

Vickie L Berry

Patient Health Summary, generated on May 09, 2025

Patient Demographics - Female; born Mar. 01, 195	Patient	Demogra	phics	- Female;	born	Mar.	01,	1953
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Patient Address Patient Name Communication

108 Western Avenue (Home) Vickie L Berry 574-721-6940 (Home)
LOGANSPORT, IN 46947 574-721-6940 (Mobile)
vickielynnberry@gmail.com

Former (Oct. 22, 2024 - Oct. 21, 2024): (Home)

Race / Ethnicity Marital Status

English (Preferred) White / Not Hispanic or Latino Married

Note from Acumen Nephrology

This document contains information that was shared with Vickie L Berry. It may not contain the entire record from Acumen Nephrology.

Allergies

Language

No known active allergies

Medications

amLODIPine (NORVASC) 5 MG tablet (Started 1/15/2020)

Take 5 mg by mouth 1 (one) time each day

clopidogrel (PLAVIX) 75 MG tablet

Take 75 mg by mouth 1 (one) time each day

levothyroxine (SYNTHROID, LEVOTHROID) 100 MCG tablet (Started 1/28/2020)

Take 100 mcg by mouth 1 (one) time each day

olmesartan (BENICAR) 40 MG tablet (Started 9/25/2024)

Take 40 mg by mouth 1 (one) time each day

pravastatin (PRAVACHOL) 20 MG tablet

Take 20 mg by mouth 1 (one) time each day

traZODone (DESYREL) 50 MG tablet

Take 50 mg by mouth every night

venlafaxine XR (EFFEXOR-XR) 150 MG 24 hr capsule

Take 300 mg by mouth 1 (one) time each day

omeprazole (PriLOSEC) 40 MG DR capsule

Take 40 mg by mouth 1 (one) time each day Do not crush or chew.

lactulose (CHRONULAC) 10 GM/15ML solution

Take 20 g by mouth

Calcium Carb-Cholecalciferol (CALCIUM 500 + D PO)

Take 1 tablet by mouth 1 (one) time each day

Active Problems				
Problem			Noted Date	Diagnosed Date
<u>Vertigo</u>			12/23/2024	
Other chronic pain			12/23/2024	
Mixed hyperlipidemia			12/23/2024	
Mixed anxiety and depressive d	<u>lisorder</u>		12/23/2024	
Iron deficiency anemia			12/23/2024	
History of malignant basal cell r	neoplasm of skin		12/23/2024	
History of cerebrovascular accid	dent without residual deficits		12/23/2024	
<u>Hemorrhoid</u>			12/23/2024	
Gastroesophageal reflux disease	<u>e</u>		12/23/2024	
<u>Cough</u>			12/23/2024	
<u>Intracranial aneurysm</u>			12/23/2024	
Bilateral cataracts			12/23/2024	
Essential hypertension			12/23/2024	
<u>Aphasia</u>			12/23/2024	
<u>Carotid artery stenosis</u>			10/26/2023	
<u>Hypothyroidism</u>			03/18/2016	
	<u>010)</u> 10/23/2015, 11/14/2014, 11/18/2 11/27/2021, 3/8/2021, 2/4/2021)	<u>013)</u>		
Social History				
Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never		1 0010, 20,	10010 000	Bute
Smokeless Tobacco: Never				
Silioneics iosaeces.c.				
Alcohol Use	Standard Drinks/Week			
Never	0 (1 standard drink = 0.6 oz pur	e alcohol)		
	•			
Pregnant	Comments			
Unknown				
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Not on file		17 122 122 1 4 40 DI 1 EDT
<u>Legal Sex</u>		<u>Female</u>		10/22/2024 1:40 PM EDT
Gender Identity		Not on file		
Sexual Orientation		Not on file		
Last Filed Vital Signs				
Vital Sign	Reading	Time Taken		Comments
Blood Pressure	<u>146/80</u>	01/13/2025	2:42 PM EST	
<u>Pulse</u>	<u>103</u>	01/13/2025	2:42 PM EST	
Temperature	-	-		
Respiratory Rate	<u>16</u>	01/13/2025	2:42 PM EST	
	070/		2.42 DM FCT	

01/13/2025 2:42 PM EST

01/13/2025 2:42 PM EST

01/13/2025 2:42 PM EST

01/13/2025 2:42 PM EST

Oxygen Saturation

Body Mass Index

<u>Weight</u>

<u>Height</u>

Inhaled Oxygen Concentration

<u>97%</u>

<u>30.73</u>

81.2 kg (179 lb)

162.6 cm (5' 4")

<u>GENERAL LABS - Final r</u>	<u>esult (01/15/2025 10:25</u>	AM EST)		
	Anatomical Location /	-		
Specimen (Source)	Laterality	Volume	Collection Time	Received Time
			01/15/2025 10:25 AM	01/15/2025 10:25 AM
			<u>EST</u>	<u>EST</u>
Narrative				
IHIE - 01/15/2025 1:				
<u>Lab</u> U Microalb/Creat	Result	Units Range	Flag	
U Microalb	1	mg/dL		
<u>U Creatinine</u> U Microalb/Creat Rat	168 io 6	mg/dL mg/g Cr	0-29	
Normal: 0 - 29 Moder	ately increased: 30 -	300 Severely incre		
<u>Logansport Memorial</u>	<u>Hospital 1101 Michiga</u>	n Avenue Logansport	:, IN 46947	
Authorizina Drovidor	Dogult Turo	Dogult Ctatus		
Authorizing Provider Melissa Anderson	Result Type LAB HISTORICAL-	Result Status Final Result		
<u>Melissa Anderson</u>	CONVERSIONS-	<u>rillai Resuit</u>		
	UNSOLICITED RESULTS			
Performing Organization	Address	City/State/ZIP Code	Phone Number	
<u>IHIE</u>			_	
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Narrative				
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<u>IHIE - 01/15/2025 1:</u> Lab	06 PM EST Result	Units Range	Flag	
<u>IHIE - 01/15/2025 1:</u> Lab <u>U Prot</u>	Result	Units Range	Flag	
<u>IHIE - 01/15/2025 1:</u> <u>Lab</u> <u>U Prot</u> U Protein	Result 13			
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<u>IHIE - 01/15/2025 1:</u> <u>Lab</u> <u>U Prot</u> U Protein	Result 13			
IHIE - 01/15/2025 1: Lab U Prot U Protein Logansport Memorial	Result 13 Hospital 1101 Michiga Result Type LAB HISTORICAL-	n Avenue Logansport		
IHIE - 01/15/2025 1: Lab U Prot U Protein Logansport Memorial Authorizing Provider	Result 13 Hospital 1101 Michiga Result Type LAB HISTORICAL- CONVERSIONS-	n Avenue Logansport Result Status		
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Results

