History and Physical Rotation 8
Name: Abd-Manaaf Bakere
Rotation 8: Family Medicine
Date: 10/24/2024
Rotation Location: Devicka Persaud Medical PC

Name: IS
DOB: xx/xx/46
Age: 77 y/o Male
Address: 126th street NY
Date/Time: 10/02/2024, 11:15 AM
Location: Devicka Persaud Medical PC
Source of Information: Self
Reliability: Reliable
Preferred Language: English

Chief complaint: "I have left testicle swelling and pain x 1 week"
HPI
A 77 y/o male with PMHx of Dilated Cardiomyopathy, BPH and UTI comes in for follow up after ER visit with left testicle swelling and pain x 1 week. He describes it as constant, get worse when it comes in contact with anything. He rates it 4/10 . He admits he went to NYP Emergency 5 days ago. He was diagnosed s/p US scrotum, CBC, CMP with Left-sided epididymoorchitis and small to moderate complex left sided hydrocele. No discrete mass was identified. NYP ER gave IV ceftriaxone and ketorolac and recommend follow up with PCP. He was prescribed levofloxacin that he admits taking. He admits frequency, nocturia. A phone call with his cardiologist - Dr. Gujja - his ejection fraction is improving. Denies fever, chill, headache, dizziness, chest pain, shortness of breath, abdominal pain, nausea, vomiting, diarrhea, constipation, hematuria, melena,

Past Medical History
(1) Hypertension
(2) HYPERLIPIDEMIA
(3) Malignant neoplasm of nasopharynx
(4) Chronic embolism and thrombosis of deep vein of right low extremity
(5) Unspecified osteoarthritis
(7) Benign prostatic hyperplasia with lower urinary tract symptoms
(6) Male erectile dysfunction, unspecified
(7) Long term (current) use of anticoagulants
(8) Personal history of nicotine dependence
(9) Nonischemic Dilated Cardiomyopathy

Past Surgical History
Cataract surgery right eye November 2022
Right wrist ganglion cyst 2019
Biopsy of nostril, unspecified date

Medications
(1) Airsupra 90-80 MCG/ACT Inhalation Aerosol
(2) Albuterol Sulfate (2.5 MG/3ML) 0.083% Nebulization Solution
(3) Amoxicillin-Pot Clavulanate 875-125 MG Oral T
(4) Aspirin 81 MG Oral Tablet Delayed Release
(5) Atorvastatin Calcium 40 MG Oral Tablet
(6) Benzonatate 100 MG Oral Capsule
(7) Carvedilol 12.5 MG Oral Tablet
(9) Knee Brace Miscellaneous
(10) Nebulizer Device
(11) Promethazine-DM 6.25-15 MG/5ML Oral Syrup
(12) Sinus Rinse Bottle Kit Nasal Packet
(13) Tamsulosin HCl 0.4 MG Oral Capsule
(14) Zithromax Z-Pak 250 MG Tablet

Family History
Mother deceased - stomach cancer
Father deceased- no medical problem.
Brother 55 deceased from lung cancer.
Brother 60 of cirrhosis.
Brother 71 heart disease.
Bother 72 blood cloth in the lungs

Social History
Drinks alcohol socially Hennessy about 2 glass
Former smoker: Used to smoke cigarettes x 20 years ,started smoking when 11 yrs old,and stopped at 33
Denies Drug used.
Lives with wife and son
Current Occupation: retired
Occasionally exercises

Allergies
No known allergy to food, Medications or environments irritants

Immunization
Up to date with all immunizations

Review of Systems (ROS)
General: Denies fever and weakness, chills weight changes, night sweats, body aches,
• Skin: denies rash, sores, lumps, itching, color changes, hair, nails
• Head: denies headache, trauma, nausea, vomiting, dizziness
• Eyes: denies glasses/contacts, pain, redness, tearing, vision loss, discharge, double/blurred vision, glaucoma
• Ears: denies hearing loss/aid, tinnitus, vertigo, earache, discharge

• Mouth/Throat: Denies hoarseness, voice change and sore throat bleeding gums, dentures, cavities,, dry mouth, difficult/painful
• Nose/Sinuses: Denies itching, stuffiness, rhinorrhea, sneezing epistaxis, allergies (perennial, seasonal)
• Neck: denies lumps/masses, goiter, pain, stiffness, swelling
• Respiratory: Denies dry cough, shortness of breath, wheezing, hemoptysis, pleurisy, snoring Cardiac: Denies palpitations, chest pain, DOE, orthopnea, paroxysmal nocturnal dyspnea, syncope, lower extremity edema
• Gl: Denies nausea, vomiting, bloating, abdominal discomfort, dysphagia, appetite, regurgitation, indigestion, bowel movement frequency/color/size/caliber, changes in bowel habits, diarrhea, constipation, bleeding (hemorrhoids, melena, hematemesis, hematochezia)
• Urinary: **Admits frequency,, nocturia, hesitancy, urgency, dysuria**, **reduced caliber of stream** Denies hematuria, incontinence,
• Male Genital: **Admits left testicular swelling, bulge, testicular pain and masses**. Denies loss of interest, function, penile discharge or sores, history of STDs
• Vascular: claudication, edema, varicose veins, past clots
• Musculoskeletal: denies muscle or joint pain, stiffness, arthritis, gout, weakness, swelling, redness, instability
• Neurological: denies seizures, numbness, tingling, paralysis, paresthesia, fainting, blackouts, burning, tremors
• Hematological: denies anemia, easy bruising/bleeding, petechiae, purpura, ecchymosis, transfusions
• Endocrine: denies heat/cold intolerance, sweating/thirst/hunger
• Psychiatric: denies nervousness, mood, anxiety, depression or suicidal ideation.

