

Comprehensive Medical Summary and Analysis for 63 Year Old Male Patient

Date of Report: September 21, 2023 Medical Record Number: DVS_DD_23 Doctor In Charge: Dr Lady Adelaida, Dr Anthony Close





Demographics

- Age: 63
- Gender: Male
- Height: 176 cm
- Current Weight: 76 kg
- Occupation: Sedentary job, approximately 80% of workday spent sitting at a computer

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Chief Complaints

- Insufficient Sleep: 4–5 hours per
 - night
- Cognitive Fluctuations:
 - Forgetfulness and reduced mental sharpness
- Reduced Interest: Less interest in
 - business activities and decreased motivation

MEDICAL HISTORY

General Health, Diabetes Management, Cardiovascular Health, Endocrine System, Nutrional Status



Medical History

General Health

- treadmill, rowing, and weights.

Cardiovascular Health

pressure.

Diabetes Management

- Type: Type 2 Diabetes
- Family History: Father also had diabetes.
- improvement.



• Weight Loss: Reduced weight from 100 kg in November to 76 kg (lost 24 kg).

• Physical Activity: Engages in one hour of exercise daily, focusing on cardio,

• Past Medications: Was on statins for cholesterol and Lisinopril for high blood

• Progression: Transition from pre-diabetic at age 40 to full diabetes in early 50s.

• Latest A1C Levels: Improved from 9.2 to 5.9 after stem cell treatment.

• Treatment: Previously on Metformin (2g/day), recently discontinued after

Medical History

Endocrine System

- Prolactin Levels: Reduced from over 1,000 to 30.

Nutritional Status

• Vitamin D: Previously low but now within normal range.



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• Prolactinoma: Diagnosed with a prolactinoma tumor two years ago.

• Testosterone: Very low levels; self-administered TRT currently in place.

RADIOLOGICAL FINDINGS

MRI Pituitary & Thyroid Ultrasound



Radiological Findings

MRI Pituitary

- Latest Size: 1.6 x 1.9 x 1.9 cm as of 6/14/2021.
- Clinical Indications: History of prolactinoma.

Thyroid Ultrasound

- cm.
- Clinical Indications: Follow-up for right and left thyroid nodules.



• Diagnosis: Pituitary macroadenoma with minimal change in size.

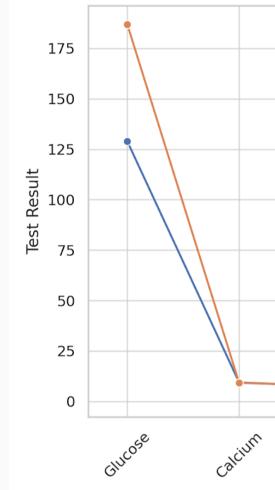
• Diagnosis: Stable bilateral thyroid nodules without suspicious features.

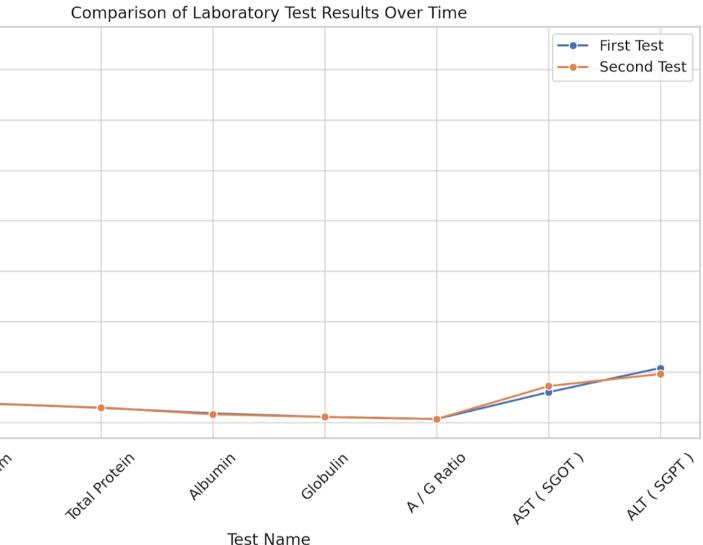
• Latest Measurements: Right lobe 3.7 x 2.8 x 5.6 cm, Left lobe 2.4 x 2.0 x 5.5

