Martin Vanegas
05/12/2023
Prof. Jeanetta Yuan
HPPA 502 – Physical Diagnosis I (Lab)

Hospital Visit HPI #3 – PAT

Identifying Data:
Full Name: L.B
Address: 65-46 admiral ave
DOB: 09/12/1966
Age: 56
Date & time: 05/09/2023 - 8:50 AM
Location: NYPQ-H
Religion: unspecified
Marital status: Unmarried
Source of information: Self
Reliability: Reliable
Source of referral: Self
Mode of transport: Self

CC: “I am here for blood work” x 1 day

HPI: 56 y/o ex-smoker G0P0 F with a PMHx of CAD, hepatic steatosis and DMII presents to PAT for pre-surgical blood work for an upcoming bariatric gastric sleeve surgery on 5/22/23. Pt is currently at a BMI of 50.2 kg/m2. She reports that she has unsuccessfully tried losing weight through conservative methods like diet modification, limiting calorie intake and walking exercises. Pt reports that since COVID had begun in early 2020, she has developed a more sedentary lifestyle and currently stays home on most days of her week. Since then, the pt states that she has gained around 35-40 lbs. She reports that she would like to get this gastric sleeve surgery done to improve her currently situation with excess weight and overall improve her quality of life. Pt states that for the past year, she has been in the process of scheduling and setting up this surgery. She is committed to following a healthier life-style, strict new post-op diet and follow ups with her bariatric specialist after the surgery. Pt denies any SOB, CP, loss of appetite, dysphagia nausea, vomiting, abdominal pain, change in bowel habits, constipation or dysuria.

Past Medical History:
-Coronary heart disease - controlled with rx
-Hypertension - controlled with rx
-Type II diabetes mellitus - controlled with rx
-Obstructive sleep apnea
-Obesity
-GERD

-Asthma - controlled with PRN rx
-High Cholesterol - controlled with rx
-Immunizations: Up to date on all immunizations.

Past Surgical History:
-Septoplasty (1998, No complications)
-Tonsillectomy with uvulopalatopharyngoplasty (No complications)
-Hemorrhoid surgery (No complications)
-Ovarian cystectomy (No complications)

Medications:
-Metformin 1000 mg BID for DMII - Compliant
-Losartan 50 mg QD for Hypertension - Compliant
-Atorvastatin 40 mg QD for Cholesterol - Compliant
-Aspirin 81 mg QD for CAD - Compliant
-Furosemide (Unable to recall dose) for Hypertension - Compliant
-Albuterol for Asthma - Complaint
-Trazodone 75 mg QD for Anxiety - Compliant
-Pantoprazole 40 mg QD for GERD - Compliant
-Sumatriptan (Unable to recall dose) for Migraines - Compliant
-Hydroxyzine 25 mg for Seasonal Allergies - Compliant

Allergies:
-Penicillin
-Latex
-Environmental allergies

Family History:
-Paternal/maternal grandparents, deceased, unsure of age or their medical history
-Father -Deceased, Age 85, PMH of CAD, HTN, DMII, CA
-Mother- Deceased, Age 70, PMH of CAD, HTN, DM
-No children
-(Forgot to ask about potential brother or sisters)

Social History:
Status - Patient is currently in a long distance relationship with her boyfriend and lives alone in middle village, queens.

Occupation - Patient is currently unemployed.

Habits - Admits to “caffeine” intake with 1-2 coffee drinks on the daily.

Smoking - Ex-social smoker of tobacco for the past 20 years.

Illicit drugs - Denies any past/present use of illicit drugs.

Alcohol - Denies any social drinking of any kind.

Diet - Pt states that they try to eat a balanced diet of rice, vegetables, fruits, lean meats like chicken and fish with minimal amounts of red meats. Minimal amount of processed foods and fats like oils, butter or minimal amounts of eggs (1-2 a day/every-other-day).

Exercise - Pt tries to exercise 2-3 times a week when they can with acts of short walks every week for 30-45 minutes each session that has been encouraged prior to scheduled surgery.

Sleep - Pt does NOT get a good quality of sleep every night, only with getting around 4-6 hours.

Travel - Pt denies any travel outside the U.S. in the past 30 days.

Sexual - Pt is monogamous, currently sexually active with one male partner only and practices safe sex with barrier contraceptives.

Immunizations
Up to date with all childhood immunizations. Pt has Pfizer COVID vaccine immunization. Pt reported the last time she updated her influenza vaccine was in 2019.

Review of systems:
General - **Admits weight gain**. Denies fever or chills or weakness.

Skin, Hair and Nails - Denies skin, hair, nail changes, discolorations, pruritus, or new moles.

Head - Denies HA, vertigo, head trauma or lightheadedness.

Eyes - Denies glasses or contact lens use, photophobia, dryness, blurry vision or vision changes.

Ears - Denies deafness, tinnitus, pain, discharge, or use of hearing aid.

Nose/sinus - Denies pain, discharge, epistaxis, difficulty breathing.

Mouth/throat - Denies sore throat, ulcers, bleeding gums, lesions or use of dentures.

Neck - Denies any localized swellings, masses, or decreased range of motion.

Breast - Denies any pain, masses, nipple discharge or other changes.

Pulmonary system - Denies SOB, cough, asthma, wheezing or orthopnea.

Cardiovascular system - Denies chest pain, chest tightness, palpitations, irregular heart beat, known heart murmurs, syncope, or edema.

Gastrointestinal System - Denis dysphagia, pyrosis, hemorrhoids, diarrhea, constipation or rectal bleeding.

Genitourinary system - Denis any dysuria, hematuria or urinary incontinence.

Menstrual/obstetrical – Denis any vaginal bleeding or discharge.