Physical Exam
Vital sign
BP: 101/76
Pulse: 90
Temperature:97.7
Height: 6'0.0"
Weight: 199
BMI: 26.99
SpO2: 98%

Constitutional: Not in acute distress. AOx3, well-developed. No diaphoretic
Head/Scalp/Face:NC/AT skull. No tenderness, palpable mass. Even hair distribution.
Eyes: Normal pink conjuntiva; white sclera. PERR, EOM intact. No jaundice or exudates.
Ears: Normal hearing. External canal is intact, no discharge. TM intact, no bulging, fluid or blood collection noted.
Nose/Sinus: Symmetrical patent nares. No nasal flaring/grunting/or discharge.
Mouth/Oropharynx:Missing molar teeths. No oropharyngeal exudates or ulcers. No oral or gum erythema, swelling, or bleeding.
Neck: Full AROM WNL. No tenderness, JVD, or palpable lymph nodes, masses, or goiter. No bruits auscultated.

Chest/Lung: Symmetrical expansion with respiration. No intercostal retractions, or tenderness. Breath sounds CTA bilaterally. No rales/wheezes/rhonchi ausultated.
Heart: S1S2 heard. Regular rhythm. No murmurs, thrills, or clicks.
Genitalia (Male): No skin lesion, laceration. Small mass on the left testicle, mild tenderness to palpation. No phimosis, or varicocele. Cremasteric reflex presents. No abnormalities on the right testicle.
Extremities: Mild bilateral lower extremities varicose veins. No deformities, clubbing, cyanosis, or edema noted. Bilateral pedal pulses present. No visible joint swelling/erythema. Normal ROM.
Skin/Membrane: Skin warm to touch. Normal color. No lacerations or bruises. No rash, eczema, or ulcers.
Neurological: A & O x 3. No focal deficits. Cranial nerves II-XII grossly intact and symmetrical. No gait disturbance. No tremors.
Muscular: Normal tone. Full AROM. No obvious muscular atrophy or hypertrophy. No jerking.
Mental Status: Dress is neat and clean. No memory loss.

Labs and Imaging.
Pending results: CBC, CMP and UA, urine culture, and Scrotal Ultrasound.

Assessment:
A 77-year-old male with a PMHx of dilated cardiomyopathy, BPH, and UTIs, presenting with left testicular swelling and pain for one week. He was previously diagnosed with left-sided epididymoorchitis and a small to moderate complex left-sided hydrocele after an evaluation at NYP ER. The patient was started on levofloxacin, and his symptoms persist despite antibiotic therapy. He reports frequency and nocturia, which are likely related to his history of BPH. There are no associated systemic symptoms such as fever or chills. The physical exam shows a small mass on the left testicle with mild tenderness, and a scrotal ultrasound is pending. His cardiology care is ongoing, with improving ejection fraction. No current evidence of decompensated heart failure or significant fluid overload.

Differential Diagnoses:

Epididymoorchitis: The primary diagnosis based on his recent emergency department evaluation, scrotal ultrasound findings, and symptomatology. It is typically caused by bacterial infection, with pain, swelling, and tenderness of the testis and epididymis. His improvement is slow despite antibiotic treatment, raising the possibility of resistant bacteria or inadequate response to therapy.

Hydrocele: He was found to have a small to moderate complex left-sided hydrocele on scrotal ultrasound. Hydroceles are usually painless, but they can become uncomfortable or tender if they are large or inflamed, as might occur in the context of epididymoorchitis. The hydrocele may be a secondary process related to inflammation.

Testicular torsion: While less likely in this age group and without the acute, severe onset of pain typically seen in torsion, this diagnosis should still be considered. The physical exam finding of a

small testicular mass and tenderness raises concern for other testicular pathologies. The cremasteric reflex is intact, reducing the likelihood of torsion but not eliminating it.

Testicular malignancy: Though less common in older men, testicular cancer should remain in the differential, especially with a palpable mass. A scrotal ultrasound will be critical to exclude malignancy, given the patient's history of nasopharyngeal cancer and family history of cancer.

Plan:
Review pending results from CBC, CMP, urinalysis, urine culture and scrotal ultrasound to assess for ongoing infection, metabolic abnormalities, and to evaluate the nature of the testicular mass and hydrocele.
Medications:
Continue current antibiotics (levofloxacin) as prescribed, ensuring adherence. Reassess if there is no further improvement, and **consider switching antibiotics based on culture results or clinical suspicion of resistant organisms.**
Continue supportive care for pain with NSAIDs as tolerated.
Follow-up: Monitor for any new symptoms such as worsening pain, fever, or changes in testicular size. Follow up with a urologist to assess the need for further intervention, particularly if there is concern for hydrocele drainage or biopsy of the mass.
Cardiology: Counseled to continue current management for dilated cardiomyopathy with cardiologist oversight. Ensure that renal function remains stable, particularly with the use of NSAIDs and antibiotics.
Patient Education:
Advised the patient to monitor for signs of worsening infection, testicular torsion (sudden severe pain), or new masses, and return to the ER if these symptoms occur.
Reinforce the importance of hydration and adherence to the antibiotic regimen.