

Example of a RETIRED Case for OMT Exam

INSTRUCTIONS

The history, physical exam, and diagnostic procedures give all of the pertinent information to the case. Assume that any other history, physical findings, and diagnostics would be negative.

CASE 12G	PACKET 4	START STATION 04	POD 2B
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CHIEF COMPLAINT: Consult for postoperative abdominal distention

HISTORY OF CHIEF COMPLAINT: A 41-year-old patient is 3 days post laparoscopic cholecystectomy. Recovery has been uneventful following the surgery, except for abdominal distention and bloating. The patient has had no flatulence or bowel movement. There has been no fever, chills, or vomiting.

MEDICAL HISTORY: Negative

PAST SURGICAL HISTORY: Cholecystectomy

FAMILY HISTORY: Father has hypertension and a history of myocardial infarction. Mother has hypothyroidism and irritable bowel syndrome. Brother has hypertension.

PHYSICAL FINDINGS: The patient is awake, oriented, and ambulating well. She appears uncomfortable but is in no acute distress. Blood pressure is 138/88 mmHg, heart rate is 94/min, respirations are 16/min, and temperature is 37.1°C (98.8°F). Lungs are clear throughout. Cardiac examination shows regular rate and rhythm without murmur. The surgical incisions are clean and dry without erythema. The abdomen is tender in all quadrants, but there is no guarding or rebound. There is mild distention and tympany to percussion. No bowel sounds can be auscultated.

X-RAY/LAB FINDINGS: X-ray shows bowel gas distention but no obstructive pattern. Chest x-ray shows mild elevation of the diaphragm but is otherwise normal. Results of laboratory studies are normal.

TREATMENT TO DATE: Post-operative care includes, oxycodone day one and day two post-op, clear liquids, and stool softener.

THE DIAGNOSIS IS:

- Irritable bowel syndrome
- Ascites
- Ileus
- Perforated bowel