Authorizing Provider	Result Type	Result Status	S		
Melissa Anderson	LAB HISTORICAL-	Final Result			
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	UNSOLICITED RESULTS				
Performing Organization	Address	City/State/Z	IP Code	Phone Number	
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Narrative IHIE - 01/15/2025 12 :	.01 DM ECT				
<u> </u>	Result	Units	Range	Flag	
UA w Micro if Ind					
<u>UA Appear</u> UA Color	Slightly Cloudy Yellow				
Hq AU	5.5				
UA Spec Grav	1.025				
UA Glucose	Negative 	mg/dL			
UA Ketones UA Leuk Est	<u>Trace</u> Small	mg/dL			
UA Blood	Negative				
UA Nitrite	Negative				
UA Bili UA Protein	<u>Negative</u> Negative				
UA Urobilinogen	0.2				
UA Micro Ind?	Yes			NO A	
<u>UA Culture Indicated?</u> Breakpoint	? No No			No	
	Hospital 1101 Michigar	n Avenue Loc	gansport,	IN 46947	
		•	•		
Authorizing Provider	Result Type	Result Status	S		
Melissa Anderson	LAB HISTORICAL-	Final Result			
	CONVERSIONS-				
	UNSOLICITED RESULTS				
Performing Organization	Address	City/State/Z	IP Code	Phone Number	
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GENERAL LABS - Final re	•				
	Anatomical Location /		1ethod /		
Specimen (Source)	Laterality	Volume		Collection Time	Received Time
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Narrative 1HIE - 01/15/2025 11 :	·N2 AM EST				
	Result	Units	Range	Flag	
<u>Mg</u>		, .			
Magnesium Level	2.10 Hospital 1101 Michigar	mg/dL	1./0	-2.60 TN 46947	
Logarispor C Mellior rar 1	103prear 1101 Mrenigar	Avenue Log	janspore,	<u> 1N 40347</u>	
Authorizing Provider	Result Type	Result Status	S		
Melissa Anderson	LAB HISTORICAL-	Final Result	_		
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	UNSOLICITED RESULTS				
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Performing Organization	Address	City/State/Z	IP Code	Phone Number	
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GENERAL LABS - Edited	Result - FINAL (01/15/2	025 10:19 A	M EST)		
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	Anatomical Location /	Collection Method /		
Specimen (Source)	Laterality	Volume	Collection Time	Received Time
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			<u>EST</u>	<u>EST</u>
Narrative	-02 44 507			
<u>IHIE - 01/15/2025 11</u> Lab	<u>:UZ AM ESI</u> Result	Units Range	Flag	
Renal Pnl		_	_	
Albumin Level Anion Gap	4.6	g/dL	3.4-4.9	
BUN	22.0		.0-20.0 н	
<u>Creatinine Level</u> eGFR AA	1.03 64	mg/dL 0.! mL/min	<u>51-0.95</u> >=60	
	n Rate EstimationGFR			
	Decrease 15-29Stage			
	normal range of 45-59 be multiplied by 1.2			
	MDRD Equation, Nation	<u>al Kidney Foundatio</u>		
eGFR Non-AA	53 n Rate EstimationGFR	mL/min	>=60 L	
Range)Stage 4 Severe	Decrease 15-29Stage	> <u>=60 mi/min/1.73 m</u> 5 Kidnev Failure <:	<u>sq (Expected</u> 15Patients>70	
years of age have a	normal range of 45-59	mL/min/1.73m sq.*I ¹	<u>f patient is African</u>	
	be multiplied by 1.22 MDRD Equation, National			
Sodium Level	140.0		0-145.0	
Potassium Level	3.8	•	3.5-5.1	
Chloride Level CO2	103 28.0	mEq/L mmol/L 22	<u>98-107</u> .0-29.0	
Glucose Level	98	mg/dL	74-109	
Calcium Level	9.5 3.3		<u>.8-10.2</u> 2.5-4.5	
<u>Phosphorus Level</u> Logansport Memorial				
	-			
Authorizing Provider	Result Type	Result Status		
Melissa Anderson	LAB HISTORICAL-	Edited Result - Final		
	CONVERSIONS-			
	UNSOLICITED RESULTS			
Performing Organization	Address	City/State/ZIP Code	Phone Number	
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GENERAL LABS - Final r	esult (01/15/2025 10:19	AM EST)		
	Anatomical Location /	Collection Method /		
Specimen (Source)	Laterality	Volume	Collection Time	Received Time
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			<u>EST</u>	<u>EST</u>
NI=				
Narrative IHIE - 01/15/2025 10	·35 AM FST			
Lab	Result	Units Range	Flag	
auto Dritt				
Auto Diff Neutro Auto	53 4	%		
Auto Diff Neutro Auto Lymph Auto	53.4 36.7	% %		
Neutro Auto Lymph Auto Mono Auto	36.7 6.9	% %		
Neutro Auto Lymph Auto Mono Auto Eos, Auto	36.7 6.9 1.9	% % %		
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto	36.7 6.9	% % % %	67-8.47	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute	36.7 6.9 1.9 1.1 4.30 3.00	% % % % 3/mcL 1.0	03-4.84	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute Mono Absolute	36.7 6.9 1.9 1.1 4.30 3.00 0.60	%	03-4.84 27-0.98	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute Mono Absolute Eos Absolute Baso Absolute	36.7 6.9 1.9 1.1 4.30 3.00 0.60 0.20 0.10	% % % % 3/mcL 1.0 3/mcL 0.2 3/mcL 0.2 3/mcL 0.2	03-4.84 27-0.98 11-0.55 02-0.10	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute Mono Absolute Eos Absolute Baso Absolute	36.7 6.9 1.9 1.1 4.30 3.00 0.60 0.20	% % % % 3/mcL 1.0 3/mcL 0.2 3/mcL 0.2 3/mcL 0.2	03-4.84 27-0.98 11-0.55 02-0.10	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute Mono Absolute Eos Absolute Baso Absolute Logansport Memorial	36.7 6.9 1.9 1.1 4.30 3.00 0.60 0.20 0.10 Hospital 1101 Michigan	%	03-4.84 27-0.98 11-0.55 02-0.10	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute Mono Absolute Eos Absolute Baso Absolute Logansport Memorial Authorizing Provider	36.7 6.9 1.9 1.1 4.30 3.00 0.60 0.20 0.10 Hospital 1101 Michigal	%	03-4.84 27-0.98 11-0.55 02-0.10	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute Mono Absolute Eos Absolute Baso Absolute Logansport Memorial	36.7 6.9 1.9 1.1 4.30 3.00 0.60 0.20 0.10 Hospital 1101 Michigan Result Type LAB HISTORICAL-	%	03-4.84 27-0.98 11-0.55 02-0.10	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute Mono Absolute Eos Absolute Baso Absolute Logansport Memorial Authorizing Provider	36.7 6.9 1.9 1.1 4.30 3.00 0.60 0.20 0.10 Hospital 1101 Michigal Result Type LAB HISTORICAL- CONVERSIONS-	%	03-4.84 27-0.98 11-0.55 02-0.10	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute Mono Absolute Eos Absolute Baso Absolute Logansport Memorial Authorizing Provider	36.7 6.9 1.9 1.1 4.30 3.00 0.60 0.20 0.10 Hospital 1101 Michigan Result Type LAB HISTORICAL-	%	03-4.84 27-0.98 11-0.55 02-0.10	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute Mono Absolute Eos Absolute Baso Absolute Logansport Memorial Authorizing Provider	36.7 6.9 1.9 1.1 4.30 3.00 0.60 0.20 0.10 Hospital 1101 Michigal Result Type LAB HISTORICAL- CONVERSIONS- UNSOLICITED RESULTS	%	03-4.84 27-0.98 11-0.55 02-0.10	
Neutro Auto Lymph Auto Mono Auto Eos, Auto Basophil Auto Neutro Absolute Lymph Absolute Mono Absolute Eos Absolute Baso Absolute Logansport Memorial Authorizing Provider Melissa Anderson	36.7 6.9 1.9 1.1 4.30 3.00 0.60 0.20 0.10 Hospital 1101 Michigal Result Type LAB HISTORICAL- CONVERSIONS- UNSOLICITED RESULTS	% % % % 3/mcL 1.0 3/mcL 0.2 3/mcL 0.2 3/mcL 0.2 Result Status Final Result	03-4.84 27-0.98 11-0.55 02-0.10 t, IN 46947	

