
Patient Medical Record

Patient Name: Jane Doe

DOB: 05/12/1958

Gender: Female

MRN: 123456789

Date of Visit: 10/06/2024

Chief Complaint

Severe abdominal pain, persistent for two weeks, accompanied by nausea and intermittent vomiting.

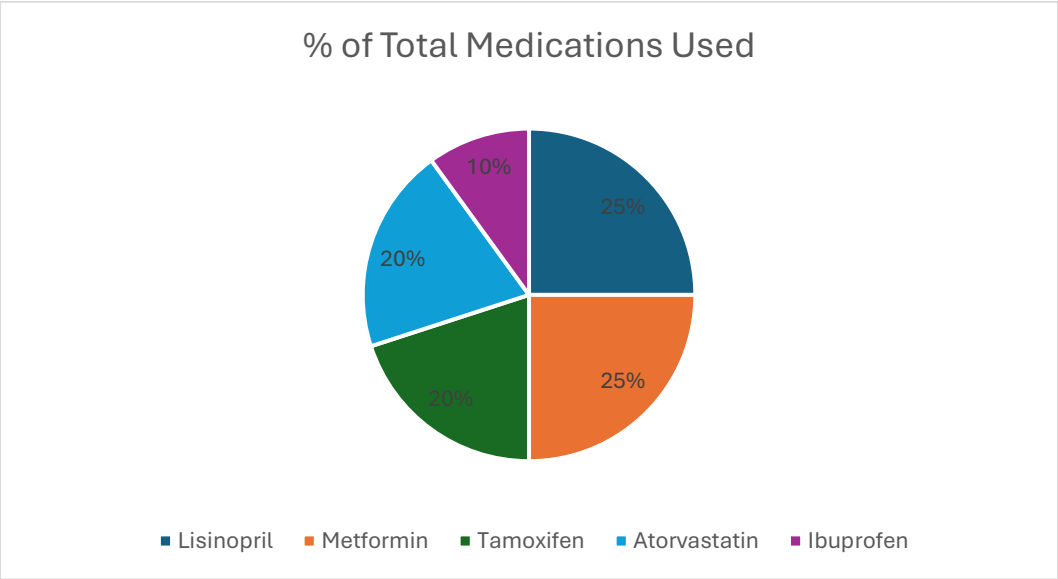
Past Medical History

Condition	Year of Diagnosis	Current Treatment
Breast Cancer	2018	Lumpectomy, Tamoxifen
Hypertension	2015	Lisinopril 10 mg QD
Type 2 Diabetes	2020	Metformin 500 mg BID
Hyperlipidemia	2016	Atorvastatin 20 mg QD
Osteoarthritis (Left Knee)	2019	NSAIDs, Physical Therapy

