**Anamnesis**

**personal**: esophagitis - disz here on GFSK

surgery: dx hernia, testicular cyst

**SPA**: works in IT

**pharmacological**: Ra9oxol 20 mg tbl po 1-0-0

**abuse**: non-smoker, alcohol acc

**allergies**: no allergies

**Objectively at reception**

orient, eupnoea, TK: 117/76 P: 93/min TT:36C

Abdomen in nievau, soft, palpable, palp painful in dx lower abdomen, percussion dif tympanum, nol., peritoneal

Weight 70 kg, height 185 cm, BMI 20.5, BSA 1.90 m², body temperature 36.0 °C, BP ​​114/76 mmHg, action

heart rate 93 min-1, respiratory rate 14 min-¹,

**from laboratory results**

*Biochemistry*

26.12.2022: At 139 mmol/l; K 3.6 mmol/l; CI 105 mmol/l; Ca 2.32 mmol/l; BUN 4.00 mmol/l; Cr 79.0 µmol/

I; Uric 290.0 μmol/l; CEPI 2.02 ml/s/spt; Blood 31.1 μmol/l; ALT 0.39/l; AST 0.61/l; GGT 0.18/l;

ALP 0.70 μcat/l; Amss 0.48/l; PAMS 0.410/l; hCRP 3.93 mg/l; Chol 3.86 mmol/l; HDL 0.94 mmol/

1; LDLV 2.37 mmol/l; VLDL 0.55 mmol/l; Tg 1.21 mmol/l; LDL/HDL 2.52-; T/HDL 4.11 -; nHDL 2.92 mmol/l;

klim low risk; gl 6.04 mmol/l; Hct 0.420 1/1; MDR3 1.91 ml/s

*Blood count*

26.12.2022: Leukocyty 13.1 10^9/1; Hb 149 g/l; Ery 5.22 10^12/1; MCV 80.5 fl; MCH 29 pg; MCHC 355 g/

I; RDW 12.1 %; PLT 249 10^9/1; MPV 9.6 fl; PDW 10.0 fl; NRBCa 0.000 10^9/1; NRBCr 0.0/100 WBC; ICIS

score 2 - Reticulocyty 0.54%; Tease 28 10^9/1; NEr 77.3%; LYr 15.2%; MOr 6.9%; EOR 0.3%; BAr 0.3%;

NEa 10.09 10^9/l; LYa 1.99 10^9/1; MOa 0.90 10^9/1; Eoa 0.04 10^9/l; Baa 0.04 10^9/1; PCT 2.4 10^-3 1.2

-3,5 | |\*||; FW1 4 mm; FW2 13 mm

**From the examination**

Ultrasound epigastrium 12/26/2022 1:20 p.m

USG of the abdomen and small pelvis: Indication: susp from appendicitis - abdominal pain since morning, now moved to dx lower abdomen, no vomiting, no diarrhea. Findings: In the right lower abdomen, the ventrally located appendix (in positio pelvina) is diffusely infiltrated, overall slightly thickened (approx. 12 mm thick), without visible periappendicular infiltrates/abscesses, without clear perforation - in diff. dg. acute phlegmonous appendicitis. Loose fluids in the abdominal cavity. Abdominal parenchymal organs without visible pathology. Dr. (blurred) MUDr.

(blurred)