Appendicitis Test

Patient Information:

Name: Michael Johnson

Age: 32 **Sex:** Male **Date of Birth:** June 15, 1991

Patient ID: MJ-321478

Date of Evaluation: October 5, 2023

Referring Physician: Dr. Laura Davis

Clinical History:

- **Presenting Symptoms:**
  - Abdominal Pain (Yes / No): Yes
    - Location: Right lower quadrant
    - Onset: Acute
    - Character: Sharp
    - Radiation: To the back
    - Associated Symptoms: Highly present
  - Nausea (Yes / No): Yes
  - Vomiting (Yes / No): Yes
  - Fever (Yes / No): Yes
  - Loss of Appetite (Yes / No): Yes
  - Other: None

Physical Examination:

- **Vital Signs:**
  - Temperature: 38.5°C (101.3°F)
  - Heart Rate: 110 bpm
  - Blood Pressure: 120/80 mmHg
  - Respiratory Rate: 18 breaths/min
- **Abdominal Examination:**
  - Tenderness (Yes / No): Yes
    - Location: Right lower quadrant
  - Rebound Tenderness (Yes / No): Yes
  - Rovsing's Sign (Positive / Negative): Positive

- Psoas Sign (Positive / Negative): Positive
- Obturator Sign (Positive / Negative): Negative
- Guarding (Yes / No): Yes
- Rigidity (Yes / No): Yes

Laboratory Tests:

- **Complete Blood Count (CBC):**
  - White Blood Cell Count: 15,000 /µL
  - Hemoglobin: 14 g/dL
  - Hematocrit: 42%
  - Platelet Count: 250,000 /µL
- **C-Reactive Protein (CRP):** Elevated
- **Urinalysis:**
  - Leukocytes: Negative
  - Nitrite: Negative
  - Other: Normal

Imaging Studies:

- **Abdominal Ultrasound:**
  - Findings: Thickened appendiceal wall
- **Computed Tomography (CT) Scan:**
  - Findings: Enlarged appendix with inflammation surrounding tissues

Diagnosis:

- **Clinical Assessment:** Acute Appendicitis
- **Differential Diagnosis:** Mesenteric lymphadenitis, Right-sided diverticulitis, Gastroenteritis

Comments:

The clinical presentation, positive physical examination signs, elevated inflammatory markers, and imaging studies are consistent with a diagnosis of acute appendicitis.

Recommendations:

- **Management Plan:** Immediate surgical consultation is advised for appendectomy.
- **Surgical Consultation** (Required / Not Required): Required
- **Follow-up:** Post-surgical follow-up and monitoring for any complications are recommended.

Physician's Signature:

- **Name:** Dr. Laura Davis
- **Signature:** LDavis
- **Date:** October 5, 2023

Remember, this template is illustrative and should be modified to fit the specific procedures and requirements of the healthcare institution. A qualified healthcare professional must fill out the content based on actual patient data and clinical findings.