



To: Jason Hang-Tat Lo, MD
A202-3000 HIGHWAY 7
MARKHAM ON L3R 6E1

From: Mollie Lavigne, NP
Date: 4 December 2020

Message:

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4 December 2020

Jason Hang-Tat Lo, MD
A202-3000 Highway 7
Markham ON L3R 6E1
VIA Facsimile: 905-480-0898

Patient:	Sumit Saha	MRN:	5061304
Date of Birth:	17/3/2006	Date of Visit:	3/12/2020
Health Card Number:	7481487416WM	Department:	Respiratory Medicine
Phone:	416-821-9612 (home)		

Dear Dr. Lo:

Sumit Saha is a 14 y.o. 8 m.o. male who was followed-up in the asthma clinic on 3/12/2020. Sumit was last seen in our clinic on 25/6/2020. Sumit was accompanied by his father.

Problem List:

Patient Active Problem List

Diagnosis	Date Noted
• Eosinophilic esophagitis	19/08/2020
Added automatically from request for surgery 136032	
• Conjunctivitis	29/03/2019
• Asthma	14/01/2019

Followed by Asthma Program at Sickkids since: March 2019 following admission for exacerbation

PACE visit March 2019

Age at Diagnosis: 13 y **Diagnosis confirmed by:** clinical

Previous admission: Yes Date(s): Jan 2019 **Previous ICU admission:**

Yes Date(s): Jan 2019

Asthma Triggers: , , viruses and worse in winter

Skin Prick Testing Date and Result:

Results for orders placed during the hospital encounter of 29/03/19

Allergy skin prick test (For Resp Med)

Narrative Valid skin prick test with positive histamine and negative saline response.

Sensitized to dust mites, cat, grass mix, tree mix, ragweed.

Co-morbidities: Eczema

Most recent labs:

Lab Results

Component	Value	Date
WBC	6.49	12/01/2019
EOSIAB	0.00 (L)	12/01/2019

Other:

Last Chest Imaging:

X-ray Chest 1 View

Result Date: 12/1/2019

History of asthma with upper respiratory tract infection Supine chest

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radiograph underinflated with regions of bilateral upper lobe hyperinflation, right middle and bilateral lower lobe hazy and confluent opacities which may reflect a combination of consolidation and segmental atelectasis. Central airways are widely patent. No appreciable pleural effusions and no complications of air leak. Normal heart size. _

Private Coverage: No

- | | |
|---------------|------------|
| • Influenza A | 13/01/2019 |
| • Pneumonia | 12/01/2019 |

Reason for Visit:

Sumit is attending clinic for a routine follow-up visit.

Current Medications:

Patient's medications prior to visit

Medication	Sig
• montelukast 5 mg chewable tablet	Chew 1 tablet (5 mg) ONCE daily
• mometasone-formoterol 100-5 mcg/actuation HFA aerosol inhaler	Inhale 2 puffs TWICE daily LU code 330
• ciclesonide 50 mcg nasal spray	Administer 1 spray (50 mcg) into each nostril ONCE daily
• salbutamol 100 mcg/puff metered dose inhaler	Inhale 4 puffs Every 4 (four) hours as needed 1 inhaler contains 200 puffs.
• lansoprazole 30 mg delayed release capsule	Take 1 capsule (30 mg) by mouth TWICE daily HP eradication (Patient not taking: Reported on 4/12/2020)
• amoxicillin 500 mg capsule	Take 1 capsule (500 mg) by mouth TWICE daily HP eradication (Patient not taking: Reported on 3/12/2020)
• clarithromycin 500 mg tablet	Take 1 tablet (500 mg) by mouth TWICE daily HP eradication (Patient not taking: Reported on 4/12/2020)
• cetirizine 10 mg tablet	Take by mouth

Medication administration: He uses an aerochamber with a mouthpiece. His technique for using his medications was adequate.

He regularly takes his preventer medications as prescribed.

Asthma Educator Note:

Zenhale misses about 1-2 times a week. Singulair missed 1-2 x a week.

Zenhale not take this morning. Good technique with pt's own MP Aerochamber. 74 doses remaining in Zenhale inhaler.

No notes on file

Allergies: Sumit is allergic to cat dander; grass pollen; house dust mite; ragweed pollen; and tree and shrub pollen.

Surgeries/procedures since last clinic visit:

Endoscopy to rule out EoE. Diagnosed with H. Pylori ulcer.

Interim History:

Last clinic visit Sumit's treatment was Unchanged.

Since the last clinic visit, Sumit has used oral corticosteroids 0 times, has had 0 ER visits and 0 hospitalizations

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for asthma.

He is using his Ventolin rarely during exacerbations and intense exercise.

Current Asthma Control:

Sumit's asthma control questionnaire has a score of: 23, indicating asthma is controlled.

