

### Seminar and Practicum Comprehensive #3

**Date of Service:** 2/17/25

**Name:** \*\*\*\*

**Gender:** female

**Age:** 47 years old

**Primary Historian:** self/reliable

**Chief complaint:** Wellness exam/ comprehensive assessment of medical problems

#### **History of present illness:**

Patient presents to clinic to reestablish care and for annual wellness. Patient moved back from South Carolina in October.

Patient reports she saw Dr Bennet rheumatology last month with great news of remission of microscopic polyangitis. She is no longer taking Rituximab.

Patient continues to struggle with migraines. She reports one to two a week that are aborted with emerge she reports that this "Nips it "and rarely has to repeat the dose. She continues to use emgality and preventative therapy.. Prior to being on these medications she was having 5 migraines per week with aura. She no longer has aura with the migraines that she's getting once weekly. She is happy with this control. She also has considered doing Botox, but was not offered it by the neurologist who she is seeing for care. She does know that the triggers are dehydration, salt, and tomato sauce. She denies any correlation with changes in hormones.

Patient also states that she has had cardiac changes since last being seen. She does report she stopped seeing her cardiologist in South Carolina. She does have a history of mitral valve prolapse. She reports that she's had two episodes of a fib that she knows of- one last February and one two weeks ago. She reports that she felt her heart change and then did an EKG on her Apple Watch, which showed that she was in a fib. She denied chest pain or shortness of breath with these episodes and they were not exertional. She reports that she was sitting on the couch when that last episode happened. She goes on a state that she has had 3- 4 of these episodes at most. Patient reports that her last echo was in 2022, which she knows that there were no changes to her mitral valve at that time. She reports her lower extremity edema has improved greatly. She does not utilize compression. She has taken herself off of the metoprolol, losartan, and lasix.

Patient continues to struggle with back pain which she reports has always been an issue for her. It has since gotten worse with the MPA. She reports that the motions that cause her the most pain are when she is sitting folding laundry and has to twist, or twisting when she is standing. She notes that most of the pain is between her shoulder blades. She has attempted chiropractic which she did not find any benefit from.

Patient does complain of arthritis in her thumbs. She has tried over-the-counter topical creams which she has not found to be beneficial. She struggles with this daily.

Patient notes that one of her biggest concerns is how fatigued she feels. She reports that most of it is physical. She does state that the Lions mane helps with some of the cognitive fatigue and brain fog. She

also reports that she has started using testosterone cream what she uses every other day that helps with some fatigue. She notes irritability if she uses the testosterone cream every day. She does report that her job is very boring so this contributes to the fatigues, along with having to drive to butte 5 days a week for commuting. She is trying to find a job in Helena. Patient states she feels her libido is being significantly impacted by the fatigue and this is one of the most bothersome symptoms. She denies vaginal dryness.

She does note that she struggles with constipation which she relates to little water intake due to her job being in a lab and not being able to have food or water. She has 2-3 BMs per week. She does report a mindful diet.

Patient reports that she had cologuard one year ago which came back normal. She has not had an updated tdap (2015). Her med list was updated at this visit. She does note that she has not been exercising for the past 2-3 months. She reports this is due to the move and fatigue.

### **Review of systems:**

#### **Systemic symptoms**

Denies: Fever, Chills, Drenching Sweats, Feeling excessively poorly (malaise), Sleep disruption, Weight gain, Weight loss, **REPORTS:** Cold intolerance, Heat intolerance Feeling excessively tired (fatigue),

#### **Eye symptoms**

Denies: Double vision (diplopia), Blurred vision, Eye pain, Vision loss

#### **Ears, nose or throat (ENT) symptoms**

Denies:, Sinus pain, Hearing loss, Ear pain, Neck lump or swelling, Nasal congestion, Frequent sneezing, Loud snoring, Chronic nasal discharge, Frequent nose bleeds, Painful swallowing, Trouble swallowing, Hoarseness, Mouth sores, Sore throat, Dry mouth **REPORTS:** Headache Ringing in the ears (tinnitus),