LABORATORY TEST RESULTS COMPARISONS

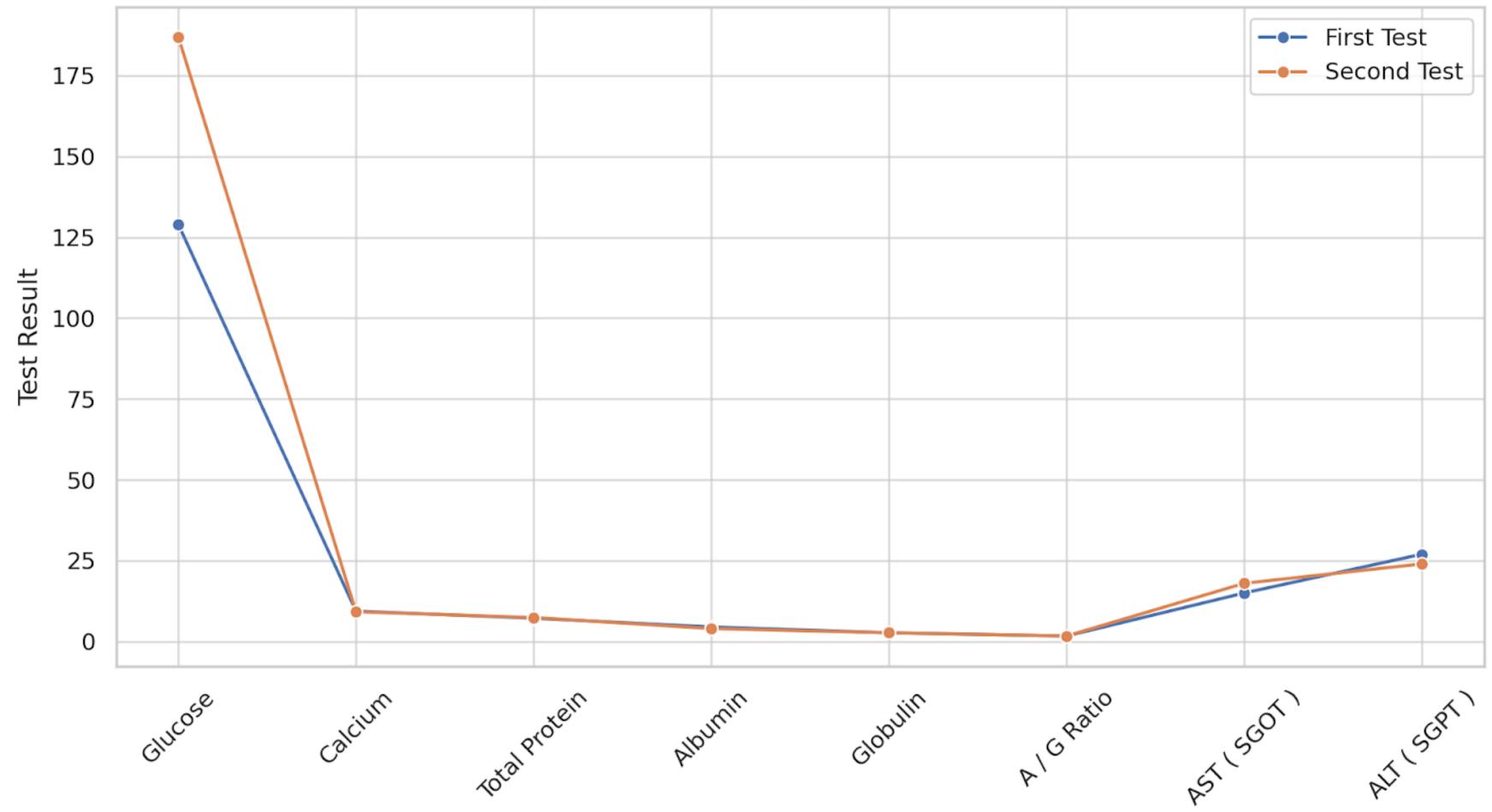
Changes, Trends, and Abnormalities







Comparison of Laboratory Test Results Over Time



Test Name

Glucose:

