

****Medical Report for Patient 006-111132****

****1. Patient Information****

****Patient Unit Stay ID:**** 602216 ****Unique Patient ID:**** 006-111132 ****Gender:**** Male ****Age:**** 40 ****Ethnicity:**** Caucasian ****Hospital Admission Time:**** 2015-XX-XX 03:55:00 ****Hospital Admission Source:**** Emergency Department ****Hospital Discharge Time:**** 2015-XX-XX 16:55:00 ****Hospital Discharge Location:**** Home ****Hospital Discharge Status:**** Alive ****Unit Type:**** Med-Surg ICU ****Unit Admission Time:**** 2015-XX-XX 04:39:00 ****Unit Admission Source:**** Emergency Department ****Unit Discharge Time:**** 2015-XX-XX 16:55:00 ****Unit Discharge Location:**** Home ****Unit Discharge Status:**** Alive ****Admission Weight:**** 96 kg ****Discharge Weight:**** 80.1 kg ****Admission Height:**** 160 cm

****2. History****

NULL (Insufficient data provided)

****3. Diagnoses****

NULL (Insufficient data provided)

****4. Treatments****

NULL (Insufficient data provided)

****5. Vital Trends****

NULL (Insufficient data provided. Vital signs data is needed to generate this section.)

****6. Lab Trends****

The provided lab data shows multiple blood tests performed at different time points during the patient's ICU stay. The time offsets indicate the time elapsed since unit admission. Key lab values and their trends are detailed below, noting that without the actual dates the offsets can only provide a relative picture:

****BUN (Blood Urea Nitrogen):**** BUN levels were initially 17 mg/dL (-84 and 439 minutes from unit admit), slightly elevated at 17 mg/dL (4757 minutes from unit admit) and 18 mg/dL (1891 minutes from unit admit). This suggests some fluctuation but overall remains within a relatively narrow range. ****Glucose:**** Glucose levels showed significant fluctuation. Initially at 115 mg/dL (-84 minutes), it rose to 91 mg/dL (439 minutes), then 125 mg/dL (4757 minutes). Later measurements showed values of 109 mg/dL (3319 minutes), 110 mg/dL (776 minutes), 121 mg/dL (3657 minutes), 129 mg/dL (2760 minutes), 189 mg/dL (3971 minutes), and 121 mg/dL (4414 minutes). This indicates potential hyperglycemia requiring attention. ****Creatinine:**** Creatinine levels show a concerning upward trend. It started at 1.07 mg/dL (-84 minutes), rose to 1.09 mg/dL (439 minutes), and further increased to 1.29 mg/dL (4757 minutes), 1.28 mg/dL (3319 minutes), and 1.21 mg/dL (1891 minutes). This increase suggests potential kidney function impairment. ****Electrolytes:**** Sodium and potassium levels show some variability. Potassium levels ranged from 3.2 mmol/L to 4.0 mmol/L across multiple measurements, while sodium levels remained largely stable around 140-143 mmol/L. Chloride levels were relatively stable around 97-105 mmol/L. Calcium levels were consistently around 8.4 mg/dL. These need to be considered in context with other clinical findings. ****Liver Enzymes:**** AST (SGOT) and ALT (SGPT) were elevated at 25 U/L each at -84 minutes, suggesting potential liver involvement. Further investigation is warranted. ****Hematological Parameters:**** Hemoglobin (Hgb) levels fluctuated between 10.8 g/dL and 11.6 g/dL. Hematocrit (Hct) levels fluctuated between 35.1% and 38.3%. Platelets showed variation between 313 K/mcL and 398 K/mcL. MCV (Mean Corpuscular Volume) and MCH (Mean Corpuscular Hemoglobin) showed values of 83-84 fL and 25.4-25.7 pg, respectively. RDW (Red cell distribution width) was elevated at 14.9-15.2%, indicating potential variation in red blood cell size. These parameters suggest possible anemia and require further evaluation. ****Other:**** Anion gap showed variability (6-9), total protein (6.4 g/dL), albumin (3.1

g/dL), total bilirubin (0.6 mg/dL), and troponin-I (0.023-0.037 ng/mL) were also measured. The significance of these values needs to be interpreted within the full clinical picture.

****7. Microbiology Tests****

NULL (Insufficient data provided)

****8. Physical Examination Results****

The physical exam was noted as "Not Performed".