WRITTEN SECOND OPINION

Deep Case Review

Prepared for	Alex (fictional)
Age range	40–49
Reference	SAMPLE-DEEP-20261003
Date	3 October 2026
Basis	Questionnaire, plus two report pages described below
Program	Not part of a 90-Day program
Prepared by	Case Review Desk team

> **How to read this.** This is an educational written Case Review / Second Medical Opinion. It restates your story and names classical Chinese medical pattern directions that fit the answers you sent. It is not a diagnosis, a treatment plan, a prescription, or a dose order. Do not start, stop, or change medicines or herbs because of this document. Your local clinicians remain the authority for tests and medicines.
>
> A paid Deep is usually 6–8 pages and is written only from that person's intake. This sample is a fictional composite. No real clinic, clinician, or hospital is named.

1. The concern, in your words

"For about three years I bloat after a midday meal. By four o'clock I am foggy and I want to lie down. I fall asleep, then wake near three in the morning with a dry mouth and a mind that will not settle. My local clinicians called the basic labs unremarkable. I am not asking you to treat this. I want a second written language for a week I already live with."

2. Timeline we used

Onset is described as gradual, after a long stretch of desk weeks and irregular lunches, not as a single-day illness. The midday heaviness is worse after a large or cold plate and easier on slower mornings when breakfast is warm and the afternoon is not stacked. No black stool, crushing chest pain, sudden one-sided weakness, high fever, jaundice, or inability to pass urine is described in this composite. If any of those appeared, this document would stop and the right next step would be local emergency care, not a longer pattern essay.

What local clinicians already covered, in the words of the intake: a comprehensive metabolic panel and a thyroid summary, both described as printed in range, and general advice to watch meals. No endoscopy, no sleep study, and no imaging report are part of this sample. We do not fill those gaps by guessing.

3. Daily pattern notes

Sleep

Long settling after late screens. Waking near 3 a.m. Sleep that does not feel finished. Dry mouth at the waking. No description of gasping, witnessed pauses, or morning headache.

Digestion

Heaviness and fog after a midday meal. Stool that swings with deadline weeks. No blood in the stool is described.

Energy

A drop around four o’clock, with a wish to lie down. Mornings are relatively clearer when breakfast happens.

Temperature

Hands that go cold at the desk. Dry mouth at night rather than a drenching sweat.

Cycle

Not used. The intake did not describe a cycle story, so none is invented here.

Medicines named

A daily multivitamin. The name is recorded. No dose is discussed, and no change is suggested.

4. Educational pattern directions

The same week can sit in more than one classical reading. Three directions fit these answers. None of them is a gastroenterology, sleep-clinic, or psychiatry label. Where a direction would weaken, that is said in the same paragraph.

Spleen-earth and food heaviness. Midday bloating, the four o’clock fog, and the wish to lie down after a large or cold plate travel together. In this teaching frame the map is about food timing and heaviness, not about naming a digestive disease. The direction would weaken if the heaviness were present on an empty stomach, or if it arrived with black stool, persistent vomiting, or pain that local clinicians have flagged as urgent.

A thin-night, yin-deficiency style of waking. Clock-hour waking, a dry mouth, and a mind that will not settle are read as one night chapter. This is classroom language for a pattern of dryness and light sleep. It would weaken if the waking happened only after a very late heavy meal and there were no dryness, or if the intake had described gasping and witnessed breathing pauses — those belong with a local sleep clinician, not with a longer metaphor.

Liver–spleen tension on long work weeks. Stool and bloating that move with deadlines sit beside late screens and a tight afternoon. The digestion chapter and the work-week chapter travel together in the answers. This is a timing note. It is not a mood diagnosis, and it is not permission to file a new red-flag change under “stress.”

What would change this reading. A local workup that replaces the "unremarkable labs" story; fever; black stool; vomiting that will not stop; jaundice; chest pain; sudden one-sided weakness or a new facial droop; the worst headache of a life; or a request to stop a prescribed medicine. Any of those ends the educational map.

5. Report pages

Deep reads the written report pages you attach. It does not reinterpret films, and it does not issue a laboratory or radiology second opinion. Each row states what the page is, and whether this review uses it.

Page	Date on the page	What we read	Use in this review
Comprehensive metabolic panel	March 2026	The page is titled CMP. The intake describes the printed values as within the reference range on that page.	Context only: a local workup already happened. Not a reinterpretation of any analyte.
Thyroid panel summary	March 2026	The page lists TSH. The intake describes it as inside the printed range.	Context only: a thyroid chapter was already looked at locally. Not an endocrine opinion, and not a comment on medicine.

Pages not used. None were set aside in this sample. In a paid Deep we name a page we will not use — a photograph of a screen we cannot read, a film image without a written report, or a page in a language we will not pretend to translate.

6. One day, read as three chapters

The intake is easier to use when a single day is kept in order. Nothing below is a schedule we are assigning.

Morning. When breakfast is warm and unhurried, Alex describes the morning as clearer. In the food-heaviness reading, the day has not yet met the large or cold plate. A clear morning does not prove that the rest of the day will be clear, and it is not evidence that a disease has been ruled out.

Midday. The large or cold plate is the hinge for the spleen-earth reading. Heaviness that starts here, rather than on an empty stomach, is why that direction is first. If a future week is heavy before any food, this hinge no longer holds and the map should be rewritten.