GENERAL LABS - Final re	esult (01/15/2025 10:19	AM EST)				
	Anatomical Location /	Collection M	ethod /			
Specimen (Source)	Laterality	Volume		Collection T	ime	Received Time
				01/15/2025	10:19 AM	01/15/2025 10:19 AM
				<u>EST</u>		<u>EST</u>
Narrative						
IHIE - 01/15/2025 10:						
Lab CBC w/ Diff	Result	Units	Range		<u>Flag</u>	
WBC	8.1	3/mcL	4.0-1			
<u>RBC</u> ндb	4.44 14.2	6/mcL g/dL	3.90-5 12.0-1			
RDW	13.2		11.0-1	L4.5	_	
Hct	42.0	%	36.0-4			
<u>MCH</u> MCHC	32.0 33.8	pg g/dL	27.0-3 31.0-3		_	
MCV	94.6	fL	81.0-9	99.0	<u> </u>	
MPV Platelets	9.1 294	fL 3/mcL	7.4-1 130-			
	Hospital 1101 Michigan				_	
A	D 1. T	D 1: 6				
Authorizing Provider	Result Type	Result Status				
Melissa Anderson	LAB HISTORICAL- CONVERSIONS-	<u>Final Result</u>				
	UNSOLICITED RESULTS					
	OTTO CLICITED TRESCETS					
Performing Organization	Address	City/State/ZI	P Code	Phone Num	ber	
<u>IHIE</u>				_		
	(TD) 0 = 1 1 1 10 14	= (0.00=)				
URINALYSIS (EXT LAB EN		5/2025)			- 6	
Component	Ref Value Range	Test Method		Analysis Time	Performed At	Pathologist Signature
Color, Urine	Yellow	iest Method		Tittle	At	rathologist signature
Clarity, Urine	Slightly					
Clarity, Office	Cloudy					
Urine Specific Gravity	1.025					
pH Urine	<u>5.5</u>					
Leukocyte Esterase UA	<u>Small</u>					
Nitrite, Urine	<u>Negative</u>					
<u>Protein, Urine</u>	<u>Negative</u>					
Glucose, Urine	<u>Negative</u>					
Ketones, Urine	<u>Trace</u>					
<u>Urobilinogen, Urine</u>	<u>0.2</u>					
<u>Bilirubin, Urine</u>	<u>Negative</u>					
Blood, Urine	<u>Negative</u>					
WBC, Urine	0-2					
RBC, Urine	0-2					
Bacteria, Urine	1+					
Epithelial Cells, (Ext Lab	<u>Many</u>					
Entry)						
	Anatomical Location /	Collection M	ethod /			
Specimen (Source)	Laterality	Volume		Collection T	ime	Received Time
<u>Urine</u>				01/15/2025		
N						
Narrative						
_						
Authorizing Provider	Result Type	Result Status				
Historical Provider	LAB URINE ORDERABLES	Final Result				

