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

Office Visit - Oct 09, 2025

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

Notes from Care Team

Progress Notes

Nurse Sara L at 10/9/2025 8:30 AM

Educational handouts reviewed, demonstrated , and provided on the following subjects with Ethan: aerochamber with mouthpiece. He voiced his understanding and denied any questions.

Nurse Tanya M at 10/9/2025 8:30 AM

Percutaneous skin testing procedure verbally explained to Ethan. Patient had no questions. Skin testing performed. See MD notes and flowsheets for results

Ruchi Singla, M.D. at 10/9/2025 8:30 AM

Allergy/Immunology Outpatient Visit

CHIEF COMPLAINT:

Chief Complaint

Patient presents with

- Allergies

Pt has had chronic cough for about 8 months due to mold in his apartment.

HPI: Ethan Fischer is a 32Yrs male here on consultation from Dr. Rao for chronic cough. History is provided by patient.

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 a chronic cough for the past eight months.

He suspects the cough may be related to mold exposure in his apartment, as mold was found in the air conditioners. The cough is triggered by strong smells and occurs both day and night. Symptoms improve when he is away from the apartment, such as when staying in a hotel or at his brother's place. He has been away from his apartment for about a month, with noted improvement in symptoms. However, exposure to mildewed laundry from the apartment recently triggered increased coughing for a week.

He has used Zyrtec occasionally without consistent relief and an albuterol inhaler twice without significant improvement. The cough is sometimes accompanied by a 'whistly' sound and chest tightness, especially when in the apartment. He occasionally produces mucus with the cough but usually swallows it.

There are no nasal symptoms like congestion, itchy nose, or rhinorrhea. There is no personal history of asthma, but there is a family history of chronic bronchitis and asthma. He is allergic to bee stings, which previously caused hives, though a recent sting did not result in a significant reaction.

He does not smoke but occasionally detects cigarette smoke in his building. A chest x-ray (April 2025) was normal.

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 *chronic bronchitis*	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
• 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.		

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

Allergies

Allergen	Reactions
• Bee Venom	Hives
• Bee Pollen	Hives

PHYSICAL EXAMINATION:
Blood pressure 127/76, pulse 83, resp. rate 16, height 188 cm (6' 2"), weight 87.1 kg (192 lb), SpO2 98%.
GENERAL: Well-appearing. No apparent acute distress.
HEENT: No conjunctival injection. No nasal drainage. Nasal turbinates appear normal.
CARDIOVASCULAR: No cyanosis.
RESPIRATORY: No increased WOB. CTAB.
MSK: No visible clubbing or edema.
NEURO: Grossly intact. No focal deficits appreciated.
PSYCH: Normal affect and mood.
HEME: No bruising or bleeding.
SKIN: No rashes of visible skin.

PROCEDURES:
See media for scanned skin testing results.

Percutaneous Skin Test Results [Wheal (mm)/Flare (mm)]

A total of 32 skin tests were placed.

Controls
Histamine : 5/15
Saline : 0

Perennial Indoor Allergens
Cat : 0
Dog : 0
Cockroach Mix: 0
Dust Mite (F) : 0
Dust Mite (P) : 0
Mouse: 0

Trees
Cedar/Juniper: 0
Pine : 0
Sycamore: 0
Mulberry: 0
Cottonwood : 0
Maple/Box Elder: 0
American Elm : 0
Oak Mix : 0
Birch Mix : 0
Hickory Mix: 0

Weeds
Dock/Sorrel : 0
English Plantain : 0
Russian Thistle : 0
Amaranth Pollen: 0
Lamb's Quarter: 0
Ragweed Mix : 0

Molds
Grass Smut : 0
Cladosporium: 0

Penicillium : 0
Aspergillus Fumigatus : 0
Alternaria Alternata: 0

Grass
Johnson Grass: 0
Bermuda Grass : 0
Grass Mix : 0

Interpretation: Negative allergy testing to aeroallergens.

LABS/STUDIES/RECORDS:
I have reviewed the results and records below. Relevant interpretation discussed in assessment/plan.
No results found for this or any previous visit (from the past 6 weeks).

CXR 4/3/25
XR CHEST PA/LATERAL, 4/3/2025 11:54 AM

CLINICAL INFORMATION:
31 years Male
Reason: chronic cough -- please eval for airway disease, mass, other History: see above

TECHNIQUE: XR CHEST PA/LATERAL

COMPARISON: None.

FINDINGS:
The cardiomediastinal silhouette is normal in size.
No focal consolidation, pleural effusion or pneumothorax.

IMPRESSION
IMPRESSION: No radiographic evidence of acute cardiopulmonary abnormality.

ASSESSMENT & PLAN:

Assessment & Plan

Chronic cough of unclear etiology
Chronic cough for eight months, possibly due to mold exposure. Symptoms improve outside the apartment. Negative allergy testing today, including for molds, suggests non-allergic cause. Previous treatments ineffective. Mold may be an irritant.
CXR 4/2025 normal.
- Order breathing test to assess lung function.
- Consider pulmonologist referral if symptoms persist.

Suspected asthma
Suspected asthma due to chest tightness and cough with whistling, especially in the apartment. Family history of asthma. Symptoms improve outside the apartment. Previous albuterol ineffective. Environmental factors like mold may trigger asthma.
- Prescribe Symbicort 80-4.5 mcg inhaler: two puffs morning and night with spacer.
- Instruct on spacer use for better delivery.
- Advise Symbicort as needed, max twelve puffs daily.
- Trial Symbicort for four to six weeks to assess effectiveness.
- Discuss potential need for breathing test.

Adverse reaction to be venom
H/o hives in childhood with bee sting, though asymptomatic with subsequent sting 5-6 years ago.
Unlikely allergic to bees. We did discuss that cutaneous symptoms alone, even generalized, are unlikely to result in anaphylaxis with future stings. As such, venom immunotherapy is not generally indicated, though may be considered in special circumstances (eg. beekeeper). EpiPen may also not be necessary but can be considered based on share decision making.
- No testing or immunotherapy is recommended at this time.
- Deferred EpiPen at this time.

Follow up in 4-6 weeks.

Ruchi Singla, MD
Faculty, Allergy/Immunology
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