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# EDUCATIONAL CASE HISTORY

Workshop for students in the specialty “General Medicine”

Minsk BSMU 2021

МИНИСТЕРСТВО ЗДРАВООХРАНЕНИЯ РЕСПУБЛИКИ БЕЛАРУСЬ  
БЕЛОРУССКИЙ ГОСУДАРСТВЕННЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ  
КАФЕДРА ПРОПЕДЕВТИКИ ВНУТРЕННИХ БОЛЕЗНЕЙ

**И. Л. АРСЕНТЬЕВА, Э. А. ДОЦЕНКО**

# **УЧЕБНАЯ ИСТОРИЯ БОЛЕЗНИ**

## **EDUCATIONAL CASE HISTORY**

Практикум  
для студентов по специальности «Лечебное дело»



Минск БГМУ 2021

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лезни, образец заполнения листа паспортных данных пациента, типы и примеры жалоб больного, мето-  
дика сбора анамнеза болезни и анамнеза жизни, физикального исследования систем (дыхательной, сер-  
дечно-сосудистой, пищеварительной, мочевыделительной и др.), составление плана лабораторных и ин-  
струментальных исследований, методика обоснования диагноза, методика написания дневников лечеб-  
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## DEFINITION OF THE CASE HISTORY

The medical history or a case history is a structured assessment conducted to generate a comprehensive picture of a patient's health problems. It includes the assessment of:

- the patient's complaints;
- the patient's current and previous health problems;
- the patient's current and previous medical treatment;
- factors which might affect the patient's health and their response to the prevention or treatment of health problems (e. g. risk factors, occupational conditions, lifestyle issues);
- the patient's family health;
- the patient's health in general.

Taking together the history, information from the physical examination and any investigations or tests should provide all the information necessary to make a diagnosis (i.e. to identify the nature of a health problem).

This training instruction allows medical students to have a clear view of the scheme of examining a patient and the rules of case history writing. Besides it helps to acquire such skills as a correct interviewing the patient, gathering data about patient's complaints and both present and past history, carrying out patient's physical examination, planning and assessment of laboratory and instrumental studies.

The students will learn to formulate the final clinical diagnosis as a conclusion point of patient's clinical examination, and also gets a notion about medical diaries and epicrisis.

All sections of the medical case history which are presented in the text is a scheme which the student must follow while writing his/her own educational case history. Student must fill all pages of this book from 4 to 37.

## CASE HISTORY

**Patient's Surname, Name, Patronymic:** \_\_\_\_\_

**Clinical diagnosis:**

1. Basic diagnosis \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Complications of the basic diagnosis \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Concomitant diagnosis (-es) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student:** \_\_\_\_\_

\_\_\_\_\_  
(Surname, Name, Patronymic)

\_\_\_\_\_  
(Group)

\_\_\_\_\_  
(Year)

\_\_\_\_\_  
(Faculty)

**Teacher:** \_\_\_\_\_

\_\_\_\_\_  
(position, scientific degree)

\_\_\_\_\_

\_\_\_\_\_  
(Surname, Name, Patronymic)

**Period of patient's observation:** from «\_\_» \_\_\_\_ 20\_\_ to «\_\_» \_\_\_\_ 20\_\_

## PATIENT'S PASSPORT DATA

**1. Surname, name, patronymic:**

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**2. Gender:** \_\_\_\_\_

**3. Age:** \_\_\_\_\_

**4. Marital status:** \_\_\_\_\_

**5. Full home address:**

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**6. Occupation** (*specify if the patient is a pensioner or the disabled worker*): \_\_\_\_\_

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**7. Work place** (*name of establishment*):

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**8. Clinical diagnosis:**

*1. The basic diagnosis:*

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*2. Complications of the basic diagnosis:*

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*3. Concomitant diagnosis (-es):*

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## PAST HISTORY (ANAMNESIS VITAE)

### *I. Patient's Physical and Intellectual Development.*

– Patient born the first (second, third and so on) child in the family:

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– Patient born in time (if the patient knows about it):

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– The patient was breastfed or artificially fed (if the patient knows about it):

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– When did patient start to walk, speak (if the patient knows about it):

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– What was patient general health condition and development in childhood and youth (if the patient remembers about it):

---

– Have patient ever lagged behind your peers physically or intellectually?

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– When did patient start to study? Was it easy or difficult to study?

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– What is patient education?

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– Have patient ever gone in for sports? Do patient have any sport category (rank)?

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#### *Additional questions for men:*

– Did the patient serve in the army? (if not, what are the reasons of the deferment of military service):

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#### *Additional questions for women:*

– At what age did woman patient have her first menstrual period?

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– What is the duration of each menstrual period?

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– How many children have woman patient borne?

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– Have woman patient had any abortion?

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– Was patient pregnancy (–ies) normal?

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**Habits.** If the patient confirms that he smokes, and/or abuses alcohol, and/or uses narcotics:

*SMOKING.*

– At what age did patient begin smoking?

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– How many cigarettes do patient smoke a day?

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*ALCOHOL ABUSING.*

– At what age did patient start to take alcohol?

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– How often do patient take alcohol?

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*NARCOTIC HABIT.*

– What narcotic do patient use?

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– At what age did patient start to take narcotics?

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– How often do patient take narcotics and in what dose?

