

# Physician Office Note

Encounter Date: 2/18/2020

Completed By: SESTITO, CARL

Fern comes in today for preventive health visit. She's feeling well. Bumped her leg and wanted to show me the lump. I think it's just a small hematoma. Recently got hearing aids and she's getting used to them but she does admit that they help. No chest pain. No shortness of breath. Hasn't been exercising regularly lately. She's been having some issues with her hemorrhoids and was wondering what she could do area

Past medical history is significant for:

- #1 hypertension
- #2 diabetes
- #3 colonic polyps
- #4 hypertriglyceridemia
- #5 prior hysterectomy
- #6 prior cervical laminectomy
- #7 moped accident with a large left thigh hematoma in the past

Current medications were reconciled and reviewed

Allergies are none

Family history is positive for myocardial infarction her mom

Social history not a smoker or drinker. Lives with her husband.

Review of systems:

HEENT vision is okay

Cardiovascular no chest pain. No dyspnea.

GI bowels are good

GU occasional bouts of urinary incontinence

No falls

All other organ systems reviewed except those specifically noted in the history of present illness were negative.

Physical exam: Well-developed well-nourished white female comfortable and pleasant in no distress

VITALS: Pulse mid 70s respiratory rate mid teens blood pressure 130/76 weight 149 pounds

SKIN: Warm, dry, no rashes in visible areas

HEENT: Pupils round and reactive. Sclera nonicteric. Conjunctiva is clear. No lid lag

OROPHARYNX: Midline. Face symmetric. No lip lesions. Dentition okay

NECK: Supple. No mass. No adenopathy. No thyromegaly. Didn't hear a bruit

CHEST: Symmetric. Respirations unlabored

LUNGS: Clear without wheeze

HEART: Or. S1 and S2 both normal. No murmur

ABD: Soft, nontender, nondistended, bowel sounds are active. No mass or hepatosplenomegaly

EXT: Are good peripheral pulses.

NEUROPSYCH: Alert and oriented ?3. Affect normal

Impression and plan:

#1 preventive health maintenance. Feels pretty well. Good with her colonoscopy. Good with her vaccines. Has upcoming blood work. Gets her mammograms in Sewickley.

#2 diabetes has a slip to get report blood work done at the end of this month

#3 hypercalcemia stable

#4 hypertension well controlled

#5 hyperlipidemia just had her blood work

## Signatures

Electronically signed by : CARL SESTITO, M.D.; Feb 18 2020 9:04AM EST (Author)

# Physician Office Note

Encounter Date: 9/10/2020

Completed By: SESTITO, CARL

Fern comes in today for follow-up of her medical problems. She has been feeling relatively well. Some irritation and discomfort related to her hearing aid in her left ear. She actually sees her ENT on Monday to discuss, but she wanted me to take a look in her ear. No pain in her chest. No difficulty breathing. Appetite been good. Bowels are okay. She had her mammogram done in December in sewickley

B FSH is unchanged from her visit dated February 18, 2020

Social history does not smoke or drink

Review of systems: As above otherwise negative

Physical exam: Well-developed well-nourished white female comfortable and pleasant in no distress  
Vitals pulse 70 6-80 respiratory rate mid teens blood pressure 138/80 weight 149 lb  
HEENT cerumen left ear canal. Pupils round and reactive. Sclera nonicteric. Conjunctiva is clear. Extraocular muscles intact  
Neck supple. Trachea midline. No mass. No adenopathy. No thyroid enlargement. No bruits  
Chest symmetric respirations not labored  
Lungs clear no wheezes  
Heart regular. S1-S2 normal. No gallop or murmur  
Abdomen soft, nontender, normal bowel sounds. No hepatosplenomegaly or mass  
Extremities no ankle edema. Good peripheral pulses.