Nervous -Denies seizures, peripheral numbness, sensory disturbances or ataxia.

Musculoskeletal system - Denies weakness, swelling, arthritis.

Peripheral vascular system - Denies edema, skin changes, or varicose veins.

Hematologic system - Denies any hx of anemia, abnormal bleeding, easy bruising, blood transfusions or hx deep vein thrombosis or pulmonary embolism.

Endocrine system - Denies heat intolerance, goiter or excessive sweating.

Psychiatric - **Admits to anxiety**. Denis sadness or depression.

Physical
General: 56 y/o F appropriately dressed, well kept, laying upright in a 90 degree position on hospital bed, A&Ox3 (person, place, time), afebrile, responding to questions without any issues, appears stated age and is in no apparent distress.

Vital Signs
BP:
Supine: R:128/78 mm/Hg L:130/82 mm/Hg
Seated: R:144/82 mm/Hg (Done on roommate) - L:138/80 mm/Hg (Done on roommate)
RR: 16 breaths/min, unlabored, regular rhythm
Pulse: 62 beats/minute, regular
Temp: 98.8 F, oral
SPO2: 99% room air
Height: 5’5”
Weight:302 lbs
BMI: 50.2

Skin: Skin was pink, warm & moist with good turgor. Non-icteric in nature. Normal body temperature.

Hair: Black hair color, normal texture, distribution, and quantity noted.

Nails: Capillary refill on nails was under 2 seconds. No clubbing, erythema, swelling, lesions were noted.

Head: Normocephalic, atraumatic and nontender on palpation.

Eyes: Symmetrical OU. PERRLA, EOMs intact with no strabismus, exophthalmos, or ptosis. Sclera was white, cornea clear, conjunctiva pink and clear. Visual fields full OU.
Visual acuity uncorrected - 20/20 OS, 20/20 OD, 20/20 OU (Done on roommate)
Fundoscopy - Red reflex intact OU. Cup to disk ratio < 0.5 OU. No AV nicking, papilledema, hemorrhages, exudates, or neovascularization OU (Done on roommate)

Ears: Symmetrical and appropriate in size. No lesions or trauma on external ears. No discharge or foreign bodies in external auditory canals AU. TM's grayish-white, intact, cone of light in normal position AU. Auditory acuity intact to whispered voice AU. Finger rub test demonstrated intact auditory acuity. Weber midline, Rhinne showed AC>BC B/L. (Done on roommate)

Nose: Symmetrical nares. No masses, lesions, trauma, discharge. Nasal mucosa pink. No foreign bodies or nasal septal hematoma noted b/L.

Sinuses: Nontender to palpation and percussion over bilateral frontal, ethmoid, and maxillary sinuses (Done on roommate)

Lips: Pink, moist, no cyanosis, cheilitis or lesions. Non-tender to palpation (Done on roommate)

Oral mucosa: Pink and dry. No masses or lesions. No leukoplakia. Non-tender to palpation (Done on roommate)

Palate: Pink and well hydrated. Palate intact with no lesions, masses or scars. Continuity intact.

Teeth: Good dentition, no signs of loose teeth.

Gingivae: Pink and moist. No hyperplasia, masses, lesions, erythema or discharge.

Tongue: Pink and well papillated. No masses, lesions or deviation noted.

Oropharynx: Well hydrated. No injection, exudate, masses, lesions, foreign bodies of any kind noted. Uvula is absent. Tonsils are absent

Neck: Trachea midline. No masses, lesions, scars; pulsations noted. Supple; non-tender to palpation. No carotid artery bruit. No cervical adenopathy noted.(Done on roommate)

Thyroid: Non-tender, no palpable masses, no thyromegaly. (Done on roommate)

Chest - Anterior/posterior chest appears symmetrical in nature. No deformities or trauma noted. Respirations unlabored with no signs of paradoxical respirations or use of accessory muscles noted. Lats to AP diameter 2:1. Non-tender to palpation throughout (Done on roommate)

Lungs – Lungs are "Clear to auscultation bilaterally" No adventitious sounds noted. Regular rate, rhythm, depth and effort of breathing. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout. Negative bronchophony, egophony, or whispered pectoriloquy. (Done on roommate)

Heart: Regular, rate, rhythm (RRR). S1 and S2 are distinct with no murmurs, no S3 or S4. No splitting of S2 or friction rubs appreciated. Carotid pulses are brisk 2+ bilaterally without bruits. JVP is 3 cm above the sternal angle with the head of the bed at 30°.The PMI is tapping, 1 cm lateral to the midclavicular line in the 5th intercostal space.(Done on roommate)

Abdomen: Abdomen is flat and symmetric with no pulsations noted. Bowel sounds hypoactive in all four quadrants with no aortic/renal/iliac or femoral bruits.No hepato-splenomegaly to palpation, no CVA tenderness appreciated. Percussion in all four quadrants are tympani in nature. Light and deep palpation over all four quadrants with negative TTP, guarding or rebound tenderness. Negative tenderness to palpation at McBurney's point. Neg Rovsing sign, no guarding, no rebound tenderness. Negative Murphy's sign.

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History and Physical Verification Form

Class: Physical Diagnosis II (HPPA 522)

Student Expectation:

- Obtain medical history and perform physical exam up to the point covered in class.
- Start formulating differential diagnosis and treatment plan.
- Oral presentation to clinical site supervisor/preceptor.

Student: Martin Vanegas

Clinical Site: NYPQ-H

Date of Visit: 05/9/23

Activity performed: H and P

Supervisor:

Name and Credentials: Naeem Sadat, PA-C PRAC

Supervisor Signature:

Supervisor Comments: