

Patient Four – Shelley Poseidon

TEN MONTHS AGO

Follow Up

69 year old female with a past medical history significant for moderately well controlled DM II, frequent UTIs, HTN, and hypercholesterolemia. Pt developed diplopia and saw ophthalmology. They dx 6th nerve palsy. They sent to neuro-optho who did bx. Electrophoresis neg and temporal arteritis bx were neg. They did not feel HSV was cause at this point. Not sure if some local DM effect. MRI was done 4/20 but no reading in lab system yet. I requested results be sent in and placed in system.

Meantime the sixth nerve palsy has self resolved. Ophtho moved pt to be seen q2mo. Doing well otherwise. BP is better.

O: 120/70 (best ever)

No ptosis or facial droop noted today

Lungs CTA B

Cor RRR No M

Abd – slightly obese

Neuro – exam is grossly non focal

CHOLESTEROL

TRIGLYCERIDES 146
63
30-200
mg/dl

HDL CHOLEST 55
38-72
mg/dl

LDL 78

T. PROT 7.9
6.7-8.6
g/dl

ALBUMIN 4.6
4.0-5.0
g/dl

T. BILI 0.5
0.30-1.30
mg/dl

D. BILI 0.1
0.04-0.38
mg/dl

AST 15
12-38
U/l

ALT 20
7-41
U/l

ALK PHOS 62
33-96
U/l

HEMOGLOBI A1c 6.7

MRI pending

A/P

Patient is a 69 year old female with a past medical history significant for DM II, HTN, hypercholesterolemia, and trapezius pain. She presents today for a follow up concerning her lab results, refills for her medications, and further management of her chronic health conditions.

1. Neck pain due to tight muscle group

- continue Naproxen and cyclobenzaprin (pt has Tylenol 3 at night when pain severe)
- physical therapy was done but pain has returned
- neck film done last year showed DJD / MRI of neck
- warm compresses
- will make appt for musculoskeletal for next week

2. Melanoma left thumb

- surgery without complications. biopsy neg
- followed by Dermatology yearly

3. DM

- continue metformin 850 TID
- Insulin 70/30 to 15 units q AM
- ophtho seeing pt
- podiatrist f/u / has DM shoes
- HgA1C ordered
- recheck fast chol, LFTs, chem 7 ORDERED
- LDL is on target while on Atorvastatin 20 qD

4. HTN

- elevated, sec to stress
- note from cardiology left a plan in case severe BP returns but pt ok on old regimen
- cont Atenolol XL to 400 mg QD. P was 70-80, so able to tolerate
- continue Losartan
- off HCTZ due to incontinence, off Nifedipine due to reflex tachy with symptoms
- followup with cardiology / suggests changing Atenolol to Carvedilol if BP >130/80 in future
- PT CANT TAKE DIURETICS DUE TO INCONTINENCE in past and pt has more polyuria complaints

5. GERD/GI: inc pains and gassiness recently, ? secondary to constipation and stress and meds

- no complaints
- continue Omeprazole

6. HSV

Refill on Acyclovir PRN. No current flares

7. HCM

- flu vax placed at DOH this past winter season
- MAMMO WNL This Year
- flex sig neg 11/2001 consider colonoscopy in next year
- ppd neg this year
- pap neg s/p TAH
- Calcium tid

8. Sixth Nerve Palsy

- unknown etiology / self resolved
- MRI/MRA of neck done / will request results
- follow serologies
- has neuro-optho appt in 2 mo
- monitor

SIGNED BY EDGAR IRVINE, MD

TEN MONTHS AGO

NINE MONTHS AGO

Follow Up

69 year old female with a past medical history significant for moderately well controlled DM II, frequent UTIs, HTN, and hypercholesterolemia. Pt developed diplopia and ophtho. They diagnosed 6th nerve palsy. They sent to neuro-ophtho who did bx. Electrophoresis neg and temporal arteritis bx were neg. They did not feel HSV was cause at this point. Not sure if some local DM effect. MRI was done and read. Pt had episodes of facial pain and HA again but no vision changes. I referred the pt to neurology today.

O:

MRI - see radiology computer system for full report

A/P:

1. Neck pain due to tight muscle group
 - continue Naproxen and cyclobenzaprin
 - physical therapy ordered
 - neck film done 8/04 showed DJD / MRI of neck
 - warm compresses

2. Melanoma

- surgery without complications. biopsy neg
- followed by Dermatology yearly

3. DM

- continue metformin 850 TID
- insulin 70/30 to 15 units q AM
- ophtho seeing pt
- podiatrist f/u / has DM shoes
- HgA1C ordered
- recheck fast chol, LFTs, chem 7 REORDERED
- LDL is on target while on Atorvastatin 20 qD

4. HTN

- cont Atenolol XL to 400 mg QD. P was 70-80
- continue losartan
- off HCTZ due to incontinence, off due to reflex tachy with symptoms
- PT CANT TAKE DIURETICS DUE TO INCONTINENCE in past and pt has more polyuria complaints

5. GERD/GI:

- no complaints with omeprazole

6. HSV

Refill on acyclovir PRN. No current flares

7. HCM

- flu vax placed at DOH
- MAMMO WNL 2005
- consider colonoscopy next year
- ppd neg
- pap neg s/p TAH
- Oscal tid

8. Sixth Nerve Palsy

- unknown etiology / self resolved but new onset HA and face pain
- temporal arteritis was neg in bx
- MRI/MRA of neck done
- TO NEURO FOR CONSULTATION
- follow serologies
- has neuro-ophtho appt in 1 mo
- monitor

SIGNED BY EDGAR IRVINE, MD

NINE MONTHS AGO

SIX MONTHS AGO

Follow Up

70 year old female with a past medical history significant for moderately well controlled DM II, frequent UTIs, HTN, and hypercholesterolemia. Pt developed diplopia and saw optho. They dx 6th nerve palsy. They sent to neuro-optho who did bx. Electrophoresis neg and temporal arteritis bx were neg. They did not feel HSV was cause at this point. Not sure if some local DM effect. MRI was done and read. Pt had episodes of facial pain and HA again but no vision changes – now resolved again. I referred the pt to neuro last visit. Thinks it was an ischemic 6th nerve palsy now resolved. Is getting PT for neck pain issues. Feeling better overall.

O:

120/60

Lungs CTA B

Cor RRR No M

Abd – mild obesity, S / NT No bruits

HgA1C 7.3

CHOLESTEROL 135

TRIGLYCERIDES 99

HDL CHOLEST 51

LDL 64

LFTs WNL

NA 140

K 5.3

CL 99

CO2 34

BUN 21

GLUCOSE 85

CREATININE 1.1

CALCIUM 10.1

A/P:

1. Neck pain due to tight muscle group

- continue naproxen and gabapentin per neuro

- physical therapy ongoing

- MRI shows DJD of neck / neuro wants a new C/S MRI and neck (open MRI ordered)

2. Melanoma

- surgery without complications. biopsy neg

- followed by dermatology yearly and now d/c to me

3. DM

- continue metformin 850 TID

- insulin 70/30 to 15 units q AM

- ophtho seeing pt

- podiatrist f/u at outside clinic / has DM shoes

- blood work to be ordered AFTER next appt

-LDL is on target while on Atorvastatin 20 qD

4. HTN

- cont atenolol XL to 400 mg QD. Pulse wnl.

- continue losartan

- off HCTZ due to incontinence, off nifedipine due to reflex tachy with symptoms

- follow up with cardiology / suggests changing Atenolol to Carvedilol if BP >130/80 in future

- PT CANT TAKE DIURETICS DUE TO INCONTINENCE in past and pt has more polyuria complaints

5. GERD/GI

- no complaints

- continue omeprazole

6. HSV

Refill on Acyclovir PRN. No current flares

7. HCM

- flu vax due at next visit
- MAMMO WNL this year
- flex sig neg 11/2001 consider colonoscopy next year
- guaiacs ordered x 3
- ppd due next visit
- pap neg s/p TAH
- Calcium tid

8. Sixth Nerve Palsy

- unknown etiology / self resolved but new onset HA and face pain now milder
- temporal arteritis was neg in bx
- sees neuro-ophtho
- MRI/MRA of neck done
- follow up with NEURO in 2 months
- neuro feels it was an ischemic 6th nerve palsy

SIGNED BY EDGAR IRVINE, MD SIX MONTHS AGO

TWO MONTHS AGO

Follow Up

70 year old female with a past medical history significant for moderately well controlled DM II, frequent UTIs, HTN, and hypercholesterolemia. Pt developed diplopia secondary to 6th nerve palsy. Neuro feels it was ischemic event in nature. They stopped ASA and started clopidogrel.

Pt going on vacation soon. Feels her diet is going well and plans to maintain it on vacation.

O:

120/50

L thumb is wnl

A/P:

1. Neck pain due to tight muscle group
 - continue Naproxen and gabapentin
 - physical therapy ongoing
 - MRI shows DJD of neck
2. Melanoma
 - surgery without complications. biopsy neg
 - followed by dermatology yearly and now d/c to me for surveillance
4. DM
 - continue metformin 850 TID
 - insulin 70/30 to 15 units q AM
 - ophtho referral made
 - podiatrist f/u at outside clinic / has DM shoes
 - Hgb A1C ordered
 - LDL is on target while on Atorvastatin 20 qD
5. HTN
 - cont Atenolol XL to 400 mg QD
 - continue Losartan
 - off HCTZ due to incontinence, off nifedipine due to reflex tachy with symptoms
6. GERD/GI
 - no issues
 - continue omeprazole OTC
7. HSV

Refill on acyclovir PRN. No current flares

8. HCM

- flu vax 0.5 cc x1 IM via RN
- MAMMO neg last year
- colonoscopy to be ordered later this year
- guaiacs NEG last year
- ppd place 0.1 cc x 1 id via RN
- pap neg s/p TAH
- Calcium tid

9. Sixth Nerve Palsy

- unknown etiology / self resolved
- temporal arteritis was neg in bx
- sees neuro-ophto
- MRI/MRA of neck done
- follow up NEURO
- neuro feels it was an ischemic 6th nerve palsy
- on clopidogrel

SIGNED BY EDGAR IRVINE, MD TWO MONTHS AGO