Ref Range Test Method Time At Pathologist Signature	CBC (INCLUDES DIFF/P	LT) (EXTERNAL	LAB ENT	RY) - Final result (01/15)	/2025)		
Marcon	050 (11.020 = =	<u> </u>		, , , , , , , , , , , , , , , , , , , ,		Performed	
Bed Blood Cell Count	Component	Value		Test Method			Pathologist Signature
Hemoslopin	WBC	<u>8.1</u>	K/uL				
Hematocrit 42.0	Red Blood Cell Count	<u>4.44</u>					
Hematocrit 42.0			g/dL				
MCV MCH 34.6 32.0 MCHC MCH 32.0 33.8 RDW MCH 32.0 33.8 RDW MCH 33.8 RDW MCH							
MCH 32.0 MCHC 33.8 BDW 13.2 Septimen (Source) Anatomical Location / Collection Method / Volume Collection Time Received Time Collection Time Collection Time Collection Time Collection Time Collection Time Collection Time Received Time Collection Time Collection Time Received Time Collection Time Recei							
MCHC 33.8							
Plate et Court 294							
Platelet Count MPY 9.1							
MPV 9.1							
Anatomical Location / Volume Collection Time Received Time							
Specimen (Source) Laterality Volume Collection Time Received Time	1711 -	<u>J</u>					
Specimen (Source) Laterality Volume Collection Time Received Time			cation /				
Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD ORDERABLES CBC (INCLUDES DIFF/PLT) (EXTERNAL LAB ENTRY) - Final result (01/15/2025) Ref Analysis Performed At Pathologist Signature WBC 8.1 K/v.u Red Blood Cell Count 4.44 Hemaglobin 14.2 g/dl. Hemadocrit 13.2 % MCV 42 MCH 32 MCH 32 MCHC 33.8 RDW 94.6 Platelet Count 9.1 MPY 294 Absolute Neutrophils 4.3 Absolute Impohocytes 3 Absolute Monocytes 0.60 Absolute Easinophils 0.10 Neutrophils 1.9 Basophils 1.1 Specimen (Source) Anatomical Location / Collection Method / Volume Collection Time Received Time Blood 01/15/2025 Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result		Laterality			Collection	Time	Received Time
Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD ORDERABLES CBC (INCLUDES DIFF/PLT) (EXTERNAL LAB ENTRY) - Final Result (01/15/2025) CBC (INCLUDES DIFF/PLT) (EXTERNAL LAB ENTRY) - Final result (01/15/2025) Ref Component Value Range Test Method Time At Pathologist Signature WBC 8.1 K/ML Red Blood Cell Count 4.44 Hemoglobin 14.2 g/dL Hematocrit 13.2 % MCV 42 MCH 32 MCHC 33.8 RDW 94.6 Platelet Count 9.1 MPY 294 Absolute Neutrophils 4.3 Absolute Imphocytes 0.60 Absolute Expinophils 0.20 Absolute Basophils 0.10 Neutrophils 1.9 Basophils 1.1 Specimen (Source) Anatomical Location / Collection Method / Volume Collection Time Received Time Blood 01/15/2025 Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result	Blood				01/15/202	<u>5</u>	
Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD ORDERABLES CBC (INCLUDES DIFF/PLT) (EXTERNAL LAB ENTRY) - Final Result (01/15/2025) CBC (INCLUDES DIFF/PLT) (EXTERNAL LAB ENTRY) - Final result (01/15/2025) Ref Component Value Range Test Method Time At Pathologist Signature WBC 8.1 K/ML Red Blood Cell Count 4.44 Hemoglobin 14.2 g/dL Hematocrit 13.2 % MCV 42 MCH 32 MCHC 33.8 RDW 94.6 Platelet Count 9.1 MPY 294 Absolute Neutrophils 4.3 Absolute Imphocytes 0.60 Absolute Expinophils 0.20 Absolute Basophils 0.10 Neutrophils 1.9 Basophils 1.1 Specimen (Source) Anatomical Location / Collection Method / Volume Collection Time Received Time Blood 01/15/2025 Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result	i .						
Authorizing Provider Historical Provider Historical Provider Historical Provider Historical Provider Historical Provider LAB BLOOD ORDERABLES Final Result	Narrative						
Historical Provider LAB BLOOD ORDERABLES Final Result CEC (INCLUDES DIFF/PLT) (EXTERNAL LAB ENTRY) - Final result (01/15/2025) Ref Range Test Method Time At Pathologist Signature WBC 8.1 K/uL Red Blood Cell Count 4.44 Hemoglobin 14.2 g/dL Hematocrit 13.2 % MCV 42 MCH 32 MCH 33.8 RDW 94.6 Platelet Count 9.1 MPV 294 Absolute Neutrophils 4.3 Absolute Neutrophils 4.3 Absolute Improved Signature Signa	_						
Historical Provider LAB BLOOD ORDERABLES Final Result CEC (INCLUDES DIFF/PLT) (EXTERNAL LAB ENTRY) - Final result (01/15/2025) Ref Range Test Method Time At Pathologist Signature WBC 8.1 K/uL Red Blood Cell Count 4.44 Hemoglobin 14.2 g/dL Hematocrit 13.2 % MCV 42 MCH 32 MCH 33.8 RDW 94.6 Platelet Count 9.1 MPV 294 Absolute Neutrophils 4.3 Absolute Neutrophils 4.3 Absolute Improved Signature Signa	Authorizina Provider	Result Type		Result Status			
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CBC (INCLUDES DIFF/PLT) (EXTERNAL LAB ENTRY) - Final result (01/15/2025) Ref Range Test Method Time At Pathologist Signature WBC 8.1 K/uL Red Blood Cell Count 4.44 Hemoglobin 14.2 g/dL Hematocrit 13.2 % MCV 42 MCH 32 MCHC 33.8 RDW 94.6 Platelet Count 9.1 MPY 294 Absolute Neutrophils 4.3 Absolute Neutrophils 0.20 Absolute Basophils 0.10 Neutrophils 53.4 K/uL Lymphocytes 6.9 Eosinophils 1.9 Basophils 1.1 Anatomical Location / Collection Method / Volume Collection Time Received Time Blood Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result	Historical From Se.	· · · · · · · · · · · · · · · · · · ·		I III ai Nesan			
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Marative							
Component Value Range Test Method Time At Pathologist Signature	CBC (INCLUDES DIFF/P	LT) (EXTERNAL		RY) - Final result (01/15			
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Red Blood Cell Count	· ·			Test Method	Time	At	Pathologist Signature
Hemoglobin			<u>K/uL</u>				
Hematocrit							
MCV 42 MCH 32 MCHC 33.8 RDW 94.6 Platelet Count 9.1 MPV 294 Absolute Neutrophils 4.3 Absolute Lymphocytes 3 Absolute Monocytes 0.60 Absolute Basophils 0.20 Absolute Basophils 0.10 Neutrophils 53.4 K/uL Lymphocytes 36.7 Monocytes 6.9 Eosinophils 1.9 Basophils 1.1 Specimen (Source) Anatomical Location / Collection Method / Volume Collection Time Received Time Blood Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result							
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MPV 294 Absolute Neutrophils 4.3 Absolute Lymphocytes 3 Absolute Eosinophils 0.20 Absolute Basophils 0.10 Neutrophils 53.4 K/uL Lymphocytes 36.7 Monocytes 6.9 Eosinophils 1.9 Basophils 1.1 Anatomical Location / Collection Method / Volume Collection Time Received Time Blood 01/15/2025 Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result		94.6					
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Lymphocytes 36.7 Monocytes 6.9 Eosinophils 1.9 Basophils 1.1 Anatomical Location / Collection Method / Volume Collection Time Received Time Blood 01/15/2025 Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result	•		K/uL				
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Eosinophils Basophils 1.1 Anatomical Location / Collection Method / Volume Collection Time Received Time Blood Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result	• •						
Basophils Anatomical Location / Collection Method / Volume Collection Time Received Time Blood Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result	•						
Anatomical Location / Collection Method / Volume Collection Time Received Time Blood Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result	·						
Specimen (Source) Blood Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Laterality Volume Collection Time Received Time O1/15/2025 Result Status							
Blood Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result			cation /				
Narrative Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result		Laterality		Volume			Received Time
Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result	<u>Blood</u>				01/15/202	<u>5</u>	
Authorizing Provider Result Type Result Status Historical Provider LAB BLOOD Final Result							
Historical Provider LAB BLOOD Final Result	Narrative						
Historical Provider LAB BLOOD Final Result	_						
Historical Provider LAB BLOOD Final Result	Authorizing Provider	Result Type		Result Status			
	1113(01100			I III III I I I I I I I I I I I I I I			

