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Oct 23, 2025

Diabetes and Endocrinology
☐
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Dear

Re: Mastoureh Alvand Kouhy Sep 18, 1966 Age: 59 yr

Informed verbal consent was obtained from the patient to communicate and provide care using telecommunication. The patient understands that care provided through phone cannot replace the need for physical examination or an in person visit for urgent problems. The patient understands that needs to seek urgent care in an Emergency Department as necessary. The patient preferred phone consultation over delaying the appointment. Time:2:50- 3:15.

Past Medical History
Hypothyroid
Depression
Fibromyalgia
HTN- and minor TIA
Minor thalassemia
OA
CT abdomen Dec 2020: Normal adrenals. 2.5 cm simple liver cyst.
BMD from Iran in Dec 2019: spine T-score -1.5, FN T-score -0.9, TH T-score 0.4.
Thyroid US from Oct 2019: mild thyroiditis, hypervascular, hypoechoic gland.
Thyroid US from May 2021: No discrete nodule. Chronic thyroiditis. No parathyroid adenoma.

Allergies
Cephalexin- hives

Medication

Re: Mastoureh Alvand Kouhy Sep 18, 1966 Age: 59 yr

Synthroid 112 mcg daily
Candesartan 8 mg
Lyrica 75 mg am 150 mg pm
Duloxetine 60 mg daily
Hydroxychloroquine 200 mg daily x 2 tabs
Vit D 10,000 IU daily

Follow Up Notes

Has seen cardiologist and her medication has been changed (Candesartan) since 2 days ago. Has high BP up to 180's. However, feels the readings are better since the start of Candesartan.

Investigations

Blood tests: Sept 28, 2021 and May 2021 (normal vit D 92).
AVS Aug 2021: no lateralization
Parathyroid scan on Aug 2021: no parathyroid adenoma
Thyroid US from May 2021: No discrete nodule. Chronic thyroiditis. No parathyroid adenoma.

Assessment and Plan

- Normocalcemic hyperparathyroidism with normal vit D level and calcium level. FHH was ruled out. Has osteopenia at spine in 2019 and I asked for repeat BMD. Her thyroid US and parathyroid scan did not show parathyroid adenoma. Recent PTH was lower than before. Not taking enough calcium and I advised her either take calcium supplement or increase calcium rich food.
- Hypokalemia: The blood work was suggestive of primary hyperaldosteronism with elevated ARR. Her CT abdomen showed normal adrenals. Awaiting for AVS. Cardiologist has changed her verapamil to candesartan. I sent a letter to cardiologist to change her medication to one of appropriate medications including: Diltiazem, Verapamil, Hydralazine, and Prazosin.
- Follow up: after AVS.

Once again thank you for allowing me to be involved in the care of your patient. Please do not hesitate to contact me if there is any further concern.

Regards,
Dr. Pardis Malakzadeh MD, FRCP(C)

Re: Mastoureh Alvand Kouhy Sep 18, 1966 Age: 59 yr

Adult Endocrinologist

Dictated but not read

Yours truly,

Dr. Pardis Malakzadeh-Shirvani