

91 LATE REDUCTION 799

Gagandeep Munday H&P 1 1/28/2020

Full Name: CH Religion: Christian
Address: Flushing, NY Source of Info: Self
Date of birth: XX/XX/XXXX Reliability: Reliable
Date and time: 1/28/2020 @ 8:00AM Source of referral: Urologist
Location: NYHQ, Flushing, NY Mode of transport: Walk-in

Chief

Complaint: "I have been peeing a lot" x 5 years

1/28/2020 @ 10:50AM

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History: 63 y/o African American male with PMHx of present benign prostatic hyperplasia & urinary frequency illness for the past 5 years. Patient states that he urinates yellow-colored urine 5-8x a day for the past 5 years. Patient admits that he urinates 2-3x within the span of 2 hours after getting up in the morning. This occurs at least 3x per week. Notes mild relief when taking Tamsulosin 4mg. Denies any other aggravating factors.

Denies any intake of OTC medication for relief of symptoms. **WHAT CHANGED THAT BROUGHT HIM IN TODAY IF THIS IS A CHRONIC PROBLEM?**

Denies any urinary urgency, hematuria, nocturia, dysuria, oliguria, incontinence, family h/o prostate cancer, recent weight gain/loss, changes in hair distribution, weakness, fatigue, penile discharge, h/o UTI, h/o pyelonephritis, h/o kidney stones, h/o STI, rashes, lesions, masses, inguinal pain, abdominal pain, chest pain, dyspnea, shortness of breath, sleep apnea, h/o DVT/PE, headache, fever, chills, or recent trauma.

WHY IS THIS RELEVANT?

Past medical History: Benign prostatic hyperplasia, 5 years, last PSA was on 1/5/2020; Patient was told by urologist that prostate has not grown in size and was referred to have a cystoscopy done on 2/5/2020 at NYHQ. He is

THIS SHOULD GO IN HPI, ANSWERS THE QUESTION OF WHY HE IS PRESENTING

↓
Currently in the process for being cleared of that procedure.

Patient denies other past medical illnesses.

Hospitalizations: Denies any past hospitalizations ✓

Past Denies any previous surgeries. ✓

Surgical History Denies cholecystectomy, cataract surgery, or appendectomy. ✓

Medications: Tamsulosin, 4 mg, QD, 1 tab PO, for benign prostatic hyperplasia, last taken yesterday morning. ✓

Denies taking any other prescription medications.

Allergies Denies any drug, environmental, or food allergies. ✓

Family History
Mother - Deceased at 97, natural causes
Father - Deceased at 94, natural causes
Daughter - 35, alive and well as per patient
Son - 28, alive and well as per patient ✓

Patient had one older brother who he states died in a traffic accident; otherwise had no known medical conditions

Denies family history of cancer, diabetes, heart disease

Social History CH is a married male and lives in a 2-story house with his wife. He currently works for the MTA in signal maintenance. ✓

Habits - Patient denies any past or present alcohol, tobacco, and illicit drug use. ✓

Travel - Denies any recent travel.

Diet - Patient states that he usually skips breakfast, has "never" been a breakfast person.

Mainly eats 2 meals a day. This consists of home cooked rice with chicken or fish. Admits to drinking 12 cups of water a day. Denies any caffeine intake.

Exercise - Goes to gym 3x a week, lifts weights, and runs 3 miles on the treadmill.

Safety measures - Admits to wearing a seat belt.

Sexual history - Is sexually active, heterosexual, and monogamous with his wife. Does not use barrier protection. Denies history of sexually transmitted diseases. (Denies any other sexual partners).

IMPLIED WHEN YOU SAY MONOGAMOUS

Review of Systems

General: Denies fever, chills, night sweats, fatigue, weakness, loss of appetite, recent weight loss or gain.

Skin: Denies changes in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritis, changes in hair distribution.

Head: Denies headache, vertigo, head trauma, unconsciousness, coma, fracture.

Eyes: Admits to wearing reading glasses, last eye exam was in July 2019. Denies usage of contacts, visual disturbances, fatigue, lacrimation, photophobia, pruritis.

Nose/Sinus: Denies discharge, epistaxis, obstruction.

Ears: Denies deafness, pain, discharge, tinnitus, use of hearing aids.

Mouth and Throat: Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes, dentures. Last dental exam was 2 weeks ago.

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

Breast : Denies lumps, nipple discharge, pain ✓

Pulmonary System : Denies dyspnea, SOB, cough, wheezing, hemoptysis, cyanosis, orthopnea, PND ✓

Cardiovascular System : Denies chest pain, HTN, palpitations, irregular heart beat, edema/swelling of ankles or feet, syncope, known heart murmur ✓

Gastrointestinal System : Denies appetite, intolerance to foods, nausea and vomiting, dysphagia, pyrosis, flatulence, eructation, abdominal pain, diarrhea, jaundice, change in bowel habits, hemorrhoids, constipation, rectal bleeding, blood in stool, pain in flank. Denies having had a stool guaiac/colonoscopy/sigmoidoscopy ✓

Genitourinary : See HPI

Sexual history : see social history. Denies impotence, anorgasmia, past or present STIs, use of contraception. ✓

Musculoskeletal System : Denies muscle/joint pain, deformity, swelling, redness, arthritis ✓

Peripheral Vascular System : Denies intermittent claudication, coldness of trophic changes, varicose veins, peripheral edema, color change ✓

Hematologic System : Denies anemia, easy bruising or bleeding, lymph node enlargement, history of DVT/PE **TRANSFUSIONS?** ✓

Endocrine System : Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, goiter, hirsutism ✓

Nervous System : Denies seizures, loss of consciousness, sensory disturbances (numbness, paresthesia, dysesthesias, hyperesthesia), ataxia, loss of strength, change in cognition/mental status/memory, weakness (asymmetric) ✓

Psychiatric : Denies depression/sadness (feelings of helplessness, lack of interest in usual activities, suicidal ideation), ✓

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anxiety, obsessive compulsive ~~diso~~ disorder, denies ever seeing a mental health professional or being on any psychiatric medications ✓

Physical

General - Overweight male sitting upright on hospital bed, neatly groomed, looks of stated age, in no apparent distress ✓

Vitals - BP Right Left
Seated 140/80 130/78
Supine 134/70 138/76 ✓

Respirations: 18/min unlabored

Pulse: 72 bpm, regular rate and rhythm

Temperature: 98°F ORA?

