Patient information sheet

# Patient A:

# Patient Vignette

# Baby A was born in October, and met the first couple of growth checkpoints. Since December the baby has been becoming increasingly pale, and her head is noticeably smaller than the rest of her body. Within the last two months the baby has had a rash almost every day. The baby’s urine function has not changed, but there has been a strong smell in the diaper. Baby A has been admitted to the hospital because it had a seizure last night, and another this morning in the waiting room.

# Family history

# Family history for Baby A is relatively normal, both parents are healthy with the absence of major diseases. Neither parent (mom 31, dad 31) has epilepsy, Anemia, diabetes, or heart disorders. There is a family history of breast cancer, but it is late on set on the father side. The mother did say that one of her siblings died in infancy, but did not state a route cause. The baby’s parents both have brown eyes, but the baby has developed blue eyes.

Patient information sheet

# Patient B:

# Patient Vignette

# Baby B was born on February 17th, 2018. After routine tests, the baby was cleared to leave the hospital, and parents took him home. After 5 days at home the baby began to have trouble nursing, and had some excessive urine in the diaper given his reduced feeding pattern. By day 7, baby B had completely stopped eating, yet still wetting his diapers. The wet diapers were accompanied by a strange smell. Baby B was just admitted to the hospital showing limb rigidity, but x-rays are negative for breaks or fractures. The baby may also have just a seizure.

# Family history

# Both parents and grandparents of baby B are healthy. No evidence of caner, epilepsy, blood disorders or cancer on either side of the family. Parents have one healthy child (2 years old), and have also had a child die shortly after birth (3 years ago). Mom is 29 and Dad is 32.

Patient information sheet

# Patient C:

# Patient Vignette

# Patient C is a 52 year old Male presenting normal heart and neurological function. He has been coming in complaining of mood swings, increased urine production, and some blurred vision. Upon physical examination you find that he has a couple of scabs from old lacerations that have not healed yet. Standard questions reveal that he is overly thirsty throughout the day.

# Family history

# This patient is at risk for the following diseases, Heart disease, diabetes, Asthma, High cholesterol, decreased liver function, and Pancreatic cancer. Patient C’s parents were both diagnosed with High cholesterol, and his mother has diabetes.

Patient information sheet

# Patient D:

# Patient Vignette

# Patient D is a toddler who has been admitted to the hospital. Over the past few months his behavior has changed drastically. The toddler is now usually lethargic and sleeps often. Furthermore, patient D’s skin has become increasingly more pale over the past few months. More recently the baby has been more bloated than usual and has missed the past two growth checkpoints at his checkpoints.

# Family history

# Patient D lives in the United states, but his parents were born in the Phillipines, and immigrated to the U.S as children. Patient D has mostly healthy parents, but patient D’s paternal grandfather died in his mid 30’s, while his maternal grandmother also died early (mid 30’s), but due to complications in child birth. The surviving grandparents complain of pain and tiredness after exercise and avoid stress whenever possible. Patient D’s parents are active, but complain of pain, and lethargy during stressful circumstances.

Patient information sheet

# Patient E:

# Patient Vignette

# Baby E is eight months old. Although baby E has been growing normally, she has missed certain developmental milestones. The baby can’t hold her head up, roll over, or crawl yet. Her parents have describe feeling like Baby E is not always looking at them like she used to. She is supposed to have her 9 month check up in the next couple of weeks but was admitted to the hospital because she just had a seizure, and there has been a “red spot” growing in her eyes.

# Family history

# Baby E’s parents are incredibly healthy. They are active, there is little known medical problems in either of their families, and they maintain a vegan lifestyle. Baby E’s dad had a sibling die in infancy, and Baby E’s maternal grandmother had two siblings die in infancy. It should be noted that both Baby E’s parents are of Jewish descent.

Patient information sheet

# Patient F:

# Patient Vignette

# Baby F is a newborn baby, whose recent check-up revealed some abnormalities. Although the baby did not have any noticeable symptoms after birth, it was a little light given its size (only 5 pounds, but 20’’). Baby F has had trouble breastfeeding, and it seems that it’s facial development is off track. The reason the baby was admitted was because the doctor noticed a heart murmur.

# Family history

# Baby F’s family is very healthy, although there might be some cases of Alzheimer’s disease on both sides of the family. Both baby F’s parents have had no instances of infant death or miscarriage on either side. The parents performed amniocentesis, and did not find any genetic disorders with the results.