Medical Report: Patient 007-10057

1. Patient Information

* **Patient Unit Stay ID:** 972135 * **Patient Health System Stay ID:** 716345 * **Unique Patient ID:** 007-10057 * **Gender:** Female * **Age:** > 89 * **Ethnicity:** Caucasian * **Hospital ID:** 183 * **Ward ID:** 430 * **Unit Type:** Med-Surg ICU * **Unit Admit Time:** 2014-XX-XX 19:56:00 (Exact date missing from data) * **Unit Admit Source:** Emergency Department * **Hospital Admit Time:** 2014-XX-XX 19:56:00 (Exact date missing from data) * **Hospital Admit Source:** Emergency Department * **Hospital Discharge Year:** 2014 * **Hospital Discharge Time:** 2014-XX-XX 17:40:00 (Exact date missing from data) * **Hospital Discharge Location:** Death * **Hospital Discharge Status:** Expired * **Unit Discharge Time:** 2014-XX-XX 19:23:00 (Exact date missing from data) * **Unit Discharge Location:** Death * **Unit Discharge Status:** Expired * **Admission Weight:** 65.7 kg * **Discharge Weight:** 70.91 kg * **Admission Height:** 152.4 cm (Units assumed) * **APACHE Admission Dx:** Genitourinary medical, other

2. History

NULL (Insufficient information provided in the JSON data to describe the patient's medical history.)

3. Diagnoses

* **Diagnosis ID:** 12805192 * **Patient Unit Stay ID:** 972135 * **Active Upon Discharge:** True * **Diagnosis Offset (minutes):** 175 * **Diagnosis String:** renal|disorder of urinary tract / renal system infection|upper urinary tract infection|likely bacterial * **ICD-9 Code:** 590.10, N10 * **Diagnosis Priority:** Other

4. Treatments

* **Treatment ID:** 27989615 * **Patient Unit Stay ID:** 972135 * **Treatment Offset (minutes):** 175 * **Treatment String:** gastrointestinal|medications|antibiotics|vancomycin * **Active Upon Discharge:** True

5. Vital Trends

NULL (Vital signs data is missing from the provided JSON.)

6. Lab Trends

The provided lab data includes multiple blood tests and arterial blood gas (ABG) analyses performed at various time points during the patient's stay. Significant abnormalities include markedly elevated liver enzymes (AST and ALT), elevated BUN and creatinine indicating renal dysfunction, hypochloremia, and hypoalbuminemia. The ABG results show metabolic acidosis (Base Excess -6.7 mEq/L initially, worsening to -12.2 mEq/L later) and hypoxemia (initial paO2 78 mmHg, decreasing to 118 mmHg later). Glucose levels were initially elevated (135 mg/dL) but decreased later (96 mg/dL). Complete blood count showed elevated WBC (15.1 K/mcL initially, rising to 16.9 K/mcL), low Hgb (9.8 g/dL initially, rising slightly to 10 g/dL), and low Hct (29.8% initially, rising slightly to 30.9%). The elevated troponin-I (0.387 ng/mL) suggests possible myocardial injury. The anion gap was slightly elevated, reflecting the metabolic acidosis. This comprehensive lab data highlights the severity of the patient's condition. Note that the exact timing of lab tests relative to admission is crucial and would be essential in a more complete analysis.

7. Microbiology Tests

NULL (Microbiology test results are not included in the JSON data.)

8. Physical Examination Results

* A structured physical exam was performed. The Glasgow Coma Scale (GCS) score was documented as 14 (Eyes 4, Verbal 4, Motor 6). The admission weight was recorded as 65.7 kg.

Note: The absence of dates and times for many events limits the comprehensiveness of this report. More detailed information would significantly improve the analysis.