O₂ saturation: 94% on room air

Height: ~~5'9"~~ ^{AM 11:28 12020 @ 11:35 AM} 64 inches, Weight: 186 lbs

BMI: 27.5

Skin - Warm & dry, good turgor, no lesions, no scars, no tattoos ✓

Hair - average quantity and distribution ✓

Nails - no clubbing, capillary refill < 2 seconds throughout ✓

Head - normocephalic, atraumatic, non tender to palpation throughout ✓

Eyes - symmetrical OU, no strabismus, no exophthalmus, no ptosis. Sclera white, cornea clear, conjunctiva pink ✓

Visual acuity: 20/40 OS, 20/20 OD, 20/20 OU ✓
without glasses

Visual fields full OU. PERRL, EOM intact with no nystagmus on horizontal gaze ✓

Fundoscopy: Red reflex intact OU. cup to disk ratio < 0.5 OU. No AV nicking, hemorrhages, exudates, or neovascularization OU ✓

Ears - Symmetrical and unremarkable. No lesions/masses/trauma on external ears. No discharge or foreign bodies in external auditory canals. AU. TMs pearly white, intact with light reflex in good position AU. Auditory acuity intact to whispered voice. Weber midline. Rinne test AC > BC AU.

Nose - Symmetrical, no masses, no lesions, no deformities, no trauma, no discharge. Nares patent bilaterally. Nasal mucosa pink & well hydrated. No discharge noted on anterior rhinoscopy. Septum midline. Without lesions, deformities, injection, or perforation. No foreign bodies.

Sinus - Non tender to palpation and percussion over bilateral frontal, ethmoid, and maxillary sinuses.

Lips - Pink, moist, no cyanosis or lesions. Non tender to palpation.

Oral mucosa & Palate - Pink, well hydrated. Palate intact and continuous with no lesions, masses, or scars. No masses/lesions noted on oral mucosa. Non tender to palpation. No leukoplakia.

Teeth - Good dentition, no dental carries noted, no discoloration.

Gingivae - Pink, moist. No hyperplasia, no recession, no lesions, masses, erythema, or discharge. Non tender to palpation.

Tongue - Pink, well papillated; no masses, lesions or deviation noted. Non tender to palpation.

Oropharynx - Moist, no erythema, no exudates, no masses/lesions; no foreign bodies. Tonsil grade 1, no injection or exudates. Uvula midline and rises symmetrically with phonation, no uvular edema or lesions.

Neck - Trachea midline. No masses, lesions, scars, pulsations noted. Supple, non-tender to palpation. No palpable adenopathy noted.

Thyroid - Non tender; no palpable masses; no thyroid megaly

Chest - Symmetrical, no deformities. Unlabored respirations. No paradoxical respirations or accessory muscle use noted. Lateral to AP diameter 2:1. Non tender to palpation.

Lungs - Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout. No adventitious sounds appreciated.

Heart - JVP is 2.5 cm above the sternal angle with head of bed at 30°. PMI in 5th ICS in midclavicular line. Carotid pulses are 2+ bilaterally without bruits. Regular rate and rhythm. S1 and S2 are distinct with no murmurs, S3 or S4. No splitting of S2 or friction rubs appreciated.

Abdomen - Abdomen flat and symmetric with no scars, striae or pulsations noted. Bowel sounds normoactive in all four quadrants with no aortic/renal/iliac or femoral bruits. Non-tender to palpation and tympanic throughout, no guarding or tenderness noted. No hepatosplenomegaly, tympanic throughout, no CVA tenderness appreciated.

Breasts - Symmetric, no dimpling, no masses to palpation, nipples symmetric without discharge or lesions. No axillary nodes palpable.

Differential Diagnoses

① Benign prostatic hyperplasia
Likely due to age and prior diagnosis. Symptoms appear irritative, with frequency, rather than obstructive.

② Prostate cancer
Although patient presents with urinary frequency, they deny hematuria and other urinary symptoms. They also deny weight loss, fatigue, or weakness. Would have to do a PSA to rule out.

③ Prostatic abscess
Due to length of time since onset, swelling might be due to prostatic abscess. However patient denies any fever, chills, abdominal or inguinal pain. Patient would be more predisposed to this if they were HIV positive or had diabetes mellitus. Transrectal ultrasound might be ideal to rule out.

④ ~~Chronic prostatitis~~ Acute prostatitis
Due to urinary frequency, symptoms might be due to acute prostatitis. However patient denies any fever, chills, body aches, abdominal, or inguinal pain. Temperature was normal during visit and patient denied any use of OTC medication.

⑤ Cystitis
Urinary frequency might be due to a urinary tract infection. However patient denies urinary urgency, hematuria, dysuria, fever, chills, or abdominal pain. No tenderness to palpation on abdominal exam and no CVA tenderness elicited. Would need to do urinalysis and urine culture to rule out.