

**HISTORY OF PRESENT ILLNESS:** , This is a followup for this 69-year-old African American gentleman with stage IV chronic kidney disease secondary to polycystic kidney disease. His creatinine has ranged between 4 and 4.5 over the past 6 months, since I have been following him. I have been trying to get him educated about end-stage kidney disease and we have been unsuccessful in getting him into classes. On his last visit, I really stressed the importance of him taking his medications adequately and not missing some of the doses, and he returns today with much better blood pressure control. He has also brought a machine at home, and states his blood pressure readings have been better. He has not gone to the transplant orientation class yet and has not been to dialysis education yet, and both of these I have discussed with him in the past. He also needs followup for his elevated PSA in the past, which has not been done for over 2 years and will likely need cardiac clearance if we ever are able to evaluate him for transplant.

**REVIEW OF SYSTEMS:** , Really negative. He continues to feel well. He denies any problems with shortness of breath, chest pain, swelling in his legs, nausea or vomiting, and his appetite remains good.

**CURRENT MEDICATIONS:** ,1. Vytarin 10/40 mg one a day.,2. Rocaltrol 0.25 micrograms a day.,3. Carvedilol 12.5 mg twice a day.,4. Cozaar 50 mg twice a day.,5. Lasix 40 mg a day.,

**PHYSICAL EXAMINATION:** ,

**VITAL SIGNS:** On exam, his blood pressure is 140/57, pulse 58, current weight is 67.1 kg, and again his blood pressure is markedly improved over his previous readings.

**GENERAL:** He is a thin African American

gentleman in no distress. LUNGS: Clear.

CARDIOVASCULAR: Regular rate and rhythm. Normal S1 and S2. I did not appreciate a murmur. ABDOMEN: Soft. He has a very soft systolic murmur at the left lower sternal border.

No rubs or gallops. EXTREMITIES: No significant

edema.,LABORATORY DATA: , Today indicates that his creatinine is 4.5 and stable, ionized calcium 8.5, intact PTH 458, and hemoglobin stable at 10.9. He is not on EPO yet. His

UA has been negative.,IMPRESSION:;1. Chronic kidney disease, stage IV, secondary to polycystic kidney disease. His estimated GFR is 16 mL per minute. He has no uremic

symptoms.,2. Hypertension, which is finally better

controlled.,3. Metabolic bone disease.,4.

Anemia.,RECOMMENDATION:; He needs a number of things done in terms of followup and education. I gave him more information again about dialysis education and transplant, and

instructed him he needs to go to these classes. I also gave

him websites that he can get on to find out more information. I

have not made any changes in his medications. He is getting

blood work done prior to his next visit with me. I will check a

PSA on him but he needs to get back into see urology, as his

last PSA that I see was 37 and this was from 02/05. He will

see me back in about 4 to 6 weeks.