- First Test: 129 mg/dL (High)
- Second Test: 187 mg/dL (Significantly High)

Observation: There is a significant increase in glucose levels, which is a concerning sign given your diabetic history.

Suggestion: Immediate intervention is required to manage glucose levels

Calcium: >

- **First Test**: 9.4 mg/dL (Normal)
- Second Test: 9.2 mg/dL (Normal)

Observation: Calcium levels are stable and within the normal range.

Suggestion: Continue current dietary and medication regimen.

Total Protein: (>)

- **First Test**: 7.2 g/dL (Normal)
- Second Test: 7.4 g/dL (Normal)

Observation: Slight increase but within the normal range.

Suggestion: No immediate action required.

CHANGES, TRENDS, AND ABNORMALITIES

Albumin:

- **First Test:** 4.5 g/dL (Normal)
- Second Test: 4.0 g/dL (Normal)

Observation: A slight decrease but still within the normal range.

Suggestion: Keep an eye on this metric in future tests.

Globulin: (>)

- **First Test**: 2.7 g/dL (Normal)
- **Second Test**: 2.7 g/dL (Normal)

Observation: Levels have remained stable.

Suggestion: No immidiate action required.

(>)

A/G Ratio:

- First Test: 1.7 (Normal)
- Second Test: 1.7 (Normal)

Observation: The A/G ratio remains constant and within the normal range

Suggestion: No immediate action required.



- First Test: 15 U/L (Normal)
- Second Test: 18 U/L (Normal)

Observation: A slight increase but still within the normal range.

Suggestion: No immediate action required.



Observation: A slight decrease but still within the normal range.

Suggestion: No immediate action required.



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ALT (SGPT):

First Test: 27 U/L (Normal)
Second Test: 24 U/L (Normal)

OVERALL SUGGESTIONS

- Immediate medical consultation is required for elevated glucose levels.
- Regular monitoring of Albumin and liver enzymes is advised.
- Continue with the current regimen for other metrics that are within the normal range.

OBSERVATIONS

RECOMMENDATIONS

CORRELATIONS



Observations >

Continue with the current regimen for other metrics that are within the normal range.

for

Immediate medical consultation is required for elevated glucose levels.

Regular monitoring of Albumin 02 and liver enzymes is advised.

> follow-up MRI is strongly Α recommended given the minimal change in the size of the pituitary mass.

An in-depth sleep study and further evaluation of cognitive fluctuations are recommended.

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No further imaging is necessary thyroid unless clinical symptoms change.



BLOOD WORK & RADIOLOGICAL

CORRELATIONS

ENDOCRINE IMPACT

The pituitary macroadenoma and thyroid nodules could impact hormonal balance, as evidenced by the blood work markers such as testosterone and glucose.

Elevated glucose levels and stable calcium levels might indicate that the pituitary macroadenoma may be affecting metabolic regulation while thyroid function remains stable.



METABOLIC MARKERS

OVERALL RECOMMENDATIONS

Endocrinological Assessment :

A comprehensive endocrinological assessment is strongly advised.

Regular Monitoring :

Continued monitoring of endocrine markers in blood tests along with periodic radiological assessments will be crucial for effective management.



Immediate Action for Glucose :

Elevated glucose levels need immediate medical intervention, potentially requiring adjustments to medication or lifestyle changes.



This summary is for informational purposes and should not replace professional medical advice.

Please consult with healthcare providers for diagnosis and treatment.

Author: Dr Anthony Close Reviewed by: Dr Lady Adelaida

