

**Keziah Babu- CUNY York College PA Program
Rotation 8- OB/GYN Woodhull Hospital
H&P 2**

Identifying Data:

Full name: X.S.

Address: Bushwick, NY

Date of Birth: XX/XX/1994

Date & Time: 10/24/2022

Location: Woodhull Hospital

Ethnicity: Hispanic

Source of Information: Self (Spanish speaking)

Source of referral: Self

Reliability: Fair

HISTORY

Chief Complaint: I haven't been having regular periods for the past couple of months

History of Present Illness: X.S. is a 28 y/o G1P1001 with PMHx of Dyslipidemia and T2DM, LMP 10/8/2022 x 6 days presents to clinic for a follow-up visit complaining of amenorrhea since June 2022. Her menses recently returned earlier this month. In addition to her amenorrhea, the patient admits to weight gain in the last two years and currently weighs 225 lbs and states there were no changes to her diet or lifestyle. She had come to the clinic a month prior (9/26/2022) concerned because she has been trying to conceive for the past two years with no success. She comes to the clinic today as a follow up visit to receive results from her previous lab work and further guidance as to what to do next. Since her prior visit, she denies lower abdominal pain, pelvic pain, vaginal pain, vaginal discharge, vaginal pruritus, abnormal bleeding, dysuria, dyspareunia, urinary frequency, urinary incontinence, or urinary urgency. She also denies fever, chills, night sweats, chest pain, SOB, n/v/d.

OB Hx:

G1P1001; Child was delivered via NSVD with no hx of C-section or IOL

Denies complications for previous or current pregnancies including gestational HTN, gestational DM, preeclampsia, etc.

GYN Hx:

Patients admits to irregular menstrual cycles, with her last period prior to this month occurring in June 2022

Last Pap smear was 7/26/2021- negative for intraepithelial lesions or malignancy

Sexually active with one male

Denies condom use or other contraception use

Admits to history of STIs, resolved with treated

Past Medical History:

T2DM
Dyslipidemia

Immunizations:

COVID: Pfizer x 3, booster on 1/31/2022
Influenza: 9/1/21
All other vaccinations up to date

Past Surgical Hx:

Denies

Medications:

Metformin 500 mg 1-2 tablets PO qd
Acetaminophen 500 mg PO prn

Family Hx:

Father: HTN, Dyslipidemia
Mother: T2DM, alive

Social Hx:

Denies alcohol abuse
Denies tobacco abuse
Occupation: clothing store- retail
Social Support: Patient lives at home with her boyfriend and child
Travel: Denies recent travel
Diet: N/A
Exercise: N/A
Sexual history: patient is sexually active and in a monogamous heterosexual relationship with her boyfriend. Admits to hx of STIs that have since resolved
Patient states she feels safe at home

Review of Systems:

General: Patient admits to gradual weight gain over the past two years. Patient denies fatigue, weakness, loss of appetite, fever, chills, nausea, vomiting, night sweats

Skin, hair, nails: Denies changes in texture, moisture, discolorations, pigmentations, moles/ rashes, pruritus, changes in hair distribution

Head: Denies headaches, migraines, or head trauma, vertigo, loss of consciousness or coma

Eyes: Denies corrective lenses, pruritus, visual disturbances, photophobia, lacrimation

Ears: Denies vertigo, deafness, pain, discharge, tinnitus, hearing loss

Nose/sinuses: Denies discharge, obstruction, epistaxis

Mouth/throat: Denies bleeding gums, sore tongue, sore throat, mouth ulcers, hoarseness

Neck: Denies localized swelling/ lumps, stiffness, decreased range of motion

Breast: Denies pain, lumps, masses, swelling

Pulmonary: Denies cough, dyspnea, wheezing, hemoptysis, cyanosis, orthopnea, paroxysmal nocturnal dyspnea

Cardiovascular: Denies chest pain, palpitations, arrhythmias, edema/swelling of ankles or feet, syncope, known heart murmur

Gastrointestinal: Denies abdominal pain, nausea, vomiting, diarrhea, constipation, loss of appetite, dysphagia, pyrosis, unusual flatulence or eructations, hemorrhoids, rectal bleeding

Genitourinary: **Admits oligomenorrhea. LMP was 10/8/2022 x 6 days and prior to that, her last period was in June 2022; denies urgency, polyuria, dysuria, nocturia, hematuria, discharge, lesions, flank pain.**

Nervous: Denies seizures, loss of consciousness, ataxia, loss of strength weakness

Musculoskeletal: admits to lower back pain that has worsened throughout her pregnancy, but is not severe enough to limit her activities; denies instability, deformity, redness, swelling, reduced range of motion

Peripheral Vascular: Denies intermittent claudication, coldness or trophic changes, varicose veins, color changes

Hematologic: Denies bruising, petechiae, purpura, anemia

Endocrine: denies polyuria, polydipsia, polyphagia, heat or cold intolerance, excessive sweating, hirsutism, goiter

Psychiatric: Admits to increased stress as she is trying to conceive but is unable to. Denies anxiety, depression/sadness; denies ever seeing a mental health professional

PHYSICAL

Vital Signs

BP: 107/72
HR: 76
Resp: 18
Temp: 36.5 C (oral)
SpO2: 97% RA
Weight: 225 lb
Height: 5'5"
BMI: **37.59**

General: 28 year old female in no acute distress who appears stated age, cooperative, good-hygiene, well-developed; alert-oriented x 4

