Medical Report for Patient 006-104324

1. Patient Information

* **Patient Unit Stay ID:** 712313 * **Unique Patient ID:** 006-104324 * **Gender:** Male * **Age:** 64 * **Ethnicity:** Caucasian * **Hospital Admission Time:** 2014-XX-XX 05:47:00 * **Hospital Admission Source:** Emergency Department * **Hospital Discharge Time:** 2014-XX-XX 18:03:00 * **Hospital Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Unit Type:** Med-Surg ICU * **Unit Admission Time:** 2014-XX-XX 06:51:00 * **Unit Admission Source:** Emergency Department * **Unit Discharge Time:** 2014-XX-XX 18:03:00 * **Unit Discharge Location:** Home * **Unit Discharge Status:** Alive * **Admission Weight:** 131 kg * **Discharge Weight:** 96.6 kg * **Admission Height:** 175 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 not included in the JSON.)

6. Lab Trends

The provided laboratory data shows multiple blood tests performed at different time points during the patient's stay. There are both chemistry and hematology panels represented. Specific noteworthy trends include:

* **Potassium:** Significant fluctuation in potassium levels is observed. Initial potassium level was 7.3 mmol/L (-246 minutes from unit admit), which is dangerously high (hyperkalemia). Subsequent measurements show a decrease to 3.6 mmol/L (714 minutes from unit admit) and 3.5 mmol/L (1669 minutes from unit admit), indicating potential treatment effectiveness. However, the high initial potassium level warrants further investigation into the underlying cause and potential complications. * **Creatinine:** Elevated creatinine levels are observed throughout the patient's stay. The initial creatinine level was 2.3 mg/dL (-246 minutes from unit admit), which subsequently decreased to 1.1 mg/dL (714 minutes from unit admit) and then increased again to 0.8 mg/dL (1669 minutes from unit admit), indicating possible renal dysfunction. The fluctuating levels require monitoring and further assessment to determine the extent of kidney involvement and the need for intervention. * **BUN (Blood Urea Nitrogen):** The BUN levels also show fluctuations, with an initial high level of 53 mg/dL (-246 minutes from unit admit), subsequently decreasing to 21 mg/dL (1669 minutes from unit admit). This may correlate with creatinine levels and suggests possible dehydration or renal impairment. * **Liver Enzymes (AST, ALT):** Markedly elevated levels of both AST (aspartate aminotransferase) and ALT (alanine aminotransferase) are noted, with values of 165 and 79 IU/L (-246 minutes from unit admit) initially, and 838 and 307 IU/L (714 minutes from unit admit), respectively. This indicates significant liver damage, possibly due to underlying conditions or medication side effects. Further investigations are essential to identify the cause and assess the severity of liver injury. * **Troponin-I:** A troponin-I level of 0.04 ng/mL (-183 minutes from unit admit) was recorded, slightly elevated, suggesting possible myocardial injury. This requires further assessment to rule out or confirm a cardiac event.

The timing of these lab results relative to the patient's admission and treatment should be carefully analyzed to understand the course of the disease and the response to treatment.

7. Microbiology Tests

NULL (No microbiology data is available in the provided JSON.)

8. Physical Examination Results

The physical exam was documented as “Not Performed”.