6	V/ I	Ref	T	Analysis	Performed	Bull 1 1 C
Component	Value	Range	Test Method	Time	At	Pathologist Signature
<u>Glucose</u>	<u>98</u>	mg/dL				
SUN AC A :	<u>22.0</u>	mg/dL				
eGFR Non-Afr American	<u>53</u>					
eGFR African American	<u>64</u>	F //				
<u>Sodium</u>	<u>140</u>	mEq/L				
<u>Potassium</u>	3.8	mEq/L				
Chloride	<u>103</u>					
Carbon Dioxide	<u>28.0</u>	mmol/L				
Calcium	<u>9.5</u>	mg/dL				
Phosphorus, Serum	3.3	mg/dL				
Albumin (Blood)	4.6	g/dL				
<u>Creatinine</u>	1.03	mg/dL				
Anion Gap	<u>9</u>					
	Anatomical Lo	cation /	Collection Method /			
Specimen (Source)	Laterality	/	Volume	Collection 1	ime	Received Time
Blood				01/15/2025	<u> </u>	
Narrative						
_						
Authorizing Provider	Result Type		Result Status			
<u>Historical Provider</u>	LAB BLOOD ORDERABLES		<u>Final Result</u>			
Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
<u>Protein, Ur</u>	<u>13</u>					
	Anatomical Lo	cation /	Collection Method /			
Specimen (Source)	Anatomical Loc Laterality	cation /	Collection Method / Volume	Collection 1	ime	Received Time
		cation /		Collection 1 01/15/2025		Received Time
<u>Urine</u>		cation /				Received Time
<u>Urine</u>		cation /				Received Time
Specimen (Source) Urine Narrative Authorizing Provider		cation /				Received Time
Urine Narrative Authorizing Provider	Laterality		Volume Result Status			Received Time
Urine Narrative Authorizing Provider	Laterality Result Type		Volume Result Status			Received Time
Urine Narrative - Authorizing Provider Historical Provider	Result Type LAB URINE OR	DERABLES E ALBUMII	Volume Result Status Final Result	01/15/2025	sult - FINAL (
Urine Narrative Authorizing Provider Historical Provider ALBUMIN/CREAT URINE	Result Type LAB URINE OR ERATIO (URINE	DERABLES E ALBUMII Ref	Result Status Final Result V / CREATININE RATIO	01/15/2025) - Edited Res Analysis	sult - FINAL (Performed	(01/15/2025)
Urine Narrative Authorizing Provider Historical Provider ALBUMIN/CREAT URINE	Result Type LAB URINE OR RATIO (URINE Value	DERABLES E ALBUMII Ref Range	Volume Result Status Final Result	01/15/2025	sult - FINAL (
Urine Narrative Authorizing Provider Historical Provider ALBUMIN/CREAT URINE Component Albumin, Urine	Result Type LAB URINE OR ERATIO (URINE Value 1	DERABLES E ALBUMII Ref Range mg/dL	Result Status Final Result V / CREATININE RATIO	01/15/2025) - Edited Res Analysis	sult - FINAL (Performed	(01/15/2025)
Narrative Authorizing Provider Historical Provider ALBUMIN/CREAT URINE Component Albumin, Urine Creatinine, Urine	Result Type LAB URINE OR RATIO (URINE Value	DERABLES E ALBUMII Ref Range	Result Status Final Result V / CREATININE RATIO	01/15/2025) - Edited Res Analysis	sult - FINAL (Performed	(01/15/2025)
Urine Narrative Authorizing Provider Historical Provider ALBUMIN/CREAT URINE Component Albumin, Urine Creatinine, Urine	Result Type LAB URINE OR ERATIO (URINE Value 1	DERABLES E ALBUMII Ref Range mg/dL	Result Status Final Result V / CREATININE RATIO	01/15/2025) - Edited Res Analysis	sult - FINAL (Performed	(01/15/2025)
Urine Narrative Authorizing Provider Historical Provider ALBUMIN/CREAT URINE Component Albumin, Urine Creatinine, Urine Random	Result Type LAB URINE OR E RATIO (URINE Value 1 168 6	E ALBUMII Ref Range mg/dL mg/dL mg/g Creat	Result Status Final Result N / CREATININE RATIO Test Method	01/15/2025) - Edited Res Analysis	sult - FINAL (Performed	(01/15/2025)
Narrative Authorizing Provider Historical Provider ALBUMIN/CREAT URINE Component Albumin, Urine Creatinine, Urine Random Alb/Creat Ratio, Ur	Result Type LAB URINE OR E RATIO (URINE Value 1 168	E ALBUMII Ref Range mg/dL mg/dL mg/g Creat	Result Status Final Result V / CREATININE RATIO	01/15/2025) - Edited Res Analysis	sult - FINAL (Performed At	(01/15/2025)
Urine Narrative Authorizing Provider Historical Provider ALBUMIN/CREAT URINE Component Albumin, Urine Creatinine, Urine Random Alb/Creat Ratio, Ur	Result Type LAB URINE OR ERATIO (URINE Value 1 168 6 Anatomical Loc	E ALBUMII Ref Range mg/dL mg/dL mg/g Creat	Result Status Final Result N / CREATININE RATIO Test Method Collection Method /	01/15/2025) - Edited Res Analysis Time	Sult - FINAL (Performed At	(01/15/2025) Pathologist Signature
Narrative Authorizing Provider Historical Provider ALBUMIN/CREAT URINE Component Albumin, Urine Creatinine, Urine Random Alb/Creat Ratio, Ur Specimen (Source) Urine (Urine, Clean	Result Type LAB URINE OR ERATIO (URINE Value 1 168 6 Anatomical Loc	E ALBUMII Ref Range mg/dL mg/dL mg/g Creat	Result Status Final Result N / CREATININE RATIO Test Method Collection Method /	01/15/2025) - Edited Res Analysis Time Collection 1	Sult - FINAL (Performed At	(01/15/2025) Pathologist Signature
Urine Narrative Authorizing Provider Historical Provider ALBUMIN/CREAT URINE Component Albumin, Urine Creatinine, Urine Random	Result Type LAB URINE OR ERATIO (URINE Value 1 168 6 Anatomical Loc	E ALBUMII Ref Range mg/dL mg/dL mg/g Creat	Result Status Final Result N / CREATININE RATIO Test Method Collection Method /	01/15/2025) - Edited Res Analysis Time Collection 1	Sult - FINAL (Performed At	(01/15/2025) Pathologist Signature

Authorizing Provider	Result Type	Result Status		
Historical Provider	LAB URINE ORDERABLES			
111501160111511621	LIND OTHITE OTHER	<u> Lanca nesa.:</u>		
AAA CAUECUUNA Einel nee	1: (04 (4E (000E)			
MAGNESIUM - Final res	<u>sult (01/15/2025)</u> Ref		Analysis Perfo	ormed
Component	Value Range	Test Method	Time At	Pathologist Signature
<u>Magnesium</u>	2.10			
-				
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood (Blood, Venous)	Lateranty	Volume	<u>01/15/2025</u>	Neceived IIIIc
			<u> </u>	
Narrative				
-				
Authorizing Provider	Result Type	Result Status		
<u>Historical Provider</u>	LAB BLOOD	<u>Final Result</u>		
	<u>ORDERABLES</u>			
Care Teams				
Team Member	Relationship	Specialty		Start Date End Date
Olusina Akande	PCP - General	<u>Family Medi</u>	<u>icine</u>	10/22/24
NPI: 1285096701				
1201 MICHIGAN AVE STE 270				
LOGANSPORT, IN 46947				
574-722-4921 (Work)				
574-739-0520 (Fax)				
Patient Contacts				
Contact Name	Contact Address	Communica	ition	Relationship to Patient
Don Berry	Unknown	574-721-694		Spouse, Emergency Contact
Kyle Berry	1205 S Locke St	574-721-166		Son, Emergency Contact
	KOKOMO, IN 4690		ьь (ноте) wberry@gmail.com	
Kristen Berry/Calisto	Unknown	317-601-150	, ,	Daughter, Personal Relationship
5				
Document Inform	nation			
Primary Care Provider	2004 D	Other Service P	roviders	Document Coverage Dates Mar 01 1052 May 00 2025
Olusina Akande (Oct. 22, NPI: 1285096701	, 2024 - Present)			Mar. 01, 1953 - May 09, 2025
574-722-4921 (Work)				
574-739-0520 (Fax)				
1201 MICHIGAN AVE STE 270				
LOGANSPORT, IN 46947				
Family Medicine				
Indiana Kidney Specialis 317-924-8425 (Work)	its			
317-924-8424 (Fax)				
3507 S LAFOUNTAIN ST				
KOKOMO, IN 46902-3804				
Custodian Organization				
Indiana Kidney Specialis	sts			
317-924-8425 (Work)				
3507 S LAFOUNTAIN ST KOKOMO, IN 46902-3804	1			
ROROWO, 114 10302 300 .				



