Student Note ID: 173

# Chief Complaint

Annual Exam, Left under arm pain

# History of Presenting Illness

Mr. S is a 70 year old male presenting today for an annual wellness exam. He is accompanied by his fiance. He has no major concerns but he mentions some left under arm tenderness. The patient first noticed slight swelling under his arm about 4 weeks ago. He says that it does not hurt much now and that there is only mild tenderness over the area. His fiance mentions that he fell from a fire truck and was hanging on using that arm around the time of onset. He says that he still has full range of motion. He denies any pain, bruising, swelling, and skin changes around the area. He denies joint pain, joint swelling, muscle stiffness and neck pain. He does not take any medication for the pain. There is nothing that makes the pain better or worse. He states that he was just wanting to make sure that nothing was wrong.

# Review of Systems

General: Patient denies fever, chills, weight loss or weight gain.   
  
Skin: Patient denies changes in hair, nails, moles, loss of pigment, rashes, itching, and hives.   
  
Head: Patient states that he has been having occasional mild, unilateral headaches that have been occurring ever since he had COVID in 2020. Patient denies dizziness or trauma.  
  
Eyes: Patient is experiencing some blurry vision due to cataracts. Patient denies diplopia, spots in vision/floaters, discharge, pain, and redness.   
  
Ears: Patient does not wear hearing aids, but endorses hearing changes. Patient denies earaches, discharge, and tinnitus.   
  
Nose: Patient denies congestion, loss of smell, nosebleeds, or rhinorrhea.   
  
Mouth/Throat: Patient denies dentures, bleeding gums, hoarseness, sore throat, and tooth pain.  
  
Neck: Patient denies any new lumps or masses, pain, stiffness, and swollen glands.  
  
Breasts: Patient denies any new lumps, skin changes, nipple discharge, and pain.   
  
Respiratory: Patient denies cough, dyspnea, pleuritic pain, snoring, and wheezing.   
  
Cardiovascular: Patient denies chest pain/pressure, palpitations, dyspnea on exertion, orthopnea, or paroxysmal nocturnal dyspnea (PND). Patient also denies edema, claudication, sores, and ulcers.  
  
Gastrointestinal: Patient denies loss of appetite, nausea, vomiting, abdominal pain, dysphagia, odynophagia, heartburn, change in stool color/caliber, melena, hematochezia, hemorrhoids, diarrhea, and constipation.  
  
Urinary: Patient denies hematuria, changes in frequency, urgency, nocturia, dysuria, hesitancy, and incontinence.   
  
Genital: Patient has history of erectile dysfunction well controlled with current medication mentioned below. Patient denies penile discharge, testicular masses, and pain.  
  
Musculoskeletal: Patient endorses muscle tenderness per HPI. Patient denies joint pain/stiffness, muscle weakness, and leg cramps.  
  
Neurological: Patient denies syncope/seizures, weakness/paralysis, numbness/tingling, tremors, and poor balance.   
  
Hematologic: Patient denies easy bruising and free bleeding.  
  
Endocrine: Patient denies polyuria, polydipsia, polyphagia. Patient denies heat or cold intolerance. Patient denies changes in glove or shoe size.   
  
Psychiatric: Patient denies nervousness/anxiety, sadness/depression, memory changes, sleep changes, suicide attempts or hallucinations.

# History

## Past Medical History

Atherosclerosis (2013), hypertension (2012), asthma (2021- only flares up with cotton and pollen allergies, well controlled on albuterol inhaler), benign prostatic hyperplasia (2017), degeneration of intervertebral disc of lumbar region (2011- patient had an MRI showing a herniated L5 disc, patient is doing good now), male erectile disorder (2015- well controlled on tadalafil), chronic headaches (2021- patient states that these started after having COVID in 2020. He still gets unilateral left sided headaches occasionally but they go away without medication), seasonal allergies (2021- cotton and pollen), chronic knee pain (2021-right knee), polycythemia (2021)

## Past Surgical History

• Appendectomy- 1978  
  
• Colonoscopy- 10/15/2019

## Medications

Albuterol 90 mcg/puff inhaler- for asthma and seasonal allergies to cotton and pollen  
  
Tadalafil 10 mg tablet- for erectile dysfunction

## Allergies

Penicillins- Reaction was unknown by patient   
  
Seasonal- cotton and pollen

## Family History

• Mother: Heart attack, rheumatic fever- patient was unsure age of onset    
  
• Father: Suicide- patient was unsure age of onset    
  
• Sister: Alzheimer's disease-patient was unsure age of onset    
  
• Sister: Breast Cancer-patient was unsure age of onset    
  
• Brother: Dementia-patient was unsure age of onset

## Social History

The patient lives at home in West Texas with his girlfriend. They are now engaged and plan to get married this summer. He has an adopted daughter who resides in Dickens, TX and a biological son who resides in Jayton, TX. He is sexually active with girlfriend. The patient feels safe at home. He completed three years of college and works as a County Commissioner and rancher. He enjoys driving trucks and taking care of cattle on his ranch. He does not exercise outside of work. The patient has never smoked cigarettes, but is a former user of smokeless tobacco (chew). He drinks 1 alcoholic beverage (can of beer) a week.

# Physical Exam

## Vitals

Heart Rate: 62, Blood Pressure: 140/62  
 Respiratory Rate: 18, O2 Sat: 98%  
 Weight: 155 lbs, Height: 5'8"

## Exam

General  
  
Mr. S appears to be in a good state of health overall. He is alert, responsive and is showing no signs of distress. He is of average height, build and weight. No underlying pallor. He is appropriately  
  
dressed with good grooming and hygiene. There are no odors of breath and body. He is seated comfortably in the exam chair.   
  
