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

Name: MR
DOB: xx/xx/61
Age: 63 y/o Male
Address: 97th street, Ozone Park NY
Date/Time: 10/04/2024, 10:06 AM
Location: Devicka Persaud Medical PC
Source of Information: Self
Reliability: Reliable
Preferred Language: English

Chief complaint: “I have abdominal pain x 3 days ”
HPI
A 63 y/o male with PMHx of HTN, bradycardia presents for blood work and complaints of epigastric pain x 3days. It comes and goes mostly in the afternoon, rates 4/10. He did not try any meds. Denies having this type of pain before. Pain radiating to right upper quadrant. Pain unchanged with eating. Admits fever, diarrhea 2 days ago, Admits drinking cup of coffee every day. Patient wants refill for vitamins. UTD colonoscopy. Denies chills, headache, blurry vision, dizziness, cough, chest pain, shortness of breath, nausea, vomiting, cough, hematochezia, hematemesis, melena.

Past Medical History
Hypertension
Bradycardia

Past Surgical History
No Significant Surgical History

Medications
Cyclobenzaprine HCl 10 MG Oral Tablet
Dialyvite Vitamin D3 Max 1.25 MG (50000 UT) Tablet
Ibuprofen IBU 600 MG Oral Tablet
Lisinopril 10 MG Oral Tablet

Family History
Mother 80 alive, no medical problem
Father deceased 67- liver disease
5 siblings alive and well
Denies any known family hx of cancer

Social History

Denies alcohol use
Denies smoking. Never smoker.
Denies drugs use
Exercises >3 hours per week
Lives at home with family
Current Occupation: Construction

Allergies
No known allergy to food, Medications or environments irritants

Immunization
Up to date with all immunizations

Review of Systems (ROS)
General: **Admits fever and weakness**. Denies 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: **Admits abdominal pain, discomfort, reduce appetite and diarrhea**. Denies nausea, vomiting, bloating, abdominal discomfort, dysphagia, regurgitation, indigestion, bowel movement frequency/color/size/caliber, changes in bowel habits,, constipation, bleeding (hemorrhoids, melena, hematemesis, hematochezia)
• Urinary: Denies frequency,, nocturia, hesitancy, urgency, dysuria, reduced caliber of stream Denies hematuria, incontinence,
• Male Genital: Denies testicular swelling, bulge, testicular pain and masses, loss of interest, function,, penile discharge or sores, history of STDs
• Vascular: claudication, edema, varicose veins, past clots
• Musculoskeletal: **Admits moderate muscle pain.** Denies 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: 122/69
Pulse: 68
Temperature: 98.6
Height 5'6.0"
Weight: 146
BMI: 23.56
SpO2: 97%

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: 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.
Abdomen: Soft, non-tender, non-distended. No palpable masses. Moderate epigastric and RUQ tenderness. No hepatomegaly/splenomegaly. No inguinal hernia or lymph nodes. Negative Murphy sign. No CVA tenderness.
Extremities: 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/Imaging
EKG to rule out cardiac ethiology
CMP: To assess electrolyte levels, renal function, and Liver Function Tests (LFTs) (i.e., hyperkalemia, renal insufficiency). to evaluate for liver pathology such as hepatitis, biliary disease, or liver dysfunction
Complete Blood Count (CBC): To check for signs of infection (leukocytosis), anemia, or any other hematologic abnormalities.
Lipase/Amylase: To rule out pancreatitis, especially with the epigastric pain and history of coffee consumption (potential trigger for GI upset).
Abdominal Ultrasound: This is a good initial imaging modality for evaluating the gallbladder, liver, pancreas, and kidneys to rule out gallstones, cholecystitis, or other biliary abnormalities.

H. pylori Stool Antigen/Breath Test: To investigate a potential peptic ulcer as a cause of the epigastric pain.
Fecal Occult Blood Test (FOBT): Given recent diarrhea and abdominal pain, ruling out occult gastrointestinal bleeding can be beneficial.

Assessment
MR is a 63-year-old male with a PMHx of hypertension and bradycardia who presents with 3 days of intermittent epigastric pain radiating to the right upper quadrant, associated with fever and diarrhea. The pain is moderate (4/10), occurs mostly in the afternoons, and is unchanged with eating. He has no history of similar pain, denies significant gastrointestinal symptoms such as nausea, vomiting, or GI bleeding. The physical exam reveals mild epigastric and right upper quadrant tenderness but no signs of acute peritonitis or hepatosplenomegaly. The patient's vitals are stable, and his BMI is within normal limits. The clinical picture raises concern for gastrointestinal pathology, potentially related to peptic ulcer disease, biliary disease, or less likely pancreatitis

Differential Diagnoses
Peptic Ulcer Disease (PUD): The intermittent epigastric pain radiating to the right upper quadrant is consistent with peptic ulcer disease. His daily coffee consumption may aggravate gastric acid production, contributing to ulcer formation. Absence of improvement with eating and recent diarrhea also support this.

Cholecystitis/Cholelithiasis: The right upper quadrant tenderness and radiating pain could indicate cholecystitis or cholelithiasis, especially in the presence of fever. Negative Murphy's sign decreases the likelihood of acute cholecystitis, but an ultrasound is necessary to further evaluate the gallbladder.

Gastritis: His epigastric pain, lack of nausea/vomiting, and coffee consumption and NSAID use could suggest gastritis. The fever and diarrhea may also point toward a viral etiology, though bacterial infection (H. pylori) should be ruled out.

Pancreatitis: While less likely without a history of alcohol use or gallstones, pancreatitis remains on the differential given the location of pain (epigastric) and fever. Lab tests such as lipase and amylase will help in ruling this out.

Plan
Obtain EKG, CBC, BMP, LFTs, Lipase, Amylase, H. pylori test, and fecal occult blood test.
Order an abdominal ultrasound to assess for gallbladder or hepatic abnormalities.
Symptomatic Management:
Started a trial of proton pump inhibitor (PPI) therapy (Omeprazole, 20mg) to address possible peptic ulcer disease or gastritis.
Educate patient on avoiding known gastric irritants, such as coffee and NSAIDs (i.e., ibuprofen), to prevent exacerbation of symptoms.
Pain Management:
Prescribed Tylenol (acetaminophen) instead of NSAIDs to minimize potential gastrointestinal side effects.

Follow-up:
Scheduled a follow-up visit after results of labs and imaging are available.
Educated the patient to seek immediate medical attention if the pain worsens or if he develops signs of gastrointestinal bleeding (e.g., melena, hematemesis).
Discussed potential lifestyle changes such as dietary modifications to reduce gastric irritation.