Impression and plan:

1. Diabetes. Due for blood work in November
2. Hyperlipidemia check blood work in November
3. Hypertension. Seems well controlled. Blood work in November
4. Hypercalcemia repeat blood work this fall
5. Cerumen impaction left ear. She is just going to allow her ear nose and throat doctor to take care of that. Actually wondered if she might have the tip of her hearing aid in her ear but she said she can wait until she seen. Her year does not hurt unless she puts a hearing aid in.
6. Routine health maintenance. I will give her a flu shot today. We spent some time talking about how to stay safe during the pandemic I wanted to exercise. Will see her back 6 months

## Signatures

Electronically signed by : CARL SESTITO, M.D.; Sep 10 2020 1:22PM EST (Author)

# Physician Office Note

Encounter Date: 2/23/2021

Completed By: PANTELY, ALANA

## Subjective

Ms. BLUE presents today for evaluation of left leg pain. We did have a discussion over the phone about a week ago but which was experiencing. She did complete a Medrol Dosepak and states that it helped a little bit but not completely. Tylenol is not helping either. Pain shoots down the lateral portion of her left leg to about her knee. Seems to feel better when she is lying flat on her back with her legs bent. She denies numbness or tingling. Pain does not radiate past the knee. Denies weakness in her lower extremities.

## Past Medical History

1. Diabetes
2. Hyperlipidemia
3. Hypertension
4. Hypercalcemia
5. Scoliosis

## Social History

### Problems

- Never A Smoker
- Non-smoker
- Tobacco Non-user

## Review of Systems

Pertinent positives per history of present illness. Medications reconciled. Most recent labs reviewed. Weight has been stable. Normal appetite. Normal bowel movements and urination. No chest pain or SOB at rest or with exertion. No headaches. Vision has been unchanged. Moods have been okay. No urinary incontinence. No falls. All other review systems negative.

## Current Meds

### Active

1. amlodipine besylate 5 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
2. Aspirin 81 MG TABS; TAKE 1 TABLET DAILY
3. Atorvastatin Calcium 40 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
4. Citracal +D3 250-107-500 MG-MG-UNIT Oral Tablet Chewable
5. Co Q10 TABS
6. Fenofibrate Micronized 200 MG Oral Capsule; TAKE 1 CAPSULE BY MOUTH EVERY DAY
7. Glucosamine CAPS; TAKE AS DIRECTED
8. MegaRed Omega-3 Krill Oil 500 MG Oral Capsule
9. metroNIDAZOLE 0.75 % External Gel; APPLY AND RUB IN A THIN FILM TO AFFECTED AREAS TWICE A DAY (MORNING AND EVENING)
10. Quinapril-hydroCHLORothiazide 20-12.5 MG Oral Tablet; TAKE 2 TABLETS DAILY
11. Triamcinolone Acetonide 0.1 % External Cream; APPLY TO AFFECTED AREA 2 TO 3 TIMES DAILY
12. Vitamin B12 TABS
13. Vitamin C 250 MG Oral Tablet
14. Vitamin D 1000 UNIT TABS; TAKE 2 TABLET Daily

## Allergies

### Medication

1. No Known Drug Allergies

## Vitals

### Adult

	Recorded: 23Feb2021 02:44PM
Systolic	150

# Physician Office Note

Encounter Date: 2/23/2021

Completed By: PANTELY, ALANA

Diastolic	78
Temperature	96.8 F
Height	5 ft 2.5 in
Weight	150.4 lb
BMI Calculated	27.07 kg/m2
BSA Calculated	1.7

## Objective

VITALS: HR 80, R 16

GENERAL: WD/WN. not ill-appearing and in no acute distress.

SKIN: Pink, warm, dry. No acute rash.

LUNGS: Bilaterally clear without wheezes, rales or rhonchi. Normal air flow.

CARDIAC: Regular rate and rhythm Normal S1 and S2. No MRG.

EXTREMITIES: No clubbing, cyanosis, or edema. Equal pulses throughout. Equal lower extremity strength. Normal gait. Distal sensation intact. Minimal tenderness noted along the lateral thigh of the left leg. No edema or erythema noted. No pain in hip with internal or external rotation. She was able to get up onto the exam table with no issue.

