



FROM: Pat L.

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SUBJECT: {Medical Records}

DATE: Mon, 10/05/20, 11:16 AM PDT

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[Progress Note] [Charles Dermody] [87989]

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Progress Note

Patient Name: Charles Dermody
Patient ID: 87989
Sex: Male
Birthdate: April 28, 1943
Primary Care Provider: Alan Bunin MD

Visit Date: September 29, 2020
Provider: Martin Wall, MD
Location: Washington Urology and Urogynecology, PLLC
Location Address: 1135 116th Ave NE, Suite 620
Bellevue, WA 98004-4636
Location Phone: (425) 454-8016

Chief Complaint

- left ureteral stone
- right kidney stone
- elevated psa, family h/o prostate cancer
- hypogonadism, on topical testosterone

History Of Present Illness

PROBLEM LIST:

**1) kidney stone **2) hypogonadism, on topical T **3) psa = 4.13 (12/19), 6.1 (4/20), 7.29 (8/20), 6.8 (9/20), 8.2 (9/20) **4) family h/o prostate cancer - father + brother

History of present illness:

Charles W. Dermody is a 77 year old Caucasian/White male who presents now for evaluation of left mid ureteral stone and right renal stone. The patient is referred now per REFERRING CARE PROVIDER NAME. There has been evaluation in the OHMC ER. There has been a CT scan. A stone has been noted in the left mid ureter and right kidney. The patient has a previous history of kidney stone with ESWL carried out. There has been a low amount of pain in conjunction with this. There has been nausea in conjunction with this.

9/26/19 - **L prox ureteral stone, R renal stones**

Recent right arm melanoma surg. + axillary node bx. Has had prev. ESWL w/ seemingly favorable outcome.

Has been on baby ASA.

ESWL bilateral (R renal, L ureteral) pending. We talked about the possible role of ESWL. The left ureteral stone has been minimally symptomatic and he has been awaiting spontaneous passage, although this has not occurred in the three months since CT scan. ESWL is contrasted with a ureteroscopic approach. There are additional stones in the right kidney that are small/medium in size and these would be worth trying to address under the same anesthetic. He will return in coming weeks for bilateral ESWL.

KUB pending.

10/14/19 - **pre-ESWL H&P update**

I have evaluated the patient and there has been no interval change in health status. The patients meets criteria for todays planned surgery. The patient returns now for previously planned procedure.

9/29/20 - **mild PSA elevation, family h/o prostate cancer, on topical T**

On topical testost. w/ decent overall impact. Has had a mild rise to psa over recent mos., not a considerable rise when cross referenced to age. The family history of prostate cancer is of note and concern. He is on topical testosterone with symptomatic benefit being obtained from that. The question no is addressed as to whether to have him stop testosterone, whether to have him undergo prostate biopsy. For age the testosterone rise is not that significant and has been gradual over time. I told him that while prostate biopsy would be recommendable enough my senses that I might simply track this again in a few months. I don't presently have a sense that he needs to

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discontinue testosterone. These issues will all be addressed again in a few months. Even if there were to be prostate cancer revealed on biopsy there would be some debate as to just how much proactive management of this disease would be carried out.

RTC 4 mos.

Past Medical History

Disease Name	Date Onset	Notes
Hypertension	--	- Phreesia 09/25/2019
Kidney stone	--	- Phreesia 09/25/2019

Past Surgical History

Procedure Name	Date	Notes
Other	--	- Phreesia 09/25/2019
wisdom teeth	--	- Phreesia 09/25/2019

Medication List

Name	Date Started	Instructions
Advil oral		--
anastrozole 1 mg oral tablet		take 1 tablet (1 mg) by oral route once daily
aspirin oral		--
atenolol oral		--
atorvastatin oral		--
candesartan oral		--
chlorthalidone oral		--
CoQ-10 oral		--
DHEA oral		--
Flonase Allergy Relief 50 mcg/actuation nasal spray,suspension		--
L-Threonine miscellaneous crystals		use as directed
melatonin oral		--
milk thistle oral		--
Percocet oral		--
pioglitazone oral		--
pregnenolone (bulk) miscellaneous powder		use as directed
sildenafil oral		--
tamsulosin 0.4 mg oral capsule		--
testosterone transdermal		--
Tylenol oral		--

