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| Пациент 18 лет поступил в приемное отделение с жалобами на кашель с трудно отделяемой мокротой, заложенность носа, повышение температуры до 37.8, головная боль, слабость, недомогание **Анамнез заболевания**Контакт с больными туберкулёзом отрицает Употребление наркотических средств отрицает От гриппа не привит. За пределами края не был. Со слов заболел 20.01.2020, после переохлаждения, появились выше перечисленные жалобы. Самостоятельно принимал максиколд, 30.01.2020 обратился в ПДО с вышеописанными жалобами.**АНАМНЕЗ ЖИЗНИ** Наследственный анамнез не отягощен Перенесенные заболевания и травмы отрицает Эпиданамнез Контакты с инфекционными больными, tbc, гепатит, ВИЧ, вен. заболевания, переливания крови отрицает Аллергологический анамнез без особенностей**ОБЪЕКТИВНЫЙ СТАТУС**Состояние средней тяжести, Сознание ясное, Положение активное, Питание удовлетворительное, Рост 185, Вес 90.0, ИМТ 26.3, Миндалины не увеличены, Лимфоузлы не увеличены, Суставы не изменены, Отеки нетОрганы дыхания: Носовое дыхание свободное, Грудная клетка правильной формы, Перкуторный звук укорочен над нижними отделами слева, Дыхание ослабленное везикулярное в нижних отделах слева, Хрипы инспираторные в нижних отделах слева, Число дыханий в минуту 18, Сатурация О2 98 %.Сердечно-сосудистая система: Область сердца не изменена, Тоны сердца ритмичные, ясные, Шумы в сердце не выслушиваются, ЧСС 74 уд/мин, Пульс частота 74 уд/мин, АД 120\80 мм рт. ст.Органы пищеварения: Язык чистый, влажный, Живот безболезненный, мягкий, Печень безболезненная, Органы мочевыделения Симптом XII ребра отрицательный с обеих сторон, Дизурические расстройства отрицает |
| **ЛАБОРАТОРНАЯ ДИАГНОСТИКА**  |
| RW  : отрицательная |
| HCV  : Отрицательно |
| HBsAg  : Отрицательный |
| **Гематологические исследования / 30.01.20** |
| **Общий анализ крови на гем.анализаторе с машинной формулой**

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| Наименование анализатора: | Sysmex XT2000i |
| WBC Лейкоциты | 12.60 | 109/л | (4.00 - 9.00) |
| RBC Эритроциты | 4.91 | 1012/л | (4.00 - 5.00) |
| HGB Гемоглобин | 143 | г/л | (130 - 160) |
| HCT Гематокрит | 41.2 | % | (40.0 - 48.0) |
| MCV Средний объем эритроцитов | 83.9 | фл | (80.0 - 100.0) |
| MCH Среднее содержание гемоглобина в эритр. | 29.1 | пг | (27.0 - 31.0) |
| MCHC Средняя концентрация гемоглобина в эритр. | 347 | г/л | (300 - 380) |
| RDW-SD Станд.отклонение размера эритр. от сред.зн. | 39.1 | фл | (35.0 - 46.0) |
| PLT Тромбоциты | 243 | 109/л | (150 - 420) |
| PCT Тромбокрит | 0.210 | % | (0.150 - 0.400) |
|   | относительные | абсолютные |
| Нейтрофилы | **73.8 >** | % | (50.0 - 70.0) | 6.35 | 109/л | (2.00 - 7.00) |
| Лимфоциты | **13.70 <** | % | (19.00 - 37.00) | 1.2 | \*109/л | (1.2 - 3.0) |
| Моноциты | 8.70 | % | (3.00 - 13.00) | 0.75 | 109/л | (0.20 - 1.00) |
| Эозинофилы | 3.70 | % | (0.50 - 5.00) | 0.32 | 109/л | (0.00 - 0.50) |
| Базофилы | 0.10 | % | (0.00 - 1.00) | 0.01 | 109/л | (0.00 - 0.20) |
| Незрелые гранулоциты | 0.1 | % | 0.01 | 109/л |

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| **Гематологические исследования / 31.01.20** |
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| Скорость оседания эритроцитов | **30 >** | мм/час | (2 - 10) |

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| **Биохимические исследования / 30.01.20** |
| **Исследование уровня билирубина и его фракций в крови**

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| Билирубин общий | 11.90 | мкмоль/л | (1.70 - 20.00) |
| Билирубин прямой | 3.10 | мкмоль/л | (0.00 - 4.60) |
| Билирубин непрямой | 8.80 | мкмоль/л |

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| Общий белок | 78.60 | г/л | (57.00 - 80.00) |

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| С-реактивный белок (СРБ) | **64.80 >** | мг/л | (0.00 - 5.00) |

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| **Биохимические исследования / 30.01.20** |
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| Мочевина | 3.70 | ммоль/л | (1.70 - 8.30) |

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| Креатинин | 87 | мкмоль/л | (74 - 110) |

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| Глюкоза | 5.52 | ммоль/л | (4.20 - 6.10) |

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| АЛТ | 23.8 | Ед/л | (0.0 - 45.0) |

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| АСТ | 20.4 | Ед/л | (0.0 - 35.0) |

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| Калий | 3.92 | ммоль/л | (3.50 - 5.10) |
| Натрий | 138 | ммоль/л | (136 - 146) |
| Хлор | 100 | ммоль/л | (98 - 106) |

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| **РЕЗУЛЬТАТЫ ОБСЛЕДОВАНИЙ:**  |
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| РЕНТГЕНОЛОГИЧЕСКОЕ ИССЛЕДОВАНИЕ ОРГАНОВ ГРУДНОЙ ПОЛОСТИ |
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| **Аппарат** : консультация без аппарата |
| проекции: прямая, боковая от 20.01.2020 |
| **Состояние легких** : расправлены |
| Пневматизация легочной ткани: снижена в нижней доле левого легкогоза счет: инфильтративного затемнения в нижней доле слева |
| **Легочный рисунок** : структурен |
| **Корни легких** : не расширены |
| **Диафрагма** : куполы четкие ровные, высота стояния соответствует конституциональному типу |
| **Тень средостения** : не смещена |
| **Плевральные полости** : свободны |
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1. *Выделите основные синдромы.*
2. *Напишите диагноз.*
3. *План обследования.*
4. *Распишите план лечения для данного больного.*