

## Patient Two – Miledys Figueroa

### 10 MONTHS AGO

#### Follow Up

41 yo F with DM here for follow up. Pt is using 34 U Lantus with Metformin 875 bid. Pt still has erratic numbers with PM checks 200 - 300s and AM 20 - 70?

Pt admits that she is taking meds the same and taken faithfully. Her diet though is heavy at lunch and very little in pm which I told her may be problem with long acting Lantus. Pt agrees to change her diet schedule around and will see me in 1 mo with new FS.

O:

BP 130/60  
Lungs CTA b  
COR rrr no m  
HgA1C 8.1  
Chol WNL

A/P:

1. Diabetes  
-cont Lantus at 34 U q 12 noon  
-eat 3 meals and bedtime snack REINFORCED  
-cont METFORMIN 875mg bid  
-f/u with me in 3 months  
-recently saw ophtho reported by pt  
-Refer to podiatry for foot care in 3 months  
-get HgA1C, LFTs  
-MUST BRING FS BID to next appointment  
-will increase po intake in evenings and cut down on lunch amount

2) HCM

-pap neg last year / can go to next pap in 3 years as all previous paps WNL x 3  
-Ca supplement given  
-fast chol WNL 3 months ago  
-SBE taught  
-dT and rubella done 3 years ago  
-flu vax done Fall of last year  
-ppd pos, INH taken 1998 for 6 mo  
-pt sent for mammography

# SIGNED BY ANA BATASHWATI, MD 10 MONTHS AGO

### 5 MONTHS AGO

#### Follow Up

42 yo F with DM here for follow up. Pt is using 30 U Lantus with Metformin 875 bid. Pt still has erratic numbers. It seems that she takes meds faithfully but still does not eat 3 full meals consistently throughout the day - having highs and lows. No bloods other than HgA1c drawn since July this year.

Mammo was abnormal and she had repeat B mammo with sono. That led to sono L breast with bx showing fibrocystic breast. Needs new mammo surveillance in April of next year.

O:

BP 130/68  
HgA1C 8.0  
Foot Exam – no proprioception changes, no ulcerations, no tinea, no evid of neuropathy  
X-Ray of Surgical Specimen  
Clinical Information

Impression STEREOTACTIC CORE BIOPSY PERFORMED OF 6:00 CALCIFICATIONS IN THE LEFT BREAST.  
ADDENDUM TO

STEREOTACTIC CORE BIOSPY PERFORMED OF THE LEFT

BREAST: The final pathology report is fibrocystic changes with sclerosing adenosis, columnar-cell change and

microcalcifications. This is consistent with a benign lesion. A follow-up mammogram in six months is recommended. The patient has been informed of the above recommendation. RECOMMENDATION: Follow-up mammogram in 6 months.

A/P:

1. Diabetes

- cont Lantus at 30 U q 12 noon
- eat 3 meals and bedtime snack REINFORCED YET AGAIN
- cont METFORMIN 875mg bid
- do not mix Lantus with other insulin types
- f/u 3 mo.
- Saw ophtho reported by pt 4 months ago
- supposed to be seeing podiatry but didn't go / performed foot exam today
- get HgA1C, LFTs, Chem 7 and fast Lipid panel
- MUST BRING FS BID
- consider switch back to Insulin NPH if not better controlled

2) HCM

- pap neg last year (can go to next pap in 3 years)
- Ca supplement given
- fast chol WNL 6 mo ago
- SBE taught
- dT and rubella done 3 years ago
- flu vax ORDERED 0.5 cc x 11M
- ppd pos, INH taken 1998 for 6 mo

3. Abnormal B mammography

**Major Problem:**Fibrocystic Adenoma Breast

- occurred on mammo ordered at last visit
- repeat surveillance mammo April next year was ordered as per radiology suggestion
- pt aware and has slip

# ANA BATASHWATI, MD 5 MONTHS AGO

**4 MONTHS AGO**

**Follow Up**

42 yo F with DM here for follow up. Pt is using 30 U Lantus with Metformin 875 bid. Pt still has erratic numbers. We discussed going up on Lantus but eating a larger meal at 10pm to avoid low sugars in am. Pt agrees.

Pt has new mammo surveillance in April next year with referral done.

O:

BP 130/70  
Lungs CTA B  
Cor RRR No M  
HgA1C 8.1  
Total Cholesterol 194  
TG 140  
LDL 95  
HDL 64  
Creat 1  
LFTs WNL

A/P:

1. Diabetes

- INCREASE Lantus to 35 U q 12 noon
- eat 3 meals and bedtime snack REINFORCED YET AGAIN
- LARGER MEAL AT 10 pm before bedtime
- cont METFORMIN 875mg bid
- do not mix with other insulin types
- f/u 3 mo.

-will fu on referrals to ophtho and podiatry at next appt  
-get HgA1C prior to next appt  
-consider switch back to Insulin NPH if not better controlled (WILL DECIDE AT NEXT APPT)

2) HCM  
-pap neg last year (can go to next pap in 3 years)  
-Ca supplement given  
-fast chol WNL  
-SBE taught  
-dT and rubella done 3 years ago  
-flu vax placed last visit  
-ppd pos, INH taken 1998 for 6 mo

3. Abnormal B mammo  
**Major Problem:**Fibrocystic Adenoma Breast  
-repeat mammo April next year was ordered and is pending  
-pt aware and has slip

# ANA BATASHWATI, MD 4 MONTHS AGO

**2 WEEKS AGO**  
**Follow Up**

42 yo F with DM here for follow up. Pt is using 30 U Lantus with Metformin 875 bid. Pt still has erratic numbers. Not really better with regimen and still low numbers in evenings and high in days. HgA1C 8.3 HIGHER!

O:  
Bp: 102/70, Pulse: 87  
Weight: 128  
Lungs CTA B  
Cor RRR No M  
HgA1C 8.3

A/P:  
1. Diabetes  
-after much discussion and debate pt prefers to stop Lantus as FS are too erratic and too much hyper and hypoglycemia  
-will restart NPH 30 U qAm and 15 U qPM as had been prior  
-lower Metformin to 500 bid  
-has regular insulin at home for SSscale just prn  
-f/u 1 month  
-referrals to ophtho and podiatry made  
-refuses to see nutritionist  
-get HgA1C prior to next appt  
-FS increased to bid prior to meals and 2 hours after meals / pt reluctant to try this

2) HCM  
-pap neg 2 years ago (can go to next pap in 3 years)  
-Ca supplement given  
-fast chol WNL  
-SBE taught  
-dT and rubella done 4 years ago  
-flu vax done for this winter already  
-ppd pos, INH taken 1998 for 6 mo

3. Abnormal B mammo  
**Major Problem:**Fibrocystic Adenoma Breast  
-repeat mammo is this April  
-pt aware and has slip

# ANA BATASHWATI, MD 2 WEEKS AGO