If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called MachineReadable_XDMFormat. You might need to enter a password before your doctor can use this file.

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Vickie L Berry

Summary of Care, generated on May 13, 2025

Patient Demograp	hics - Female; born Mar. 01, 1953
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Patient Address Patient Name Communication

108 Western Avenue (Home) LOGANSPORT, IN 46947 Vickie L Berry 574-721-6940 (Home) 574-721-6940 (Mobile)

vickielynnberry@gmail.com

Former (Oct. 22, 2024 - Oct. 21, 2024):

(Home)

Language Race / Ethnicity Marital Status

English (Preferred) White / Not Hispanic or Latino Married

Note from Acumen Nephrology

This document contains information that was shared with Vickie L Berry. It may not contain the entire record from Acumen Nephrology.

Reason for Referral

Imaging (Routine) - Closed

 Specialty
 Diagnoses / Procedures
 Referred By Contact
 Referred To Contact

 Diagnoses
 Melissa Anderson
 _

 Chronic kidney disease stage 2
 5510 S EAST ST STE H

HypertensionINDIAAnemia in chronic kidneyPhonediseasefax:+1

INDIANAPOLIS, IN 46227 Phone: tel:+1-317-924-8425 fax:+1-317-924-8424

<u>Procedures</u>

US RENAL COMPLETE

Defermel ID	Chatura	D	Charle Date	Expiration	Visits	Visits
Referral ID	Status	Reason	Start Date	Date	Requested	Authorized
2600833	Closed		<u>1/13/2025</u>	1/13/2026	<u>1</u>	<u>1</u>

Electronically signed by Melissa Anderson at 01/13/2025 3:34 PM EST

Encounter Details

Date	Туре	Department	Care Team (Latest Contact Info) Description
01/13/2025 2:40 PM EST	Office Visit	Indiana Kidney Specialists 3760 S REED RD KOKOMO, IN 46902-3829 317-924-8425	Melissa Anderson 5510 S EAST ST STE H INDIANAPOLIS, IN 46227 317-924-8425 (Work) 317-924-8424 (Fax)

Allergies - documented as of this encounter (statuses as of 05/13/2025)

No known active allergies

Medications - documented as of this encounter (statuses as of 05/13/2025)							
		Dispense					
Medication	Sig	Quantity	Refills	Last Filled		End Date	Status
amLODIPine (NORVASC) 5 MG tablet	Take 5 mg by mouth 1 (one) time each day				01/15/2020		Active
<u>clopidogrel (PLAVIX) 75 MG</u> <u>tablet</u>	Take 75 mg by mouth 1 (one) time each day						Active
levothyroxine (SYNTHROID, LEVOTHROID) 100 MCG tablet	Take 100 mcg by mouth 1 (one) time each day				01/28/2020		Active
olmesartan (BENICAR) 40 MG tablet	Take 40 mg by mouth 1 (one) time each day				09/25/2024		Active
pravastatin (PRAVACHOL) 20 MG tablet	Take 20 mg by mouth 1 (one) time each day						Active
traZODone (DESYREL) 50 MG tablet	Take 50 mg by mouth every night						Active
venlafaxine XR (EFFEXOR-XR) 150 MG 24 hr capsule	Take 300 mg by mouth 1 (one) time each day						Active
omeprazole (PriLOSEC) 40 MG DR capsule	Take 40 mg by mouth 1 (one) time each day Do not crush or chew.						Active
lactulose (CHRONULAC) 10 GM/15ML solution	Take 20 g by mouth						Active
<u>Calcium Carb-Cholecalciferol</u> (CALCIUM 500 + D PO)	Take 1 tablet by mouth 1 (one) time each day						Active
ferrous sulfate (FeroSul) 325 (65 Fe) MG tablet	Take 325 mg by mouth 1 (one) time each day with breakfast				02/20/2020	01/13/2025	Discontinued (Med List Maintenance)
ibuprofen (ADVIL,MOTRIN) 800 MG tablet	Take 800 mg by mouth				05/04/2022	01/13/2025	Discontinued (Med List Maintenance)
Active Problems - docur	mented as of this encounte	er (statuses a	ns of 05,	/13/2025)			
Problem				Noted Date	Diag	nosed Date	
<u>Vertigo</u>				12/23/2024			
Other chronic pain			12/23/2024				
Mixed hyperlipidemia			12/23/2024				
Mixed anxiety and depressive dis			12/23/2024				
Iron deficiency anemia				12/23/2024			
History of malignant basal cell n	eoplasm of skin			12/23/2024			
History of cerebrovascular accide	ent without residual deficit	<u>ts</u>		12/23/2024			
<u>Hemorrhoid</u>				12/23/2024			
Gastroesophageal reflux disease				12/23/2024			
Cough				12/23/2024			
Intracranial aneurysm				12/23/2024			
Bilateral cataracts				12/23/2024			
Essential hypertension				12/23/2024			
<u>Aphasia</u>				12/23/2024			
Carotid artery stenosis							
- Caloud artery ateritala				10/26/2023			
•				10/26/2023 03/18/2016			
Hypothyroidism				03/18/2016			
Hypothyroidism Immunizations - docume						_	
Hypothyroidism Immunizations - docume Immunization	Administration Dates				Next	Due	
Hypothyroidism Immunizations - docume Immunization H1N1 All Forms	Administration Dates 01/29/2010				Next	Due	
Hypothyroidism Immunizations - docume Immunization	Administration Dates				Next	Due	

05/13/2022

<u>Tdap</u>

Social History - documented as of this encounter					
Tobacco Use	Types	Packs/Day	Years Used	Date	
Smoking Tobacco: Never					
Smokeless Tobacco: Never					
Alcohol Use	Standard Drinks/Week				
Never	0 (1 standard drink = 0.6 oz pur	e alcohol)			
Pregnant	Comments				
Unknown	Comments				
OTIKITOW.					
Sex and Gender Information		Value		Date Recorded	
Sex Assigned at Birth		Not on file			
<u>Legal Sex</u>		<u>Female</u>		10/22/2024 1:40 PM EDT	
Gender Identity		Not on file			
Sexual Orientation		Not on file			
Last Filed Vital Signs - documented in this encounter					
	- documented in this encounter				
Vital Sign	Reading	Time Taken		Comments	
Blood Pressure	<u>146/80</u>	01/13/2025 2:42	2 PM EST		
<u>Pulse</u>	<u>103</u>	01/13/2025 2:42	2 PM EST		
Temperature	-	-			
Respiratory Rate	<u>16</u>	01/13/2025 2:42	2 PM EST		
Oxygen Saturation	<u>97%</u>	01/13/2025 2:42	2 PM EST		
Inhaled Oxygen Concentration	-	-			

01/13/2025 2:42 PM EST

01/13/2025 2:42 PM EST

01/13/2025 2:42 PM EST

Patient Instructions - documented in this encounter

81.2 kg (179 lb)

162.6 cm (5' 4")

30.73

Patient Instructions

Body Mass Index

Weight

<u>Height</u>

Melissa Anderson - 01/13/2025 2:40 PM EST

Formatting of this note might be different from the original.

