

## Office Visit - Jan 29, 2025

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

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### Notes from Care Team

#### Progress Notes

Timothy Kennard, MD at 1/29/2025 3:00 PM

Subjective

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

No chief complaint on file.

#### HPI

##### History of Present Illness

The patient presents for evaluation of shoulder pain.

She reports persistent shoulder pain, severe over the past 8 weeks, with a sensation of her arm turning blue and feeling cold. The pain is constant, with no relief from any position. She describes it as a bone protruding from her shoulder, causing pressure on her brachial vein, and suspects a structural abnormality or dislocation. She notes purple discoloration of her hand, suggestive of a blood clot. Despite rest, the pain persists, radiating down the arm with a burning sensation in the middle. She feels puffiness and swelling in the bicep and cannot lay flat due to misalignment. She describes the shoulder popping forward, muscle spasms, and difficulty finding the joint. She can raise her arm above her head, but it becomes numb. She uses a heating pad, but the arm remains cold and numb. She has a history of costochondritis, rib issues, and a sternum abnormality. She has experienced shoulder pain since age 18 and wonders if it is related to her EDS diagnosis. She has not eaten today but has consumed water and salt tablets. She suspects thoracic outlet syndrome but is concerned about subluxation or dislocation. She has not had a scan in a long time. She reports no back pain.

**5/8/2018**

**MRI shoulder right with contrast**

Order: 449860803

#### Impression

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##### IMPRESSION:

1. No visualized rotator cuff or labral tear.
2. Suspected mild strain of the infraspinatus muscle.

**5/8/2018**

**FL Arthrogram Shoulder Right**

Order: 449860802

#### Impression

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##### IMPRESSION:

1. No conventional arthrographic evidence of full thickness rotator cuff tear.
2. Please see the separately dictated post arthrogram MRI for additional findings.

**2/14/2018**

**XR Shoulder Min 2 Views Right**

Order: 449860806

#### Impression

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##### IMPRESSION:

No evidence of acute acute or displaced fracture. No sign of osteomyelitis or other focal bony abnormality. No significant degenerative changes. Soft tissues are within normal limits.

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#### CT Angio Neck

Status: Final result

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## Study Result

Narrative & Impression  
DATE OF SERVICE:  
12/31/2024 11:41 am

EXAM:  
CT ANGIOGRAPHY OF THE NECK WITH CONTRAST  
IMPRESSION:  
Unremarkable CTA of the neck. Patent neck arterial vasculature with no flow-limiting stenosis, pseudoaneurysm, or dissection. No abnormal vasculature in the region of the temporal bones.

Objective

### Physical Exam

There were no vitals filed for this visit.

### 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

Radial pulse strong. Ulnar artery not palpable. Hand remains pink when all pulses clamped, indicating good blood flow.

## Results

### Assessment and Plan

#### 1. Mixed hyperlipidemia (Primary)

Recent labs showed high cholesterol with significant change from previous results. Recheck screening labs

- Comprehensive Metabolic Panel
- Lipid Panel

#### 2. Hashimoto's thyroiditis

Question about accuracy of last set of lab work as did have significant abnormalities that were not acute change. Recheck thyroid levels and reassess recent blood sugar was elevated. Recheck glucose, A1c

- T4, Free
- TSH

#### 3. IGT (impaired glucose tolerance)

As above

- Comprehensive Metabolic Panel
- Hemoglobin A1C With Estimated Average Glucose

#### 4. Chronic right shoulder pain

Ongoing chronic pain in the right shoulder and arm. Acute worsening since Sunday. Check x-rays and reassess

- XR Shoulder Minimum 2 Views Right; Future

#### 5. Right arm pain

With concerns for thoracic outlet or vascular abnormality, check ultrasound right upper arm. Does have pending evaluation with vascular

- XR Shoulder Minimum 2 Views Right; Future

#### 6. Bipolar affective disorder, remission status unspecified (CMD)

Mood overall stable. Continue to monitor

#### 7. PTSD (post-traumatic stress disorder)

As above

**8. EDS (Ehlers-Danlos syndrome)**

With chronic ongoing right shoulder pain. Reassess as above

**9. POTS (postural orthostatic tachycardia syndrome)**

Blood pressure stable today

**Electronically signed:**

Timothy P Kennard, MD

1/29/2025 7:59 AM