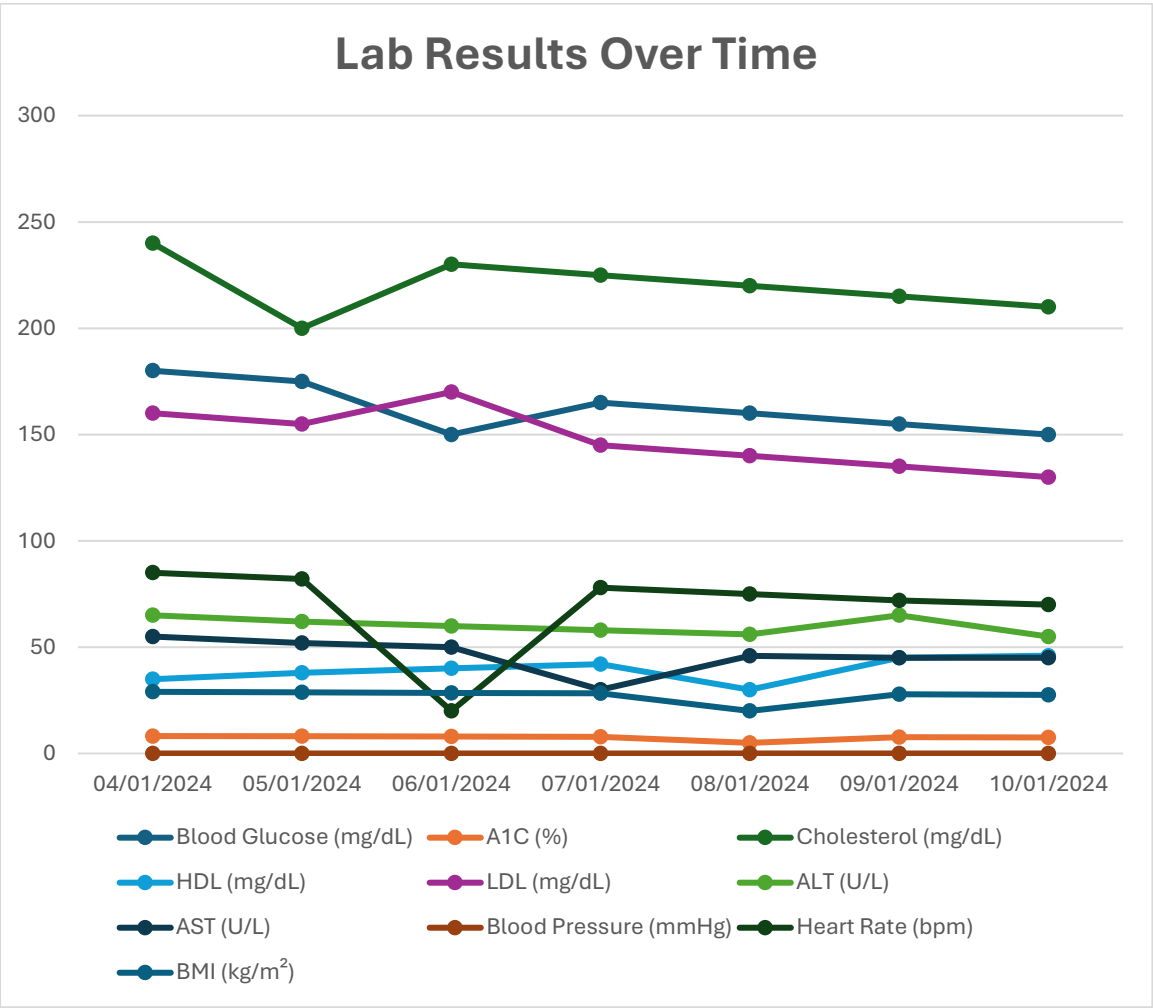
Medications

Medication Name	Dosage	Frequency	Start Date
Lisinopril	10 mg	Once Daily (QD)	2015
Metformin	500 mg	Twice Daily (BID)	2020
Tamoxifen	20 mg	Once Daily (QD)	2018
Atorvastatin	20 mg	Once Daily (QD)	2016
Ibuprofen	400 mg	As Needed (PRN)	2019

Medication Usage Distribution



Lab Results Over Time



Radiology Report

Type of Exam:

Computed Tomography (CT) of the abdomen and pelvis with intravenous and oral contrast performed January 10th, 2024.

History/Reason for Exam:

64-year-old female with a history of breast cancer and new onset abdominal pain.

Comparison/Priors:

Comparison is made to a CT scan of the abdomen and pelvis performed August 24, 2022.

Technique:

Imaging was performed from the lung bases through the pubic symphysis following the administration of intravenous and oral contrast. Coronal and Sagittal reformatted images were evaluated.

Findings

Region	Findings
Lung bases	No pulmonary nodules or evidence of pneumonia.
Liver	Probable hepatic steatosis.
Gallbladder	Surgically absent.
Spleen	Unremarkable (normal).
Pancreas	Normal.
Kidneys	Bilateral sub-cm hypoattenuating lesions, likely benign cysts.
Adrenals	No adrenal nodules.
Lymph Nodes	No lymphadenopathy.
Bowel	No dilation or wall thickening.
Bladder	Normal.

Region	Findings
Pelvis	No masses.
Bones	Degenerative changes present in the lumbar spine. No aggressive osseous lesions.