#### **Breast symptoms**

Denies: Nipple discharge, New breast lump, Breast tenderness

#### **Cardiovascular symptoms**

Denies: Chest pressure or tightness, , Edema, **REPORTS:** Cold hands or feet Palpitation

#### **Respiratory symptoms**

Denies: Shortness of breath, Cough, Wheezing, Coughing up blood, Coughing up sputum

#### **Gastrointestinal symptoms**

Denies:, Heartburn, Nausea, Vomiting, Regurgitation, Belching, Vomiting blood or coffee ground material, Black tarry stools, Blood on stool/toilet paper, Abdominal pain, Bloating, Change in stool habits, Diarrhea, , Appetite change **REPORTS:** Feeling full easily Constipation

#### **Genitourinary symptoms**

Denies: Burning sensation during urination, , Blood in urine, Urinating frequently, Urgency to urinate, Leaking urine **REPORTS:** Urinating at night time

#### **Female**

Denies: heavy periods, unexplained or post-menopausal vaginal bleeding, irregular periods, pelvic pain, vaginal lump or mass, or discharge from vagina.

#### **Endocrine symptoms**

Denies: Hot flashes, Flushing of skin **REPORTS:** Change in libido

**Hematologic symptoms**

**REPORTS:** Easy bruising, Bleeding tendency

**Musculoskeletal symptoms**

Denies: Joint pain, Joint swelling, Neck pain, Walking difficulty/abnormality **REPORTS:** Muscle pain , Back pain- see HPI

**Neurological/psychological symptoms**

Denies: Numbness, Dizziness, Passing out, Seizure, Vertigo (spinning sensation), Tremor (shaking), Difficulty with balance, Tingling, Confusion, Memory lapses, , Depression, Agitation/Irritability, , Trouble sleeping, Hyperactive behavior., **REPORTS:** Decreased concentration, Anxiety, and Tearfulness

**Skin symptoms**

Denies: Itching, Yellow skin color, Rash, Unusual growth on the skin, Change in a mole **REPORTS:** Dry skin,

**Current Medications:**

Amerge – triptan for headache

Testosterone cream – every other day

Vitamin D 2,000 Units by mouth once a day

levothyroxine (SYNTHROID) 88 mcg tablet Take 1 tablet by mouth once a day

coenzyme Q10 100 mg cap capsule

EMGALITY PEN (120 mg/mL) SUB-Q Once a Month

Estrogen 1mg tab

Lion's mane

Topamax 100mg BID

Multivitamin

rizatriptan (MAXALT) 10 mg tablet PRN

Fish oil – gel caps daily

**Medication Allergies/Adverse Reactions:**

Atorvastatin 40mg qhs – brain fog and myalgia

Adderall - HEADACHE

Amlodipine EDEMA

Bupropion - ITCHY

Lorabid (Loracarbef)

Morphine

Paroxetine – HALLUCINATIONS

Strattera - constipation and urinary symptoms

Sulfa ITCHING

Zoloft (sertraline) – JAW CLENCHING

Vyvanse – HEADACHES

Bupropion – itching

**Failed Medications:**

Famotidine – palpitations

estradiol 0.075 mg/24 hr (VIVELLE-DOT) 0.075 mg/24 hr patch

Apply 1 Patch to skin two times a week – worked well but caused acne

Rizatriptan

Sumatriptan

Ubrevelo -

Nuertec –

**Problem List:**

ADHD (attention disorder hyperactivity disorder) combined type (F90.2)

Anemia chronic kidney disease (D63.1)

Antiphospholipid antibodies (D68.61) – with questionable syndrome – no clot. Perhaps miscarriage?

