

Office Visit - Jan 17, 2025

with Timothy Kennard, MD at Atrium Health Primary Care Indian Trail Family Medicine

Notes from Care Team

Progress Notes

Timothy Kennard, MD at 1/17/2025 11:45 AM

Subjective

Patient ID: Jennifer Beth Cartrette is a 42 y.o. female.

Chief Complaint

Patient presents with

- Follow-up

HPI

History of Present Illness

The patient is a 42-year-old female presenting for medication refill. Due for physical labs and she is fasting today

She experienced a severe allergic reaction following a CT scan with contrast dye, unprecedented as she had no prior adverse effects. Symptoms began an hour after returning home, with immobility and exacerbation of existing symptoms for 5 days. Initially suspected COVID-19 or hospital-acquired illness, later considered MCAS associated with POTS and EDS. Self-treated with antihistamines (two Zyrtec, two Pepcid, and Claritin daily) with effective results. Reports brain and body burning sensations, burning, itchy, watery eyes, skin infections, flares, internal heat, and night sweats. Considering consultations with an immunologist and allergist. Experiencing severe brain fog, fatigue, and cognitive impairment, bedridden for 2 weeks, unable to stay awake for more than 30 minutes to an hour despite Adderall. Suspects anaphylaxis for 4-5 days. Switching insurance for nationwide coverage to see specialists. Considering low-dose naltrexone. Noticed pain and swelling correlation, intrigued by MCAS. Symptoms started 6 months post-back surgery. Suspects vascular issue in right shoulder, possibly thoracic outlet syndrome. Pain in shoulder and right bicep for 6-8 months. Very flexible, can wrap hands behind head. Not eating today, drinking salt tabs and electrolytes. History of anorexia may contribute to low sodium and blood volume issues. Experiences nausea at thought or smell of food, considering Ensure for nutrition. Interested in seeing a doctor for POTS and vascular blood flow. Finds salt helpful, experiences brain tingling after three salt tabs. Hopeful for positive health progression.

Supplemental Information

Had pneumonia at age 23, told eardrum ruptured, now wonders if it was a CSF leak.

FAMILY HISTORY

- Family history of strokes

ALLERGIES

- Severe allergic reaction to CT scan with contrast dye

MEDICATIONS

- Zyrtec
- Pepcid
- Claritin
- Adderall

Objective

Physical Exam

Vitals:

	01/17/25 1151
BP:	131/83
Pulse:	94
Temp:	97.7 °F (36.5 °C)
TempSrc:	Oral
SpO2:	100%
Weight:	65.5 kg (144 lb 6.4 oz)

Physical Exam

Constitutional:

Appearance: Normal appearance.

HENT:

Head: Normocephalic.

Eyes:

Extraocular Movements: Extraocular movements intact.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds.

Neurological:

Mental Status: She is alert.

Psychiatric:

Mood and Affect: Mood normal.

Physical Exam

Results

Assessment and Plan

1. ADHD (attention deficit hyperactivity disorder), combined type (Primary)

ADD -

-Medication working well at this time

-Tolerating medication well, no side effects

-Counseled and reviewed that this is a schedule II medication and can only be prescribed for 90 days per prescribing episode. Discussed need for follow-up every 90 days or 3 months for ongoing refills.

-Medication refills were provided today for 3 months. Given prescriptions dated today, one month and 2 months from now.

-Follow up to review and reevaluate medications in 3 months, sooner as needed

2. Bipolar affective disorder, remission status unspecified (CMD)

Does have underlying history of bipolar disorder. Not currently on any medication management for underlying mood symptoms. Overall stable from a mood standpoint. Continue to monitor

3. POTS (postural orthostatic tachycardia syndrome)

As below

4. EDS (Ehlers-Danlos syndrome)

As below

5. PTSD (post-traumatic stress disorder)

Mood stable as above

6. Hashimoto's thyroiditis

Recheck thyroid levels, thyroid antibodies and reassess based on results

- T4, Free

- TSH

- Thyroid Antibodies: Thyroid Peroxidase (TPO) and Thyroglobulin (TGAb)

