Medical Report for Patient 002-10865

1. Patient Information

* **Patient Unit Stay ID:** 210641 * **Unique Patient ID:** 002-10865 * **Gender:** Female * **Age:** 60 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2015-XX-XX 06:33:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2015-XX-XX 22:30:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2015-XX-XX 07:54:00 * **Unit Admission Source:** ICU to SDU * **Unit Discharge Time:** 2015-XX-XX 17:47:00 * **Unit Discharge Location:** Floor * **Unit Discharge Status:** Alive * **Admission Height (cm):** 152.4 * **Admission Weight (kg):** NULL * **Discharge Weight (kg):** 100.3

2. History

NULL * (Insufficient data provided to elaborate on patient history.)

3. Diagnoses

NULL * (Insufficient data provided. The `apacheadmissiondx` field is empty.)

4. Treatments

NULL * (No treatment information is available in the provided data.)

5. Vital Trends

NULL * (No vital signs data is included in the JSON.)

6. Lab Trends

The provided lab data shows multiple blood tests performed at different times during the patient's stay. The tests include complete blood count (CBC) with differential, basic metabolic panel (BMP), and troponin-I. There are multiple entries for some tests, suggesting repeat measurements over time. A detailed analysis requires time-series plotting to visualize trends.

* **Hematology (Repeated at 192 and 1626 minutes post-unit admission):** The complete blood counts reveal a leukocytosis (elevated white blood cell count) at both time points (10.4 K/mcL and 17.3 K/mcL respectively), suggesting an inflammatory or infectious process. The patient also exhibits a slightly elevated RDW (Red cell distribution width) at both time points (14.0% and 14%), which could indicate anisocytosis (variation in red blood cell size). Other hematological parameters (Hgb, Hct, MCV, MCH, MCHC, platelets) show some variation between the two time points but generally stay within normal ranges, though further investigation is needed. The differential counts show a significant increase in polymorphonuclear leukocytes (polys) at both time points (96% and 94%), and a low lymphocyte count (3% and 2%) at both time points which could indicate an infection or other inflammatory condition. The basophil and eosinophil counts are consistently low at both time points.

* **Chemistry (Repeated at 332 and 3121 minutes post-unit admission):** The basic metabolic panel shows fluctuations in BUN (Blood Urea Nitrogen), Creatinine, glucose, sodium, potassium, chloride, and bicarbonate levels. The creatinine and BUN levels increased from the initial to the second measurements, suggesting a potential decline in kidney function. The anion gap also shows variation between measurements. Glucose levels are elevated at both time points (174 mg/dL and 166 mg/dL) suggesting hyperglycemia. Sodium, potassium, and chloride levels show minor fluctuations between measurements.

* **Cardiac Markers:** Troponin-I levels were measured at multiple time points and are consistently below the detection limit (<0.02 ng/mL). This suggests the absence of acute myocardial injury.

7. Microbiology Tests

NULL * (No microbiology test results are available in the provided data.)

8. Physical Examination Results

NULL * (No physical examination results are provided.)