

**Document Type: Endocrinology Report - Hypothyroidism Diagnosis**

**Date of Service: May 10, 2016**

**[Summit Endocrine Associates - Logo: A stylized mountain peak]**

**Patient Name: John Doe**

**Date of Birth: 01/15/1970**

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**REASON FOR CONSULT:**

Patient referred by Dr. Evelyn Reed for evaluation of suspected hypothyroidism. Patient reports persistent, profound fatigue that is not relieved by sleep, unexplained weight gain of 15 lbs over the past 6-8 months despite no change in diet/exercise, chronic constipation (now 2-3 bowel movements per week, previously daily), and increased sensitivity to cold. Also reports some hair thinning and dry skin.

**REVIEW OF SYSTEMS:**

Denies palpitations, tremors, anxiety, or heat intolerance. Endorses "brain fog" and decreased concentration.

**OBJECTIVE:**

- **Vitals:** BP: 130/85 mmHg, HR: 58 bpm, RR: 14 bpm, Temp: 97.4°F. Weight: 195 lbs (from 180 lbs 8 months prior).
- **Physical Exam:** General: Appears tired. Skin: Dry, cool to touch. Hair: Mildly sparse, brittle. Neck: Thyroid gland diffusely enlarged, firm, non-tender to palpation (estimated 30-40g). Extremities: No edema. Neurological: Reflexes normal, no focal deficits.

**LAB RESULTS (Attached, from Unity Diagnostics Lab - dated 05/05/2016):**

- **Thyroid Stimulating Hormone (TSH):** 8.5 mIU/L (High - *Reference Range: 0.4-4.0 mIU/L*)
- **Free T4:** 0.7 ng/dL (Low - *Reference Range: 0.8-1.8 ng/dL*)
- **Thyroid Peroxidase Antibodies (TPOAb):** Positive (250 IU/mL - *Reference Range: <35 IU/mL*)
- **Thyroglobulin Antibodies:** Negative.
- **CBC, CMP:** Within normal limits.

**ASSESSMENT:**

Primary Hypothyroidism, new diagnosis. Given positive TPO antibodies and clinical presentation, most consistent with Hashimoto's Thyroiditis.

**PLAN:**

1. Initiate Levothyroxine 50 mcg daily by mouth, instructed to take on an empty stomach first thing in the morning, at least 30-60 minutes before food, coffee, or other medications (especially calcium/iron supplements).
2. Provided patient with detailed educational materials on hypothyroidism and Levothyroxine administration.
3. Recheck TSH and Free T4 in 6-8 weeks to assess response and adjust dosage.
4. Schedule follow-up appointment with endocrinology in 3 months.

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**Physician Signature:**

Dr. Sophia Chang, MD (Endocrinologist)

May 12, 2016

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