

****Medical Report for Patient 006-101718****

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

* **Patient Unit Stay ID:** 640795 * **Patient Health System Stay ID:** 514969 * **Unique Patient ID:** 006-101718 *
Gender: Male * **Age:** 75 years * **Ethnicity:** Caucasian * **Hospital ID:** 152 * **Ward ID:** 404 * **Unit Type:**
CSICU * **Unit Admit Time:** 2014-XX-XX 18:59:00 (Assuming a date) * **Unit Admit Source:** ICU to SDU * **Unit
Discharge Time:** 2014-XX-XX 17:37:00 (Assuming a date) * **Unit Discharge Location:** Floor * **Unit Discharge
Status:** Alive * **Hospital Admit Time:** 2014-XX-XX 22:05:00 (Assuming a date) * **Hospital Admit Source:** Floor *
Hospital Discharge Year: 2014 * **Hospital Discharge Time:** 2014-XX-XX 00:05:00 (Assuming a date) * **Hospital
Discharge Location:** Home * **Hospital Discharge Status:** Alive * **Admission Height:** 177.8 cm * **Admission
Weight:** NULL * **Discharge Weight:** 132 kg

****2. History****

NULL (Insufficient information provided)

****3. Diagnoses****

* **Diagnosis 1 (Primary):** Acute Myocardial Infarction (no ST elevation) (ICD-9: 410.71, I21.4) * cardiovascular|chest
pain / ASHD|acute coronary syndrome|acute myocardial infarction (no ST elevation) * **Diagnosis 2 (Major):** Congestive
Heart Failure (ICD-9: 428.0, I50.9) * cardiovascular|ventricular disorders|congestive heart failure * **Diagnosis 3 (Major):**
Post-CABG (<7 days) (ICD-9:) * cardiovascular|cardiac surgery|s/p CABG < 7 days * **Diagnosis 4 (Major):** Ischemic
Dilated Cardiomyopathy (ICD-9: 425.8, I25.5) * cardiovascular|ventricular disorders|cardiomyopathy|dilated|ischemic

****4. Treatments****

NULL (Insufficient information provided)

****5. Vital Trends****

NULL (Insufficient information provided)

****6. Lab Trends****

The provided data includes numerous lab results for various blood chemistries and hematological parameters. These tests were conducted at multiple time points during the patient's stay. Specific trends will require detailed time-series analysis which needs the missing date information. However, some observations can be made based on the available data:

* **Potassium:** Fluctuated between 3.6 mmol/L and 4.8 mmol/L, indicating potential electrolyte imbalances requiring monitoring. * **Creatinine:** Varied between 1.44 mg/dL and 1.88 mg/dL, suggesting some kidney function fluctuation. *
Glucose: Showed values ranging from 98 mg/dL to 156 mg/dL, with a need for further analysis to determine if this indicates a significant glucose control issue. * **Bedside Glucose:** Multiple measurements were taken and showed a range of values, suggesting the need for more precise glucose monitoring and management. More analysis is needed to determine trends. * **Hematological parameters (Hgb, Hct, RBC, MCV, MCH, MCHC, RDW, Platelets):** These parameters were measured and will require a detailed analysis across timepoints to determine if the values were within normal limits and to identify any trends indicative of anemia or other hematological issues. The complete blood count (CBC) should be analyzed for trends in relation to other clinical data. * **Other Chemistries (Sodium, Chloride, Bicarbonate, Anion Gap, BUN, Albumin, Total Bilirubin, ALT, AST):** These chemistries were measured and should be analyzed in a time-series fashion to detect possible abnormalities and trends in liver and kidney function, acid-base balance, and other metabolic processes. The combination of these tests provides a comprehensive picture of the patient's metabolic status. * **Coagulation parameters (PT, PTT):** These tests were also performed and should be analyzed in relation to the patient's clinical condition and any potential bleeding or clotting issues. Trends in PT and PTT values

provide information on the effectiveness of any anticoagulation therapy and the patient's coagulation status.

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

NULL (Insufficient information provided)

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

NULL (Insufficient information provided)

****Note:**** This report lacks crucial information such as dates and times for lab results and vital signs, along with the patient's medical history and treatment details. A complete and accurate report requires this additional data. The analysis of trends in lab values is highly dependent on the missing date information. Further evaluation and analysis are needed.