Late afternoon. Fog and wanting to lie down sit on the same hinge. The work-week direction joins only when the afternoon is also stacked with deadlines. A quiet afternoon after a light warm lunch would weaken both the food-heaviness chapter and the deadline chapter for that day. It would not, by itself, touch the night chapter.

Night. Slow settling after screens, then waking near 3 a.m. with a dry mouth, is the thin-night chapter. It stays separate from lunch unless a very late heavy meal is also in the story. The intake does not describe

gasping or witnessed pauses, so this chapter is not written as a breathing story. Adding those features later would move the night chapter out of this document and toward a local sleep clinician.

Holding the three chapters side by side is the point of the longer review. Collapsing lunch, deadline weeks, and 3 a.m. waking into one name makes the week look simpler than the answers are.

7. What the two report pages can support

The metabolic panel and the thyroid summary support one sentence: a local clinician had already looked at those two chapters, and Alex describes the printed ranges as unremarkable. They do not support a claim that every question is closed, that the week is therefore “only stress,” or that a pattern name explains a number. The directions in this review come from timing in the questionnaire, not from the laboratory values.

If a later page shows a result the local clinician calls abnormal, this map is no longer current. Send the page. If they mark it urgent, use their instructions or emergency care rather than waiting for a rewrite. A non-urgent change belongs in a Follow-up.

8. Three literacy notes — not a protocol

These notes organize observations already in the questionnaire. They are not a diet order, a sleep prescription, or a supplement plan.

1. **Midday plate.** The heaviness in this story tracks a large or cold lunch more than an empty morning. Noticing that pairing is material for your own timeline or your next local visit. It is not a meal plan from us.
2. **The 3 a.m. window.** Waking, dry mouth, and late screens sit together. A quieter hour before that window is a timing observation. It is not an instruction to stop a medicine, and it is not a claim that the waking will end.
3. **Deadline weeks.** Stool and bloating move together when the week stacks. Naming that pairing keeps the stress chapter and the digestion chapter from being collapsed into one label. A new red-flag change is still a local-clinician matter.

9. What you can carry to a local visit

These four lines are a cleaner history than “I feel off.” They are observations from the intake. They are not a request that anyone order a test, and they are not a list of findings made by this desk.

1. Midday heaviness tracks a large or cold lunch more than a skipped meal.
2. The four o’clock fog travels with that lunch, not with every day on the calendar.
3. Waking near 3 a.m. includes a dry mouth. Gasping and witnessed pauses were not in the story sent here.
4. Deadline weeks move stool and bloating together.

10. When to stop reading this

> Use local emergency care now for crushing chest pain, trouble breathing, one-sided weakness, a new facial droop, the worst headache of a life, heavy bleeding, fever with severe abdominal pain, vomiting that will not stop, jaundice, or a suicidal crisis. United States: 988 for a mental-health crisis. Everywhere: local ER / 911 / 112. Do not wait for email.
>
> Return to the clinician who already ordered labs if the week changes in a way they asked you to report, or if you want a test or a medicine interpreted. This desk does not order either.

11. What this report does not do

- It does not confirm, remove, or replace a Western diagnosis.
- It does not prescribe herbs, foods, or supplements, and it does not discuss doses.
- It does not name a physician or a hospital, and it does not include a specialty-match card.
- China Care Coordination is a separate logistics path. It is not part of this fee.

12. Your one written question

Reply once, to the same email thread, with one focused question about this map. We answer once, in writing. There is no video call. A later change in the story is a Follow-up Review ($69), not a second Deep inside this fee. If this Deep was the first writing of a 90-Day program, the two later writings are Follow-ups, requested one at a time.

13. What the intake did not contain

No tongue or pulse description, no cycle story, no hour-by-hour meal log, no thirst pattern through the day, no stool form beyond “swings with deadline weeks,” and no family history. Those gaps are why this review keeps three directions in view instead of one name. A direction that would need a missing fact is not filled in. If a later note records meal times, whether the 3 a.m. waking follows a late meal, and what the stool is like on deadline weeks versus quiet weeks, a Follow-up can say which direction got stronger and which one dropped. That update would still not be a diagnosis.

We also did not have a sleep study, an endoscopy report, or a clinician’s letter. Their absence is stated so the map is not read as if those chapters had been reviewed. Whether any of them should be sought is a question for the local clinician, not a recommendation in this document.

14. How this differs from a Mini snapshot

A Mini on these same answers would keep two directions and three literacy notes. It would not put a day in order, would not say what the March pages can and cannot support, and would not include a written question. The extra pages here are that structure. They are not a longer catalogue of pattern names, and they are not a treatment plan written out in more words.

15. How this was prepared

The draft is produced with an AI-assisted classical pattern framework from the intake you submitted. A person on the Case Review Desk team reads it, removes anything that diagnoses, doses, or names a clinician or hospital, and only then sends the PDF. The public site does not list a licensed physician's name. We will not invent one.

If we cannot write a useful educational review from the intake, we refund the fee before a report is sent. After the PDF is delivered, the fee is not refunded.

Case Review Desk

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Educational Case Review / Second Medical Opinion — reference only. Not a diagnosis, not a prescription. Emergencies → ER / 911 / 112. This sample is fictional. A paid report uses only your intake.