule) 1 capsules** Take by mouth 3 times a day for 30 Days. Refills: 0.**oxyCODONE (oxyCODONE 5 mg oral tablet) 1 tab(s)** Take by mouth every 6 hours as needed for pain. Refills: 0.**Medication Administration****Administered:****Medications:**

Omnipaque 350, 100 mL, IV Push (11/07/2023 19:29 CST)

Sodium Chloride 0.9% Bolus, 1000 mL, IV Infusion (11/07/2023 19:39 CST)

Golytely, 4000 mL, PO (oral) (11/07/2023 21:04 CST)

**Scheduled**

Sodium Chloride 0.9% (Sodium Chloride 0.9% Bolus) 1,000 mL IV Infusion Once, Form: Bag ()

**Allergies**

NKA

No Known Medication Allergies

Creatinine 0.8 mg/dL 0.5 - 11/07/2023  
( ) 1.2 18:06:00Glucose 75 mg/dL 70 - 11/07/2023  
Level ( ) 110 18:06:00Potassium 4.4 3.5 - 11/07/2023  
Level mmol/L ( ) 5.1 18:06:00Sodium 144 136 - 11/07/2023  
Level mmol/L ( ) 145 18:06:00Total 5.7 g/dL 6.7 - 11/07/2023  
Protein (LOW) 8.2 18:06:00**CBC with Diff**Automated 0.0 /100 - 11/07/2023  
WBC (NA) 16:55:00

Nucleated RBC's

Hct 42.7 % ( ) 40.0 - 11/07/2023  
54.0 16:55:00Hgb 14.0 g/dL 14.0 - 11/07/2023  
( ) 18.0 16:55:00MCH 33.9 pg 27.0 - 11/07/2023  
(NF) 31.0 16:55:00MCHC 32.8 g/dL 32.0 - 11/07/2023  
( ) 37.0 16:55:00MCV 103.4 fL 80.0 - 11/07/2023  
(NF) 94.0 16:55:00MPV 9.9 fL ( ) 8.8 - 11/07/2023  
13.5 16:55:00Platelet 247 150 - 11/07/2023  
Thou/cu 450 16:55:00  
mm ( )RBC 4.13 4.60 - 11/07/2023  
mm/cu mm 6.20 16:55:00  
(LOW)RDW 23.9 % 11.5 - 11/07/2023  
(NF) 14.5 16:55:00WBC 24.9 4.5 - 11/07/2023  
Thou/cu 11.0 16:55:00  
mm (NF)

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY**

FIN: 8085347994

Admit: 11/7/2023

MRN: 7855705

Discharge: 11/8/2023

**Emergency Documentation****Physical Exam****Vitals & Measurements****Initial:****T:** 97.5 °F (Oral) **T:** 36.4 °C (Oral) **HR:** 92 (Peripheral) **BP:** 133/82 **RR:** 26**SpO2:** 97%**WT:** 57.150 kg (Dosing) **BMI:** 18.61**Latest:****HR:** 110 (Peripheral) **BP:** 174/115 **RR:** 20 **SpO2:** 94%**General:** Elderly male, frail in appearance**Head:** normocephalic, atraumatic**Eyes:** PERRL, no scleral icterus, conjunctival pallor, conjunctivitis, or discharge. No periorbital swelling, bulging or proptosis**Ears:** External ears normal**Nose:** No signs of nasal trauma, no sign of exudate, turbinates moist**Mouth/Throat:** moist mucosa, no exudate, no ulcers, tonsils normal.**Neck:** supple, full range of motion, no midline cervical spine tenderness, no paraspinal tenderness**Cardiovascular:** regular rate and rhythm, normal S1 and S2, no murmur, WWP**Respiratory:** clear to auscultation bilaterally, no wheezes or rhonchi, good air entry, symmetric rise and fall of the chest wall, no paradoxical movement**Abdomen:** Rigid abdomen, no reproducible tenderness, no pulsatile masses**Back:** No CVA tenderness, no paraspinal tenderness**Musculoskeletal:** No edema or deformity. Good active range of motion all major joints**Skin:** warm, dry**Lymph Nodes:** no adenopathy noted**Neurologic:** AAOx3, CN II-XII grossly intact, GCS 15**Psychiatric:** Normal affect, normal mood**Medical Decision Making**

