

**Patient Name:** Mona S Panchal

**Age:** 25 Year(s)

**Gender:** Female

**Patient Id:** 201805001

**Contact No:** 07405888560

**Date:** 01-05-2018

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## Chief Complaints

After which it doubles with each decade” (Ruben, 608). Colon cancer is usually initially clinically silent and most commonly presents as hemoccult positive stools.

## Assessment Notes

Hypertension, diagnosed “years ago,” well-controlled with Metoprolol

## History of Present Illness

1981 – Cessarian section. This was her fourth and final child

## Precipitating Event

This has been a longstanding problem for LH, and spinal.

## History

Normal S1 and S2. Regular rate and rhythm with norubs, murmurs, or gallops. PMI normal. Pleasant, obese 62 year old female currently in no apparent distress. This patient is thrombocytopenic, with a platelet count of 66. This is caused by her TTP, so its treatment will be to treat the TTP.

## Mental Status Examinations

Mental status – She is alert and oriented x 3, except that she thinks the year is 2008.

## Psychiatric Assessment Scales

77.8 total, 1.99 % reticulocytes (high), 46.0% are immature reticulocytes (high)

## Allergies

**Food Allergy** Recorded on **01-05-2018**

**Food Allergy** Recorded on **27-04-2018**

## Vitals

**T:**150 **P:**130 **RR:**140 **BP:**150 **SpO2:**160

## Body Composition

**T:**175 **P:**76 **RR:**77 **BP:**150

## Diagnosis

Heart Problem - Secondary

High BP - Primary

## Treatment

Tablet Zocor (25 gm)

**Remark :** 0-1-0 (Before Food)  
Once in the afternoon, after lunch  
take it empty stomach

**Duration:**1 day

## **Investigation**

Neoplastic processes can precipitate TTP, so once the patient is past the acute phase of her TTP, efforts will be made to improve her cancer screening.

## **Advice**

This patient does not have any signs or symptoms of pneumococcal infection.

**Doctor Name :** Dr. Mrugesh Vaishnav