Khizra Shafiq
September 19, 2023
HPPA 522 – Physical Diagnosis II
Professor Yuan

History and Physical

Identifying Data:

Full Name: Ms. E

Address: Queens, NY

Date of Birth: 06/10/1984

Date & Time: 09/19/2023 9:00 AM

Location: New York Presbyterian Queens, Flushing, NY

Religion: Christian

Source of Information: Self but used Interpreter, from Spanish to English

Reliability: Reliable

Source of Referral: Self

Mode of Transportation: Self

Chief Complaint: “My stomach hurts” x 1 week

History of Present Illness:

A 39 year old female with no PMHx presented to ED with RLQ pain x 1 week. She describes the pain as a dull intermittent sensation, rated a 7/10 during an episode. The pain is exacerbated by applying pressure on it, and she feels a “ball” when she presses on the RLQ of her abdomen. She has not tried anything to relieve it. She states that the pain is not worsening, she only came to the ER to get to the bottom of it. She endorses use of a contraceptive injection every 3 months from January 2021-August 2022. She endorses regular menstruation since cessation of contraceptive use. She denies N/V/D/C, dysuria, hematuria, and history of UTIs and STIs. She states her last period was 2 weeks ago (on 9/6/23) and denies current use of any method of contraception.

Past Medical History:

Present Illnesses – N/A

Immunizations: Fully up to date

Screening tests & results: N/A

Childhood illnesses: None

Past hospitalizations: N/A

Past Surgical History:

N/A

Medications:

N/A

Allergies:

No known drug allergies

No known food allergies

Family History:

Mother – alive and healthy

Father – alive and healthy

Maternal Grandmother – deceased, from unknown cause

Maternal Grandfather – deceased, from unknown cause

Paternal Grandmother – deceased, from unknown cause

Paternal Grandfather – deceased, from unknown cause

Two children – one uncomplicated vaginal delivery, one deceased at birth

No siblings

Social History:

Ms. E is an unmarried female living in a home with her partner and 16 year old son. She currently works in a nail salon as a nail artist.

Habits: Denies smoking. Denies smoking marijuana recreationally. Endorses alcohol consumption only at parties. Denies ever drinking more than 4 drinks in one sitting. Denies illicit drug use. Denies consumption of coffee.
Travel: Denies recent travel
Diet: Denies a well balanced diet
Exercise: Denies regular exercise.
Safety measures: Admits to using seatbelt in moving vehicles.
Sexual history: Admits to being sexually active with one partner, heterosexual. Denies history of STIs.

Review of Systems:

General – Denies weight loss, fever, malaise, weight change, or night sweats.
Skin, hair, nails – Denies discoloration, pruritus, excessive sweating, skin changes, and hair changes.
Head – Denies headache, dizziness, trauma, fainting, and Hx of vertigo.
Eyes – Denies diplopia, eye pain, visual changes, discharge, and photophobia. Last eye exam: unknown.
Ears – Denies deafness, pain, discharge, tinnitus or use of hearing aids.
Nose/Sinuses – Denies sinus pressure, epistaxis, nasal congestion, discharge, swelling.
Mouth/Throat – Denies dysphagia, sore throat, hoarseness, cough. Last dental exam: 6 months ago.
Neck – Denies pain with movement, stiffness, swollen glands and trouble swallowing.
Breasts – Denies skin changes, lumps, nipple discharge.
Pulmonary System – Denies cough, SOB, DOE, wheezing, hemoptysis or cyanosis.
Cardiovascular System – Denies chest pain, palpitations, edema. Last EKG: unknown.
Gastrointestinal System – Denies loss of appetite, changes in stool, abdominal pain, hemorrhoids, constipation, rectal bleeding or diarrhea.
Genitourinary System – Denies oliguria, frequency, urgency, nocturia, incontinence or flank pain.
Sexual History – Sexually active. Denies history of STIs.

Nervous – Denies dizziness, sensory disturbances, paresthesia, or changes in cognition/mental status.

Musculoskeletal system – Denies swelling/stiffness, joint pain, muscle soreness, reduced mobility, bone deformity in the right knee.

Peripheral vascular system – Denies pins and needles, edema, calf pain, varicosities, cyanosis.

Hematological System – Denies Hx of DVT/PE, lymph node enlargement, blood transfusions, anemia, clotting.

Endocrine system – Denies diabetes, heat or cold intolerance, excessive hunger/thirst.

Psychiatric – Denies changes in mood, suicidal ideations, irritability, and changes in eating habits.

Physical

General: Well groomed female, with proper posture, appearing as her stated age of 39 years, with medium build. She appears awake, alert, oriented to person, place, time and situation. Is cooperative and appears to be a reliable source of information. She is in no acute distress.

Vital Signs:

BP: Seated – (R) 137/90; (L) 139/89
Supine – (R) 135/87 (L) 138/89

R: 17 breaths/min, unlabored

P: 76 beats/min, regular rate and rhythm

T: 98.1 F (Tympanic)

O2 Sat: 97%, room air

Height: 5’2 inches   Weight: 160 lbs   BMI: 29.3

Skin, Hair, Nails, Head:

Skin: Warm and moist. No discoloration. Good turgor. No tattoos, no masses, no bruises, no ulcerations. No visible scarring.

Hair: Regular quantity, even distribution. Color is brown, and the texture is normal. No visible dandruff or lice.

Nails: No clubbing, pitting, signs of infection. Presence of lunula on all nails. Capillary refill < 2 seconds in upper/lower extremities.

Head: Normocephalic atraumatic, non-tender to palpation.