Update me on blood pressure in a few weeks

Labs this week and 1 week prior to next visit

Kidney ultrasound in next few weeks

Electronically signed by Melissa Anderson at 01/13/2025 3:46 PM EST

Progress Notes - documented in this encounter

Melissa Anderson - 01/13/2025 2:40 PM EST

Formatting of this note is different from the original. Images from the original note were not included.

Initial Office Visit 1/13/2025

With Melissa Anderson, MD

Patient: Vickie L Berry 3/1/1953

History of Present Illness

Vickie L Berry is a 71 y.o. female who was referred by PCP Akande, Olusina, MD for evaluation of CKD

H/o HTN, CVA, insomnia, GERD

Here due to concern about elevated cr

No known h/o CKD

Her son noticed rise in cr on her labs, requested referral for further eval

Patient states she feels ok

No edema--in fact, feels like her feet are shrinking/shoes getting larger

no urinary complaints

no kidney stones, no recurrent UTI, no bladder procedures

no incontinence

no renal biopsy no history of dialysis no h/o heavy NSAID use--has not used ibu in years

No DM--last A1c in 5s

She has weaned her chronic ppi, doing well

Past Medical History:

Diagnosis Date

- Anemia
- Cerebral artery occlusion, unspecified, with cerebral infarction (HCC)
- Chronic kidney disease
- Esophageal reflux
- Essential hypertension
- Family history of colon polyp, not otherwise specified
- Hypothyroidism
- Insomnia
- Osteopenia
- Other and unspecified hyperlipidemia

History reviewed. No pertinent surgical history.

No Known Allergies

Current Outpatient Medications:

- amLODIPine (NORVASC) 5 MG tablet, Take 5 mg by mouth 1 (one) time each day, Disp:, Rfl:
- Calcium Carb-Cholecalciferol (CALCIUM 500 + D PO), Take 1 tablet by mouth 1 (one) time each day, Disp:, Rfl:
- clopidogrel (PLAVIX) 75 MG tablet, Take 75 mg by mouth 1 (one) time each day, Disp:, Rfl:
- lactulose (CHRONULAC) 10 GM/15ML solution, Take 20 g by mouth (Patient taking differently: Take 20 g by mouth 1 (one) time each day), Disp: , Rfl:
- levothyroxine (SYNTHROID, LEVOTHROID) 100 MCG tablet, Take 100 mcg by mouth 1 (one) time each day, Disp: , Rfl:
- olmesartan (BENICAR) 40 MG tablet, Take 40 mg by mouth 1 (one) time each day, Disp:, Rfl:
- omeprazole (PriLOSEC) 40 MG DR capsule, Take 40 mg by mouth 1 (one) time each day Do not crush or chew., Disp: , Rfl:
- pravastatin (PRAVACHOL) 20 MG tablet, Take 20 mg by mouth 1 (one) time each day, Disp: , Rfl:
- traZODone (DESYREL) 50 MG tablet, Take 50 mg by mouth every night, Disp: , Rfl:
- venlafaxine XR (EFFEXOR-XR) 150 MG 24 hr capsule, Take 300 mg by mouth 1 (one) time each day (Patient taking differently: Take 150 mg by mouth 1 (one) time each day), Disp: , Rfl: Social History

Tobacco Use

- Smoking status: Never
- Smokeless tobacco: Never

Substance Use Topics

• Alcohol use: Never

Family History

Problem Relation Age of Onset

- Hypertension Mother
- Dementia Mother
- No Known Problems Father
- Hypertension Sister

ROS:

Constitutional: Negative for chills and fever.

HENT: Negative for congestion, ear pain, hearing loss and sore throat.

Eyes: Negative for pain and discharge.

Respiratory: Negative for cough, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.

Genitourinary: Negative for dysuria, frequency, hematuria and urgency.

Musculoskeletal: Negative for back pain, myalgias and neck pain.

Skin: Negative for rash.

Neurological: Negative for dizziness, tremors and headaches.

Endo/Heme/Allergies: Negative for polydipsia. Does not bruise/bleed easily.

The following portions of the patient's chart were reviewed in this encounter and updated as appropriate: Tobacco | Allergies | Meds | Problems | Med Hx | Surg Hx | Fam Hx |

Physical Exam:

Vitals:

01/13/25 1442 BP: 146/80

Pulse: 103

Resp: 16 SpO2: 97%

SpO2: 97%

Weight: 179 lb (81.2 kg) Height: 5' 4" (1.626 m)

Vitals reviewed.

Constitutional: She is oriented to person, place, and time. She appears well-developed and well-nourished. No distress.

HEENT:

Head: Normocephalic and atraumatic. Mouth/Throat: Oropharynx is clear and moist.

Eyes: Conjunctivae and EOM are normal. Pupils are equal, round, and reactive to light.

Neck: Neck supple. No JVD present.

Cardiovascular: Normal rate, regular rhythm, normal heart sounds and intact distal pulses. Exam reveals no gallop and no friction rub.

No murmur heard. She exhibits no edema.

Pulmonary/Chest: Effort normal. No respiratory distress. She has no wheezes. She has no rales.

Abdominal: Soft. Bowel sounds are normal. She exhibits no distension. There is no abdominal tenderness. There is no guarding.

Musculoskeletal: She exhibits no tenderness.

<u>Lymphadenopathy:</u>

She has no cervical adenopathy.

Neurological: She is alert and oriented to person, place, and time.

Skin: Skin is warm and dry. No rash noted.

Psychiatric: She has a normal mood and affect.

All available labs reviewed

No lab exists for component: "BUN6", "LABALBU", "BKDNA"

No lab exists for component: "PTHINTACT"

No lab exists for component: "IRON SATURATION"

Assessment & Plan

1. Chronic kidney disease stage 2

2. Hypertension

3. Anemia in chronic kidney disease

CKD2. Remote cr 1, oct 2024 cr 1.2. +h/o HTN and PVD so suspect nephrosclerosis and age-related changes.

Repeat labs

Send for anatomy eval/RUS

F/u w labs 6w

HTN with PVD (carotid dz) and h/o CVA. BP fair today. Last echo a few y ago was normal/preserved EF. No known CAD.

