

THE UNIVERSITY OF ROCHESTER
STRONG MEMORIAL HOSPITAL

JAN 26

P-2

84-33-25

CHR RECORDS

DISCHARGE SUMMARY:

Admitted 6/13/73

Discharged 6/26/73

The admission history and physical examination are enclosed. The white count was 6 and 7.4, the hct. was 44 and 42%, the differential was normal with 6 monocytes, 42 lymphocytes, 1 basophil, 1 eosinophil, and 48 segmented cells. The platelet estimate was 4.9/oil immersion field. The urinalysis was negative and the stool guaiac was negative. The chemical screen was normal with a total protein of 6.6, serum albumin - 3.3, calcium - 9, phosphorus - 2.9, cholesterol - 174, urea nitrogen - 10, uric acid - 4.7, creatinine - 1.1, total bilirubin - .6, alkaline phosphatase - 77, and transaminase - less than 10. The sodium was 140, potassium - 4.2, CO₂ - 26, chloride - 102. The glucose was 88 mg%.

At the time of admission, an EKG was taken which showed frequent atrial premature contractions with runs of 2 or 3 consecutively. The voltage was diagnostic for a left ventricular hypertrophy with ST abnormalities in 2,3, AVF, V6, which were suggestive of strain or ischemia. The cardiac size by chest x-ray was WNL. It was, however, noted that considerable tortuosity of the thoracic aorta was present. There were no pulmonary lesions. An incidental finding was calcification of the anterior ligament of the thoracic spine.

The patient was placed on a standardized diet and urine and stool collections were carried out. He was asymptomatic until 8 days after his admission at which time he was found on the floor unconscious about 11 a.m. Some seizure activity was noted by a doctor on the floor. The patient remained comatose for about 15 min. following this but recovered without sequella gradually thereafter. The BP during the episode was 160/100 and the P was 72. It was our feeling in retrospect that this was one of the "blackout spells" which were described in the initial history. An EEG was taken the following morning and I enclose a copy of this report. A brain scan was also done which was negative. He was started on dilantin following what was probably a grand mal seizure and was given 100 mg. t.i.d. He was told to increase this to 4 times daily if there was further evidence of epileptic seizures.

The only other complication of the patient's hospital admission was the passage of a grossly bloody stool on 6/23. Rectal examination showed no abnormality at that time. He was sigmoidoscoped with negative findings except for hemorrhoids and a barium enema was negative.

- DISCHARGE DIAGNOSES:**
1. Post chondrosarcoma without evidence of recurrence or metastases.
 2. Hypertensive cardiovascular disease
 3. Idiopathic epilepsy with grand mal seizure
 4. Hemorrhoids with rectal bleeding.

ADDENDUM: The patient's BP throughout his hospital stay showed a diastolic pressure of no greater than 100 and a systolic pressure which was between 120 and 170. There seems to be no doubt of the diagnosis of hypertension but in protected surroundings the BP readings are reasonably good.

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BOX No. 1 OF 2
FOLDER 4003 Medical Files Redacted