

# Medical Report Exercises

Marsha Williams

Read the following medical report, then answer the questions that follow.

PGH

## PEARSON GENERAL HOSPITAL

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**Medical Consultation:** Gynecology

**Date:** 7/10/2011

**Patient:** Marsha Williams

**Patient Complaint:** Dysmenorrhea accompanied by menorrhagia with possible leukorrhea between menstrual periods.

**History:** 45-year-old female, nulligravida, with history of occasional dysmenorrhea since puberty. No record of STI or other reproductive pathology. D&C performed on 3/1/07 but failed to correct symptoms.

**Family History:** Father 79-year-old with hepatic cancer in remission; mother 82-year-old with total hysterectomy at age 44 as a treatment for dysmenorrhea and menorrhagia.

**Allergies:** None

**Physical Examination:** Vital signs normal. Pap smear positive for anaplasia. HPV confirmed with culture. Colposcopy positive for CIS and confirmed with blood test.

**Diagnosis:** Carcinoma in situ of the cervix.

**Treatment:** Perform cervical conization to confirm CIS; if confirmed, perform cervicectomy and follow with lab tests.

*Jennifer Holland, M.D.*

Jennifer Holland, M.D.

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### Comprehension Questions

- Which patient complaints are consistent with the evidence? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Why was a Pap smear performed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- What is the meaning of the terms *dysmenorrhea* and *menorrhagia*? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Case Study Questions**

The following Case Study provides further discussion regarding the patient in the medical report. Fill in the blanks with the correct terms. Choose your answers from the following list of terms. (Note that some terms may be used more than once.)

carcinoma in situ of the cervix

dilation and curettage

leukorrhea

cervical conization

dysmenorrhea

menorrhagia

colposcopy

HPV (human papillomavirus)

Papanicolaou (Pap) smear

A 45-year-old woman, Marsha Williams, was admitted after complaining of excessive pain during menstruation, or (a) \_\_\_\_\_, that was often accompanied by profuse bleeding, or (b) \_\_\_\_\_.

A white discharge, or (c) \_\_\_\_\_, was also mentioned by the patient, usually between periods.

A prior treatment in which the cervix was dilated and the endometrium scraped, called a (d) \_\_\_\_\_

\_\_\_\_\_, did not eliminate the symptoms. The woman had no prior history of reproductive disease, STI, or cancer. A scraping of the vagina and cervix for microscopic evaluation of cells, or

(e) \_\_\_\_\_, showed abnormalities of cells. Culturing the cells indicated a type of virus that produces vaginal warts, called (f) \_\_\_\_\_, was present and may have been the source of

the abnormalities. Further evaluation of the cervix, in which a tissue sample is removed with the aid of endoscopy and known as (g) \_\_\_\_\_, indicated a premetastatic population of mutated cells that were cancerous, a

condition called (h) \_\_\_\_\_.

\_\_\_\_\_ This finding was confirmed by a negative blood test for ovarian cancer cells. To eliminate the possibility of metastasis, the location of the anaplastic cell population, at the end of the cervix, was confirmed by

(i) \_\_\_\_\_ before it was surgically removed in a cervicectomy procedure.

## Richard Miller

For a greater challenge, read the following medical report, then answer the critical thinking questions that follow.

PGH

## PEARSON GENERAL HOSPITAL

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**Medical Consultation:** Urology

**Date:** 10/15/2011

**Patient:** Richard Miller

**Patient Complaint:** Pain in the sacral and genital areas; discomfort during urination; balanorrhea.

**History:** 22-year-old male. Urology history negative; patient reported sexually active with frequent unprotected sex in the past year.

**Family History:** Mother and father with urology negative.

**Allergies:** None

**Physical Examination:** Vital signs are normal. Physical exam confirmed balanorrhea, culture positive for gonorrhea; sensitivity in scrotal and genital region; palpable lump on lateral aspect of right testis; bx positive for non-seminoma testicular cancer in both testes.

**Diagnosis:** Gonorrhea, testicular cancer of right testis with mets to left testis.

**Treatment:** Antibiotic therapy to defeat STI. Bilateral orchidectomy to remove testicular cancer with lymph node dissection and exploratory into pelvic region, followed with 6 months of chemotherapy and radiation therapy.

*Samantha M. Ramapurthy, M.D.*

Samantha M. Ramapurthy, M.D.

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### Comprehension Questions

1. What evidences support the diagnosis of testicular cancer? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. How was the gonorrhea infection obtained? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is a bilateral orchidectomy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Case Study Questions

The following case study provides further discussion regarding the patient in the medical report. Recall the terms from this chapter to fill in the blanks with the correct terms.

A 22-year-old male presented with symptoms that included abnormally few sperm in a semen sample, called (j) \_\_\_\_\_, pain in the scrotal and perineal regions, inflammation of the right testis and epididymis, known as (k) \_\_\_\_\_, and a palpable lump on his right testis. An evaluation of his medical history revealed excessive discharge from the glans, called (l) \_\_\_\_\_, caused by a concurrent infection resulting in the STI known as (m) \_\_\_\_\_. The STI was treated with antibiotics and reported cleared. A biopsy taken from the right testis was positive for (n) \_\_\_\_\_ cancer. The left testis also showed evidence of early metastasis, so both testes were removed during a bilateral (o) \_\_\_\_\_ that included lymph node dissection from the pelvic region, followed with chemotherapy and radiation therapy. Intervention proved successful: the patient survived and is recovering from the treatment with no late stage metastasis evident. However, the patient is now (p) \_\_\_\_\_, or incapable of producing viable gametes.

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