Cont same CCB, arb (has chronic cough, did not change when acei switched to arb)

Start home monitoring, bring log to appt

They wonder about OSA--would be reasonable to get study though her survey was normal. Defer to pcp

Anemia in CKD. Does not tolerate oral fe well due to constipation (is on lactulose which she prefers as laxative). Will get f/u cbc to monitor

CVA and PVD. Very mild memory loss. Here w her son. Is on ac per PCP

Return in 6 weeks (on 2/24/2025) for Next scheduled follow-up. I asked patient to have labs drawn in advance of next visit so we may discuss in clinic.

Orders Placed This Encounter

- Ultrasound Renal Complete
- Renal function panel
- Urinalysis with microscopic
- Urine Albumin / Creatinine Ratio
- Urine Protein / creatinine ratio
- CBC
- Magnesium
- Magnesium
- Renal function panel
- Urine albumin / creatinine ratio
- Urinalysis
- Diet No Added Salt

As always, I sincerely appreciate the opportunity to help care for your patient.

Melissa Anderson, MD Electronically signed by Melissa Anderson at 01/13/2025 3:46 PM EST

Plan of Treatment - documented as of this encounter					
Upcoming Encounters Date Type	Donartmont		Care Team (Latest Contact Info)	Description	
Date Type 06/02/2025 Office Visit 9:40 AM EDT	Department Indiana Kidney Specialists 3760 S REED RD KOKOMO, IN 46902-3829 317-924-8425		Melissa Anderson 5510 S EAST ST STE H INDIANAPOLIS, IN 46227 317-924-8425 (Work) 317-924-8424 (Fax)	Description	
Scheduled Orders	T	Dei o mito (Ainted Diagnosas	Order Schedule	
RENAL FUNCTION PANEL	Type Lab	Priority <u>Routine</u>	Associated Diagnoses Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease		
URINALYSIS AUTO W/SCOPE	<u>Lab</u>	<u>Routine</u>	Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease	Expected: 01/13/2025, Expires: 02/13/2026	
ALBUMIN/CREAT URINE RATIO	<u>Lab</u>	<u>Routine</u>	Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease	Expected: 01/13/2025, Expires: 02/13/2026	
PROTEIN/CREAT RATIO,URINE	<u>Lab</u>	<u>Routine</u>	Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease	Expected: 01/13/2025, Expires: 02/13/2026	
CBC	<u>Lab</u>	<u>Routine</u>	Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease	Expected: 01/13/2025, Expires: 02/13/2026	
MAGNESIUM	<u>Lab</u>	<u>Routine</u>	Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease	Expected: 01/13/2025, Expires: 02/13/2026	
US RENAL COMPLETE	<u>lmaging</u>	<u>Routine</u>	Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease	Expected: 01/13/2025, Expires: 01/13/2026	
MAGNESIUM	<u>Lab</u>	<u>Routine</u>	Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease	Expected: 02/13/2025 (Approximate), Expires: 02/13/2026	
RENAL FUNCTION PANEL	<u>Lab</u>	<u>Routine</u>	Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease	Expected: 02/13/2025 (Approximate), Expires: 02/13/2026	
ALBUMIN/CREAT URINE RATIO	<u>Lab</u>	<u>Routine</u>	Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease	Expected: 02/13/2025 (Approximate), Expires: 02/13/2026	
URINALYSIS AUTO ONLY	<u>Lab</u>	Routine	Chronic kidney disease stage 2 Hypertension Anemia in chronic kidney disease	Expected: 02/13/2025 (Approximate), Expires: 01/13/2026	
Health Maintenance	Due Date	Last Done	Comments		
<u>Mammogram</u>	03/01/1953				
Colonoscopy	03/01/2002				
Sigmoidoscopy	03/01/2002				
Stool Blood Test Influenza Vaccine (Season Ended)	03/01/2002 09/01/2025	10/23/2015, 11/14/2014,			
Litacaj		11/18/2013			

Health Maintenance	Due Date	Last Done	Comments			
Hepatitis B Vaccine	Aged Out		No longer eligible k	No longer eligible based on patient's age to complete this topic		
Results - documer Not on file	nted in this encounter					
Visit Diagnose	S - documented in this	s encounter				
Diagnosis						
Chronic kidney diseas	e stage 2 - Primary					
Hypertension						
Anemia in chronic kid	ney disease					
Insurance - docu	mented as of this enco	ounter				
Guarantor: Berry, \	Vickie L					
Account Type	Relation to Patient	Date of Birth	Phone	Billing Ac	ddress	
Personal/Family	Self	03/01/1953	574-721-6940 (Home)		tern Avenue PORT, IN 46947	
<u>UHC Medicare</u>				Plan / Pav	yer (Effective 01/	01/2024-
Member		Subscriber		Present)		
Name: Berry, Vickie L Member ID: 9222286 Relation to Subscribe	<u>591</u>	Name: Berry, Vick Subscriber ID: 922		Group ID Type: No Phone: 8 Address: PO BOX	<u>t on file</u> 77-842-3210	1-0362
Cara Taams						
	ocumented as of this er		C		·	- 15
Team Member	Relationsh	•	Specialty		Start Date	End Date
Olusina Akande NPI: 1285096701 1201 MICHIGAN AVE STE 270 LOGANSPORT, IN 469 574-722-4921 (Work) 574-739-0520 (Fax)	<u>047</u>	<u>erai</u>	Family Medicine		10/22/24	
Patient Contac	ts					
Contact Name	Contact Ac	ddr <u>ess</u>	Communication		Relationship to	Patient
Don Berry	Unknown		574-721-6940 (Mol	oile)	Spouse, Emerg	ency Contact
Kyle Berry	1205 S Loc KOKOMO,		574-721-1666 (Mol 574-721-1666 (Hon kylematthewberry@	ne) gmail.com	Son, Emergend	
Vricton Parry/Calista	Halanawa		217 601 1501 (Mak	-:1-1	Davishten Dans	anal Balationship

317-601-1501 (Mobile)

Daughter, Personal Relationship

Kristen Berry/Calisto

Unknown

Document Information		
Primary Care Provider	Other Service Providers	Document Coverage Dates
Olusina Akande (Oct. 22, 2024 - Present) NPI: 1285096701 574-722-4921 (Work) 574-739-0520 (Fax) 1201 MICHIGAN AVE STE 270 LOGANSPORT, IN 46947 Family Medicine Indiana Kidney Specialists 317-924-8425 (Work) 317-924-8424 (Fax) 5510 S EAST ST STE H INDIANAPOLIS, IN 46227-1906 Custodian Organization		Jan. 13, 2025
Indiana Kidney Specialists 317-924-8425 (Work) 5510 S EAST ST STE H INDIANAPOLIS, IN 46227-1906 Encounter Providers		Encounter Date
Melissa Anderson (Attending) NPI: 1871753152 317-924-8425 (Work) 317-924-8424 (Fax) 5510 S EAST ST STE H INDIANAPOLIS, IN 46227		Jan. 13, 2025

Nephrology