  
  
HEENT  
  
Head: Normocephalic, atraumatic  
  
Eyes: Conjunctiva pink, sclera white. Visual fields full and symmetric. Extraocular motion intact. Pupils equal, round, and reactive to light.   
  
Ears: Ear canals patent, tympanic membranes pearly gray with good cone of light.   
  
Nose: nasal mucosa pink, septum midline, sinuses non-tender  
  
Oropharynx: oral mucosa pink, dentition good, tongue midline, tonsils intact, pharynx without exudates  
  
Neck: Neck supple, trachea midline. Thyroid isthmus and lobes palpable. No lymphadenopathy in  
  
occipital, pre-auricular, posterior auricular, submandibular, submental, anterior cervical, posterior  
  
cervical, and supraclavicular nodes  
  
Pulmonary/Thorax: thorax symmetric with good expansion. Lung sounds clear to auscultation  
  
Cardiac: Good S1, S2, no murmurs or extra sounds  
  
Abdomen: Abdomen is nondistended. Bowel sounds active in all quadrants. Soft, not tender to palpation and no rebound tenderness. No rigidity. Spleen edge non-palpable. No CVA tenderness. Abdominal aorta palpable, not enlarged.  
  
Vascular: 2+ pulses: radial, brachial, posterior tibial, dorsalis pedis. No edema present.

# Data

No labs, imaging or procedures done at this visit.

# Assessment and Plan

## Summary Statement

This is a 70 year old male, who is presenting today for his annual exam and mild left under arm tenderness.  
 The patient has a pertinent history of erectile dysfunction, seasonal allergies/asthma, vision changes due to cataracts, and hearing loss in both ears.  
 Patient's exam is remarkable for mild tendonitis of left under arm, hearing loss in both ears, and vision changes due to cataracts.  
 Patient's data is remarkable for No labs, imaging, or procedures done at this visit.

### Problem 1:

Mild tenderness of left under arm

### Differential DX:

Tendonitis- I believe that the tenderness the patient is experiencing is most likely tendonitis. Due to the history of the pain starting after hanging from a truck, the pain being minimal, and the patient having dull range of motion, it seems as if the tendon possibly got overstretched and is causing mild tenderness when the patient is overusing that arm.  
  
  
  
Tendon rupture- I think that tendon rupture is unlikely. The patient describes the tenderness to be extremely minimal and on physcial examination, you can see that the tendon is still intact. There is no drooping of the patient's chest or shoulder. The patient did not feel or hear a pop when the injury occurred which also makes tendon rupture less likely.

### Diagnostic Plan:

The tendonitis is most likely from trauma. Patient was hanging from a fire truck four weeks ago. He has full range of motion and the pain is minimal.

### Treatment Plan:

Patient was advised to rest, avoid lifting heavy objects, and to avoid hanging motion with that arm.

### Problem 2:

Seasonal Allergies to Cotton and Pollen

### Differential DX:

The patient was diagnosed with this problem in 2021.

### Diagnostic Plan:

### Treatment Plan:

Take over the counter medications when needed. The patient was also prescribed albuterol 90 mcg/puff inhaler that can be used as needed.

### Problem 3:

Asthma

### Differential DX:

The patient was diagnosed with this problem in 2021.

### Diagnostic Plan:

### Treatment Plan:

The patient was prescribed albuterol 90 mcg/puff inhaler that can be used as needed (same treatment that is to be used for his seasonal allergies).

### Problem 4:

Hearing loss in both ears

### Differential DX:

Presbycusis- I think presbycysis is highly likely due to the patient's age and the hearing loss being bilaterally. His girlfriend also said that she has noticed the hearing loss has gradually progressed over time. The patient also said that the hearing loss is only during certain times, which would make sense because presbycusis is sensorineural hearing loss, usually of high frequency sounds.   
  
  
  
Traumatic Sensorineural hearing loss- I would include this on the differential because the patient mentioned that he sometimes operates heavy machinery. This could lead to noise induced hearing loss. However, he did not mention that he is operating heavy machinery daily which leads me to think that this diagnosis is less likely.

### Diagnostic Plan:

Examine ears for any evidence of physical trauma or obstruction.

### Treatment Plan:

The patient was referred to audiology.

### Problem 5:

Erectile Dysfunction

### Differential DX:

This was diagnosed in 2015.

### Diagnostic Plan:

### Treatment Plan:

Well controlled. Continue patient on 10 mg of Tadalafil. Patient should take one tablet prior to sexual activity.

### Problem 6:

Vaccination against Streptococcus pneumoniae (pneumococcus)

### Differential DX:

The CDC recommends that all adults age 65 and older should receive vaccination against Strep penumoniae. If a healthy patient has previously received the PCV13 vaccine, they should receive the PPSV23 vaccine at least 1 year after receiving the PCV13 vaccine.

### Diagnostic Plan:

Patient received first preventative shot in 2013 (PCV13). He is due to receive his second vaccine.

### Treatment Plan:

The patient was agreed to receive the PPSV23 vaccine at clinic today which completes his vaccinations for Strep pneumoniae.

### Problem 7:

Vision changes due to cataracts

### Differential DX:

Patient was scheduled to have cataract surgery, but the surgery was postponed due to COVID. The appointment never got rescheduled and patient has not followed up with the office.

### Diagnostic Plan:

### Treatment Plan:

Patient was offered a referral, but he declined stating that he wants to call the office where the surgery was previously scheduled. He said that he will call and try to get that appointment scheduled as soon as he can.