Anxiety disorder unspecified (F41.9)

A-V block first degree (I44.0)

Back pain in thoracic spine (M54.6)

Breast cysts (N60.09)

CKD (chronic kidney disease), stage III (N18.3)

Constipation drug induced (K59.03)

Depressive disorder recurrent unspecified (F33.9)

Dry mouth unspecified (R68.2)

Eustachian tube dysfunction (H69.8) – L ear tinnitus

Fatigue (R53.83)

Fibrocystic breast disease (N60.19)

Gastro-esophageal reflux disease without esophagitis (K21.9)

Hashimoto thyroiditis autoimmune (E06.3)

High risk medication use (Z79.899) – rituximab

Hypercholesterolemia (E78.00)

Hypothyroidism (E03.9) – hashimotos

Immunosuppression due to drug therapy (Z79.899)

Insomnia primary (F51.01)

Microscopic Polyangiitis (M31.7)

Migraine w/o aura (G43.009)

MVP (I34.9)

Nasal congestion (R09.81)

Nasal polyp unspecified (J33.9)

Nonscarring hair loss, unspecified (L65.9)

Polyarthralgia (M25.50)

Polyarthritides unspecified (M13.0)

Positive ANA (R76.0)

Post-menopausal hormone replacement therapy (Z79.890)

Rash (R21)

Restless legs syndrome (G25.81)

Scoliosis unspecified (M41.9)

S/P Hysterectomy (Z90.710)

Shoulder pain left (M25.512)

Urinary incontinence stress (N39.3)

Weight gain abnormal (R63.5)

**Past Medical History:**

Abnormal mammogram (R92.8)

COVID: positive (8/25/21)

**Past Surgical History:**

Renal biopsy 5/13/19 – Crescent and necrotizing GN, pauci-immune (ANCA+) Moderate-severe interstitial fibrosis and tubular atrophy. Diffuse moderate acute tubular injury

Hysterectomy with BSO

Left breast biopsy 10/2000 – fibrocystic changes with mild-mod duct epithelial hyperplasia

Tonsillectomy 7/2012

3/9/21 R breast core biopsy and clip placement at SPH – benign path

9/15/21 R shin biopsy – verrucous keratosis

Toupet Fundoplication – 2024 – South Carolina

**Social history:**

Exercise Habits: erratic

Relationship status: Recently married

Occupation: VA histology technician thinking to switch to SPH

Military History: none

Caffeine use: rarely

Alcohol use: 0 drinks per day

Tobacco use: Former tobacco user.

Advanced Directives: yes

**Family history:**

epilepsy

mom,dad,sister= migraines

father - Sjogren's syndrome, antiphospholipid syndrome, and systemic lupus erythematosus.

PGM has antiphospholipid syndrome/lupus

PGGM had RA.

Mother: arthritis, osteoporosis

Maternal grandmother: gout

**Vaccines (most recent):**

Adacel-TDaP: 6/9/15; 2/17/2025

COVID (J&J) 4/12/21

Influenza vaccine: 9/30/15, 10/5/20; 9/2024

Pneumovax: 10/28/19

Pevnar 13: 9/2019

Shingrix (>50 y/o): 50

**Cancer screening (most recent):**

Colonoscopy: ordered 2/17/2025

Mammogram: BIRADS 2 : December 2023.

PAP smear: S/P hysterectomy

**Miscellaneous health maintenance (most recent):**

Annual exam: 1/22/20; 1/20/21; 2/17/2025

DEXA scan: Osteopenia (10/31/19)

Hepatitis C: negative (5/6/19)

**Counseling:**

Tobacco cessation: NA

Alcohol consumption reduction: NA

**Labs (most recent)**

Creatinine: 1.53 **H** (1/17/20); 1.77 **H** (3/3/20); 1.44 **H** (4/28/20); 1.73 **H** (6/18/20); 1.48 (6/30/20); 1.59 (7/10/20); 1.66 (10/12/20); 1.54 (12/4/20); 1.48 (12/29/21); 1.46 (2/10/2021); 1.22 (8/6/21); 1.24 (12/13/24)

EGFR: 37 **L** (1/17/20); 34 **L** (3/3/20); 40 (4/28/20); 35 **L** (6/18/20); 38 (6/30/20); 35 (7/10/20); 34 (10/12/20); 37 (12/4/20); 38 (12/29/21); 39 (2/10/2021); 48 (8/6/21); 54 (12/13/24)