83-year-old male presents to the emergency department complaints of constipation since he started Norco for shingles about a week ago. On exam, the patient does have some abdominal rigidity but is nontender. Basic labs and urine were drawn from triage. Added on abdominal x-ray to see the extent of his constipation.

The patient was found to have a large amount of stool retained in the colon, CT scan was ordered demonstrating of potential for stercoral colitis, however he has very little edema within the distal portion of the rectum, highly doubt stercoral colitis/proctitis. The patient does have an elevated white count but does not seem to be symptomatic with anything other than the constipation. This could be more reactive in nature, however patient believed to be on steroids for recent shingles flare.

Patient was given 2 L of fluids and 2 L of GoLyteLy. After few hours, the patient was able to pass a large amount of stool and had immediate relief of all of his symptoms. He will be discharged home with his son. He is to follow-up with a primary care physician. If he has any worsening symptoms, he is to return to the ED for reevaluation. Patient understood and agreed with the treatment plan

**Differential Diagnosis:** Constipation, bowel perforation, stercoral colitis, diverticulitis, diverticulosis**Patient Condition:** Stable**Disposition:** Discharge. Strict return precautions were discussed, close outpatient**Glomerular Filtration Rate**

|      |            |        |            |
|------|------------|--------|------------|
| eGFR | >60        | >=60 - | 11/07/2023 |
|      | mL/min/1.7 |        | 18:06:00   |
|      | 3m2 ( )    |        |            |

**.Auto Diff**

|          |         |   |            |
|----------|---------|---|------------|
| Abs      | 0.10    | - | 11/07/2023 |
| Basophil | Thou/cu |   | 16:55:00   |
|          | mm (NA) |   |            |

|         |         |   |            |
|---------|---------|---|------------|
| Abs Eos | 0.13    | - | 11/07/2023 |
|         | Thou/cu |   | 16:55:00   |
|         | mm (NA) |   |            |

|          |         |   |            |
|----------|---------|---|------------|
| Abs      | 0.64    | - | 11/07/2023 |
| Immature | Thou/cu |   | 16:55:00   |
| Grans    | mm (NA) |   |            |

|       |         |   |            |
|-------|---------|---|------------|
| Abs   | 1.83    | - | 11/07/2023 |
| Lymph | Thou/cu |   | 16:55:00   |
|       | mm (NA) |   |            |

|          |         |   |            |
|----------|---------|---|------------|
| Abs      | 1.73    | - | 11/07/2023 |
| Monocyte | Thou/cu |   | 16:55:00   |
|          | mm (NA) |   |            |

|        |         |   |            |
|--------|---------|---|------------|
| Abs    | 19.58   | - | 11/07/2023 |
| Neutro | Thou/cu |   | 16:55:00   |
|        | mm (NA) |   |            |

|          |           |       |            |
|----------|-----------|-------|------------|
| Basophil | 0.4 % ( ) | 0.0 - | 11/07/2023 |
| Auto     |           | 1.0   | 16:55:00   |

|      |           |       |            |
|------|-----------|-------|------------|
| Eos  | 0.5 % ( ) | 0.0 - | 11/07/2023 |
| Auto |           | 4.0   | 16:55:00   |

|            |       |   |            |
|------------|-------|---|------------|
|            | 2.7 % | - | 11/07/2023 |
| Immature   | (NA)  |   | 16:55:00   |
| Grans Auto |       |   |            |

|       |       |        |            |
|-------|-------|--------|------------|
| Lymph | 7.8 % | 30.0 - | 11/07/2023 |
| Auto  | {LOW} | 40.0   | 16:55:00   |

|      |           |       |            |
|------|-----------|-------|------------|
| Mono | 7.2 % ( ) | 0.0 - | 11/07/2023 |
| Auto |           | 10.0  | 16:55:00   |

|        |        |        |            |
|--------|--------|--------|------------|
| Neutro | 81.8 % | 50.0 - | 11/07/2023 |
| Auto   | {H}    | 65.0   | 16:55:00   |