Eyes:

Eyes appear symmetrical. Eye lashes are well distributed. No strabismus, lid lag, or ptosis noted. Sclera white, cornea clear with no signs of abrasion or nodules. Conjunctiva is clear with no foreign bodies. Visual acuity uncorrected 20/20 OS, 20/20 OD, 20/20 OU. Full visual field. PERRLA and EOM intact with no nystagmus.

Fundoscopy: Red reflex intact in both eyes. Disk to cup ratio 2:1 in both eyes. No AV nicking, hemorrhages, exudates, or cotton wool spots in both eyes.

Ears

Symmetrical and appropriate in size and shape. No lesions/masses/trauma on external ears. Cerumen present bilaterally, with no discharge or foreign bodies in the ear canal. Tympanic membranes appeared intact, pearly gray/white, with a well positioned cone of light and handle of the malleus. No effusions/pus noted. Whisper test demonstrated intact auditory acuity. Weber midline, Rinne normal bilaterally, indicating AC>BC.

Nose/Sinus

Nose symmetrical with no evidence of masses/lesions/deformities/trauma/discharge. Mucosa pink and well hydrated. Nares patent bilaterally. Septum appears midline with no perforations/inflammation or deviation. Inferior and middle turbinates appreciated. No foreign bodies noted. Frontal and maxillary sinuses are non tender to palpation. Sinuses were clear upon trans-illumination.

Mouth/Neck/Pharynx

Lips: Pink, moist, no cyanosis, no lesions or edema.

Buccal Mucosa: Pink, well hydrated, no masses, lesions or ulcerations, or leukoplakia.

Palate: Pink, well hydrated, no lesions, scars or ulcerations present.

Teeth: Normal dentition, no dental caries present, no plaque buildup.

Gingivae: Dark discoloration noted. Moist, with no bleeding, ulcerations, or hyperplasia.
Tongue: Pink, well papillated. Symmetrical with normal texture.
Oropharynx: Well hydrated, no exudates, masses, lesions or foreign bodies. Tonsils Grade I with no edema, injection or exudate. Uvula pink, midline elevation, no lesions or ulcerations.
Neck: Trachea midline. No masses, lesions, scars or pulsations noted. Non-tender to palpation.
Thyroid: Non-tender, no palpable masses, no enlarged thyroid. Noted symmetrical movement of thyroid when swallowing, visually and upon palpation.

Thorax/Lungs

Clear to auscultation and percussion bilaterally. No adventitious sounds. Tactile fremitus symmetric throughout. Chest expansion and diaphragmatic excursion symmetrical. Chest was symmetrical with no signs of deformities or trauma. Respirations were unlabored and no accessory muscle use was noted. Non tender to palpation throughout.

Heart

Jugular venous pressure is 2.5 cm above the sternal angle with the head of the bed at 30°. Regular rate & rhythm. Distinct S1/S2 with no murmurs, splitting, friction rubs, or S3/S4 appreciated. Carotid pulses are 2+ bilaterally, no bruits present. Point of maximal impulse located at 5th intercostal space at midclavicular line.

Abdomen

Abdomen is round and asymmetrical in the lower quadrants. Striae present. Normoactive bowel sounds in all four quadrants with no bruits or pulsations appreciated. Mildly tender to palpation, no guarding, rebound, hepatosplenomegaly, or costovertebral tenderness noted. Tympanic throughout. Well demarcated, fixed, basketball-sized mass palpated superficially in the RLQ.

Breast & Axillae

Breasts were symmetric with no evidence of dimpling. No masses to palpation. Nipples were symmetric. No piercings, lesions, or discharge. Axillary nodes were non-palpable.

Female Genitalia & Rectum

No inguinal adenopathy. External genitalia without erythema, lesion or masses. Vaginal mucosa pink, cervix parous, pink, and without discharge. Uterus anterior, midline, smooth and not enlarged. No perirectal lesions or fissures. External sphincter tone intact. Rectal vault without masses, uterine cervix non-tender. Stool brown, no fecal blood.

Male Genitalia

N/A

Assessment

39 year old sexually active female with no PMHx presenting with a basketball sized mass in the right lower quadrant of her abdomen. She endorses no symptoms other than pain upon applying pressure on the RLQ. She denies any urinary complications such as dysuria or hematuria and menstrual irregularities.

Differential Diagnosis

- **Uterine Fibroid**
    - High levels of estrogen accompanied by a lack of progesterone can increase the risk of developing fibroids. Additionally, obesity and older age are risk factors for developing uterine fibroids. As an obese 39 year old female with a history of using Depo Provera for contraception, this may contribute to the development of a large fibroid.
- **Ovarian Cyst**
    - Ovarian cysts can cause bloating and swelling in the abdomen. If it is large enough, it can be palpated on an abdominal exam.
- **Lateral Hernia**
    - A lateral hernia can cause dull pain and be palpated upon abdominal exam. It can also be noted as a bulge, resulting in the asymmetry of her lower abdomen.
- **Pregnancy**
    - As a 39 year old sexually active female with a lack of any current contraceptive use, she may be pregnant. Even though she reported her last menstrual period on 9/6/23, it could have been implantation bleeding.

- **Abdominal pain secondary to ovulation - Mittelschmerz**
    - Ovulation can sometimes cause a dull, crampy lower abdominal pain. If her last menstrual period was two weeks ago, she may be in her ovulatory window, resulting in RLQ pain.

Plan

- Counsel the patient on weight loss and the importance of a well balanced diet, such as increasing grains, fruits, and protein intake while reducing processed foods.
- CBC with differential to note any electrolyte/liver function abnormalities
- Urine dipstick to rule out pregnancy
- RLQ abdominal U/S to visualize possible uterine fibroids, ovarian cyst, or fetus
- Abdominal CT to visualize the mass and determine cause