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## **II. Social History**

*LIVING CONDITIONS:*

– a flat, a private house, a hostel accommodation; conveniences (yes/no):

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– If the patient lives separately or with their family:

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*MARITAL STATUS:*

– single, married:

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**BUDGET:** wages and the general income of the family (it is unethical to specify the size of a salary, the correct question is: “Is your income sufficient for your needs?”):

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*NUTRITION HABITS:*

– how often, when and what meal the patient usually has:

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– if he/she take food quietly or quickly:

– if it is masticated thoroughly: \_\_\_\_\_

– if hot food or drinks are consumed moderately hot or very hot:

– is diet rich in fresh vegetables and fruits:

*DAILY REGIME*

– when the patient wakes up and goes to bed:

– his/her keeping of personal hygiene:

– what the patient does before going to work and after returning home (briefly):

– specify the distance from home to the place of work and means of conveyance (approximately):

**III. Patient's Labor Activities** (note the patient's labor activity in chronological order since its beginning).

– term of job or occupation: from \_\_\_\_\_ to \_\_\_\_\_.

– occupational hazard \_\_\_\_\_

– working day duration \_\_\_\_\_

– work schedule (at his last job place):

1) operation time \_\_\_\_\_

2) breaks \_\_\_\_\_

3) day or night shifts \_\_\_\_\_

4) time or piece-work \_\_\_\_\_

5) responsibility for the performed work (briefly)

*EXPERT MEDICAL ANAMNESIS:* \_\_\_\_\_

– Whether patient has the sick-list concerning current disease (yes/no):

– Total duration of the patient's being on a sick-leave during the current year:

– Permanent disability (disability group, when it was appointed):

#### ***IV. Allergological Anamnesis.***

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#### ***V. Hereditary Anamnesis.***

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### **GENERAL SURVEY (STATUS PRAESENS)**

***Patient's general condition:*** satisfactory, moderately bad, bad, very bad.

***Consciousness:*** clear, confused (stupor), indifferent (sopor), deep unconscious (coma), excited (including delirium or hallucinations).

***Position of the patient:*** active, passive, forced.

***Look:*** usual (without any painful expression), suffering, depressed, excited, indifferent, specific («mitral facies»), etc.

***Correspondence of the appearance to the passport age:*** corresponds, looks younger/older.

#### ***Constitution.***

– *constitutional type:* asthenic, normosthenic, hypersthenic,

– *height* \_\_\_\_\_ (in metres),

– *body weight* \_\_\_\_\_ (in kilograms),

– *bearing:* correct, slouch.

***Gait:*** usual, slow, shuffling, waddling [goose].

***Body temperature*** \_\_\_\_\_ (by Celsius scale).

***Chills:*** yes/no.

#### ***Skin.***

– ***skin color:*** rose-pink, pale with a shade (ash grey, sallow, greenish, icteric, «white coffee» etc.), red (blush), cyanotic (cyanosis: diffuse, acrocyanosis), icteric (subicteric, moderate icteritiousness, ochreous yellow, dark yellow, greenish), bronze, greyish-brown, grey.

Presence of pigmentation and depigmentation: yes / no.

Liver palms (palmar erythema): yes / no.

– ***skin moisture:*** normal; dry skin; general and local sweating: degree of sweating (moderated, severe), dependence on the time of day (night sweating).

– ***skin rash:*** character (roseola, erythema, urticaria, purpura, petechia, herpes labialis, herpes zoster), localization and distribution; presence of xanthelasmas, «vascular spiders» (spider nevi), scars, skin consolidations, ulcerations, bedsores, scratches, varicose veins etc.

**Skin elasticity (turgor):** normal, decreased, increased.

The skin is not changed / flaccid / wrinkled.

**Visible mucosa and conjunctiva coloring:** normal, pale, icteric, cyanotic. Presence of ulcerations: yes / no,

Presence of pigmentations: yes / no,

Presence of hemorrhages: yes / no.

**Hair:** type of hair distribution, loss, fragility, etc.

**Nails:** normal form, in the form of watch glasses, spoon-shaped (koilonychia);

– nail surface: smooth, striated;

– nail color: normal, pale, cyanotic;

– nail fragility: yes / no.

**Hypodermal fatty tissue:** poorly (moderately, excessively) developed; evenly/unevenly developed;

– places of the greatest fat accumulation;

– measurement of a skin folds thickness (measured in centimeters): subscapular skin fold \_\_\_\_\_, skin fold at the navel \_\_\_\_\_, triceps skin fold \_\_\_\_\_;

– nodules, nodes: yes / no. If presented, describe their tenderness \_\_\_\_\_, density \_\_\_\_\_, size \_\_\_\_\_ (measured in centimeters).

**Presence of edema:** yes / no.

If edema presented:

– edema features according to their localization and distribution: general, local;

– consistency: soft, dense;

– conditions of their occurrence and disappearance: \_\_\_\_\_.

**Peripheral lymph nodes:**

Findings of nodes palpation	size	number	consistency	tenderness	mobility	fusion (among themselves / with internal organs / with skin)	fistulas (presence or absence)
occipital							
parotid							
submandibular							
submental							
cervical anterior							
cervical posterior							
jugular							
supraclavicular							
subclavicular							
sternal							
axillary							
cubital							
inguinal							
popliteal							

**Muscles.**

– the degree of general muscular system development: good, moderate, weak,

– tone: normal, increased, decreased,

– strength: decreased, sufficient,

- tenderness: yes / no (if presented: at rest, on palpation, while moving; site of tenderness \_\_\_\_\_),
- hypo- and atrophies: yes / no (if presented: their localization \_\_\_\_\_).

**Bones.**

- symmetry of the skeleton (yes/no),
- pains: yes / no (if presented: at rest, arising while moving (or on palpation, or on tapping)); site of tenderness \_\_\_\_\_),
- deformities: yes / no,
- finger clubbing: yes / no.

**Form of the head:** typical, atypical.

**Form of the nose:** usual, saddle.

**Spinal column.**

- its curvatures: physiological, pathological (lordosis, kyphosis, scoliosis, kyphoscoliosis);
- flatness of physiological curvatures: yes / no;
- a posture of “suppliant” (soliciting posture): yes / no.