Potassium: 3.3 **LOW** (7/10/20); 3.8 (10/12/20); 3.8 (12/4/20)

Hemoglobin: 11.0 **L** (1/17/20); 13.3 (7/10/20); 13.7 (10/12/20); 13.1 (12/4/20); 13.7 (12/29/21); 14.5 (2/10/2021); 13.5 (8/8/21)

Hematocrit: 32.1 **L** (1/17/20); 38.9 (7/10/20); 41.7 (10/12/20); 40.1 (12/4/20); 41.9 (12/29/21) 44.3 (2/10/2021); 41.5 (8/8/21)

TSH: 0.824 (10/18/19); 1.56 (1/20/21); 1.16 (2/10/2021); 1.01 (4/26/21)

T4: 1.44 (1/20/21)

Vitamin D: 44.1 (3/3/20); 46.7 (1/20/21); 41.2 (4/26/21)

Total cholesterol: 302 **HIGH** (12/12/19); 274 **H** (6/18/20); 177 (9/16/21)

HDL cholesterol: 99 (12/12/19); 80 (6/18/20); 76 (9/16/21)

LDL cholesterol: 169 **HIGH** (12/12/19); 165 **H** (6/18/20); 181 **H** (6/17/21); 82 (9/16/21)

Triglycerides: 171 (12/12/19); 145 (6/18/20); 106 (9/16/21)

Hemoglobin A1C: 5.1 (3/3/20)

ANA: positive 1:320 titer (9/11/18)

Anti-Cardiolipin IgG Ab: 9 (5/6/19)

Anti-Cardiolipin IgM Ab: 14 **HIGH** (5/6/19)

Calcium: 9.2 (7/31/19)

c-ANCA: negative (1/17/20)

CCP Ab: negative (9/11/18)

Complement C3: 108 (11/9/18)

Complement C4 18 (11/9/18)

COVID: negative (2/10/21); **POSITIVE** (8/25/21)

CRP: 0.6 **H** (1/17/20); 0.6 **H** (4/28/20); 0.6 **H** (7/10/20); 0.9 **H** (12/4/20); 0.4 (12/29/21); 0.7 **H** (2/10/2021); 0.5 **H** (8/6/21); <0.3 (9/7/21)

ESR: 26 (1/17/20); 13 (7/10/20); 6 (12/4/20); 5 (12/29/21); 4 (2/10/2021); 17 (8/6/21); 5 (9/7/21)

Ferritin: 117.0 (5/7/19)

HLA B27: negative (11/9/18)

Iron sat: 24.1% (5/7/19)

Iron: 65 (5/7/19)

Mayo myeloperoxidase AB: 0.8 **HIGH** (1/17/20); 2.3 **HIGH** (7/23/20)

Mayo proteinase 3 AB: <0.2 (1/17/20);

Mono spot: negative (2/10/2021)

MPO (0-19): 20 equivocal (3/20/20); 31 HIGH (7/10/20); 24 H (1/19/21)

MPO Ab (0-0.4): 2.3 HIGH (7/23/20); 1.5 HIGH (9/7/21)

p-ANCA: 1:1280 HIGH (4/2/19); 1:640 HIGH (5/23/19); positive (1/17/20)

PR3 Ab: <0.2 (7/23/20); <0.2 (9/7/21)

PR3: 0 (3/20/20); 0 (7/10/20); 0 (1/19/21)

PTH: 56 (7/31/19)

PTH: 83.0 H (4/6/21)

RA: negative (9/11/18)

Thyroglobulin Ab: <0.9 (11/9/18)

TPO Ab: 90.3 HIGH (11/9/18)

UA: protein (12/29/21); negative (2/10/2021); negative (9/7/21); negative (12/13/24)

