

Name: Ethan Fischer | DOB: 5/5/1993 | MRN: 5737029 | PCP: Nymisha A Rao, M.D. | Legal Name: Ethan Fischer

## Telemedicine - Nov 06, 2025

with Ruchi Singla, M.D. at River East Allergy

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### Notes from Care Team

#### Progress Notes

Ruchi Singla, M.D. at 11/6/2025 11:50 AM

##### Allergy/Immunology Telemedicine Follow Up Visit

##### CHIEF COMPLAINT:

##### Chief Complaint

Patient presents with

- Follow-up  
*On going chronic cough*

**HPI:** Ethan Fischer is a 32Yrs male with history of chronic cough who presents for follow up. He was last seen in clinic on 10/9/2025. Today, interview was conducted via videoconferencing. Verbal consent and history was provided by the patient. I performed the interview from my office, and the patient was in his home.

*Verbal consent was given by the patient to use ambient clinical documentation, which audio records our conversation, to help generate the following clinical note. The audio recording is then completely deleted.*

##### History of Present Illness

Ethan Fischer is a 32 year old male who presents with persistent cough and concerns about inhaler use.

He has a persistent cough that has not improved despite using a Symbicort inhaler at two puffs twice daily since early October. He discontinued the inhaler yesterday due to lack of improvement over the past month. The cough remains unchanged since his last visit a few weeks ago.

Pulmonary function tests, including albuterol administration, showed significant worsening in breathing tests post-albuterol. He experiences a persistent 'tingly or inflamed' feeling in his chest following albuterol.

He recently moved to a new apartment with better ventilation, whereas his previous residence had mold issues.

There is no significant family history of asthma or bronchitis. He has no sinus issues, seasonal allergies, or significant acid reflux. He experiences prolonged coughs following colds but has not used steroids for bronchitis. No nasal congestion, itchy nose, or runny nose. Allergy testing was negative.

No past medical history on file.

**Past Surgical History:**

Procedure	Laterality	Date
• HX HEMORRHOID SURGERY		

**Family History**

Problem	Relation	Age of Onset
• Diabetes	Father	
• Lung Disease <i>chronic bronchitis</i>	Father	
• Coronary Artery Disease	Maternal Grandfather	
• Diabetes	Maternal Grandmother	
• Coronary Artery Disease	Paternal Grandfather	
• Diabetes	Paternal Grandfather	

**Social History**

Social History Narrative

- Not on file

**Current Outpatient Medications on File Prior to Visit**

Medication	Sig	Dispense	Refill
• albuterol sulfate 90 mcg/actuation inhaler	Inhale 1 puff by mouth every 6 hours as needed for shortness of breath.	8 g	1
• budesonide-formoterol (SYMBICORT) 80-4.5 mcg/actuation inhaler	Inhale 2 puffs by mouth twice daily and every 4 hours as needed for wheezing or shortness of breath.	1 g	3
• clindamycin (CLEOCIN-T) 1 % lotion	Apply 1 Application to the affected area(s) twice daily.	60 mL	2
• mv-min/folic/vit K/lycop/coQ10 (DAILY MULTIVITAMIN ORAL)	Take by mouth.		
• OPTICHAMBER Diamond VHC Spacer	Use as directed.	1 each	0

No current facility-administered medications on file prior to visit.

**Allergies**

Allergen	Reactions
• Bee Venom	Hives
• Bee Pollen	Hives

**PHYSICAL EXAMINATION:**

Physical exam limited due to remote nature of visit.

General: Well-appearing. No apparent acute distress.

Eyes: No conjunctival injection.

Respiratory: No labored breathing or SOB. No cough appreciated.  
Skin: No rashes of visible skin.

### LABS/STUDIES/RECORDS:

I have reviewed the results and records below. Relevant interpretation discussed in assessment/plan.

### Recent Results (from the past 6 weeks)

#### Pulmonary Function Profile

Collection Time: 10/27/25 8:09 AM

Result	Value	Ref Range
FVC (L) PRED	5.88	L
FVC (L)	7.37	L
FVC (L) %PRED	125	%
FEV1 (L) PRED	4.50	L
FEV1 (L)	5.72	L
FEV1 (L) %PRED	127	%
FEV1/FVC PRED	76	%
FEV1/FVC (%)	78	%
FEV1/FVC %PRED	101	%
FEF25-75 PRED (L-S)	4.52	L/sec
FEF25-75 (L-S)	5.22	L/sec
FEF25-75 %PRED (L-S)	115	%
TGVPLETH-PRED	4.45	L
TGVPLETH-PRE	4.50	L
TGVPLETH-%PRED-PRE	101	%
RVPLETH-PRED	2.20	L
RVPLETH-PRE	1.90	L
RVPLETH-%PRED-PRE	86	%
TLCPLETH-PRED	8.09	L
TLCPLETH-PRE	9.31	L
TLCPLETH-%PRED-PRE	115	%
DLCOUNC-PRED	32.66	ml/min/mmHg
DLCOUNC-PRE	44.69	ml/min/mmHg
DLCOUNC-%PRED-PRE	136	%
RVSB-PRED	2.20	L
RVSB-PRE	2.18	L
RVSB-%PRED-PRE	99	%
TLCSB-PRED	8.09	L
TLCSB-PRE	9.45	L
TLCSB-%PRED-PRE	116	%

### ASSESSMENT & PLAN:

#### Assessment & Plan

Chronic cough

Chronic cough for past eight months. Symptoms improve outside the apartment where there is mold exposure. Environmental allergy testing (10/2025) was negative, including for mold but does not rule out mold as airway irritant.

CXR 4/2025 normal. PFT 10/27/25 normal.

Cough persists despite Symbicort trial for past month and normal PFT, so low suspicion for asthma. Differential includes vocal cord dysfunction and silent reflux.

- Remain off Symbicort.
- Consider methacholine challenge if symptoms persist as suggested by Dr. Wolfe in Pulmonary.
- Refer to ENT for vocal cord dysfunction and silent reflux evaluation in one month.
- Monitor symptoms and follow up as needed.

Follow up as needed.

#### **TELEHEALTH PROVIDER ATTESTATION**

Identity for this telehealth visit was verified by name and Phone Number. Verbal consent for the visit was provided. The patient participated in the encounter via video. On 11/6/2025 I spent 25 minutes in total caring for this patient, including direct care and other qualifying activities. Time spent on separately reportable procedures is excluded. I was onsite. The patient was at home or other private location (house, hotel, shelter, car, or place of work) at the time of the telehealth visit. The patient was in the state of Illinois during the telehealth visit.

The risk associated with the patient's management today was moderate due to ongoing chronic cough requiring referral to ENT.

Ruchi Singla, MD  
Faculty, Allergy/Immunology  
Pager #1966 (773.228.6190)

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