

SAN FRANCISCO GENERAL HOSPITAL  
CLINICAL RESUME

NAME OF PATIENT: KENNETT, TERESA  
HOSPITAL NUMBER: 511304  
HOME ADDRESS:  
DATE OF BIRTH: 02/04/49

DATE OF ADMISSION:  
DATE OF DISCHARGE:  
WARD NUMBER:

05/31/85  
06/01/85  
TRA.

REASON FOR ADMISSION: Abdominal pain.

HISTORY OF PRESENT ILLNESS: The patient is a 36 year old female with diffuse abdominal pain that started suddenly, at about 8 P.M. on the day of admission. She developed acute abdominal pain that she describes as both sharp and stabbing, and crampy in nature. She had a normal bowel movement the day before admission. She had no change in her bowel habits or characteristics. She is complaining of anorexia. She did induce vomiting without any relief of her abdominal pain. She states that the pain is greatest in her epigastric area, and she has no history of fever or chills. She has a recent questionable history of amebiasis three weeks ago, treated inadequately.

PAST MEDICAL HISTORY:

MEDICAL ILLNESSES: Stage IV non-Hodgkins lymphoma. Kidney infection in 1974. Ovarian cyst in 1972.  
SURGERIES: Biopsy of mesenteric lymph nodes approximately one year ago.  
MEDICATIONS: She is on no present medications.  
HABITS: She does not smoke or drink.  
ALLERGIES: To Penicillin.

PHYSICAL EXAM:

ABDOMEN: Soft abdomen with diffuse voluntary guarding, without any rebound or cough tenderness. There is tenderness to palpation throughout, greatest in the epigastrium, with bowel sounds. There are no peritoneal signs. There is a questionable epigastric fullness or hepatosplenomegaly.

LABORATORY DATA: White count 8.1, hct 41.2 with a normal renal panel.

KUB demonstrated lymphadenopathy from a prior lymphangiogram.

HOSPITAL COURSE: She was admitted and was placed npo and given pain medications. Over the course of the next 36 hours, her pain diminished. She was resting comfortably. She remained afebrile throughout the entire hospital course, with a stable hematocrit and white count that has remained below 8,000.

FOLLOWUP: She is being discharged to be followed up by her normal oncologist at Stanford.