NEUROMUSCULAR: Ambulates easily and steady on feet. Equal grip strength.

NEUROPSYCH: Alert and oriented x3. Affect appears normal.

## Assessment

1. Leg pain

## Plan

### Leg pain

1. X-RAY ( XR ) FEMUR LEFT; Status:Active; Requested for:23Feb2021;  
Permit radiologist to modify order? : Yes
2. X-RAY ( XR ) HIP COMPLETE LEFT with PELVIS; Status:Active; Requested for:23Feb2021;  
Permit radiologist to modify order? : Yes
3. X-RAY ( XR ) LUMBAR SPINE (2 VIEWS) AP/LATERAL; Status:Active; Requested for:23Feb2021;  
Permit radiologist to modify order? : Yes

1. Left leg pain: I believe this is likely originating from her back. She did respond slightly to Medrol Dosepak. Does have scoliosis and degenerative changes of the lumbar spine noted on prior x-rays. I would like to check x-rays. I will refer over to Dr. Ragoowansi as well. Can use ibuprofen or Aleve as needed for discomfort.

## Signatures

Electronically signed by : ALANA PANTELY, PA; Feb 23 2021 3:09PM EST

Electronically signed by : MAURICE PRENDERGAST, M.D.; Feb 23 2021 5:11PM EST

# Physician Office Note

Encounter Date: 3/10/2021

Completed By: SESTITO, CARL

Fern comes in today for preventive health visit. She has been feeling relatively well. She was having some left low back pain that was going into her left leg. Her evaluation included x-rays which talked about question of a mild cortical step-off along the lateral aspect of her femoral head neck junction. She subsequently had an MRI which looked fine from a bony standpoint but did show a 1 cm intramuscular lesion almost certainly related to significant trauma she had to that leg many years ago. She took steroids and then Advil and her pain is completely resolved and she plans on starting back on her treadmill to see how she does. I offered her physical therapy but she said no for now. No pain in her chest. No trouble breathing. Appetite been good. Bowels move fine.

Past medical history is significant for:

1. Diabetes
2. Hypertension
3. Colonic polyps
4. Prior cervical laminectomy
5. Hypertriglyceridemia
6. Prior hysterectomy
7. Moped accident in the past with a large left thigh hematoma
8. Hyperlipidemia

Current medications were reviewed and reconciled

Allergies are none

Family history is significant for an MI in her mother

Social history does not smoke or drink. Lives with her husband.

Review of systems:

HEENT no headaches

Cardiovascular no discomfort in her chest or difficulty breathing

GI bowels are okay

GU rare bouts of urinary incontinence. Does not wear a pad.

No falls

All other organ systems reviewed except those specifically noted in the history of present illness were negative.

Physical exam: Well-developed well-nourished white female no distress

Vitals pulse 76 respiratory rate mid teens blood pressure 120/76 weight 152 lb

Skin warm, dry, no rashes in visible areas

HEENT pupils round and reactive. Conjunctiva is clear. Extraocular muscles intact. Sclera nonicteric

Neck is supple. Trachea midline. No adenopathy. No mass. No thyromegaly. No bruits

Chest symmetric respirations not labored

Lungs clear no wheezes

Heart regular. S1-S2 normal. No gallop or murmur

Abdomen soft, nontender, normal bowel sounds. No hepatosplenomegaly or mass

Extremities warm and well perfused

Impression plan:

1. Preventive health maintenance. Doing well. She is going to get back into her exercise routine. Up-to-date on her mammogram. She is due for colonoscopy this fall. Already got her 2nd coronavirus shot.
2. Diabetes. A1cs have been good. Has a slip to get a repeat done in the summer
3. Hypertension. Well controlled on current medical regimen.
4. Hyperlipidemia. Blood work at her next visit. Tolerating her statin well
5. Intramuscular lesion most likely from prior trauma. Talked to her about reimaging in a few months and we thought we speak about it again at her next visit in 6 months.

## Signatures

Electronically signed by : CARL SESTITO, M.D.; Mar 10 2021 1:40PM EST (Author)