**Diagnostic Results****Radiology Reports**CT Abd/Pelvis w/ Contrast. - 11/07/23  
19:31

IMPRESSION: 1. Constipation and suspected stercoral proctitis..2. Enlarged

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8085347994**Admit:** 11/7/2023**MRN:** 7855705**Discharge:** 11/8/2023**Emergency Documentation**

follow-up advised, and all questions answered.

prostate gland.3. Distended bladder. .  
.Sandeep Shah, MD

---

**Medical Complexity:**

History provided by: Patient

Patient's care discussed with: Patient

Social Determinants: \_ NA

**Encounter review:**

- I have reviewed the nursing records and vitals
- I have reviewed the medical, surgical, family & social histories
- I have reviewed the relevant laboratory & radiology results

XR Abdomen AP - 11/07/23 17:32

IMPRESSION: Mild constipation without  
obstruction or acute process. . Michael  
Aronoff, MD**ECG****Record Review (if applicable):**

I have reviewed prior ED visit(s) and hospitalization(s)

I have reviewed previous laboratory results, radiology results, and EKGs

Portions of this note may be dictated using Dragon Naturally Speaking voice recognition software. Variances in spelling and vocabulary are possible and unintentional. Not all areas may be caught/corrected. Please notify me if any discrepancies are noted or if the meaning of any statement is not correct/clear.

**Patient Education**

Constipation, Adult

**Follow Up**

| With                                  | When                                 | Contact Information |
|---------------------------------------|--------------------------------------|---------------------|
| 3) Return to the Emergency Department | Within As needed (Según la necesite) |                     |
| Additional Instructions:              |                                      |                     |
| 1) Your primary care provider         | Within 2 to 4 days (dias)            |                     |
| Additional Instructions:              |                                      |                     |

Electronically Signed By: Zoerb, Michael Lambert, PA-C, 08-Nov-2023 01:10 CST

Electronically Modified/Signed By: Zoerb, Michael Lambert, PA-C, 09-Nov-2023 15:04 CST

Electronically Modified/Signed By: Zoerb, Michael Lambert, PA-C, 09-Nov-2023 15:04 CST

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY**

FIN: 8085347994

Admit: 11/7/2023

MRN: 7855705

Discharge: 11/8/2023

**Hematology**

Legend: @ = Abnormal, I = Critical, H = High, L = Low, \* = Test performed at this ASCENSION SETON network facility.

**CBC**

| Collected Date: 11/7/2023 |                          | Time: 16:55 CST |             |
|---------------------------|--------------------------|-----------------|-------------|
| Item                      |                          | Units           | Ref. Range  |
| WBC                       | <b>24.0<sup>H</sup></b>  | Thou/cu mm      | [4.5-11.0]  |
| RBC                       | <b>4.13<sup>L</sup></b>  | Mill/cu mm      | [4.60-6.20] |
| Hgb                       | 14.0                     | g/dL            | [14.0-18.0] |
| Hct                       | 42.7                     | %               | [40.0-54.0] |
| RDW                       | <b>23.9<sup>H</sup></b>  | %               | [11.5-14.5] |
| MCV                       | <b>103.4<sup>H</sup></b> | fL              | [80.0-94.0] |
| MCH                       | <b>33.9<sup>H</sup></b>  | pg              | [27.0-31.0] |
| MCHC                      | 32.8                     | g/dL            | [32.0-37.0] |
| Platelet                  | 247                      | Thou/cu mm      | [150-450]   |
| MPV                       | 9.9                      | fL              | [8.8-13.5]  |