**Joints.**

- form: correct / change of joint form (swelling, defiguration, deformities),
- deformities: ulnar deviation, “a swan neck”, “a buttonhole”, an “opera glass” hand,
- Heberden’s, Bouchard’s nodes: yes / no,
- skin hyperemia over the joints: yes / no,
- presence of tophi, rheumatoid or rheumatic nodes: yes / no.

Findings of joint palpation	local rise of temperature	articular crepitus and crackling while moving	fluctuation	floating patella symptom	tenderness	test of lateral compression (by 4-point score (0–1–2–3 points))	active and passive movements in joints (measured in degrees)	articular circumference (in centimeters)
radiocarpal								
elbow								
knee								
ankle								

## SYSTEM REVIEW

### RESPIRATORY SYSTEM

#### I. THORAX SURVEY:

##### *Thorax form.*

- *normal*: normosthenic (conical), hypersthenic, asthenic,
  - *pathological*: emphysematous (barrel-like), rickets (pigeon [chicken] breast, scaphoid breast, funnel breast, paralytic chest, kyphoscoliotic chest),
  - thorax deformities \_\_\_\_\_,
  - spinal column curvatures: pathological lordosis, kyphosis; scoliosis, kyphoscoliosis,
  - thorax symmetry or asymmetry: volume increase or reduction, falling back or bulging of supra- and subclavicular areas of the right and left thorax,
  - position of clavicles: symmetry (yes / no), deformities (yes / no),
  - position of scapulas: symmetry (yes / no), compactness of scapulas adjoining (yes / no),
  - synchronism of the thorax movement (both frontal and posterior halves): yes / no; if no, indicate exactly sites where the thorax lagging is revealed while breathing
- 

Participation of additional respiratory muscles in breathing: yes / no.

Breathing type: mainly abdominal, mainly thoracic, mixed.

Respiratory rate: \_\_\_\_\_ per minute.

Breathlessness (dyspnea):

- with forced breathing in (inspiratory), with forced breathing out/exhalation (expiratory), mixed.

Presence of distant rales: yes / no.

Breathing rhythm: correct, pathological (Cheyne–Stokes respiration, Biot’s respiration, Kussmaul’s respiration, Grocco’s respiration).

#### II. *Thorax palpation.*

Determine the epigastric angle \_\_\_\_\_ in degrees.

Determine the thorax resistance: elastic, rigid.

Thorax tenderness (local, diffuse): yes / no. Sites of tenderness indicating exactly its localization and borders \_\_\_\_\_

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Skin edema: absence / presence; its localization \_\_\_\_\_

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Hypodermal fat crepitation: yes / no; its localization \_\_\_\_\_

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Pleural friction rub (palpable): yes / no; its localization \_\_\_\_\_

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Vocal fremitus (tactile fremitus); it is not changed on symmetric sites; it is decreased / increased); its exact localization \_\_\_\_\_

### III. Lung percussion.

#### 1. Comparative percussion:

Character of percussion sound on symmetric or compared sites (clear pulmonary sound, dull, bandbox, tympanic); exact delimitation of the revealed pathological sound change in vertical and horizontal direction (along intercostal spaces, topographical lines): \_\_\_\_\_

#### 2. Topographical percussion:

		On the right	On the left
2.1.	The level of lung apex above the clavicle (anterior chest), in cm:		
2.2.	The level of lung apex with respect to the 7 <sup>th</sup> cervical vertebra prominence (posterior chest): at the level, above, below (in cm):		
2.3.	Kronig's area width (in cm):		
2.4.	Lower border of the lung along the topographic lines:		
	a) parasternal		
	b) medial clavicular (midclavicular)		
	c) anterior axillary		
	d) medial axillary (midaxillary)		
	e) posterior axillary		
	f) scapular		
	g) paravertebral		

*Note:* the measurement on the parasternal and medial clavicular lines on the left is not carried out.

2.5.	Lower lung border excursion along the topographical lines: in inspiration, in expiration, total (in cm):		
	a) medial clavicular / midclavicular		
	b) medial axillary / midaxillary		
	c) scapular		

*Note:* the measurement on the medial clavicular lines on the left is not carried out.



IV. *Lung auscultation.*

1. Comparative auscultation (character of auscultation findings on symmetric and compared chest sites with exact delimitation of the revealed pathological sound change in vertical and horizontal direction (along intercostal spaces, topographical lines)):

– Character of the *main respiratory sounds*:

– vesicular: normal, pathology (diminished, forced, rough, intermittent (saccadic),

– bronchial (normal, pathology (stenotic, metallic, amphoric): \_\_\_\_\_

– mixed (or bronchio-vesicular): \_\_\_\_\_

– absence of breath sounds: \_\_\_\_\_

*Additional respiratory sounds* — present / absent (if present, specify precisely the sites of pathological respiratory sounds):

– dry rales (rhonchi): low-pitched (humming, buzzing), high-pitched (squeaky, whistling), wheezes (sibilant rhonchi, «musical» rhonchi): \_\_\_\_\_

– moist rales: coarse, medium or fine bubbling rales (sonorous, not sonorous):

– crepitation: true, false: \_\_\_\_\_

– pleural friction rub (soft, grating): \_\_\_\_\_

Note the influence of deep breathing and/or coughing on the intensification of additional respiratory sounds (or their displacing / their disappearance): \_\_\_\_\_

2. Bronchophony: negative / positive (if positive, specify precisely its localization):

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### CARDIOVASCULAR SYSTEM

*I. Examination of arteries.* While carrying out the survey and palpation one should pay attention to peripheral arteries: temporal, subclavicular, carotid, cubital, radial, femoral, popliteal and dorsal arteries of feet (visible or not, convoluted or not (if visible)). Palpation: define the degree of pulsation expressiveness (forced or not), vessel surface (smooth or nodular), elasticity \_\_\_\_\_

*II. Pulse parameters on radial arteries:*

– identical (or unequal) pulse strength on the right and left radial arteries (define symmetry and synchronism) \_\_\_\_\_

– pulse rhythm (regular, irregular; if it is irregular, specify the deficiency of pulse) \_\_\_\_\_

– pulse rate — the number of beat per minute (normal rhythm, tachycardia, bradycardia) \_\_\_\_\_

– pulse volume: full / weak;

– tension: tense / soft;

– pulse size: large / small or thready;

– pulse form: fast / slow; dicrotic; paradoxical.

