

Patient: **YOSHIMOTO, AYAE**

MRN: GUH-000002380268

FIN: GUH-07732199117

DOB/Age/Sex: 10/26/1994 31 years

Female

Date of Service: 1/4/2025

Attending Provider: Galler,MD,Marjorie F

Patient Viewable Documents

DOCUMENT NAME: ED Note-Clinician
PERFORM INFORMATION: Galler,MD,Marjorie F (1/4/2025 23:28 EST)
RESULT STATUS: Auth (Verified)
SERVICE DATE/TIME: 1/4/2025 23:27 EST
SIGN INFORMATION: Galler,MD,Marjorie F (1/4/2025 23:28 EST)

Clinician Assign**Time Seen:**

Galler, MD, Marjorie F / 01/04/2025 19:43 - ED Attending

Preferred Language/Interpretation Services

Preferred Language Discussing Healthcare: English

Interpreter Used: N/A

Sources reviewed:

Initial nursing notes reviewed.

I have spoken with the following individuals to solicit additional history and to assist in my medical decision making: Pt's partner at bedside

I have reviewed available records to assist in my medical decision making. Records reviewed include: Previous ED viist

Chief ComplaintAs per Triage RN:

Left sided CP x 1 month but worsened over last few days. Pain worsened when laying on side. Denies SOB/fevers. On birth control. Similar episode in September & had negative workup here. Denies PMH.

Arrived From for ED: Home

Lines or Tubes Present on Admission: None

History of Present Illness

30yoF female w/ intermittent L sided CP for months presents with acute worsening of L sided CP. PT states she experienced this chest pain in September after a flight back from Italy. She was evaluated in the ED, had negative D-dimer, troponin chest x-ray etc. Her chest pain has waxed and waned intermittently since that time. She describes the chest pain as along the left side under the breast, and up to the sternum. It is sharp and achy, moderate. She denies any association with exertion, denies palpitations, dizziness, lightheadedness, difficulty breathing, cough, fevers. Denies association with eating, denies acid reflux symptoms. Denies nausea or vomiting. She does endorse some weight loss, denies night sweats. She endorses some increased fatigue.

Problem List/Past Medical HistoryOngoing

No chronic problems

Allergies

aspirin

ibuprofen

Medication Administration**Administered:**Medications:

Tylenol, 650 mg, PO (01/04/2025 21:24 EST)

Home MedicationsHome

acetaminophen(Tylenol), PO
drospirenone-ethinyl estradiol(Yaz 3 mg-0.02 mg oral tablet), 1 tab, PO, Daily, 4 refills, start first tablet today

Social HistorySmoking Status

Never smoker

Alcohol

Alcohol Use:Denies

Substance Use

Use:Denies

Tobacco/Nicotine

Use:Past

Smoking Status

Tobacco Use: Never Used (01/04/25)

Pt works at the Japanese Embassy

Moved to DC 6 months ago from San Diego

Family History**Report Request ID:**

825647731

Print Date/Time:

11/26/2025 07:22

Georgetown University Hospital

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Patient has not had any recent travel, she takes a birth control pill. Patient denies family history of blood clots or sudden cardiac death, or early onset heart disease.

Relevant Social Determinants of Health

My ability to evaluate or manage the patient during this ED visit was directly affected by the following social determinant(s) of health: Limited health literacy

Review of Systems

General- denies fever, chills, fatigue

Eyes- denies eye discharge

ENT- denies congestion, sore throat, denies earache

CV- +chest pain, denies fainting

Resp- denies cough, difficulty breathing, wheezing

GI- denies abdominal pain, diarrhea, nausea, vomiting

GU- denies change in urination

MS- denies muscle or joint pain

Derm- denies rash

Neuro- denies headache, dizziness, numbness, weakness

Physical Exam

Vitals:

Initial Vitals

T: 37.2 degC (Oral) HR: 82 (Peripheral) RR: 16 BP: 101/68 (Automated) SpO2: 97%

Constitutional: well appearing young adult, in no acute distress

Head: normocephalic and atraumatic

Eyes: PERRL, EOMI

Nose: clear

Mouth: moist mucous membranes, clear oropharynx without erythema or exudates

Neck: supple without adenopathy, no thyromegaly

Respiratory: clear to auscultation, no crackles, rhonchi or wheezing; no retractions

Cardiovascular: Normal S1 and S2, regular rate and rhythm, no murmurs, gallops or rubs, normal peripheral pulses

Chest: Able to recreate pain with palpation along chest wall beneath left breast and along sternum.

Gastrointestinal: soft, non-tender, no masses, no hepatosplenomegaly; bowel sounds present

Musculoskeletal: no gross skeletal abnormalities, normal range of motion in all extremities

Neurological: normal gait, normal strength and tone, no focal deficits

Skin: intact without significant lesions or rashes

Psychiatric: alert and cooperative, normal affect

Assessment and Plan/Medical Decision Making

30yoF hx CP x months presenting with worsening CP, reproducible with palpation, most likely MSK but r/o ACS, PE. Patient is well-appearing, all vital signs stable. However she cannot PERC out as she is on an OCP. She denies any exertional symptoms, palpitations, dizziness or lightheadedness to suggest cardiac etiology. No s/sx of gastritis/PUD. No cough, SOB to suggest pneumonitis. Per protocol, patient had CBC, CMP, Trope, BMP, D-dimer ordered and all are pending. Ordered chest x-ray as well to