6/24/16: ESR 17 lupus anticoagulant -,

9/11/18: + CRP 0.5

11/9/18: ESR 18, <0.3, RF -, CCP 4, + ANA (1:320, homogeneous), SSA (52) 2, SSA (60) 0, SSB 0, Smith 0, RNP 0, dsDNA -, +Cardiolipin IgM 19, C3 WNL, C4 WNL, C1q WNL, HLA-B 27 -, thyroglobulin <0.9, + TPO 98.3, TSH 0.980, uric acid 4.7, lupus anticoagulant -, UA (no protein, 26 RBCs, no abnormal casts)

2/25/19: + CRP 3.5

4/2/19: + CRP 2.4, + P-ANCA (1:1280), + MPO 152, PR-3 -

5/6/19: + ESR 68, + CRP 0.5, +ANCA 1:1280, + MPO 152 (>8.0), PR-3 -, LA -, APA (+ Cardiolipin IgM 14), UA (large occult blood, large protein, + RBCs 15), hep B -, hep C -, TB Quant

5/23/19: + ESR 35, CRP <0.3, ANCA 1:640, MPO 106, UA (+ protein 30, large occult blood, WBCs WNL, RBCs WNL)

6/1/19: PR3 1, + MPO 96

6/27/19: + ESR 29, CRP <0.3, PR 3 -, + MPO 82

8/22/19: CRP <0.3, + Cr 1.80

10/18/19: + ESR 21, CRP < 0.3, CBC (- Hgb 11.7, - HCT 34.9), differential (+ neuts 7.50 (7.4)), CMP (+ BUN 32, + CR 1.70, - globulin 2.1 (2.3)), + P-ANCA, + MPO 24, - PR 3, protein/creatinine 0.97

### Consults:

10/26/20 Dr. Bennett: concerned foot pain is related to smoldering vasculitis – with fatigue and foot pain. Going to increase her rituxan to 1000mg Q6 months

### Miscellaneous tests:

#### Blood type: O+

12/14/18: CT pyelogram W/O (Five Valleys) 1. No renal stone or urothelial lesion identified. 2. Ground glass nodules in the lung bases may be atypical infection or inflammation. Low grade malignancy is not excluded and follow-up CT of chest is recommended in 3-6 months .....

2/25/19 CTA of chest (SPH) 1. No pulmonary embolism. 2. Airspace consolidation in all pulmonary lobes, greatest in the right lower lobe. This may represent infection or hemorrhage.

3/15/19 spirometry at Great Falls Clinic with Dr. Anderson – normal. Fev1/FVC 77%

11/18/19 DEXA: Lumbar T score 0.4, 1.095, total left hip T score -1.0, 0.818, left femoral neck T score -1.9, 0.640, total right hip T score -1.2, 0.796, right T score -1.2, 0.720, major osteoporotic fracture 10%, hip fracture 1.9%

12/2/19 ECHO: Low normal systolic function (EF 50-55%)-previously 60%, normal ventricular size, mild leaflet thickening with bileaflet prolapse, with mild to moderate mitral regurg, trivial tricuspid regurg, right atrial pressure estimated at 3 mmHg, compared to echo dated 2/21/18, the EF is mildly lower. 5/8/20 chest CT (SPH) for F/U incidentals. Interval resolution. No need to follow up on them. Does have small hiatal hernia.

2/5/21 5 day holter (SPH) 1. The predominant rhythm was normal sinus rhythm with first-degree AV block. The average heart rate was 75 beats per minute with a minimum heart rate of 49 beats per minute at 2:14 a.m. on day 2 and a maximum heart rate of 134 beats per minute at 3:51 a.m. on day 4. 2. Ventricular arrhythmias: Rare, representing 0.6% of all beats. There are single premature ventricular contractions as well as 346 episodes of bigeminy, accounting for a total of 1887 beats. 3. Supraventricular arrhythmias: Rare, accounting for less than 0.1% of all beats with isolated premature supraventricular beats only. 4. Bradycardia, pauses: None. 5. Atrial fibrillation: None. 6. There was 1 triggered event noted that is associated with normal sinus rhythm and no ectopy. 8/11/21 sleep study (Kubicka) negative – normal 10/5/21 hand xrays (SPH) minimal OA

