

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: Timothee,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); Timothee,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 te 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 History****Smoking 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

**Print Date/Time:**

11/26/2025 08:38

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## Georgetown University Hospital

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

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### Patient Viewable Documents

#### Physical Exam

##### Vitals & Measurements

T: 36.3 °C (Oral) TMIN: 36.3 °C (Oral) TMAX: 36.7 °C (Oral) HR: 85 (Monitored) RR:

↑21 BP: 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 sensate 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

Total Protein: 7.9 gm/dL

Albumin Lvl: 4.6 gm/dL

AST: 68 units/L HI

ALT: 81 units/L HI

Bili Total: 0.5 mg/dL

Alk Phos: 72 units/L

#### Coag Panel

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

#### Diagnostic Results

##### REPORT

CLINICAL INFORMATION: Concern for right peritonsillar abscess

TECHNIQUE: CT of the neck with intravenous contrast.

All MedStar CT scans are performed using one of these three dose reduction techniques: automated exposure control, adjustment of the mA and/or kV according to patient size, or use of iterative reconstruction techniques.

CONTRAST DOSE: 100 mL Isovue 370 IV

COMPARISON: None.

#### FINDINGS:

INTRACRANIAL: Imaged portions of the brain are normal.

ORBITS: Normal.

PARANASAL SINUSES: Clear.

AERODIGESTIVE TRACT: Tonsillitis and right peritonsillar abscess measuring 2.5 (AP) x 1.7 (TR) x 5.0 (CC) cm (series 2, image 33; series 8, image 45). This causes mass effect and mild narrowing of the oropharyngeal airways.

SALIVARY GLANDS: The parotid and submandibular glands are normal.

THYROID: Normal.

LYMPH NODES: A few prominent cervical lymph nodes, likely reactive.

VASCULAR STRUCTURES: Normal.

BONES: No suspicious osseous lesions.

LUNG APICES: Clear.

OTHER: None.

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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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