

# Medical Terminology

## Medical Records Analysis

#3

Deer Summit Clinic  
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### Physician's Progress Notes

PATIENT: Joel G.

DATE: August 12, xxxx

S: 40 y/o white M reports increasing night sweats, low back pain, headaches, persistent cough, lack of appetite and general malaise. Denies polyuria, hematuria, and states he believes his longstanding cystitis may be better this week. He states that he easily becomes fatigued and often has difficulty sleeping. Patient states, "It is so hard to get up in the morning, most days I just stay in bed." He is unemployed and living with his parents following his diagnosis of HIV infection in 1999. He continues to be followed by Dr. J. Carter in Salt Lake City for treatment of his primary diagnosis and receives AZT; he reports taking that medication as directed. Patient states that in the past three months his CD4 count which has been decreasing, seems to have stabilized. The count is still low, however, with an absolute value of 260. He acknowledges additional diagnoses of chronic active hepatitis, chronic cystitis, oral candidiasis, and depression. His depression is currently being treated with Triavil, and he reports taking that medication as directed. He states that he has stopped smoking as of last month, and does not consume ETOH. He is seen in the clinic today for routine follow-up.

O: Pt is thin, pale, and appears somewhat fragile. Movements and speech are somewhat slow. Vital signs: T 98, P 92, BP 142/88. Supraclavicular lymph nodes are enlarged and shotty. Oral mucosa is slightly reddened, but appears otherwise normal. There is no leukoplakia. Mild bilateral wheezing on expiration. Left side of abdomen is soft and nontender; right side is mildly tender. No suprapubic tenderness. Liver margin is palpable approximately 2 cm below the costal margin; hepatomegaly is unchanged since last exam. Back is slightly tender to palpation throughout the lumbar area. Remainder of examination is unremarkable.

A: 1) HIV infection  
2) Chronic hepatitis B.  
3) Chronic depression, not responding well to current therapy.  
4) Chronic cystitis.  
5) Chronic oral candidiasis infection.

P: 1) Patient will continue AZT therapy and will continue to be followed by Dr. Smith.  
2) D/C Triavil  
3) Zoloft, 50 mg, 1 tab qam

4) Routine clinic labs

5) Social worker to discuss appropriate short- and long-term goals with patient and explore aspects of depression.

### **Medical Records Analysis #3**

**Answer the following questions based on the progress note above:**

1. What does “general malaise” mean?
2. Describe three findings from the physical examination.
3. What is leukoplakia?
4. What does the notation “D/C Triavil” mean?
5. What are the instructions for taking the Zoloft?
6. List 4 medical abbreviations found in the progress note and define them.