

****Medical Report: Patient 002-10187****

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

*****Patient Unit Stay ID:** 169525 ***Unique Patient ID:** 002-10187 ***Gender:** Female ***Age:** 59 ***Ethnicity:** Caucasian ***Hospital Admission Time:** 2015-XX-XX 20:05:01 ***Hospital Discharge Time:** 2015-XX-XX 20:33:00 ***Unit Admission Time:** 2015-XX-XX 20:19:00 ***Unit Discharge Time:** 2015-XX-XX 20:34:00 ***Admission Height:** 162.6 cm ***Admission Weight:** 74.1 kg ***Discharge Weight:** 74.1 kg ***Admission Diagnosis:** Endarterectomy, carotid ***Hospital ID:** 73 ***Ward ID:** 92 ***Unit Type:** CTICU ***Unit Admit Source:** Operating Room ***Unit Discharge Location:** Floor ***Hospital Discharge Status:** Alive ***Unit Discharge Status:** Alive**

****2. History****

NULL (Insufficient data provided)

****3. Diagnoses****

NULL (Insufficient data provided, only admission diagnosis is available)

****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 following laboratory test results were recorded during the patient's ICU stay:

*****Potassium (mmol/L):**** Initial values showed some hypokalemia (low potassium) with readings of 3.3 and 3.6 mmol/L. Later values (around 800 minutes post-admission) stabilized around 3.6 mmol/L. A final reading showed a slight decrease to 3.2 and 3.3 mmol/L before discharge. This fluctuation requires further investigation to determine the underlying cause and clinical significance. *****Calcium (mg/dL):**** Initial levels were 8.0 mg/dL, and later rose to 8.9 mg/dL. This indicates a possible increase in calcium levels over time, which should be evaluated in the context of other clinical findings. *****BUN (mg/dL):**** Initial BUN levels were elevated at 16 mg/dL, and later decreased to 10 mg/dL. This suggests a possible improvement in renal function, but further monitoring is warranted. *****Glucose (mg/dL):**** The patient experienced hyperglycemia (high blood sugar) with initial levels of 135 mg/dL. Bedside glucose monitoring throughout the stay showed fluctuating levels between 127 and 251 mg/dL, indicating the need for careful glucose management. *****Hemoglobin (g/dL):**** Hemoglobin levels were 12.2 g/dL initially, and later improved to 13.1 g/dL, suggesting a positive trend in red blood cell count. *****White Blood Cell Count (WBC x 1000 K/mcL):**** The WBC count was 10.6 K/mcL initially, and later increased to 11.8 K/mcL. This may indicate an inflammatory response, requiring further evaluation. *****Other Hematological Parameters:**** The complete blood count (CBC) revealed additional information regarding red blood cell distribution width (RDW), mean corpuscular volume (MCV), mean corpuscular hemoglobin (MCH), and mean corpuscular hemoglobin concentration (MCHC). These values show variations that should be interpreted in the context of the overall clinical picture. *****Blood Gas Analysis:**** ABG results revealed paO2 (partial pressure of oxygen) and paCO2 (partial pressure of carbon dioxide) levels, pH, and bicarbonate, and oxygen saturation. These values provide insights into the patient's respiratory function and acid-base balance. *****Electrolytes:**** Sodium and chloride levels were measured and showed values within or slightly outside the normal ranges, warranting further review. *****Lipids:**** HDL, LDL, total cholesterol, and triglycerides were also measured, providing a comprehensive lipid profile. These results should be considered in the assessment of cardiovascular risk. *****Creatinine (mg/dL):**** Initial creatinine was 0.45 mg/dL and later increased to 0.52 mg/dL. This change warrants monitoring of renal function. *****Anion Gap:**** The anion gap was

measured and showed some variation, requiring additional clinical context for interpretation.

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

NULL (Insufficient data provided)

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

A structured physical exam was performed. Blood pressure (systolic) was recorded as 106 mmHg. Diastolic blood pressure was 58 mmHg. Admission and current weight were both recorded as 74.1 kg. A Glasgow Coma Scale (GCS) score of 14 (4, 5, 5) was recorded. Further details regarding other physical examination findings are not present in the provided data.