Skin: warm and moist, good turgor; nonicteric, no scars or tattoos noted; capillary refill < 2 seconds throughout

Neck: thyroid non-tender, no palpable masses, no thyromegaly; trachea midline, no masses, lesions, scars, pustulations, FROM; no lymphadenopathy noted

Chest: symmetrical; no gross deformities or evidence of trauma; no paradoxical respiration or use of accessory muscles noted; contended to palpation

Lungs: breath sounds equal bilaterally with no adventitious sounds

Heart: regular rate and rhythm; S1 and S2 are distinct with no murmurs, S3 or S4; no splitting of S2 or friction rubs appreciated

Breast: non-tender, no palpable masses, skin or nipple changes; no axillary lymphadenopathy noted; symmetrical

Abdomen: Soft, symmetrical; nontender, no rebound tenderness; no evidence of guarding, CVA tenderness, or pain out of proportion to the exam

GU: normally developed external genitalia with no lesions; vagina shows no lesions, inflammation, discharge or tenderness; no cervical motion tenderness; Uterus nontender, No masses or tenderness noted when palpating adnexa bilaterally

Musculoskeletal: no soft tissue swelling, erythema, ecchymosis, atrophy, deformities in bilateral upper and lower extremities; no calf tenderness or edema

Peripheral Vascular: no edema noted in bilateral lower extremities; pulses 2+ bilaterally in upper and lower extremities; no bruits, clubbing, cyanosis, stasis changes, ulcerations, erythema

Neuro: alert and oriented x 4; symmetric muscle bulk with good tone; no atrophy, tics, tremors, fasciculations

Labs and Imaging:

Urine Pregnancy test: negative

TSH

Component	Ref Range & Units	9/26/22 1225	5/26/22 1145	2/8/21 1326
TSH	0.27 - 4.20 uIU/mL	2.62	3.39 ^{CM}	2.67 ^{CM}

PRL

Component	Ref Range & Units	9/26/22 1225
Prolactin	3.4 - 24.1 ng/mL	10.1

Estradiol

Component	Ref Range & Units	9/26/22 1225
Estradiol	pg/mL	57

LH

Component	Ref Range & Units	9/26/22 1225
Luteinizing Hormone	IU/L	9.9

Comment: LH (IU/L)
Follicular: 2.4-12.6

FSH

Component	Ref Range & Units	9/26/22 1225
Follicle Stimulating Hormone	IU/L	4.2

Testosterone, Free and Total

Component	Ref Range & Units	9/26/22 1225
Testosterone	8.4 - 48.1 ng/dL	43.6

Imaging

US Pelvis

Impression:

The endometrium is thickened measuring 2.5 cm.

No uterine masses.

[A right paraovarian cyst is noted measuring 3.3 cm x 1.8 cm x 3.3 cm

Bilateral enlarged ovaries with multiple follicles.

Imaging findings suggestive of polycystic ovaries, correlate clinically.

Report Dictated and Signed by Mahendra Sharma

Study Result

Narrative & Impression

Examination: Pelvic ultrasound . Transabdominal [Transvaginal.]

Clinical history: Evaluate for ovarian cyst

Technique: High-resolution grayscale ultrasound performed. Color [,] Doppler imaging performed.

Comparison: Study of the same day

Findings:

The uterus measures [10.5 cm x 3.7 cm x 5.0 cm].

The endometrium is thickened, it measures [2.5 cm].

No uterine masses are noted.

The right ovary measures [7.0 cm x 3.0 cm x 2.9 cm], ovarian volume 32 cc.
Multiple small follicles are seen which range in size from 2 mm to 4 mm
No ovarian masses are seen.

[Color flow and spectral Doppler within normal limits.]

[A right paraovarian cyst is noted measuring 3.3 cm x 1.8 cm x 3.3 cm

The left ovary measures [6.0 cm x 2.8 cm x 3.5 cm], ovarian volume 31 cc.
[Multiple small 1 mm sized follicles noted.
No ovarian masses are seen.

[Color flow and spectral Doppler within normal limits.]
[Left adnexal region is unremarkable.]

The included images of the urinary bladder are unremarkable.
No free fluid is noted.

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Differential Diagnosis:

PCOS

Hypothyroidism

Amenorrhea secondary to obesity

Pituitary tumor

Assessment:

Patient is a 28 year old G1P1001 complaining of amenorrhea for 3 consecutive months (since June 2022) with her LMP on 10/8/2022. Her TSH, PRL, LH, FSH, Estradiol and Total Testosterone are all within normal limits. US Pelvis done on 10/21/2022 reveals bilateral enlarged ovaries with multiple follicles. Images are suggestive of polycystic ovaries

Plan:

PCOS

- Referral to nutritionist; recommend patient loses weight
- Referral to reproductive endocrinology because patient is trying to conceive
 - Start Prenatal Vitamins 27-1 mg tablet PO qd
 - Start Folic acid 400 mcg 1 tablet PO qd
- Labs needed for Reproductive Endocrinology
 - CBC
 - T/S
 - GC/CT
 - Hep B surface Ag
 - Hep C Ab
 - HIV
 - Syphilis RPR

- Varicella Igg
- Rubella Igg
- Return to clinic PRN

T2DM

- Continue Metformin 500 mg 1 tablet PO qd
- Monitor diet and weight

Dyslipidemia/ Obesity

- Exercise as tolerated
- Instructed patient to stay away from fatty foods