7. Routine general medical examination at a health care facility

1. Physical -

- Pap smear: Deferred to GYN

- Breast Screening: [] Up-to-date

- Colon Screening: [] Age 45

- Immunizations: [] Reviewed

- Labs: Fasting labs to include CBC, CMP, lipid and followup on results. []

- Vitamins: []

- DEXA: []

- Counseling: Diet, exercise, routine followup. []

- CBC without Differential

- Comprehensive Metabolic Panel

- Lipid Panel

8. Screening for diabetes mellitus

- Comprehensive Metabolic Panel

9. Screening for cervical cancer

Deferred to GYN

10. Depression screening

Most recent PHQ-2 results:

Patient Health Questionnaire-2 Score: 2 (1/17/2025 12:57 PM)

Most recent PHQ-9 result:

PHQ-9 Question # 9

Interpretation:

PHQ-2 Interpretation: Negative (None-minimal Depression Severity) (1/17/2025 12:57 PM)

11. Vaccine counseling

Reviewed

12. Screening for lipid disorders

- Lipid Panel

****Main ongoing concerns revolve around POTS, EDS. Now also with concern for MCAS after possible reaction to contrast or recent CT scan. She did bring in several page letter outlining ongoing symptoms including joint and muscle pains, face and head flushing, persistent brain fog, extreme fatigue, head pressure, itchy and watery eyes. She does feel like some of her symptoms were significantly improved with large amounts of antihistamines. She has been taking Claritin and Zyrtec once or twice daily along with intermittent Benadryl and famotidine. She does have a letter from a patient advocate in regard to EDS and POTS. She is asking for a looking for several additional workup and evaluations including:**

- 1. Allergy evaluation. Asking specifically to see the Dr Lapuente in regards to possibility of mast cell activation syndrome. Will work on referral to allergy based on possible reaction to contrast dye. No other specific acute flareups**
- 2. Ask about referral to cardiology for evaluation of possible POTS. We can work on referral for formal assessment with cardiology**
- 3. Neurology evaluation with Dr Zachary Ward with concerns for headache and muscle tremors. Does have chronic headaches. Will hold on formal neurology evaluation for now pending evaluation with cardiology and allergy and then reassess**
- 4. Dr. Luigi Pascarella for possible vascular workup. Asking specifically about median arcuate ligament syndrome or other vascular compression related to EDS. She complains of ongoing chronic shoulder pain. Did have CT angio of the neck which was unremarkable. No other evidence of vascular compromise at this time so we will hold on vascular evaluation**
- 5. Brown neurosurgery -as needed for evaluation for occult tethered cord due to chronic pain, hyper reflexes and bladder dysfunction. No previous symptoms reported consistent with this. Does have history of previous spinal fusion at C4-C6. No other specifically reported lower extremity symptoms**
- 6. Low-dose naltrexone. Letter from a patient advocate requesting this medication, including instructions and compounding pharmacy that we will fill it. Will certainly hold at this at this time and reassess after allergy and cardiology evaluations. Unfortunately, no one in the area that formally does evaluation for EDS. She reports that she is working on "national insurance" to try to see outside specialist**
- 7. Asking about private genetic testing through a company called Invitae with instructions on how to set up and create an account to order this. Will defer at this time. Unfortunately, genetics, neurology, or any other provider in the local area. Does formal evaluation and assessment for EDS**

She does have ongoing extensive list of chronic symptoms that she reports since 2020 including nausea and vomiting, brain fog, difficulty focusing, fatigue, chronic pain, muscle cramps and spasms, temperature intolerance and night sweats, intermittent swelling, blurred vision, tachycardia. Previously followed by psychiatry for underlying history of anorexia, bipolar and ADD. Was also previously followed by rheumatology and manage as possible psoriatic arthritis and more recently unclear inflammatory polyarthritis with further evaluation being unremarkable off of all treatments and recommending workup and evaluation for fibromyalgia and mental health. Rheumatology did acknowledge hypermobility but they do not treat or manage hypermobility disorders. Again, unfortunately no one in the local area or regionally either that evaluates for or will manage or treat EDS.

Total time spent on day of encounter reviewing extensive previous records, patient's symptom list as well as letter from patient efficacy, face-to-face review and discussion, documentation greater than 75 minutes*

Electronically signed:

Timothy P Kennard, MD

1/17/2025 12:57 PM