Sumit's/family's responses to the Asthma Control questionnaire were as follows:

activity limitations in the last 4 weeks: None of the time
 Shortness of breath in the past 4 weeks: Once or twice a week
 Nocturnal Awakenings in the last 4 weeks: Not at all
 Ventolin Use in the last 4 weeks: Not at all

Number of asthma related steroid courses?: 0
 Number of asthma related ER visits?: 0
 Number of asthma related hospital admissions?: 0

Co-Morbidities: Allergic Rhinitis, Obesity and Eosinophilic Esophagitis (being worked up by GI)

Environmental Triggers:

Sumit's questionnaire indicates the following triggers:

Triggers

Asthma Triggers: Viruses/Colds, Cold Air, Exercise, Trees, Grass, Ragweed, Cat, Dust

Is there a worse season?: Yes

Which?: Winter, Spring

Sumit's questionnaire indicates that the following triggers are present in the home:

Home Environment

In the room where you sleep, are there wall-to-wall carpets or is >50% of the room covered in carpet?: No

Is there mold inside your house?: No

Have you ever seen mice in your house?: No

Have you ever seen cockroaches in your house?: No

Do you have pets?: No

Are there pets in another place where you spend a lot of time (outside of home)?: No

Are you exposed on a regular basis to cigarette smoke?: No

Do you smoke?: No

Does your caregiver smoke?: Yes

Who?: Father

Which of the following does your caregiver smoke/do?: cigarettes

Additional Environmental Exposures (Work/School):

Currently attending virtual school, grade 9. Difficult to make social connections.

Smoking History:

Dad smokes outside. No personal history of smoking or vaping.

Immunizations:

Sumit Saha has had basic childhood vaccinations for appropriate age. Discussed annual influenza vaccinations and patient received vaccine.

Review of Systems:

Constitutional: Negative

HEENT: Negative for mouth breathing, congestion

Resp: No chest pain, SOB, coughing recently

Endocrine (AI): + for difficulty swallowing, heartburn must improved since H pylori treatment

GI: swallowing difficulties and choking on food

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Sleep: No snoring or gasping

Physical Exam:

There were no vitals filed for this visit.

Ht Readings from Last 3 Encounters:

03/12/20 172.6 cm (74 %, Z= 0.65)*
 25/08/20 173.6 cm (84 %, Z= 0.98)*
 07/07/20 169.5 cm (71 %, Z= 0.56)*

* Growth percentiles are based on WHO Growth Chart for Canada data.

Wt Readings from Last 3 Encounters:

03/12/20 90 kg (>99 %, Z= 2.45)*
 25/08/20 86.1 kg (99 %, Z= 2.31)*
 07/07/20 83.9 kg (99 %, Z= 2.23)*

* Growth percentiles are based on WHO Growth Chart for Canada data.

BMI:

Tonsillar size:

Grade +1: to pillars (<25%)



Grade 0



Grade 1



Grade 2



Grade 3



Grade 4

Mallampati Classification:

Class I: Full visibility of tonsils, uvula and soft palate



Physical Exam

Investigations:

PFTs:

Last FVC Pre:

Lab Results

Component

Value

Date

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FVCPRE	4.119	03/12/2020
FVCPRE	3.322	12/03/2020
FVCPRE	3.261	12/12/2019

Lab Results

Component	Value	Date
FVCPREPRED	92	03/12/2020
FVCPREPRED	83	12/03/2020
FVCPREPRED	85	12/12/2019

Last FEV1 Pre:

Lab Results

Component	Value	Date
FEV1PRE	3.598	03/12/2020
FEV1PRE	2.856	12/03/2020

Lab Results

Component	Value	Date
FEV1PREPRED	94	03/12/2020
FEV1PREPRED	83	12/03/2020

Lab Results

Component	Value	Date
FEV1FVCPRE	87.351	03/12/2020
FEV1FVCPRE	85.972	12/03/2020

BD Response:

Lab Results

Component	Value	Date
FEV1PCHNG	1	03/12/2020
FEV1PCHNG	5	12/03/2020

Last FeNO:

Lab Results

Component	Value	Date
ENOPRE	10.000	03/12/2020
ENOPRE	7.000	12/03/2020

Skin Prick Testing:

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Allergy skin prick test (For Resp Med)

Narrative

Valid skin prick test with positive histamine and negative saline response.

Sensitized to dust mites, cat, grass mix, tree mix, ragweed.

Recent Labs:

Lab Results

Component	Value	Date
WBC	6.19	30/05/2019
EOSIAB	0.31	30/05/2019
IGE	448	30/05/2019

Most Recent Imaging:

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X-ray Chest 1 View

Result Date: 12/1/2019

History of asthma with upper respiratory tract infection. Supine chest radiograph underinflated with regions of bilateral upper lobe hyperinflation, right middle and bilateral lower lobe hazy and confluent opacities which may reflect a combination of consolidation and segmental atelectasis. Central airways are widely patent. No appreciable pleural effusions and no complications of air leak. Normal heart size. _

Impression:

Sumit is a 14 y.o. 8 m.o., male with Asthma and obesity. His asthma is currently well controlled. He reports a completely sedentary lifestyle as he is attending virtual school. It is difficult to elicit whether he continues to have asthma symptoms with exercise as he has not done any exercise (no basketball, cycling, walking distances) since beginning virtual school. In the last 3 months, he has experienced a 3.9 kg weight gain. Height has not increased. His current BMI is 30 (>99th percentile). During today's visit we discussed increasing daily activity and the importance of exercise for his respiratory health.

Recommended Plan:

1. Today treatment was Unchanged.
2. Continue zenhale, singulair and ciclesonide nasal spray as prescribed.
3. Follow up with GI clinic related to ongoing concerns of difficulty swallowing.
4. **We have made a referral to Dr. Cifra, Exercise Medicine.**

Action plan has been updated

Sumit will be followed up in Asthma clinic in 3 months.

Mollie Lavigne MSN, NP-Pediatrics
Asthma Clinic Nurse Practitioner
(416) 813-7654 ext. 222891

Attending Provider: MASSAM, JOANNA LESLEY, MD

CC

No additional recipients