INDICATION

The patient is a 75-year-old female with diabetes who presents with diabetic neuropathy. The patient is assessed for loss of peripheral sensation. This patient also has other risk factors for the development of atherosclerotic peripheral vascular disease including hypertension and hyperlipidemia. The patient complains of muscle cramping at night. The patient’s skin appears dry with pre-tibial hyperpigmentation and mottled appearance. The patient presents with bilateral medial bunions. The patient does not complete daily foot inspections. The patient arrived to the clinic with inappropriate/non-protective footwear to today’s appointment.

Sudomotor testing was performed using galvanic skin response methodology to evaluate C-fiber function and microcirculatory autonomic response in the lower extremities. Electrodes were placed at standardized locations on both feet, and controlled electrical stimuli were applied to measure sweat peak amplitude (mV) and nitric oxide response (mV).

TECHNIQUE

Galvanic skin response was obtained bilaterally at the feet using standardized electrode placement. Controlled electrical stimuli were applied to evaluate both sweat peak (C-fiber mediated cholinergic response) and nitric oxide peak (endothelial microcirculatory response).

FINDINGS

C-FIBER RESPONSE (SWEAT PEAK, mV):

Left Foot: 1216 mV (Inflammation; abnormal range)

Right Foot: 1229 mV (Inflammation; abnormal range)

Interpretation: Both feet show elevated sweat peak values consistent with inflammatory response. This suggests C-fiber autonomic dysfunction with evidence of peripheral neuropathy changes.

MICROCIRCULATORY RESPONSE (NITRIC OXIDE PEAK, mV):

Left Foot: 1177 mV (Normal range)

Right Foot: 1241 mV (Normal range)

Interpretation: Microcirculatory response remains preserved bilaterally, indicating normal endothelial-mediated vasodilation and nitric oxide function.

ASSESSMENT

Based on the SweatC clinical studies:

Sweat Response Evaluation: Inflammation

Microcirculatory Response: Normal

Findings are consistent with early autonomic dysfunction affecting cholinergic C-fibers, while microvascular nitric oxide–mediated function remains preserved.

GRAPHICAL REVIEW

Waveform tracings demonstrate reproducible sweat peak and nitric oxide peak responses. Tier grading corresponds with abnormal C-fiber response in both feet, while nitric oxide values remain in the green/normal range. Graphical review confirms consistency of signal quality without technical artifact.

IMPRESSION

BILATERAL C-FIBER AUTONOMIC DYSFUNCTION WITH SWEAT PEAK ABNORMALITIES CONSISTENT WITH INFLAMMATION.

PRESERVED NITRIC OXIDE–MEDIATED MICROCIRCULATORY RESPONSE BILATERALLY.

FINDINGS ARE CONSISTENT WITH EARLY AUTONOMIC NEUROPATHY IN THE SETTING OF DIABETES.

MEDICAL NECESSITY STATEMENT

Sudomotor testing is medically necessary in this patient with diabetes mellitus and symptoms of autonomic neuropathy. The findings of abnormal sweat peak responses support the presence of small fiber/autonomic dysfunction. Given her vascular risk factors, including hypertension and hyperlipidemia, early recognition of autonomic neuropathy is important for guiding management and preventing complications.

FINAL INTERPRETATION

BILATERAL SUDOMOTOR DYSFUNCTION WITH ABNORMAL C-FIBER RESPONSE (SWEAT PEAK) INDICATING INFLAMMATION.

NORMAL NITRIC OXIDE–MEDIATED MICROCIRCULATORY RESPONSE.

OVERALL PATTERN SUGGESTS EARLY AUTONOMIC NEUROPATHY WITH PRESERVED MICROVASCULAR FUNCTION.

RECOMMENDATIONS

An effort should be made to have optimal glycemic control and regular exercise. Combined, this may benefit the patient as it can reduce the risk of progression of autonomic neuropathy and may reverse it.

Risk factor modification including strict blood pressure and lipid control is advised to reduce the risk of progressive atherosclerotic disease.

The patient should be counseled regarding the importance of appropriate protective footwear and daily foot inspections.

Follow-up sudomotor testing/evaluation in one year is advised.

NOTE: THE PATIENT HAD A SAME DAY BILATERAL LOWER EXTREMITY ARTERIAL DUPLEX STUDY. (RADIOLOGIST TO DICTATE REGARDING THAT STUDY).

ICD-10 CODES:

E11.43: Diabetes mellitus with autonomic (diabetic) neuropathy

R20.2: Paresthesia of skin

R25.2: Muscle cramps

I10: Hypertension

E78.5: Hyperlipidemia

Thank you for the referral.