**Differential**

| Collected Date: 11/7/2023 |                         | Time: 16:55 CST |             |
|---------------------------|-------------------------|-----------------|-------------|
| Item                      |                         | Units           | Ref. Range  |
| Neutro Auto               | <b>81.6<sup>H</sup></b> | %               | [50.0-65.0] |
| Lymph Auto                | <b>7.6<sup>L</sup></b>  | %               | [30.0-40.0] |
| Mono Auto                 | 7.2                     | %               | [0.0-10.0]  |
| Basophil Auto             | 0.4                     | %               | [0.0-1.0]   |
| Eos Auto                  | 0.5                     | %               | [0.0-4.0]   |
| Immature Grans Auto       | 2.7                     | %               |             |
| Abs Neutro                | 19.58                   | Thou/cu mm      |             |
| Abs Lymph                 | 1.83                    | Thou/cu mm      |             |
| Abs Monocyte              | 1.73                    | Thou/cu mm      |             |
| Abs Basophil              | 0.10                    | Thou/cu mm      |             |
| Abs Eos                   | 0.13                    | Thou/cu mm      |             |
| Abs Immature Grans        | 0.64                    | Thou/cu mm      |             |

**Morphology**

| Collected Date: 11/7/2023 |     | Time: 16:55 CST |            |
|---------------------------|-----|-----------------|------------|
| Item                      |     | Units           | Ref. Range |
| Automated Nucleated RBC's | 0.0 | /100 WBC        |            |

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8085347994  
**Admit:** 11/7/2023**MRN:** 7855705**Discharge:** 11/8/2023**Chemistry**

Legend: @ = Abnormal, I = Critical, H = High, L = Low, \* = Test performed at this ASCENSION SETON network facility.

**Routine Chemistry**

| Collected Date: 11/7/2023 |                        | Time: 18:06 CST |            |
|---------------------------|------------------------|-----------------|------------|
| Item                      |                        | Units           | Ref. Range |
| Sodium Level              | 144                    | mmol/L          | [136-145]  |
| Potassium Level           | 4.4                    | mmol/L          | [3.5-5.1]  |
| Chloride                  | <b>112<sup>H</sup></b> | mmol/L          | [98-107]   |
| CO2                       | 21                     | mmol/L          | [21-31]    |
| AGAP                      | 11                     |                 | [4-12]     |
| BUN                       | 19                     | mg/dL           | [6-20]     |
| Creatinine                | 0.8                    | mg/dL           | [0.5-1.2]  |
| Glucose Level             | 75                     | mg/dL           | [70-110]   |
| Calcium                   | 8.8                    | mg/dL           | [8.5-10.5] |
| Albumin Level             | 3.3                    | g/dL            | [3.2-5.5]  |
| Total Protein             | <b>5.7<sup>L</sup></b> | g/dL            | [6.7-8.2]  |
| Alk Phos                  | 55                     | unit(s)/L       | [42-121]   |
| AST                       | <b>65<sup>H</sup></b>  | unit(s)/L       | [5-34]     |
| ALT                       | 30                     | unit(s)/L       | [10-60]    |
| Bili Total                | 1.2                    | mg/dL           | [0.2-1.2]  |
| eGFR                      | >60 <sup>O1 ^1</sup>   | mL/min/1.73m2   | [>=60]     |

**Order Comments**O1: Glomerular Filtration Rate  
Added by rule.**Interpretive Data**

<sup>^1</sup>: eGFR  
Effective 08/25/2022 eGFR CKD-EPI is now calculated using the National Kidney Foundation recommended 2021 calculation which no longer includes a race dependency.