### **PHYSICAL EXAM:**

#### **Vitals**

Date	BP	P	O2 sat	Ht	Wt	BMI	Temp
2/17/25	140/88	75	98%RA	68"	170.4#	25.9	

**GENERAL:** normal body habitus, NAD.

**HEENT:** eye movements intact. Limited non-dilated fundoscopic examine is unremarkable. Conjunctivae and eyelids are unremarkable. TM's are intact without erythema. No cerumen obstructing the ear canal. Nasal membranes are pink without turbinate swelling. Oropharynx is clear, no lesions, erythema, or exudate. Tongue and gums are pink and moist.

**Neck:** Supple. No neck masses. Thyroid is normal to palpation.

**Lymph:** No adenopathy of the neck, axillae, or groin.

**Chest wall:** Without tenderness

**Breast:** deferred

**Lungs:** Normal respiratory effort. Clear to auscultation. No wheezes, rales, or rhonchi.

**Back:** Non-tender. Normal alignment. No kyphosis or scoliosis.

**Cardiovascular:** S1 S2 clear but not sharp, without murmur, rub, or gallop. Negative JVD. Carotid without bruits. . Pedal pulses 2+. No edema. No varicose veins.

**Abdomen:** Soft and non-tender. No masses. No hepatomegaly. No splenomegaly. Bowel sounds are normal. No hernia

**Genitourinary (female):** deferred

**Extremities:** aROM and strength in upper and lower extremities

**Rectal:** deferred

**Neurologic:** Gait is normal. Cranial nerves intact. Motor and cerebellar function intact. Feet sensation intact to touch by 5.07 monofilament and vibration. Reflexes are 1+.

**Skin:** Unremarkable

**Psychiatric:** Normal mood and affect. Oriented.

**PHQ-9** score is 0 (<5-minimal symptoms, 6-14 moderate depression, 15 or more, major depression)

**CAGE** score is 0 (2 or more may indicate alcohol use problem)



**PLAN:**

1. Wellness exam – unremarkable findings – Z00.00
2. MPA – M31.7
3. Fatigue - R53.83
4. MVP I34.9
5. Hormone replacement therapy – Z79.890
6. Migraines with aura- G43.1
7. Osteoarthritis of the hands – M19.04
8. Constipation – K59

MPA: remission currently being managed by Dr bennet. Encouraged patient to get humidifier for nose bleeding symptoms as this is likely due to MPA.

MVP: Holter monitor for 5 days. Referral to cardiology for updated echo related to bicuspid mitral valve. Encouraged to wear compression socks at work.

HRT: Patient is going to send testosterone cream dosage to the front desk via text for a refill.

Educated patient on the different options for migraine prevention and prophylaxis including the benefits of Botox. Patient will see Dr emig (neurology) to pursue this treatment. Patient would like to continue current regimen at this time with possible Botox therapy.

Patient encouraged to look into low dose naltrexone therapy for arthritis. This can be beneficial for pain control. She was also encouraged to use arnica topical.

Wellness: patient was educated on the importance of hydration especially with previous kidney injury due to MPA, along with constipations, and prevention of migraines. Patient was educated on different options for constipation however it is important for all of these options to work with hydration status. Patient was educated on the importance of 150 minutes of aerobic exercise per week as recommended by the AHA. Patient got the flu shot in Sept 2024.

- referral sent for mammogram and colonoscopy

- CBC, CMP, vit d, lipid, a1c, TSH

-TDAP in office today

-continue to follow/re-establish care with cardiology, neurology, and nephrology

Follow-up in 3 months or sooner with concerns.

Pt indicated understanding POC and all instructions/education/recommendations made during visit today. They denied further questions or concerns prior to ending visit.

I spent a total of 60 minutes on the patient's care today including preparing for the visit, the visit, review of records and test results, documentation, and follow-up care. E/M code for this visit was 99204

Electronically signed: Megan Macke BSN, RN, DNP-S