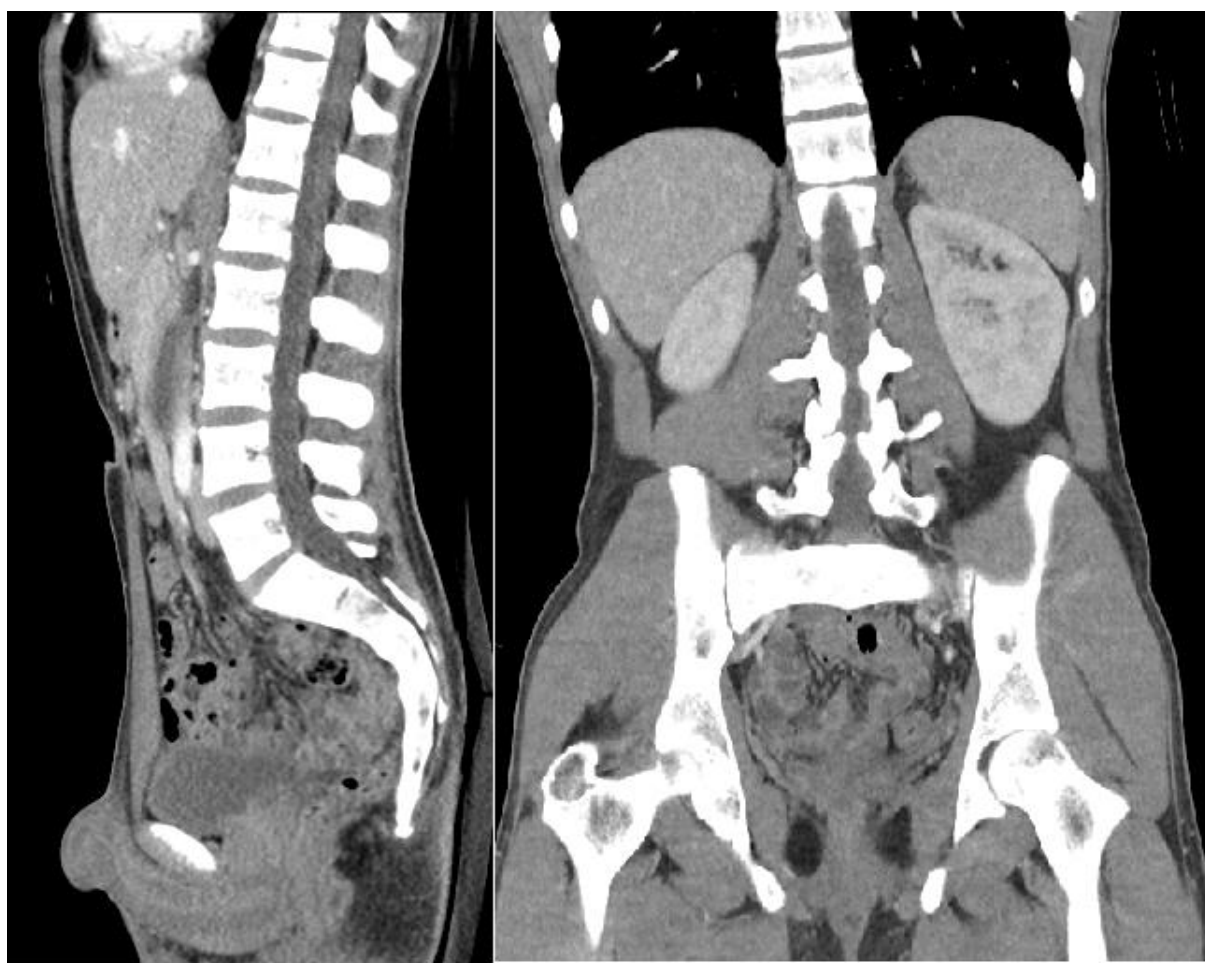
Impression

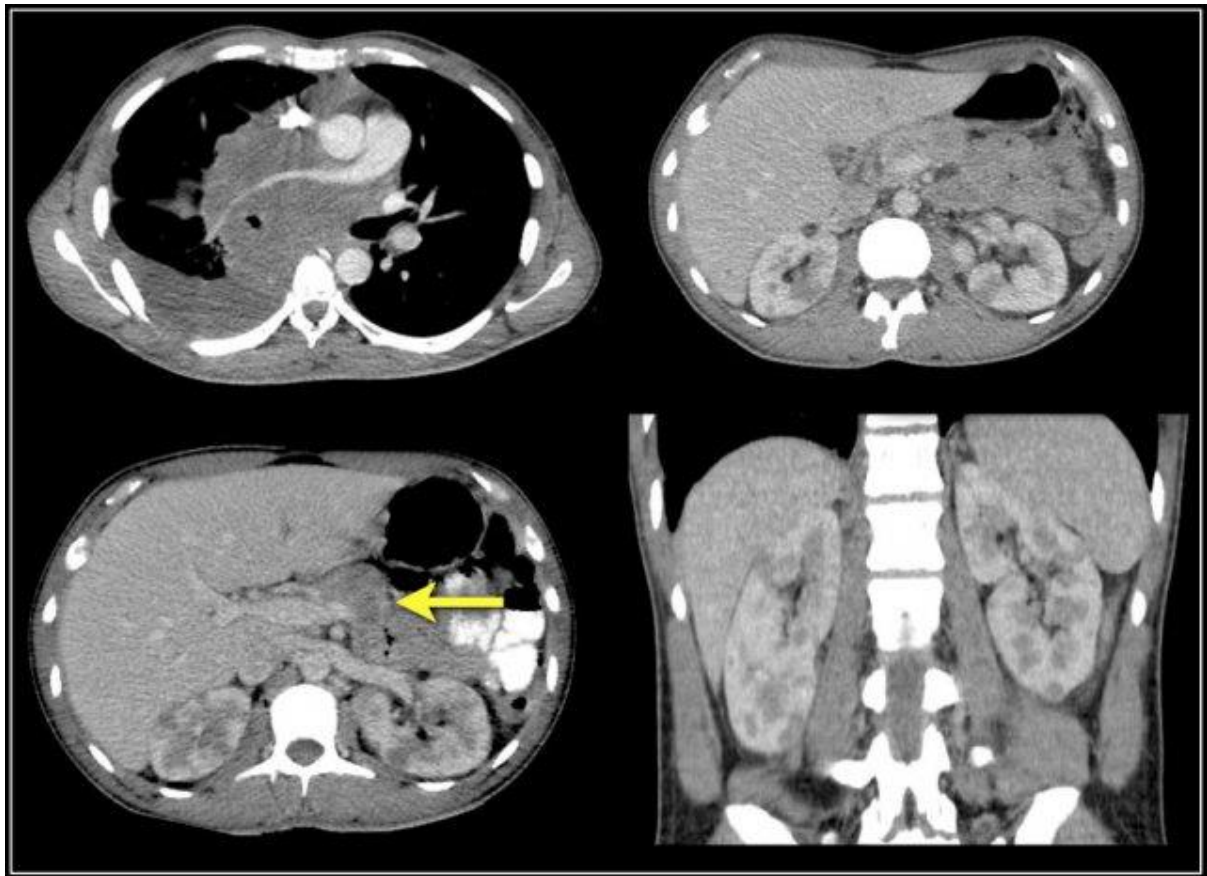
- No findings on the current CT to account for the patient's clinical complaint of abdominal pain.
 - Small hypoattenuating renal lesions likely reflect benign cysts. No further work-up is necessary.
 - Findings suggestive of hepatic steatosis (fatty liver).
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Laboratory Results

Test	Result	Reference Range
White Blood Cell Count	7.8 x 10 ⁹ /L	4.0 – 10.0 x 10 ⁹ /L
Hemoglobin	12.2 g/dL	12.0 – 16.0 g/dL
Platelets	210 x 10 ⁹ /L	150 – 450 x 10 ⁹ /L
Blood Glucose (Fasting)	145 mg/dL	70 – 100 mg/dL
A1C	7.8%	<5.7%
ALT	55 U/L	7 – 56 U/L
AST	45 U/L	10 – 40 U/L
Cholesterol (Total)	210 mg/dL	<200 mg/dL
HDL Cholesterol	40 mg/dL	>60 mg/dL
LDL Cholesterol	135 mg/dL	<100 mg/dL

Placeholder for Radiology Images:





Treatment Plan

1. Continue current medications:

- Tamoxifen for breast cancer remission.
- Lisinopril for hypertension.
- Metformin for diabetes management.
- Atorvastatin for hyperlipidemia.

2. Diet and Lifestyle Recommendations:

- Low-fat, low-sugar diet to manage hepatic steatosis and hyperlipidemia.
- Regular physical activity to improve glucose control and alleviate osteoarthritis symptoms.

3. Follow-up:

- Repeat liver function tests in 3 months.
- Ultrasound of kidneys in 6 months to re-evaluate renal lesions.
- Consider referral to a dietitian for personalized nutrition counseling.

Consultations

Specialty	Date Requested	Comments
Gastroenterology	01/02/2024	Evaluation of hepatic steatosis
Endocrinology	01/10/2024	Management of Type 2 diabetes
Radiology	01/15/2024	Review of renal lesions

Prescriptions

Medication Name	Dosage	Frequency	Start Date	Refill
Lisinopril	10 mg	Once Daily (QD)	01/06/2024	Yes
Metformin	500 mg	Twice Daily (BID)	01/06/2024	Yes
Atorvastatin	20 mg	Once Daily (QD)	01/06/2024	Yes
Ibuprofen	400 mg	As Needed (PRN)	01/06/2024	No

Physician Signature:

Dr. John Smith, MD
Department of Internal Medicine
Date: 10/06/2024