Lab Results

HEMATOLOG Y		LATEST RESULTS		HISTORICAL RESULTS
WBC	01/04/25 16:48	7.95		09/07/24 7.07
Hgb	01/04/25 16:48	11.8		09/07/24 12.1
Hct	01/04/25 16:48	35.1		09/07/24 36.1
Platelet	01/04/25 16:48	447 High		09/07/24 376
MCV	01/04/25 16:48	90.5		09/07/24 91.4
MCH	01/04/25 16:48	30.4		09/07/24 30.6
MCHC	01/04/25 16:48	33.6		09/07/24 33.5
RDW	01/04/25 16:48	11.3 Low		09/07/24 11.5
RBC	01/04/25 16:48	3.88		09/07/24 3.95
Neutro %	01/04/25 16:48	62.0		09/07/24 41.1 Low
Lymph %	01/04/25 16:48	32.6		09/07/24 50.9 High
Mono %	01/04/25 16:48	3.6		09/07/24 4.8
Eos %	01/04/25 16:48	1.3		09/07/24 2.7
Basophil %	01/04/25 16:48	0.4		09/07/24 0.4
Neutro Absolute	01/04/25 16:48	4.9		09/07/24 2.9
Lymph Absolute	01/04/25 16:48	2.6		09/07/24 3.6

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look for MSK etiology.

Of note, patient has had some recent weight loss along with the chest wall aches. She denies any purposeful weight loss or purging. She denies any joint aches, rashes, abdominal pain or diarrhea to suggest an autoimmune cause or associated pericarditis.

ED EKG/Rhythm/Imaging Interpretation

ED EKG - Completed

-- One Time, Stop Date 01/04/25 15:12:09 EST, 01/04/25 15:12:09 EST

I have personally reviewed the patient's EKG and *interpret* it as follows: NSR, intervals wnl. No STEMI noted, unchanged from Sept 7 2024.

Ventricular Rate : 79 BPM

Atrial Rate : 79 BPM

P-R Interval : 172 ms

QRS Duration : 72 ms

Q-T Interval : 368 ms

QTC Calculation(Bazett) : 421 ms

P Axis : 73 degrees

R Axis : 49 degrees

T Axis : 54 degrees

Monocyte Abs	01/04/25 16:48	0.3	09/07/24	0.3
Eosinophil Abs	01/04/25 16:48	0.1	09/07/24	0.2
Basophil Abs	01/04/25 16:48	0.0	09/07/24	0.0
Imm Gran %	01/04/25 16:48	0.1	09/07/24	0.1
Imm Gran Absolute	01/04/25 16:48	0.01	09/07/24	0.01
MPV	01/04/25 16:48	9.4	09/07/24	9.4
NRBC auto	01/04/25 16:48	0	09/07/24	0
NRBC Abs	01/04/25 16:48	0.0	09/07/24	0.0

I have personally reviewed the patient's x-ray images and interpret them as follows: No bony changes, no acute consolidation, heart size appears nl. No anterior chest mass.

ED Course/Critical Care

I have personally reviewed all the patient's lab results for this visit and would note the following results of significance: CBC wnl except Plt 447, could indicate chronic inflammation. D dimer and Trop neg. CMP wnl. Not pregnant.

COAGULATION	LATEST RESULTS	HISTORICAL RESULTS
D-Dimer VTE	01/04/25 18:14	<0.27 09/07/24

I discussed with patient her reassuring lab work, chest x-ray and EKG. I discussed that I am unsure of the cause of her continued chest wall pain, costochondritis versus muscle strain versus related to hormonal changes of breast tissue are possibilities. I have ordered TSH and Lyme studies per patient request. I have reviewed the importance of following up with a primary care physician for further discussion.

Impression/Disposition

ED Diagnosis:

Acute chest wall pain| (R07.89)

Patient Disposition

Discharge Patient (Discharge Patient MGUH) - Ordered

-- 01/04/25 21:36:00 EST, Home, Improved/Stable

Discharge Prescriptions:

No documented discharge medications

CHEMISTRY	LATEST RESULTS	HISTORICAL RESULTS
Sodium Lvl	01/04/25 16:48	140 09/07/24
Potassium Lvl	01/04/25 16:48	4.2 09/07/24
Chloride	01/04/25 16:48	106 09/07/24
CO2	01/04/25 16:48	25 09/07/24
BUN	01/04/25 16:48	6 Low 09/07/24
Creatinine	01/04/25 16:48	0.50 09/07/24

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est. CrCl	01/04/25 16:48	116.88	09/07/24	148.27
Glucose Lvl Random	01/04/25 16:48	98	09/07/24	94
Calcium Lvl	01/04/25 16:48	9.4	09/07/24	9.3
AGAP	01/04/25 16:48	9	09/07/24	6
GFR Universal	01/04/25 16:48	129	09/07/24	132

Cardiac Testing	LATEST RESULTS	HISTORICAL RESULTS
NT-proBNP	01/04/25 16:48	<35
Troponin I HS	01/04/25 16:48	<3 09/07/24

Endocrinology	LATEST RESULTS
Beta hCG QI	01/04/25 16:48 Negative
TSH	01/04/25 21:26 1.316

Electronically signed by:

Galler, MD, Marjorie F on: 01.04.2025 23:28 EST

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