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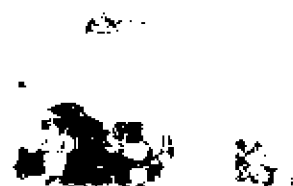












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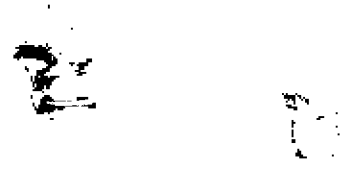
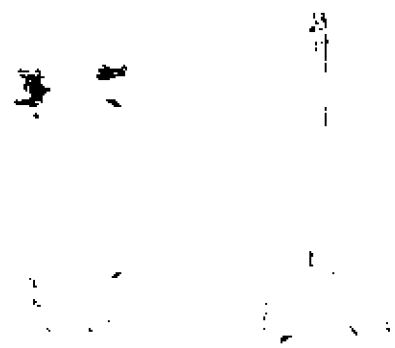














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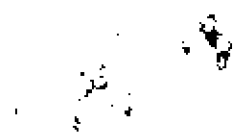




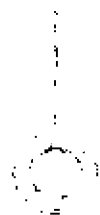








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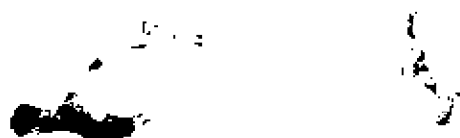
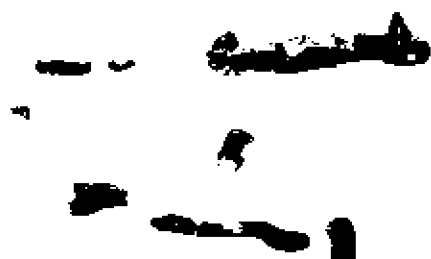
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## QUESTION

1. A patient with a long history of alcohol abuse has been admitted to the hospital with a diagnosis of pancreatitis. The patient is currently on NPO status and has a nasogastric tube in place. The patient's vital signs are stable, and the patient is alert and oriented to person, place, and time.

2. The patient's laboratory values are as follows:

WBC: 12,000/mm<sup>3</sup>  
Hemoglobin: 12 g/dL  
Hematocrit: 38%  
Creatinine: 1.2 mg/dL  
BUN: 18 mg/dL  
ALT: 150 U/L  
AST: 120 U/L  
Amylase: 1,200 U/L  
Lipase: 1,800 U/L

3. The patient's physical examination is as follows:

General: Well-appearing, alert, oriented to person, place, and time.  
Vitals: T 38.2°C, P 98 bpm, R 18 breaths/min, BP 120/80 mmHg, SpO<sub>2</sub> 98% on room air.  
HEENT: Normal.  
Chest: Clear to auscultation.  
Abdomen: Soft, no tenderness or guarding, no rebound tenderness, no masses, no organomegaly, no hernias, no rashes, no bruising, no jaundice.

4. The patient's imaging studies are as follows:

Abdominal CT scan: Shows a dilated pancreatic duct, a small amount of peripancreatic fat stranding, and no evidence of pancreatic necrosis or abscess formation.  
Chest X-ray: Shows no evidence of pneumonia or pleural effusion.

5. The patient's medical history is as follows:

Alcohol abuse (10-15 drinks per week for 10 years)  
Hypertension (on lisinopril 10 mg daily)  
Type 2 diabetes (on metformin 1,000 mg twice daily)  
Chronic kidney disease (stage 2, on folic acid 5 mg daily)

6. The patient's current medications are as follows:

Lisinopril 10 mg daily  
Metformin 1,000 mg twice daily  
Folic acid 5 mg daily  
Nasogastric tube (NPO status)



7. The patient's current symptoms are as follows:

Epigastric pain (10/10), constant, worse with eating and drinking.  
Nausea and vomiting (1-2 episodes per day).  
Fever (38.2°C).  
No change in bowel habits.

8. The patient's current vital signs are as follows:

T 38.2°C, P 98 bpm, R 18 breaths/min, BP 120/80 mmHg, SpO<sub>2</sub> 98% on room air.  
No tachycardia, tachypnea, or hypotension.

9. The patient's current physical examination is as follows:

General: Well-appearing, alert, oriented to person, place, and time.  
Vitals: T 38.2°C, P 98 bpm, R 18 breaths/min, BP 120/80 mmHg, SpO<sub>2</sub> 98% on room air.  
HEENT: Normal.  
Chest: Clear to auscultation.  
Abdomen: Soft, no tenderness or guarding, no rebound tenderness, no masses, no organomegaly, no hernias, no rashes, no bruising, no jaundice.

10. The patient's current laboratory values are as follows:

WBC: 12,000/mm<sup>3</sup>  
Hemoglobin: 12 g/dL  
Hematocrit: 38%  
Creatinine: 1.2 mg/dL  
BUN: 18 mg/dL  
ALT: 150 U/L  
AST: 120 U/L  
Amylase: 1,200 U/L  
Lipase: 1,800 U/L

11. The patient's current imaging studies are as follows:

Abdominal CT scan: Shows a dilated pancreatic duct, a small amount of peripancreatic fat stranding, and no evidence of pancreatic necrosis or abscess formation.  
Chest X-ray: Shows no evidence of pneumonia or pleural effusion.

12. The patient's current medical history is as follows:

Alcohol abuse (10-15 drinks per week for 10 years)  
Hypertension (on lisinopril 10 mg daily)  
Type 2 diabetes (on metformin 1,000 mg twice daily)  
Chronic kidney disease (stage 2, on folic acid 5 mg daily)

13. The patient's current medications are as follows:

Lisinopril 10 mg daily  
Metformin 1,000 mg twice daily  
Folic acid 5 mg daily  
Nasogastric tube (NPO status)





















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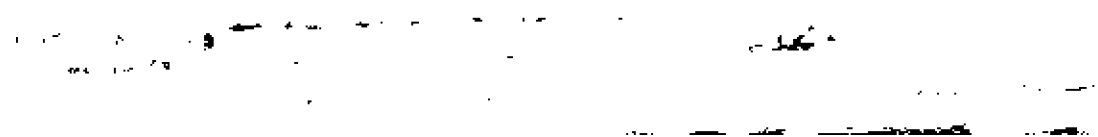
Figure 1









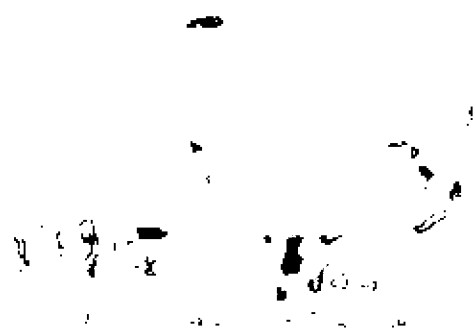












































































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