**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8085347994  
**Admit:** 11/7/2023**MRN:** 7855705**Discharge:** 11/8/2023**Computed Tomography**

DOCUMENT NAME: CT Abd/Pelvis w/ Contrast.  
SERVICE DATE/TIME: 11/7/2023 19:31 CST  
RESULT STATUS: Auth (Verified)  
TRANSMIT INFORMATION: [Contributor\_system,IDXRAD; Shah ,Sandeep Anil MD  
(11/7/2023 20:01 CST)]

\*\*\* This document contains a URL not included on this report \*\*\*

ACC #14951943: CT Abdomen w/ and Pelvis w/ Contrast: 11/7/2023 7:31 PM

HISTORY: Concern for diverticulitis.

COMPARISON: Abdominal x-ray 11/07/2023, CT 04/01/2023

TECHNIQUE: Contrast-enhanced images of the abdomen and pelvis were obtained. Dose lowering techniques were utilized which include adjusting the mA and/or kV to protocol and/or patient size. The exam is limited by motion.

**FINDINGS:****ABDOMEN AND PELVIS:**

LUNGS: Moderate cardiomegaly.

LIVER: Redemonstration of a small simple cyst in the left lobe. No radiopaque calculi are seen in the gallbladder.

SPLEEN: Normal.

PANCREAS: Normal.

ADRENAL GLANDS: Normal.

KIDNEYS: Normal in size. No hydronephrosis, stone or solid mass lesion is seen.

GI TRACT: A large amount of fecal material is seen throughout the colon. There is mild thickening of the distal rectal walls and adjacent edema.

MESENTERIC VESSELS: Portal veins and mesenteric vessels are patent.

AORTA / IVC: There is diffuse calcific arteriosclerosis of the abdominal aorta without evidence of aneurysmal dilatation. The IVC is unremarkable.

PROSTATE: Moderately enlarged

URINARY BLADDER: Distended, and extending into the lower abdomen.

OTHER FINDINGS: None.

LYMPH NODES: No pathologically enlarged lymph nodes.

OSSEOUS STRUCTURES AND SOFT TISSUES: Multilevel degenerative changes in the spine.

**IMPRESSION:**

1. Constipation and suspected stercoral proctitis.
2. Enlarged prostate gland
3. Distended bladder

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8085347994**Admit:** 11/7/2023**MRN:** 7855705**Discharge:** 11/8/2023**Computed Tomography**

Sandeep Shah, MD

Electronically Signed: 11/7/2023 8:00 PM

Finalized: 11/7/2023 8:00 PM

DICOM format image data are available to non-affiliated external healthcare facilities or entities on a secure, media free, reciprocally searchable basis with patient authorization for at least a 12-month period after the study.

**Ascension Seton Hays**6001 Kyle Parkway  
Kyle, TX 78640-6112**KNIGHT, GARY****FIN:** 8085347994**Admit:** 11/7/2023**MRN:** 7855705**Discharge:** 11/8/2023**Diagnostic Radiology**

DOCUMENT NAME: XR Abdomen AP  
SERVICE DATE/TIME: 11/7/2023 17:32 CST  
RESULT STATUS: Auth (Verified)  
TRANSMIT INFORMATION: [Contributor\_system,IDXRAD; Aronoff, Michael David MD  
(11/7/2023 17:38 CST)]

\*\*\* This document contains a URL not included on this report \*\*\*

ACC #14951880: XR Abdomen 1V/KUB: 11/7/2023 5:32 PM

CLINICAL HISTORY: constipation.

COMPARISON: None.

**FINDINGS:**

No evidence of obstruction. No free air is seen. There is mild generalized colonic stool content. There are multiple pelvic phleboliths. There is no acute osseous process with multilevel lumbar spondylosis.

**IMPRESSION:**

Mild constipation without obstruction or acute process.

Michael Aronoff, MD

Electronically Signed: 11/7/2023 5:37 PM

Finalized: 11/7/2023 5:37 PM