Quinke's (precapillar) pulse: present / absent.

Auscultation of carotids, abdominal aorta, femoral and renal arteries: \_\_\_\_\_

– (Traube's double tone (Traube's sign): present / absent,

– Vinogradov–Duroziez's double murmur (Duroziez's sign): present / absent.

*III. Arterial blood pressure measurement* on brachial arteries using Korotkoff method:

*Left hand*

– systolic blood pressure level: \_\_\_\_\_ mm Hg

– diastolic blood pressure level: \_\_\_\_\_ mm Hg

– pulse pressure: \_\_\_\_\_ mm Hg.

*Right hand*

– systolic blood pressure level: \_\_\_\_\_ mm Hg

– diastolic blood pressure level: \_\_\_\_\_ mm Hg

– pulse pressure: \_\_\_\_\_ mm Hg.

*IV. Examination of veins.*

Venous pulse on jugular veins: negative / positive.

Palpation of peripheral veins \_\_\_\_\_

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If vein dilatation is revealed on examination, specify the localization of it: (thorax, anterior abdominal wall, extremities, etc.): \_\_\_\_\_

- degree of vein dilatation: \_\_\_\_\_
- vein consolidations: present /absent,
- vein tenderness: present /absent.

Auscultation of veins. In patients suffering from anemia «nun's murmur» is listened over the jugular vein bulbs: present /absent.

V. *Heart examination.*

**Survey of the heart region and large blood vessels.**

- Apex beat: invisible / visible (specify the localization): \_\_\_\_\_

- Cardiac beat: invisible / visible (specify the localization): \_\_\_\_\_

– pathological pulsations in large blood vessels area: invisible / visible (specify the localization): \_\_\_\_\_

– cardiac «humpback» sign (constant deformity of ribs over the heart area): present / absent.

– pulsation in epigastric area: present / absent, its causes (enlarged right ventricle, or abdominal part of the aorta, or enlarged liver).

**Palpation of the heart.**

1. *Apex beat* properties:

- localization: \_\_\_\_\_
- width (area), cm: \_\_\_\_\_
- height (amplitude), cm: \_\_\_\_\_
- strength: \_\_\_\_\_
- resistance: \_\_\_\_\_

2. *Cardiac beat*: present /absent,

3. *Systolic and diastolic thrill* (the “cat’s purr” symptom):

- at the heart apex: present /absent,
- at the heart or base: present /absent.

**Percussion of the heart.**

1. Borders of the *relative cardiac dullness* on intercostal spaces *with respect to the anterior midline*, in centimeters:

Intercostal spaces	On the right	On the left
2 (vascular bundle)	cm	cm
3	cm	cm
4	cm	It is allowed not to determine
5	It is not determined	cm

Conclusion: configurations of the heart is normal / pathological (aortic, mitral, triangular (or trapeziform)).

## 2. Borders of *absolute cardiac dullness*:

- the right border: in the \_\_\_\_ intercostal space along \_\_\_\_\_ line;
- the left border: in the \_\_\_\_ intercostal space along \_\_\_\_\_ line;
- the upper border: in the \_\_\_\_ intercostal space along \_\_\_\_\_ line;

### **Auscultation of the heart.**

Cardiac rhythm: regular, arrhythmia, embryocardia.

The rate of heartbeats: \_\_\_\_\_ (per minute).

Specific triple rhythms: the “quail” rhythm; the “gallop” rhythm (protodiastolic, mesodiastolic, presystolic).

### ***Characteristic of heart sounds in each of the 5 auscultation points.***

#### ***1 point:***

– *the first heart sound*: normal sonority, weakened, strengthened, clapping, split, doubled.

– *the second heart sound*: normal, accentuated, weakened, split, doubled.

– *heart murmur*: absent/present (systolic, diastolic; association of a murmur with heart sounds \_\_\_\_\_, murmur timbre \_\_\_\_\_, the point of the maximum murmur loudness \_\_\_\_\_, a place of the murmur transmitting \_\_\_\_\_, change of murmur depending on the patient’s position \_\_\_\_\_ / physical activity \_\_\_\_\_ / respiration phases \_\_\_\_\_.

#### ***2 point:***

– *the first heart sound*: normal sonority, weakened, strengthened, clapping, split, doubled.

– *the second heart sound*: normal, accentuated, weakened, split, doubled.

– *heart murmur*: absent/present (systolic, diastolic; association of a murmur with heart sounds \_\_\_\_\_, murmur timbre \_\_\_\_\_, the point of the maximum murmur loudness \_\_\_\_\_, a place of the murmur transmitting \_\_\_\_\_, change of murmur depending on the patient’s position \_\_\_\_\_ / physical activity \_\_\_\_\_ / respiration phases \_\_\_\_\_.

#### ***3 point:***

– *the first heart sound*: normal sonority, weakened, strengthened, clapping, split, doubled.

– *the second heart sound*: normal, accentuated, weakened, split, doubled.

