

Progress Notes

William Baker, MD at 6/6/2023 3:00 PM

Subjective

Patient ID: Jennifer Beth Cartrette is a 40 y.o. female.

Chief Complaint

Patient presents with

- Consult

HPI

Ms. Cartrette is a pleasant 40 y.o. F with a PMH of bipolar d/o, ADHD, PTSD, anorexia, and presumptive PsA here for continued evaluation and management of joint pain

Notably, she has previously followed with rheumatology evaluation, last following with Dr. Patel (Novant - LOV 9/2022). She mentioned following since 2019 for ongoing widespread pain with emphasis at the level of the hands/wrists, upper neck, lower back, hips, knees, ankles, and feet. Pain can really be at anytime of day, but she does wonder about worsening symptoms early in the morning with associated morning stiffness being upwards of multiple hours. Upon establishing at Novant initially, notable work-up included negative ANA, RF/CCP, HLA-B27, uric acid, CRP/ESR. She was started on Humira (7/2020), which was discontinued shortly thereafter (10/2020) due to ongoing skin infections of the face. She was started on hydroxychloroquine (3/2022) which was shortly thereafter discontinued (5/2022) due to tinnitus. Methotrexate was initiated (5/2022), and intermittent steroids have been utilized with partial benefit.

She notably has a prior diagnosis of psoriatic arthritis based off of the work-up and evaluation above with a concern about an underlying inflammatory arthritis in a pattern consistent with peripheral and axial symptoms. She has never exhibited symptoms of skin psoriasis.

More recently, she does present with a multitude of symptoms. She includes GI distress including ongoing abdominal pain, bloating, and constipation with chronic nausea. She also has a chronic brain fog and inability to focus. She does have a known diagnosis of ADHD, bipolar disorder, anorexia, and PTSD. She is maintained on Adderall right now and is trying to establish with behavioral health.

She also has neuropathic symptoms chronically across the body including nonspecific cramping pain showing up at the level of the calves in addition to an intermittent numbness and tingling showing up in the lower extremities in general. Additionally has "body temperature" changes.

Has followed with ophthalmology more recently and had an evaluation highly suggestive of thyroid eye disease. Does have upcoming follow-up with endocrinology. Last TSH was actually normal, although there was slightly elevated TPO antibodies. At one point did have TSH around 7.

ROS

14pt ROS negative other than what was reviewed by HPI

Current Outpatient Medications

Medication	Instructions
• amphetamine-dextroamphetamine (ADDERALL) 20 mg tablet	20 mg, oral, 3 times daily
• amphetamine-dextroamphetamine (ADDERALL) 20 mg tablet	20 mg, oral, 3 times daily
• buprenorphine-naloxone (Suboxone) 8-2 mg per SL film	1 Film, Daily
• folic acid (FOLVITE)	1,000 mcg, oral, Daily
• ibuprofen (MOTRIN)	800 mg, oral, Every 6 hours PRN
• meloxicam (MOBIC)	15 mg
• methotrexate	10 mg, oral, Weekly
• ondansetron (ZOFTRAN-ODT)	4 mg, oral, Every 8 hours PRN, Allow to dissolve under tongue.
• pantoprazole (PROTONIX)	40 mg, oral, Daily

Social Hx:

Social History

Tobacco Use

- Smoking status: Former
- Smokeless tobacco: Never

Vaping Use

- Vaping Use: Never used

Substance Use Topics

- Alcohol use: Not Currently
- Drug use: Never

Comment: Drug use: Denies

Family Hx:

Family History

Problem	Relation	Name	Age of Onset
• Stroke	Father		
• Stroke	Maternal Grandmother		
• Stroke	Paternal Grandmother		
• Stroke	Maternal Grandfather		
• Stroke	Paternal Grandfather		



Objective

Blood pressure (!) **143/92**, pulse 81, weight 59 kg (130 lb).

Physical Exam

Constitutional:

Appearance: Normal appearance.

HENT:

Mouth/Throat:

Comments: **No teeth**

Eyes:

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

Cardiovascular:

Rate and Rhythm: Normal rate.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal.

Breath sounds: Normal breath sounds. No wheezing or rales.

Skin:

General: Skin is warm and dry.

Neurological:

Mental Status: She is alert.

Sensory: No sensory deficit.

Psychiatric:

Mood and Affect: Mood normal.

