

MEDICAL REPORT

Patient Information:

Name: John Smith

Gender: Male

Date of Birth: August 10, 1985

Address: 123 Main Street, USA

Contact Number: (555) 123-4567

Occupation: Software Engineer

Medical History:

- No known allergies to medications
- No significant medical history
- Regular exercise routine
- Non-smoker
- Occasional alcohol consumption

Chief Complaint:

The patient presents with persistent cough, shortness of breath, and mild chest pain.

Present Illness:

Mr. John Smith, a 37-year-old male, reports the onset of symptoms approximately two weeks ago. He initially experienced a mild cough, which gradually worsened and was accompanied by shortness of breath. He also noticed intermittent mild chest pain, exacerbated by deep breaths or physical exertion. No fever or night sweats were reported. The patient tried over-the-counter cough syrups and rest, which provided minimal relief. Hence, he decided to seek medical attention.

Physical Examination:

General: The patient appears to be in no acute distress, conscious, and alert.

Vital Signs:

- Blood Pressure: 120/80 mmHg
- Heart Rate: 80 beats per minute
- Respiratory Rate: 18 breaths per minute
- Temperature: 98.6°F (36.9°C)
- Oxygen Saturation: 98% on room air

Respiratory System:

Auscultation of the lungs reveals bilateral coarse crackles, particularly in the lower lung fields. No wheezing or prolonged expiratory phase was noted.

Cardiovascular System:

Regular heart sounds with no murmurs, gallops, or rubs. No peripheral edema was observed.

Other Systems:

The examination of other systems, including the gastrointestinal, neurological, and musculoskeletal systems, was unremarkable.

Assessment:

1. Acute bronchitis: The patient's symptoms, including persistent cough, shortness of breath, and chest pain, are consistent with acute bronchitis. The bilateral coarse crackles heard on auscultation support this diagnosis.

Plan:

1. Chest X-ray: To evaluate the lung fields and rule out other possible causes.
2. Complete Blood Count (CBC) and C-Reactive Protein (CRP) test: To assess the presence of any underlying infection or inflammation.
3. Symptomatic treatment:
 - Prescribe a short-acting bronchodilator inhaler (e.g., albuterol) for symptom relief and to alleviate bronchospasm.
 - Recommend over-the-counter pain relievers (e.g., acetaminophen) for mild chest pain.

- Encourage rest, hydration, and adequate sleep.
- Advise the patient to avoid exposure to irritants (e.g., cigarette smoke, dust, strong odors).

Follow-up:

The patient is advised to return for a follow-up appointment in one week or earlier if the symptoms worsen or new symptoms arise. The results of the chest X-ray and laboratory tests will be reviewed during the follow-up visit to guide further management.