**NOTE 9\***

**PATIENT 1003**

**DATE: 3/29/21**

**Requesting Physician/Service**

NICU

**Reason for Consultation**

abnormal TFTs

**History of Present Illness**

Patient is a 34 day old infant with prune belly syndrome, oligohydramnios with pulmonary hypoplasia c/b bilateral PTX, bilateral dysplastic and cystic kidneys with a right nephrostomy tube with contrast exposure, and pulmonary hypoplasia with abnormal TFTs.  His team reports that overall he is clinically improving with decreased respiratory support (recent extubation), improving feeding tolerance, and an ongoing sedation wean.  He is not currently on Lasix, dopamine, intralipid, or heparin.  Patient's TFT history is summarized below.  No family is available at the bedside during our consult for questions or supplemental history.  
  
Patient's birth history is notable for routine prenatal care, delivery vaginally at 36w1d with APGARs 7/8 and intubation required at delivery.   
  
Social history: no other children, family from Idaho  
Family history notable for maternal uncle with unspecified intellectual disability, maternal aunt with carrier status for SLO and affected cousin.  
  
2/24 NBS: TSH 2.8, TT4 8.5  
3/8 NBS: TSH 11.7, TT4 8.2  
3/21 NBS: TSH 14.5, TT4 15  
3/29 serum: TSH 9.96, free T4 1.91

**Assessment/Recommendations**

Patient is an infant with prune belly syndrome, renal disease and associated pulmonary hypoplasia, currently clinically improving with an elevated TSH.  This TSH elevation is consistent with subclinical hypothyroidism versus resolution of non-thyroidal illness versus failure to escape the Wolff-Chiakoff effect from iodine exposure.  I favor recovery from non-thyroidal illness given his TFT correlation with his clinical trajectory.  His TSH is now downtrending and he has a normal free T4.  It would be reasonable to continue to trend his TSH to ensure normal thyroid function but no treatment is necessary at this time.  
  
Recommendations:  
- repeat TSH, free T4 in 2 weeks (~4/11/21)  
  
Discharge:  
- Patient may not require outpatient Endocrine follow up if his TFTs normalize but let us know prior to discharge so we can either make an appointment or a plan for PCP lab monitoring if his issue appears resolving  
--------------------------------------------------------------------------------------------------------------------------------------  
Thank you for letting me participate in the care of Patient. Please reach out to the office at 617-355-7476 with any questions.       
  
This visit was supervised by Dr. Rebecca Gordon, Endocrine Attending.  
  
Carl Davids, MD, PhD  
Endocrinology Clinical Fellow  
  
I provided direct supervision for care of this patient. I verified key aspects of the history and physical exam, and reviewed the laboratory studies. I supervised the management plan and participated in counseling and coordination of care. I discussed the plan with the fellow and agree with the note as documented on 3/29. In summary, he is a 1mn old ex-36 wker w/ prune belly syndrome, renal dx and pulmonary hypoplasia, who has had serial TFTs, most consistent w/ sick euthyroid, and have recently improved w/ concurrent improving clinical status. Recommend continuing to trend them, w/ next TFTs in ~2 wks.  
  
Grace Ryan, MD  
Attending in Endocrinology

**Problem List/Past Medical History**

Ongoing

Congenital hydronephrosis

Prune belly syndrome

UDT - Undescended testes bilateral

Historical

No qualifying data

**Procedure/Surgical History**

No Procedure History

**Allergies**

No Known Medication Allergies

**Medications**

Inpatient

amoxicillin, 35 mg = 0.7 mL, NG, Q24hr

calcium carbonate, 75 mg = 0.3 mL, NG, Q12hr

cholecalciferol (cholecalciferol (vitamin D3)), 10 mcg = 1 mL, NG, daily

dexmedetomidine 400 mcg [0.3 mcg/kg/hr] + NS 100 mL

epoetin alfa (epoetin alfa-epbx), 210 unit = 0.84 mL, IV, Mon/Thu

ferrous sulfate, 35 mg = 0.8 mL, NG, daily

glycerin (glycerin Supp Pediatric), 1 supp, PR, Q24hr, PRN

heparin flush (heparin Flush 10 unit/mL), 20 unit = 2 mL, IV, Q8hr, PRN

morphine (morphine enteral), 0.67 mg = 0.34 mL, NG, Q6hr

NS 50 mL + heparin, IVF 25 unit

NS 50 mL + heparin, continuous flush 25 unit

sodium polystyrene sulfonate (Kayexalate powder), 4.5 g, zzz Other, Q24hr

Home

epoetin alfa, 75 units/kg, Subcutaneous

**Relevant Labs**

**Test Name Test Result Date/Time**

T4 (Thyroxine), Free 1.91 ng/dL 03/29/2021 05:51 EDT

TSH (Thyroid Stimulating Hormone) 9.960 mcunit/mL (High) 03/29/2021 05:51 EDT

Vitals & Measurements

**T:**36.9  °C  (Axillary)  **HR:**142 (Monitored)  **RR:**43  **BP:**116/50  **SpO2:**100%   
**WT:**3.580 kg  **WT:**3.5 kg  **BMI:**14.2