

PATIENT INFORMATION:

Name: Jennifer Thompson

Age: 28 years

Gender: Female

Date: January 18, 2026

CHIEF COMPLAINT:

Lower abdominal pain and irregular menstrual bleeding for 6 weeks.

HISTORY OF PRESENT ILLNESS:

Patient presents with cramping lower abdominal pain, bilateral but worse on the left side, rated 5-6/10 in severity. Pain is constant with intermittent sharp exacerbations. Reports irregular menstrual bleeding for past 6 weeks - spotting between periods and heavier flow during menses. Denies fever, nausea, vomiting, or urinary symptoms. Last menstrual period was 2 weeks ago, lasted 8 days (normally 5 days). Sexually active with one partner, uses barrier contraception inconsistently. No history of sexually transmitted infections.

PAST MEDICAL HISTORY:

- Polycystic Ovary Syndrome diagnosed at age 22
- Obesity (BMI 32)
- Prediabetes
- No prior surgeries

CURRENT MEDICATIONS:

- Metformin 1000mg twice daily
- Multivitamin daily

OBSTETRIC HISTORY:

- Gravida 0, Para 0
- No prior pregnancies

- Desires future fertility

FAMILY HISTORY:

- Mother: Type 2 Diabetes, Hypertension
- Maternal aunt: Endometrial cancer at age 55
- Sister: PCOS

PHYSICAL EXAMINATION:

Vital Signs:

- Blood Pressure: 124/78 mmHg
- Heart Rate: 76 bpm
- Temperature: 98.7°F
- Weight: 185 lbs, Height: 5'4", BMI: 32.1
- Respiratory Rate: 16 breaths/min

General: Alert, cooperative, appears comfortable at rest

Abdomen: Soft, mild tenderness in bilateral lower quadrants, more prominent on left. No rebound or guarding. No palpable masses.

Pelvic Examination:

- External genitalia normal
- Vaginal walls normal
- Cervix: closed, no discharge or lesions
- Uterus: Normal size, mobile, tender
- Adnexa: Left adnexal fullness and tenderness, right side unremarkable
- No cervical motion tenderness

LABORATORY RESULTS:

- Urine pregnancy test: Negative
- Complete blood count: Hemoglobin 11.2 g/dL (mild anemia), WBC normal

- Urinalysis: Normal

ASSESSMENT:

1. Left ovarian cyst - likely functional, possibly hemorrhagic
2. Polycystic Ovary Syndrome with irregular bleeding
3. Iron deficiency anemia secondary to menorrhagia
4. Prediabetes - stable on current management

PLAN:

1. Pelvic ultrasound scheduled for tomorrow to evaluate ovarian cyst and uterine lining
2. Consider combined oral contraceptive to regulate cycles and reduce cyst formation
3. Start ferrous sulfate 325mg daily for anemia
4. Pain management: Ibuprofen 600mg three times daily with food
5. If cyst >5cm or complex features on ultrasound, gynecology referral for possible laparoscopy
6. Recheck hemoglobin in 6 weeks
7. Continue metformin for PCOS and metabolic management
8. Lifestyle counseling: weight loss goal of 10%, regular exercise
9. Follow-up in 1 week to review ultrasound results
10. Return immediately if: severe pain, fever, heavy bleeding soaking >1 pad/hour