Kingdom Of Saudi Arabia
Ministry Of Education
King Abdulaziz University Hospital- Jeddah

مستشفى جامعة الملك عبدالعزيز
King Abdulaziz University Hospital

المملكة العربية السعودية
وزارة التعليم
مستشفى جامعة الملك عبدالعزيز

MRN :	1123307		1123307	رقم الملف:
Name :	ABDULLAH ALI ABU-BAKER.		عبدالله علي ابوبكر	الاسم :
ID Number :	11888777	YEMENI	11888777	رقم الهوية/الاقامة:
Nationality :	YEMENI			الجنسية :
Date of birth :	10/12/1993		10/12/1993	تاريخ الميلاد:
Date of birth (Hijri):	26/06/1414		26/06/1414	تاريخ الميلاد (هجري) :
Age :	30 Years 07 Months 22 Days		يومًا 30 سنوات 07 شهرًا 22	العمر :
Gender :	Male		ذكر	الجنس :

Detailed Medical Report تقرير طبي مفصل

Entered Date :	31/07/2024	31/07/2024	التاريخ :
First Visit Date :	28/07/2024 12:55 PM	28/07/2024 12:55 PM	تاريخ الزيارة الأولى :
Last Visit Date :	31/07/2024 12:57 PM	31/07/2024 12:57 PM	تاريخ آخر زيارة :
Entered Number :	277533	277533	الرقم :

This a 30-year-old Yemeni male, with a medical background of: • Hearing loss started at 9-10 years of age • Renal impairment/ proteinuria since 2019, diagnosed in Yemen, not on medications The patient presented to the ED on July 29, 2024 with 4-day history of shortness of breath. He was doing well until 4 days prior to presentation when he started to develop shortness of breath, dry cough and sore throat. This was associated with subjective fever, nausea, vomiting (large amount black vomitus twice per day), and diarrhea (once per day, watery black stools). The patient also reports oliguria and on & off dysuria along with chronic history of frothy urine. There's positive history of peri-umbilical collection that progressed over the past week. There's positive history of right flank and peri-umbilical pain Positive history of bilateral knees and ankles pain, in addition to mid-back pain. Chronic history of weak vision was reported. Positive history of left ear tinnitus for 3 months. No pruritis, skin or oral ulcerations, AMS, LOC, or abnormal movements. No lightheadedness reported. There's positive history of decreased oral intake for 4 days, subjective weight loss over 3-4 months, no night sweats No chest pain, palpitations, syncope or pre-syncope FMHx is significant for a sister with ESRD on dialysis (23 years old, diagnosed 3 years ago), two of his uncles also suffered from ESRD. Upon ER arrival the patient was severely acidotic and initially admitted under ICU. Seen by Nephrology no indications for dialysis as the patient is passing good UOP. Investigations: -Serum Bicarbonate 15.5 mmol/L -cCa 2.0, PO4 1.5, PTH 77, Mg 0.83 -CRP 161 -C3 1.26, C4 0.341 -Hg 9.6, PLT 250, WBC 21>>12>>5 -Ferritin 193, iron 5.9, TIBC 33, TSat 17%, B12 189, Folate 10 -HIV 1&2, HBsAg and HCVAb serology negative -LFTs: ALP 140, ALT 12, GGT 29, AST 15 -U&E: BUN 23, Creatinine 782, K 3.0, Na 139, Cl 106 Issues and plans done: 1. Complicated SSTI (Periumbilical abscess) • Underwent bedside I&D • Wound culture showed MRSA resistant to Clindamycin, susceptible to Vancomycin, Ciprofloxacin, and Trimethoprim/Sulfamethoxazole • Due to financial difficulties the patient needs to be discharged • Discharged on Ciprofloxacin 500mg PO OD for one week • For daily dressing in the dressing clinic • For OPD follow-up with GS Dr. Hassan Alturki, Wednesday afternoon 14/8/2024. 2. AKI on top of CKD • No creatinine baseline • CrCl 11 • CKD-MBD parameters: PTH 77, cCa 2.0, PO4 2.77>2.0>1.5 • Seen by nephrology, the patient has no indications for dialysis currently and he can be discharged • Autoimmune and CKD workup sent still pending • The patient was kept on IV fluid 40ml/hr with daily U&E and VBG during hospital stay • Discharged on Sodium Bicarbonate 650mg PO TID and Calcium Carbonate 600mg PO TID 3. HTN • Discharged on Amlodipine 5mg PO OD

Prepared by :	MAHA AHMAD SAFHI	مها أحمد شافي	معد التقرير :
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Verified by :	MAHA AHMAD SAFHI	مها أحمد شافي	اعتمد بواسطة :
Signature :	Verified	مصحح	التوقيع :
Hospital Director :			مدير المستشفى :
Signature :			التوقيع :

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