– *heart murmur*: absent/present (systolic, diastolic; association of a murmur with heart sounds \_\_\_\_\_, murmur timbre \_\_\_\_\_, the point of the maximum murmur loudness \_\_\_\_\_, a place of the murmur transmitting \_\_\_\_\_, change of murmur depending on the patient’s position \_\_\_\_\_ / physical activity \_\_\_\_\_ / respiration phases \_\_\_\_\_.

#### ***4 point:***

– *the first heart sound*: normal sonority, weakened, strengthened, clapping, split, doubled.

– *the second heart sound*: normal, accentuated, weakened, split, doubled.

– *heart murmur*: absent/present (systolic, diastolic; association of a murmur with heart sounds \_\_\_\_\_, murmur timbre \_\_\_\_\_, the point of the maximum murmur loudness \_\_\_\_\_, a place of the murmur transmitting \_\_\_\_\_, change of murmur depending on the patient's position \_\_\_\_\_ / physical activity \_\_\_\_\_ / respiration phases \_\_\_\_\_.

**5 point:**

– *the first heart sound*: normal sonority, weakened, strengthened, clapping, split, doubled.

– *the second heart sound*: normal, accentuated, weakened, split, doubled.

– *heart murmur*: absent/present (systolic, diastolic; association of a murmur with heart sounds \_\_\_\_\_, murmur timbre \_\_\_\_\_, the point of the maximum murmur loudness \_\_\_\_\_, a place of the murmur transmitting \_\_\_\_\_, change of murmur depending on the patient's position \_\_\_\_\_ / physical activity \_\_\_\_\_ / respiration phases \_\_\_\_\_.

Pericardial friction rub: it is listened / not listened.

Pleuropericardial friction rub: it is listened / not listened.

## DIGESTIVE SYSTEM

### *I. Oral Cavity Examination.*

Gums: pink, pale, moist, pure, ulcerated, edematous, bleeding.

Teeth: cured, carious, loose, false teeth / dentures.

Tongue: moist, pure, dry, coated (moderately, severely), bald, raspberry tongue, ulcerated, with fissures.

Oral mucosa: pink, pale, moist, pure, reddened, ulcerated.

Fauces: pink, red, moist, dry, mucosal swelling, pure, plaques.

Tonsils: normal size, increase (decrease) in size (right, left), pink, redness, swelling, pure, plaques, presence of purulent plugs in lacunes.

Pharynx: the mucosa is pink/red, moist (or not), shining (or not), granulated (or not).

### *II. Examination of the abdomen.*

#### ***Survey of the abdomen.***

– symmetry of the abdomen: yes / no,

– any distension: yes / no,

– abdominal respiration: yes / no,

– bruising: yes / no,

– scars: yes / no,

– stoma: yes / no,

– hernias: yes / no, if yes: umbilical, inguinal, midline (Linea alba) hernia.

– visible peristalsis: yes / no,

– a hypodermic venous network: invisible / visible,

– Medusa head symptom: yes / no.

Abdomen size and form:

– symmetric: yes / no,

– flattened: yes / no,

– enlarged: yes / no. If yes: enlargement is moderate / considerable, the abdomen protrusion is uniform / not uniform, frog-like abdomen in patient lying supine: present / absent.

– abdominal circumference at the navel: \_\_\_\_\_ cm.

**Percussion of the abdomen.** A generally resonant abdomen (yes/no) suggests much flatus whilst tumor or liquid under the fingers will be dull. Dullness of the flanks may be the first sign of ascites. Percussion for shifting dullness: positive, negative.

**Auscultation of the abdomen.**

Peristalsis: normal, decreased, increased, absent.

Peritoneal friction: yes / no.

Lower stomach border position determined by the method of auscultative palpation («rustle») along left midclavicular line \_\_\_\_\_.

**Palpation of the abdomen.**

– the free fluid revealing by a fluctuation method: present / absent.

– eliciting a fluid thrill by palpation: an impulse or “fluid thrill” is felt / is not felt.

**Superficial palpation of the abdomen:**

– *approximate*: painless, painful (tenderness is diffuse; tenderness is limited, specify the tenderness localization \_\_\_\_\_ )

– *comparative*: painless, painful (tenderness is diffuse; tenderness is limited, specify the tenderness localization \_\_\_\_\_ )

– local protrusions: present / absent,

– hernial orifice(s): present / absent,

– dense mass: present / absent.

**Deep, methodical, sliding palpation by Obratzov–Strazhesko.**

Lower stomach border: not palpable / palpable (tenderness (present / absent), consistency (dense / elastic), surface (smooth / uneven), rumbling (present / absent),

Sigmoid colon: not palpable / palpable (diameter \_\_\_\_\_ (cm), tenderness (present / absent), mobility (present / absent), consistency (dense / elastic), surface (smooth / uneven), rumbling (present / absent),

Caecum: not palpable / palpable (diameter \_\_\_\_\_ (cm), tenderness (present / absent), mobility (present / absent), consistency (dense / elastic), surface (smooth / uneven), rumbling (present / absent),

Ascending colon: not palpable / palpable (diameter \_\_\_\_\_ (cm), tenderness (present / absent), mobility (present / absent), consistency (dense / elastic), surface (smooth / uneven), rumbling (present / absent)),

Descending colon: not palpable / palpable (diameter \_\_\_\_\_ (cm), tenderness (present / absent), mobility (present / absence), consistency (dense / elastic), surface (smooth / uneven), rumbling (present / absent)),

*Transverse colon:* not palpable / palpable (diameter \_\_\_\_\_(cm), tenderness (present / absent), mobility (present / absent), consistency (dense / elastic), surface (smooth / uneven), rumbling (present / absent)).

### *III. Examination of the liver.*

#### ***Survey of the liver area:***

– evident bulging in right hypochondrium: present / absent.

