



(202) 444-2000

Patient: **LEE, JONG HYUN HYUN HYUN**

MRN: GUH-000002380178

FIN: GUH-07731762576

DOB/Age/Sex: 6/1/1993 32 years

Male

Date of Service: 5/24/2024

Attending Provider: Rahman,MD,Sabrina

Patient Viewable Documents

DOCUMENT NAME:

ENT Consultation

PERFORM INFORMATION:

Timothée,MD,Patricia (5/25/2024 01:31 EDT)

RESULT STATUS:

Auth (Verified)

SERVICE DATE/TIME:

5/25/2024 01:30 EDT

SIGN INFORMATION:

Blumenthal,MD,Daniel (5/25/2024 21:24 EDT); Davidson,MD,
Bruce J.(5/25/2024 11:24 EDT); Timothée,MD,Patricia
(5/25/2024 03:44 EDT)**Chief Complaint**

See PA, pt sent from UC r/t sore throat, difficulty swallowing, swelling to neck. difficult controlling secretions, airway intact in triage.

Reason for Consultation

R PTA

Consulting Attending Physician

Dr. Davidson

Requesting Practitioner

ED

History of Present Illness

This is a 30M with no pmhx, who presents to ED with close to one week of right sided throat pain that has worsened over the last 2 days. He has been able to tolerate PO, but has had limited intake as swallowing has been very painful. he denies a hx of prior throat infections like this. He denies sick contacts. He has not received abx prior to arrival in the ED. At home he has ad subjective fevers, chills, malaise.

Review of Systems

Review of systems is negative except specific symptoms preceded by a "+":

Constitutional: Fevers, Weight Loss**Eyes:** Change in Vision, Double Vision**Ears:** Pain, Hearing loss, Ringing**Nose:** Runny Nose, Stuffiness/Congestion**Throat:** Hoarseness, **Sore Throat, pain with swallowing****Allergy:** Sneezing, Itchy eyes/nose/ears**Respiratory:** Shortness of Breath, Cough**Cardiac:** Chest Pain, Rapid/irregular heartbeat**Neurological:** Headaches, Weakness**Hematology:** Lymph Node Swelling, Easy bruising**Psychiatry:** Stress, Anxiety**Medications**Home

amoxicillin-clavulanate(Augmentin 875 mg-125 mg oral tablet), 1 tab, PO, q12h

Allergies

No Known Medication Allergies

Social HistorySmoking Status
Never smoker**Family History**

No Data Found

Lab Results**CBC**WBC: **16.98 k/uL** High (05/24/24 17:20:00)

Hgb: 14.9 gm/dL (05/24/24 17:20:00)

Hct: 45.5 % (05/24/24 17:20:00)

Platelet: 320 k/uL (05/24/24 17:20:00)

BMP

Sodium Lvl: 141 mmol/L (05/24/24 17:20:00)

Potassium Lvl: 4.5 mmol/L (05/24/24 17:20:00)

Chloride: 107 mmol/L (05/24/24 17:20:00)

CO2: 25 mmol/L (05/24/24 17:20:00)

BUN: 11 mg/dL (05/24/24 17:20:00)

Creatinine: 0.86 mg/dL (05/24/24 17:20:00)

Glucose Lvl Random: 99 mg/dL (05/24/24 17:20:00)

Electrolytes

Calcium Lvl: 9.6 mg/dL (05/24/24 17:20:00)

LFTs (latest in last 72H):[05/24/2024 17:20](#)**Report Request ID:**

825684062

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Print Date/Time:

11/26/2025 08:38

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EST

Georgetown University Hospital

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Physical Exam

Vitals & Measurements

T: 36.3 °C (Oral) TMIN: 36.3 °C (Oral) TMAX: 36.7 °C (Oral) HR: 85 (Monitored) RR: 12 BPM: 137/68 SpO2: 98% WT: 65 kg
Oxygen Delivery Device: Room Air (05/24/24 17:26:25)

Pain Assessment

Primary: Numeric Pain Score: 8 (05/24/24 18:00:00)
Pain Present: Yes actual or suspected pain (05/24/24 16:20:00)

General: Awake, alert. Resting comfortably in bed. No stridor.

Voice: clear

Ears: Bilateral pinnae within normal limits.

Face: Symmetric at rest.

Eyes: Pupils equal and round. EOMs intact. Primary gaze alignment intact.

Nose: Anterior nares clear bilaterally.

Oral cavity: MMM. Tongue mobile and midline. No PND. Bilaterally tonsils 2-3+ exophytic and cryptic. Left soft palate edema/erythema. No uvular deviation. Autodrainage of PTA around the right tonsil.

Neck: Soft, flat, tender reactive LN right level 1b-2a. No palpable cervical lymphadenopathy.

Cardiovascular: Extremities warm and well-perfused.

Lungs: No increased WOB on room air.

Skin: No evident lesions of head or neck except as described above.

Neuro: Alert and oriented; V1-V3 sensitive and equal bilaterally; symmetric smile; symmetric palate rise; HB1/6; 5/5 shoulder shrug bilaterally

Psych: Normal affect.

Procedure

After informed consent was obtained, the palate was anesthetized with 3cc of 1:100,000 lidocaine with epinephrine. Then, a 10cc syringe was used to aspirate approximately 5cc of thick purulent fluid from the abscess. A 1cm incision was made over the site of aspiration and tonsillar clamps were used to spread inside the abscess. The patient tolerated the procedure well and there were no immediate apparent complications.

Assessment/Plan

Mr Lee is a 30M who presents to the ED for evaluation of a persistent sore throat. In the ED, the patient was afebrile, in no acute distress and protecting his airway. Physical examination was notable for trismus, bulge of the **right** soft palate without contralateral uvular deviation. Preliminary labs were notable for a leukocytosis to 16.98. The clinical presentation was consistent with a peritonsillar abscess. The patient underwent uncomplicated incision and drainage, which they tolerated well.

Recommendations:

- PO Augmentin (875 BID, x14d)
- Medrol DosePak
- F/u Cultures

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- Strict return precautions if worsening fevers/chills, inability to tolerate adequate PO intake, worsening pain, or shortness of breath.
- F/u in ENT clinic in 1-2 weeks for further

IMPRESSION:

Tonsillitis with large right peritonsillar abscess that causes mass effect and mild narrowing of the oropharyngeal airways.

Page ENT with any questions or concerns 202-405-2350

Patricia Timothee, MD
Otolaryngology - Head & Neck Surgery, PGY-2

Electronically signed by:

Timothee, MD, Patricia on: 05.25.2024 03:44 EDT

Electronically signed by:

Davidson, MD, Bruce J. on: 05.25.2024 11:24 EDT

Electronically signed by:

Blumenthal, MD, Daniel on: 05.25.2024 21:24 EDT

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