Would you like me to also mirror-format this into a Dragon-friendly version (flattened spacing, ready for direct dictation into Ramsoft) alongside this structured template?

You said:

yes

ChatGPT said:

Perfect — here’s the Dragon-friendly dictation version of the same report. I’ve flattened out spacing, kept section headers intact, avoided unnecessary line breaks, and made sure it’s streamlined for direct use in Ramsoft/Dragon without losing your memorized structure.

SUDOMOTOR FUNCTION TEST

Referring Physician: Dr. Tiffany Willis

INDICATION

The patient is a 75-year-old female with diabetes who presents with diabetic neuropathy. The patient is assessed for loss of peripheral sensation. This patient also has other risk factors for the development of atherosclerotic peripheral vascular disease including hypertension and hyperlipidemia. The patient complains of muscle cramping at night. The patient’s skin appears dry with pre-tibial hyperpigmentation and mottled appearance. The patient presents with bilateral medial bunions. The patient does not complete daily foot inspections. The patient arrived to the clinic with inappropriate and non-protective footwear to today’s appointment. Sudomotor testing was performed using galvanic skin response methodology to evaluate C-fiber function and microcirculatory autonomic response in the lower extremities. Electrodes were placed at standardized locations on both feet, and controlled electrical stimuli were applied to measure sweat peak amplitude in millivolts and nitric oxide response in millivolts.

TECHNIQUE

Galvanic skin response was obtained bilaterally at the feet using standardized electrode placement. Controlled electrical stimuli were applied to evaluate both sweat peak, representing C-fiber mediated cholinergic response, and nitric oxide peak, representing endothelial microcirculatory response.

FINDINGS

C-fiber response, sweat peak: Left foot 1216 millivolts, abnormal and consistent with inflammation. Right foot 1229 millivolts, abnormal and consistent with inflammation. Interpretation: Both feet show elevated sweat peak values consistent with inflammatory response. This suggests C-fiber autonomic dysfunction with evidence of peripheral neuropathy changes.

Microcirculatory response, nitric oxide peak: Left foot 1177 millivolts, normal range. Right foot 1241 millivolts, normal range. Interpretation: Microcirculatory response remains preserved bilaterally, indicating normal endothelial-mediated vasodilation and nitric oxide function.

ASSESSMENT

Based on the SweatC clinical studies: Sweat response evaluation: inflammation. Microcirculatory response: normal. Findings are consistent with early autonomic dysfunction affecting cholinergic C-fibers, while microvascular nitric oxide–mediated function remains preserved.

GRAPHICAL REVIEW

Waveform tracings demonstrate reproducible sweat peak and nitric oxide peak responses. Tier grading corresponds with abnormal C-fiber response in both feet, while nitric oxide values remain in the green or normal range. Graphical review confirms consistency of signal quality without technical artifact.

IMPRESSION

BILATERAL C-FIBER AUTONOMIC DYSFUNCTION WITH SWEAT PEAK ABNORMALITIES CONSISTENT WITH INFLAMMATION.

PRESERVED NITRIC OXIDE–MEDIATED MICROCIRCULATORY RESPONSE BILATERALLY.

FINDINGS ARE CONSISTENT WITH EARLY AUTONOMIC NEUROPATHY IN THE SETTING OF DIABETES.

MEDICAL NECESSITY STATEMENT

Sudomotor testing is medically necessary in this patient with diabetes mellitus and symptoms of autonomic neuropathy. The findings of abnormal sweat peak responses support the presence of small fiber and autonomic dysfunction. Given her vascular risk factors, including hypertension and hyperlipidemia, early recognition of autonomic neuropathy is important for guiding management and preventing complications.

FINAL INTERPRETATION

BILATERAL SUDOMOTOR DYSFUNCTION WITH ABNORMAL C-FIBER RESPONSE INDICATING INFLAMMATION.

NORMAL NITRIC OXIDE–MEDIATED MICROCIRCULATORY RESPONSE.

OVERALL PATTERN SUGGESTS EARLY AUTONOMIC NEUROPATHY WITH PRESERVED MICROVASCULAR FUNCTION.

RECOMMENDATIONS

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NOTE: THE PATIENT HAD A SAME DAY BILATERAL LOWER EXTREMITY ARTERIAL DUPLEX STUDY. (RADIOLOGIST TO DICTATE REGARDING THAT STUDY).

Thank you for the referral.

ICD-10 CODES

E11.43: Diabetes mellitus with autonomic diabetic neuropathy. R20.2: Paresthesia of skin. R25.2: Muscle cramps. I10: Hypertension. E78.5: Hyperlipidemia.