#### ***Percussion of the liver:***

*The upper border of liver is determined on 3 lines:*

- on the \_\_\_\_\_ rib along right parasternal line,
- on the \_\_\_\_\_ rib along right midclavicular line,
- on the \_\_\_\_\_ rib along right anterior axillary line.

*The lower border of the liver is determined on 5 lines:*

- on the \_\_\_\_\_ rib along right anterior axillary line,
- \_\_\_\_\_ along right midclavicular line,
- \_\_\_\_\_ along right parasternal line,
- \_\_\_\_\_ along anterior midline,
- by the left rib arch along left \_\_\_\_\_ line.

#### ***Liver size by Kurlov:***

- on the midclavicular line: \_\_\_\_\_ cm,
- on the anterior midline: \_\_\_\_\_ cm,
- on the left rib arch (costal margin): \_\_\_\_\_ cm.

#### ***Palpation of the liver:***

- liver lower edge is palpable / not palpable,
- if liver lower edge is palpable: does not protrude from under the costal margin on right midclavicular line / protrudes from under the costal margin on \_\_\_\_\_ cm,
- features of liver edge which will have been found during palpation: consistency (soft / firm); surface (smooth / tuberos); tenderness (present / absent).

### *IV. Examination of the gallbladder.*

- gallbladder is not palpable / palpable;
- tenderness in the gallbladder area: present / absent.
- Courvoisier's symptom: negative / positive,
- Georgievskiy–Myussi's symptom (phrenic nerve sign): negative / positive,
- Murphy's symptom: negative / positive.

### *V. Examination of the spleen.*

#### ***Survey of the spleen area:***

– evident bulging in the left hypochondrium: present / absent.

#### ***Percussion of the spleen:***

- length (by the 10<sup>th</sup> rib): \_\_\_\_\_ cm;
- width (between the 9<sup>th</sup> and 11<sup>th</sup> ribs on left midaxillary line): \_\_\_\_\_ cm.

#### ***Palpation of the spleen:***

1) When the patient supine:

- spleen does not protrude from under the left costal margin / protrudes from under the left costal margin on \_\_\_\_\_ cm.

– if spleen palpable: consistency (soft / firm), surface (smooth / uneven), tenderness (present / absent).

2) When the patient on his right side:

– spleen does not protrude from under the left costal margin / protrudes from under the left costal margin on \_\_\_\_\_ cm.

– if spleen palpable: consistency (soft / firm), surface (smooth / uneven), tenderness (present / absent).

## URINARY SYSTEM

### *I. Examination of the kidneys.*

#### ***Survey of kidney area:***

– symmetry in the kidney area: present / absent,

– hyperemia in the kidney area: present / absent,

– swelling in the kidney area: present / absent,

– scars in the kidney area: present / absent.

#### ***Palpation of the kidneys.***

*Palpation of right kidney* carried out in horizontal position:

– palpable / is not palpable,

– if kidney palpable: enlarged/reduced kidney, renal form \_\_\_\_\_, consistency (dense / elastic), tenderness (present / absent), kidneys surface (smooth / tuberos), kidney is dropped by \_\_\_\_\_ cm) / is not dropped).

*Palpation of right kidney* carried out in vertical position:

– palpable / is not palpable,

– if kidney palpable: enlarged/reduced kidney, renal form \_\_\_\_\_, consistency (dense / elastic), tenderness (present / absent), kidneys surface (smooth / tuberos), kidney is dropped by \_\_\_\_\_ cm) / is not dropped).

*Palpation of left kidney* carried out in horizontal position:

– palpable / is not palpable,

– if kidney palpable: enlarged/reduced kidney, renal form \_\_\_\_\_, consistency (dense / elastic), tenderness (present / absent), kidneys surface (smooth / tuberos), kidney is dropped by \_\_\_\_\_ cm) / is not dropped).

*Palpation of left kidney* carried out in vertical position:

– palpable / is not palpable,

– if kidney palpable: enlarged/reduced kidney, renal form \_\_\_\_\_, consistency (dense / elastic), tenderness (present / absent), kidneys surface (smooth / tuberos), kidney is dropped by \_\_\_\_\_ cm) / is not dropped).

***Method of tapping*** (Pasternatsky's symptom) *on the right costovertebral angle*: negative, slightly positive (insignificant tenderness is present), positive (moderate tenderness), full-blown positive (significant tenderness, the patient does not allow to continue the procedure).

***Method of tapping*** (Pasternatsky's symptom) *on the left costavertebral angle*: negative, slightly positive (insignificant tenderness is present), positive (moderate



tenderness), full-blown positive (significant tenderness, the patient does not allow to continue the procedure).

**Auscultation of the renal artery projections area** from the front and behind is carried out to reveal a renal artery stenosis: systolic murmur is present / systolic murmur is absent.

## *II. Examination of the urinary bladder.*

**Percussion** of the upper border of bladder: with positive result / with negative result. The level of the bladder upper border over the pubis \_\_\_\_\_ cm.

**Deep, methodical, sliding palpation** by Obratzov-Strazhesko, if positive result of percussion: surface (smooth / uneven), tenderness (present / absent), consistency (dense / elastic), mobility (present / absent).

## ENDOCRINE SYSTEM

### *I. Examination of the thyroid gland.*

**Survey of the thyroid gland area:** patient's voice hoarseness area (present / absent), scars after strumectomy (present / absent), skin color changes (present / absent), vascular change as a sign of substernal goiter or tumor invasion with local signs manifestation (present / absent), swelling of neck veins, absence of pulse on the carotid artery from the side of thyroid gland tumoral growth (present / absent).

**Palpating the thyroid gland and thyroid gland area.** Diffuse enlargement (present / absent), presence of local protrusions: nodular masses (present / absent), cysts (present / absent), mobility assessment on swallowing (mobile / slightly mobile / immobile).