Allergy List

Allergen Name	Date	Reaction	Notes
NO KNOWN ALLERGIES	--	--	- Phreesia 09/25/2019

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Family Medical History

Disease Name	Relative/Age	Notes
Heart Disease	Brother/ Grandfather (maternal)/ Grandmother (maternal)/ Mother/	- Phreesia 09/25/2019 - Phreesia 09/28/2020
Hypertension	Brother/	- Phreesia 09/25/2019
Stroke	Brother/	- Phreesia 09/28/2020
Prostate cancer	Brother/	- Phreesia 09/28/2020
breast CA	Father/ Brother/ Grandfather (maternal)/ Grandmother (maternal)/ Mother/	- Phreesia 09/25/2019 - Phreesia 09/28/2020

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	--	--/--	--	- Phreesia 09/25/2019
Married	--	--/--	--	- Phreesia 09/25/2019
Minimal Amount of Exercise (Once weekly or less)	--	--/--	--	- Phreesia 09/25/2019
retired	--	--/--	--	- Phreesia 09/25/2019
Tobacco	Never	--/--	--	- Phreesia 09/25/2019

Review of Systems**Constitutional**

- o Denies : fever, chills

Eyes

- o Denies : changes in vision, double vision

HENT

- o Denies : sore throat, headaches

Cardiovascular

- o Denies : chest pain, irregular heart beats, dyspnea on exertion

Respiratory

- o Denies : shortness of breath, sleep apnea

Gastrointestinal

- o Denies : nausea, vomiting

Genitourinary

- o Denies : additional symptoms, except as noted in HPI

Integument

- o Denies : rash, itching

Neurologic

- o Denies : tingling or numbness, seizures

Musculoskeletal

- o Denies : back pain, muscular weakness

Endocrine

- o Denies : cold intolerance, heat intolerance, weight gain, weight loss

Psychiatric

- o Denies : anxiety, depression

Heme-Lymph

- o Denies : easy bleeding, lymph node enlargement or tenderness

Allergic-Immunologic

- o Denies : frequent illnesses

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Vitals

Date	Time	BP	Position	Site	L\R	Cuff Size	HR	RR	TEMP (F)	WT	HT	BMI kg/m ²	BSA m
09/29/2020	10:02 AM	148/73	Sitting				64 - R			165lbs 0oz	5' 10"	23.67	1.92

Physical Examination**Constitutional**

- o **Appearance** : Well nourished, well developed patient in no acute distress. Ambulating without difficulty.
- o **Ability to Communicate** : Normal communication ability

Chest

- o **Auscultation** : Normal breath sounds

Cardiovascular

- o **Heart** :
 - **Auscultation** : Heart rate is regular with normal rhythm.

Gastrointestinal

- o **Abdominal Exam** : Scaphoid abdomen which is non-tender to palpation with normal tone and without rigid guarding. No masses present.

Genitourinary

- o **Scrotum/Testes** :
 - **Scrotum** : Normal scrotum with normal palpable vas deferens bilaterally.
 - **Testes** : Symmetrical testes which are normal in size and no masses present.
 - **Epididymides** : Epididymides are non-tender bilaterally
- o **Digital Rectal Exam** :
 - **Tone and Masses** : Normal sphincter tone. No internal hemorrhoids, rectal masses or bleeding present.
 - **Prostate** : Non-tender to palpation with 2+ size and consistency normal. No nodules present.

Lymphatic

- o **Groin** : No lymphadenopathy present

Skin

- o **General Inspection** : No rashes, lesions or areas of discoloration present. Skin turgor is normal.

Neurologic and Psychiatric

- o **Orientation** : Oriented to person, place and time
- o **Mood and Affect** : Normal mood with an appropriate affect

Assessment

- Kidney stone 592.0/N20.0
- Ureteral stone 592.1/N20.1
- Elevated PSA 790.93/R97.20
- Hypogonadism male 257.2/E29.1

Plan**Medications**

- o Medications have been Reconciled
- o Transition of Care or Provider Policy

Instructions

- o Discussion of pursuit of prostate biopsy and deferral of topical testosterone. Both of these are not pursued present. Will track PSA in a few months and continue to address these issues then. Prostate biopsy is described to him and he knows this would be an 8-10 minute office event with availability of the pathology report thereafter.
- o This was a 25 minute office visit, 80% in consultation, regarding psa elevation in the face of fam h/o prostate cancer & ongoing T supplementation in the pt. w/ possible decision for bx of prostate down the line.

Disposition

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- o Appointment Requested (4313) and Recall created (4556)
 - Careprovider : Wall, Martin MD (1010)
 - Appointment : PSA/Exam / *Office
 - Date : 4 months +/- 2 days
 - Override : No
 - Comments/Instructions :

Dr. Brassell Longevity Clinic fax 425-576-0894

Electronically Signed by: Martin Wall, MD -Author on September 30, 2020 04:08:05 PM

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