**PROGRESS NOTE**

### PROBLEM:

1. Internal hemorrhoids confirmed via colonoscopy on January 28, 2016.
2. Chronic GE reflux disease.
3. History of intermittent diarrhea of unclear etiology.

### SUBJECTIVE:

The patient was previously seen on February 25, 2016 for evaluation of chronic GE reflux disease. Subsequently, an EGD was performed on March 1, 2016 concluding a small hiatal hernia and gastritis from which biopsies were obtained. There is no evidence of peptic ulcer disease or neoplasm. Pathology findings document no evidence of Barrett’s esophagus or H. pylori infection.

The patient returns today voicing that heartburn is well controlled with Nexium PPI therapy. However, he has developed recurrent intermittent loose stools, which is occurring sporadically. Recently he has developed right lower quadrant pain and nausea but no vomiting, fevers, chills or significant weight loss. He voices a very limited intake of dairy and caffeine products and denies administration of laxatives. A previous colonoscopy in January of 2010 revealed no evidence of colitis.

### REVIEW OF SYSTEMS:

The patient’s review of systems questionnaire was reviewed and there are no additional pertinent positives.

### PHYSICAL EXAM:

**VITAL SIGNS:** Blood pressure is 124/75. Temperature is 98.3. Current weight is 182 pounds.

**LUNGS:** Clear to auscultation and percussion.

**CARDIO:** S1, S2 within normal limits, without gallops or murmurs.

**ABDOMEN:** Soft and nontender without organomegaly, mass or ascites.

### ASSESSMENT:

1. GE reflux disease, currently well controlled with PPI therapy. Upper endoscopy concluded no evidence of Barrett’s esophagus.
2. Intermittent loose stools of unclear etiology. Clinical features favor probable irritable bowel syndrome with diarrhea predominance versus increased stool frequency from dietary factors.

### PLAN:

The patient will avoid dairy, caffeine and sorbitol. A trial of Bentyl antispasmodic therapy will be added for suspected irritable bowel syndrome. In addition, laboratory data to include celiac panel will be ordered. If clinical symptoms fail to improve, then a CT scan of the abdomen may be considered. Follow up in two weeks. Additional recommendations to follow.