If the thyroid is palpable (enlarged), determine the degree and character of this enlargement (diffuse, nodular, or diffuse-nodular [mixed]), tissue consistency (soft, dense), surface condition (smooth, tuberos), mobility (easily mobile, a little mobile, fused to the skin and adjacent tissues), tenderness (clearly marked, evident, is absent).

Trachea position: typical / atypical.

Regional lymphadenopathy: present / absent, list groups of lymph nodes

---

**Auscultation of the thyroid gland area.** Systolic murmur in thyrotoxicosis: present / absent.

*II. Search for endocrinous ophthalmopathy* (Dalrymple's sign (positive / negative), Jellinek's symptom (positive / negative), Rosenbach's symptom (positive / negative), Kocher's sign (positive / negative), Graefe's sign (positive / negative), Stellwag's symptom (positive / negative), Möbius's symptom (positive / negative)).

### *III. Assessment of fat distribution.*

1) **waist-hip ratio (WHR):** waist volume (cm) divided by hip volume (cm). *Result and assessment:* WHR index \_\_\_\_\_; it is *android type* (index 0.9 or higher for male / 0.85 or higher for female) like risk factor for obesity-related morbidity; it is *gynoid type* (index less than 0.9 for male / less than 0.85 for female) like risk factor for venous insufficiency;

2) **measurement of a skin fold thickness:** subscapular area \_\_\_\_\_(cm), triceps area \_\_\_\_\_(cm), navel area \_\_\_\_\_(cm);

3) **body mass index (BMI):** \_\_\_\_\_ kg/m<sup>2</sup>. **Conclusion:** cachexia, body mass deficiency, normal body mass range, overweight, obesity class I, obesity class II, obesity class III.

$$BMI = m / h^2,$$

where *m* and *h* are the subject's weight in kilograms and height in meters respectively. (normal range: 19–25 kg/m<sup>2</sup>, overweight: 25–29.9 kg/m<sup>2</sup>, obesity: more than 30 kg/m<sup>2</sup> (class I obesity: 30–34.9; class II obesity: 35–39.9; class III obesity: more than 40).

## HEMOPOIETIC SYSTEM

**I. Skin examination:** hemorrhagic symptoms (petechial hemorrhage (present / absent), ecchymosas (present / absent), hematomas (present / absent), teleangiectasias (present / absent), leukemids (present / absent).

**II. Percussion:** tenderness at tapping on the breastbone (present / absent), tubular bones (present / absent).

**III. Palpation of lymph nodes** (localization of palpable nodes, their size (cm), tenderness/painlessness, consistency (soft, dense), mobility (mobile, fused to the skin):

Findings of nodes palpation	size	number	consistency	tenderness	mobility	fusion (among themselves / with internal organs / with skin)	fistulas (presence or absence)
occipital							
parotid							
submandibular							
submental							
cervical anterior							
cervical posterior							
jugular							
supraclavicular							
subclavicular							
sternal							
axillary							
cubital							
inguinal							
popliteal							

**VI. "Pinch" test / bandage sign** (Konchalovsky–Rumpel–Leede symptom): positive / negative.

## NERVOUS SYSTEM

*I. Estimation of:* consciousness level (clear / confused / coma / excitation), orientation (preserved / impaired) \_\_\_\_\_, memory (preserved / impaired) \_\_\_\_\_, mood (preserved / impaired), speech functions (preserved, dysarthria, aphasia).

*II. Receptor investigation:* sense of smell (preserved / impaired) \_\_\_\_\_, hearing (preserved / impaired) \_\_\_\_\_, vision (preserved / impaired) \_\_\_\_\_, temperature \_\_\_\_\_, tactile sensation (preserved / impaired). Tenderness along the branches of a trigeminal nerve (presence / absence).

*III. Motor sphere investigation:* palpebral fissure (are narrowed, dilated; ptosis), eyeball movements (are preserved, impaired; nystagmus). Romberg's test: patient's steadiness / unsteadiness.

*VI. Reflex investigation:* pupils (identical / unequal), light reflex (quick / slow, consensual or not), tendon reflex (identical / unequal; overactive / hyporeflexia). Pathological changes of muscle tone (rigidity, spasticity, floppiness), involuntary movements (are absent / are present (tremor, chorea, dystonia, myoclonus)).

*V. Vegetative sphere:* dermographism (red, white; stable / unstable, diffuse); hyperhidrosis (yes/no).

*VI. Pathological reflexes:* Babinski's sign (positive / negative), Rossolimo's sign (positive / negative), Oppenheim's reflex (positive / negative), Brudzinski's reflex (positive / negative), Kernig's sign (positive / negative); occipital muscle rigidity (yes/no).

## LABORATORY AND INSTRUMENTAL INVESTIGATIONS

Clinical City Hospital #		Clinical City Hospital #	
Complete blood count (CBC)		Complete blood count (CBC)	
Patient's name		Patient's name	
Department		Department	
Erythrocytes	*10 <sup>12</sup> /l	Erythrocytes	*10 <sup>12</sup> /l
Hemoglobin	g/l	Hemoglobin	g/l
Color index		Color index	
Leucocytes	* 10 <sup>9</sup> /l	Leucocytes	* 10 <sup>9</sup> /l
Basophiles	%	Basophiles	%
Eosinocytes	%	Eosinocytes	%
Myelocytes		Myelocytes	
Young neutrophils	%	Young neutrophils	%
Band neutrophils	%	Band neutrophils	%
Segmented neutrophils	%	Segmented neutrophils	%
Lymphocytes	%	Lymphocytes	%
Monocytes	%	Monocytes	%
Reticulocytes		Reticulocytes	
Thrombocytes	*10 <sup>9</sup> /l	Thrombocytes	*10 <sup>9</sup> /l
ESR	mm/H	ESR	mm/H
<b>Date:</b>		<b>Date:</b>	

