Name: Jamar Little | DOB: 6/13/1986 | MRN: 111012202087 | PCP: Naveed Muhammad, MD | Legal Name: Jamar Little

Progress Notes

Katy Y. Hassan at 2/22/2024 11:45 AM

Cc: Follow-up, recurrent tonsillitis

Jamar Little is a 37 y.o. male with OSA on CPAP who returns today to discuss concerns regarding recurrent tonsillitis.

HPI: Patient reports having developed a sore throat around 1/7/2021. He was seen in ICC and was discharged with amoxicillin for acute pharyngitis. He subsequently saw Dr Bove on 2/8 and underwent endoscopy which demonstrated no signs of acute infection. Persistent sore throat was suspected to be d/t sleep apnea. Patient returned to the ICC on 2/24 with the complaint of a worsening sore throat, exudates, and left sided submandibular space swelling. POC strep was positive. He was prescribed Augmentin BID x 10 days which alleviated his symptoms. A poorly defined area of hypoechogenicity was seen in the left submandibular gland during his 2/25/2020 office visit in addition to enlarged cervical nodes and follow-up in 3 weeks was advised. He subsequently completed a CT neck which demonstrated no abnormality at the site of concern. He was subsequently lost to follow-up.

Today: Patient notes that he delayed following up due to losing his job and insurance coverage. Since his LOV, he notes recurrent episodes of strep tonsillitis with 6 episodes per year, tonsil stones, heartburn, and regurgitating stomach contents when coughing. Patient reports taking pepcid and tums for symptom relief but remains bothered by his symptoms. The patient has dyspnea, hoarseness, referred otalgia, fever, chills, unintentional weight loss, night sweats.

Allergies: No Known Allergies
Medications:

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.		
• ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	0
• lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	0

No current facility-administered medications for this visit.

PMH:

Past Medical History:

Diagnosis	Date
• Heart murmur	
• Multiple gastric ulcers	

Patient Active Problem List

Diagnosis
- Cervical lymphadenopathy
- Submandibular gland swelling

- Streptococcal tonsillitis
- Tonsillar hypertrophy
- Submandibular gland mass

PSH: No past surgical history on file.
FH:

Family History

Problem	Relation	Age of Onset
• Diabetes	Mother	
• Other (free text) ("nerve issues")	Mother	
arm pain - probable spinal cord stimulator		
• Migraines	Brother	
• Other (free text) (gastric ulcers)	Brother	
• No Known Problems	Maternal Grandmother	
• No Known Problems	Maternal Grandfather	

SH:

Social History

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics
- Alcohol use: Not Currently
- Drug use: Not Currently
  Types: Marijuana

Review of systems (ROS): Pertinent findings are in the history above.

Lab Review:

Component *Latest Ref Rng & Units*	2/24/2021
POC Strep Antigen, Group A *Negative*	Positive (A)
Internal Control	Valid

4/7/2021 CT SOFT TISSUE NECK W CONTRAST
FINDINGS:
Pharynx/larynx: There is mild adenotonsillar hypertrophy. No focal asymmetric soft tissue lesion is identified along the visualized aerodigestive tract.

Oral cavity: Evaluation of the oral cavity is limited by artifact. The visualized portions of the oral tongue and floor of mouth are intact.

Glands: Within the limitations of artifact, no definite lesion is identified in the submandibular or parotid salivary glands. A region of apparent hyperenhancement at the superior aspect of the left submandibular gland is likely due to beam hardening artifact from the adjacent mandible (series 5/image 49; series 6 image 73). There is no evidence of abnormal stranding surrounding the salivary glands. There is a 2 mm hypoattenuating nodule in the thyroid isthmus (series 5/image 52).

Cervical soft tissues: A right level Ia lymph node measures 11 mm (series 3/image 30). A right level IIa lymph node measures 16 mm (series 3/image 29). A left level IIa lymph node measures 15 mm (series 3/image 28). A left level Ia lymph node measures 10 mm (series 3/image 28).

There is a left maxillary sinus retention cyst. The visualized mastoid air cells are clear. There are small anterior endplate osteophytes at T3-T4 and T4-T5. There is

straightening of the cervical lordosis.

IMPRESSION:
1. No definite left submandibular mass lesion is identified. Clinical follow-up is recommended. If there is continued clinical concern for a submandibular mass lesion, MR imaging of the salivary glands with and without contrast would be recommended for further characterization.
2. Prominent and mildly enlarged bilateral level IIa and bilateral level Ia lymph nodes are likely reactive.

Physical Examination:
There were no vitals filed for this visit.
- General: well-developed well-nourished, no acute distress
- Head: normocephalic, atraumatic
- Psych: patient is A&Ox 3, mood and affect are appropriate.
- Eyes: sclera anicteric, PERRLA, EOMI. No conjunctivitis or injection.
- Neck: supple, symmetric. US survey of the neck demonstrates bilateral level 2A nodes which measure <1.5cm and demonstrate echogenic fatty hila.
- Thyroid examination demonstrates no nodularity.
- Salivary glands: parotid glands are non-enlarged. Submandibular glands demonstrate an unremarkable appearance on US survey.
- Neurologic: face is symmetric
- Voice: clear, no stridor or stertor
- Oral cavity: tongue, lips, palate, buccal mucosa and floor of mouth without lesions. Dentition is in good repair.
- Posterior oropharynx: No oropharyngeal lesions. Tonsils are 2-3+ and cryptic but without exudates.

Opinion/Recommendations:
1. Recurrent tonsillitis
Patient reports difficulties with employment given the number of episodes of strep he has experienced and is interested in definitive management. He understands that removal of the tonsils would not necessarily cure his OSA. The risks and benefits of the surgery were reviewed with the patient in addition to the expected postoperative course, recovery and complications. He will schedule to consult with one of our surgeons to obtain her input regarding the procedure.

2. Reactive cervical nodes
Benign appearing level 2A nodes are noted on US survey and are favored to be reactive. Follow-up PRN.

3. Gastroesophageal reflux disease, unspecified whether esophagitis present
Patient reports GERD symptoms which aren't well managed currently with H2 blocker. Will refer to GI for EGD.
- GASTROENTEROLOGY CLINIC REFERRAL; Future

Patient Instructions

Katy Y. Hassan at 2/22/2024 11:45 AM

Dr Whitney Liddy 312-695-8182, referred by Katy