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**Medical Report for Patient 009-10147**

***I. Patient Information**

* ***PatientUnitStayID:** 1059936 * **PatientHealthSystemStayID:** 786131 * **UniquePID:** 009-10147 * **Gender:** Male * **Age:** 76 years * **Ethnicity:** African American * **HospitalID:** 198 * **WardID:** 471 * **Unit Type:** CTICU * **Unit Admit Source:** Operating Room * **Unit Admit Time:** 21:23:00 * **Unit Discharge Time:** 21:38:00 * **Unit Discharge Location:** Floor * **Hospital Admit Time:** 09:01:00 * **Hospital Discharge Time:** 19:57:00 * **Hospital Discharge Location:** Home * **Admission Height:** 182.3 cm * **Admission Weight:** 86.9 kg * **Admission Diagnosis:** Esophageal surgery, other

**2. History**

NULL (No detailed history provided in the data.)
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3. Diagnoses

***DiagnosisID:** 15137441 * **PatientUnitStayID:** 1059936 * **ActiveUponDischarge:** False * **DiagnosisOffset (minutes):** 23 * **DiagnosisString:** gastrointestinal|abdominal/ general|dysphagia * **ICD9Code:** 787.2, R13.10 * **DiagnosisPriority:** Primary * **DiagnosisID:** 15137451 * **PatientUnitStayID:** 1059936 * **ActiveUponDischarge:** False * **DiagnosisOffset (minutes):** 6354 * **DiagnosisString:** gastrointestinal|abdominal/ general|dysphagia * **ICD9Code:** 787.2, R13.10 * **DiagnosisPriority:** Primary

The patient received two primary diagnoses of dysphagia, both related to gastrointestinal and abdominal issues. The first diagnosis was recorded 23 minutes after unit admission, while the second was recorded much later at 6354 minutes. Neither diagnosis was active upon discharge from the unit.

4. Treatments

***TreatmentID:** 30739012 * **PatientUnitStayID:** 1059936 * **TreatmentOffset (minutes):** 23 * **TreatmentString:** gastrointestinal|intravenous fluid administration|Lactated Ringer's administration|moderate volume resuscitation (150-250 mls/hr) * **ActiveUponDischarge:** False * **TreatmentID:** 30789675 * **PatientUnitStayID:** 1059936 * **TreatmentOffset (minutes):** 6354 * **TreatmentString:** gastrointestinal|consultations|Surgery consultation * **ActiveUponDischarge:** False * **TreatmentID:** 30789683 * **PatientUnitStayID:** 1059936 * **TreatmentOffset (minutes):** 23 * **TreatmentString:** gastrointestinal|consultations|Surgery consultation * **ActiveUponDischarge:** False * **TreatmentID:** 30739011 * **PatientUnitStayID:** 1059936 * **TreatmentOffset (minutes):** 6354 * **TreatmentString:** gastrointestinal|intravenous fluid administration|Lactated Ringer's administration|moderate volume resuscitation (150-250 mls/hr) * **ActiveUponDischarge:** False

The patient received two types of treatments, both categorized as gastrointestinal. These included intravenous fluid administration (Lactated Ringer's) with moderate volume resuscitation, and a surgery consultation. All treatments were inactive upon discharge.

5. Vital Trends

NULL (No vital sign trends data provided.)

6. Lab Trends

The provided data includes a comprehensive set of lab results, including blood chemistry, blood gases, and complete blood counts. Multiple tests were performed at various time points during the patient's stay. However, without timestamps associated with the lab results, it is impossible to generate trends. The lab values include creatinine, bicarbonate, sodium, AST, magnesium, alkaline phosphatase, glucose, phosphate, calcium, total protein, etc. These values show variations

over time which would require timestamp data to chart.

7. Microbiology Tests

NULL (No microbiology test data provided.)

8. Physical Examination Results

The physical exam was performed and documented using a structured format. The Glasgow Coma Scale (GCS) was recorded as 13 + 5 + 4 = 22 at 7 minutes post-admission and later as 'scored' at 6344 minutes post admission. Admission weight was 86.9 kg. Heart rate (HR) varied from 58 to 98 bpm and blood pressure (BP) varied, with systolic readings between 98 and 198 mmHg, and diastolic readings between 46 and 79 mmHg. Respiratory rate ranged from 14 to 21 breaths per minute, and oxygen saturation (O2 Sat) was recorded as 100% (highest) and 89% (lowest). CVP was 8. The data suggests a comprehensive physical exam was performed. Further analysis would be limited without additional details and time-series data.

This report is generated based on the available data. Additional information, such as a detailed patient history and vital signs, would allow for a more complete and informative report.