Clinical City Hospital #		Clinical City Hospital #	
Urinalysis		Urinalysis	
Patient's name		Patient's name	
Department		Department	
Amount of urine		Amount of urine	
Color		Color	
Relative density		Relative density	
Odor		Odor	
Transparency		Transparency	
Protein		Protein	
Glucose		Glucose	
Acetone		Acetone	
Bilirubin		Bilirubin	
Urobilin		Urobilin	
Reaction (Ph):		Reaction (Ph):	
Microscopic examination		Microscopic examination	
Flat epithelium		Flat epithelium	
Renal epithelium		Renal epithelium	
Leucocytes		Leucocytes	
Erythrocytes		Erythrocytes	
hyaline Cylinders		hyaline Cylinders	
Epithelial		Epithelial	
granular cylinders		granular cylinders	
Waxy cylinders		Waxy cylinders	
Mucus		Mucus	
Bacteria		Bacteria	
Salts		Salts	
<b>Date:</b>		<b>Date:</b>	

Clinical City Hospital #		Clinical City Hospital #	
Blood biochemistry		Blood biochemistry	
Patient's name		Patient's name	
Department		Department	
Urea		Urea	
Creatininum		Creatininum	
Uric acid		Uric acid	
Total bilirubin		Total bilirubin	
Direct bilirubin		Direct bilirubin	
Indirect bilirubin		Indirect bilirubin	
Glucose		Glucose	
Aspartataminotranspherase		Aspartataminotranspherase	
Alaninaminotranspherase		Alaninaminotranspherase	
Lactatdehydrogenase		Lactatdehydrogenase	
Creatinphosphokinase		Creatinphosphokinase	
Creatinphosphokinase-MB		Creatinphosphokinase-MB	
Troponine		Troponine	
Amilase		Amilase	
Sodium		Sodium	
Potassium		Potassium	
Calcium		Calcium	
Chlorine		Chlorine	
Iron		Iron	
<b>Date:</b>		<b>Date:</b>	







РЕПОЗИТОРИЙ БГМУ



РЕПОЗИТОРИЙ БГМУ

## CLINICAL DIAGNOSIS AND ITS SUBSTANTIATION

### Clinical diagnosis:

1. Basic diagnosis \_\_\_\_\_

\_\_\_\_\_

2. Complications of the basic diagnosis \_\_\_\_\_

\_\_\_\_\_

3. Concomitant diagnosis (-es) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*This diagnosis was made using the following data:*

1) patient's complaints:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) present and past history data:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## DIARY OF MEDICAL SUPERVISION

*The student should write not less than two medical diaries for showing changes in a patient's condition during current hospitalization (the so called dynamics of patient's condition).*

Date:	Diary content
Patient's complaints	
Patient's condition occurring during the day	<p><b><i>Vital functions</i></b></p> <ul style="list-style-type: none"> <li>– pulse rate:</li> <li>– respirations rate:</li> <li>– body temperature:</li> </ul> <p><b><i>Brief description of the patient's objective data</i></b></p> <p>Condition:</p> <p>Consciousness:</p> <p>Position:</p> <p>Skin:</p> <p>Mucosas:</p> <p>Heart:</p> <p>Lungs:</p> <p>Abdomen:</p> <p>Special features of stool:</p> <p>Diuresis: _____ml. Special features of diuresis and urination: _____</p>
Prescribed medications effect, tolerance (or intolerance) to them	
Plan of diagnostic and treatment manipulations, and preparation to them	
	Physician's signature:

<b>Date:</b>	<b>Diary content</b>
Patient's complaints	
Patient's condition occurring during the day	<p><b><i>Vital functions</i></b></p> <ul style="list-style-type: none"> <li>– pulse rate:</li> <li>– respirations rate:</li> <li>– body temperature:</li> </ul> <p><b><i>Brief description of the patient's objective data</i></b></p> <p>Condition:</p> <p>Consciousness:</p> <p>Position:</p> <p>Skin:</p> <p>Mucosas:</p> <p>Heart:</p> <p>Lungs:</p> <p>Abdomen:</p> <p>Special features of stool:</p> <p>Diuresis: _____ml. Special features of diuresis and urination: _____</p>
Prescribed medications effect, tolerance (or intolerance) to them	
Plan of diagnostic and treatment manipulations, and preparation for them	
	Physician's signature:

**TEMPERATURE GRAPH**

DATE	morning	evening	morning	evening	morning	evening	morning	evening	morning	evening	morning	evening	morning	evening
	morning	evening	morning	evening	morning	evening	morning	evening	morning	evening	morning	evening	morning	evening
body temperature														
pulse rate														
respiratory rate														
systolic arterial pressure														
diastolic arterial pressure														
weight														
diuresis														

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## CONTENTS

Definition of the case history .....	4
Title page of educational case history .....	5
Second page of educational case history (passport data) .....	6
Patient's complaints.....	7
Present history .....	8
Past history .....	9
General survey.....	12
System review .....	15
Respiratory system.....	15
Cardiovascular system.....	18
Digestive system.....	21
Urinary system.....	24
Endocrine system.....	25
Hemopoietic system.....	26
Nervous system.....	27
Laboratory and instrumental investigations .....	27
Clinical diagnosis and its substantiation .....	34
Diary of medical supervision .....	36
Temperature graph.....	38
References .....	39



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**EDUCATIONAL CASE HISTORY**

Практикум  
для студентов по специальности «Лечебное дело»

На английском языке

Ответственный за выпуск Э. А. Доценко  
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