Musculoskeletal:

Hands: FROM. Some tenderness across MCP 2 through 5 in addition to PIP 2 through 5. Mild fullness noted at PIP 2 through 4 bilaterally

Wrists: FROM. No warmth, swelling, or tenderness.

Elbows: FROM. No warmth, swelling, or tenderness.

Shoulders: Full ABduction and isolated external ROM without pain

Knees: FROM with flexion/extension. Mild bilateral TTP. No effusion or synovitis appreciated . No swelling. No warmth.

Ankles: FROM with dorsi/plantar flexion, no swelling or tenderness

Feet: MTP squeeze negative

Labs:

1/28/2020

Synovial fluid:

Cell count: 1878 nucleated cells (0 polys, 49 lymph, 51 macrophage, 0 eos), rare RBC

No crystals under normal or polarized light

Gram stain: no WBC, NOS

Culture: no growth in 56-72 hours (aerobic), no anaerobic growth in 72 hours

7/9/2020

dsDNA 3

RNP <0.2

Smith <0.2

Scl-70 <0.2

SSA <0.2

SSB <0.2

Chromatin <0.2

Jo-1 <0.2

Centromere B <0.2
HLA-B27 negative
CK 56
CRP <1
Hepatitis panel negative
QuantiFERON gold negative

6/19/2020

ANA direct negative
RF <10.0
Uric acid 4.9
ESR 11

2/12/2020

ANA direct negative
RF 10.0
CCP 14
ESR 13
CRP <1
Uric acid 4.9
Endomysial ab negative
Lyme IgG+IgM <0.91
TSH 7.090

Imaging:

Outside XR Left Hand 4/2021

Mild degenerative change of the first CMC joint noted and second MCP joint. There is no evidence for fracture or bony destruction. The soft tissues are unremarkable.

Outside XR Left Wrist 10/2019

1. Mild soft tissue swelling about the radial side of the wrist.
2. No fractures, dislocations, or significant degenerative changes.

Outside XR C-Spine 8/2018

FINDINGS: A single crosstable lateral view demonstrates interim C4-C6 ACDF.



Assessment/Plan

1. Inflammatory polyarthritis

-Widespread peripheral and axial manifestations; suspect some component of inflammatory descriptors (worse at night, stiffness, swelling); exam with minimal areas of joint fullness across the hands

-I suspect that there is some component of an inflammatory arthritis; however, I am not sure all pain stems from inflammation. Patient does have a known history of PTSD and anorexia related to childhood trauma, and this could have a psychosomatic manifestation

-Update inflammatory markers and monitoring lab work today

-Structural imaging of the hand/wrist, SI joints, and spine today

**Consideration of bilateral hand/wrist ultrasound if no evidence of active inflammation by work-up noted above; this would be to help a catalog residual inflammation

**Would continue with methotrexate 4 tabs weekly with daily folic acid for now

**Additional treatment recommendations after work-up above

2. Chronic Lower Back Pain

-Notably with a history of axial disease as well; does have a history of cervical fusion already, and now more recently with lower back and buttock space pain/discomfort

-With concerning features of axial spondyloarthritis or PsA, have to be concerned about an axial component to seronegative spondylarthritis, and I will add SI and lumbar films today

**May need considerations of MRI of the pelvis to look for active sacroiliitis

3. Encounter for medication monitoring

Methotrexate

HBV/HCV/HIV today

Diagnoses and all orders for this visit:

Inflammatory polyarthritis (CMS/HCC)

- Sedimentation Rate (ESR); Future
- C-Reactive Protein (CRP); Future
- Comprehensive Metabolic Panel; Future
- CBC with Differential; Future

- Hepatitis C Virus (HCV) Antibody Screen With Confirmation; Future
- Hepatitis B Panel With Confirmation; Future
- HIV Screen with Reflex to Confirmation; Future
- Appointment Follow Up Request
- folic acid (FOLVITE) 1 mg tablet; Take 1 tablet (1,000 mcg total) by mouth Once Daily.
- methotrexate 2.5 mg tablet; Take 4 tablets (10 mg total) by mouth once a week.

Chronic bilateral low back pain without sciatica

- Appointment Follow Up Request

Encounter for medication monitoring

- Appointment Follow Up Request

RTC 6 weeks

Electronically signed:

William Douglas Baker, MD

6/6/2023 5:23 PM