

3/13/25:

Physical Exam Findings

Vitals Expand by Default

Vitals:	
	03/13/25 1329
BP:	(!) 148/79
BP Location:	Right arm
Patient Position:	Sitting
BP Cuff Size:	Regular Adult Long
Pulse:	64
Resp:	18
Temp:	36.4 °C (97.6 °F)
TempSrc:	Temporal
SpO2:	100%
Weight:	81.4 kg
Height:	1.575 m

I personally visited with and examined the patient. My focused evaluation was notable for: No lesions/abnormalities noted on oral exam.

The patient presents today for the follow-up of the following diagnosis(es) and my comments about the case are as follows:

Exam negative oral symptoms. Either 2/2 transient lesion vs limitations of internist exam vs functional/neurologic phenomenon. Given the time course and demographics, favor options 3 (burning mouth syndrome). Assess relevant labs for this conditions. Trial supportive measures. Start valsartan for HTN.

•	Follow-up	<ul style="list-style-type: none"> - <i>Ultrasound results</i> - <i>Med refills/ review</i> - <i>pt states have blisters inside mouth/ roof of mouth</i>
---	-----------	---

Diana Palma is a 61 y.o. female with hypothyroidism, mood disorder, migraine, prediabetes, HDL and GERD presenting for follow up.

Cc painful mouth sores causing sinus pain & bad breath. Present since one month ago. She says she has previously visualized blisters on her tongue, although none were observed in clinic today. Denies prior episodes of these symptoms. Does not have genital sores nor rashes across other aspects of her body. Pt denies recent sexual activity. Recently visited dentist ~1 mo ago; did not mention her oral sx's at this time, although does report she was symptomatic at this time. Pt w/o dentures.

Pt requesting for lipoma to be removed, and was provided with the number for general surgery.



•	Highly echogenic liver on ultrasound	
•	Anxiety	
•	Asthma (CMS/HCC)	
•	Chronic low back pain	
•	Depressive disorder (CMS/HCC)	
•	Diabetic neuropathy with neurologic complication (CMS/HCC)	
•	Diabetic polyneuropathy associated with type 2 diabetes mellitus (CMS/HCC)	
•	Gastroesophageal reflux disease	
•	Hallux valgus	
•	Hyperlipidemia associated with type 2 diabetes mellitus (CMS/HCC)	
•	Hypothyroidism (CMS/HCC)	
•	Inguinal hernia	
•	Mild intermittent asthma, uncomplicated (CMS/HCC)	
•	Morbid (severe) obesity due to excess calories (CMS/HCC)	
•	Onychomycosis of toenail	
•	Recurrent major depressive disorder, in remission (CMS/HCC)	
•	Seasonal allergies	
•	Steatosis of liver	

Current Outpatient Medications		
Medication	Instructions	

•	albuterol HFA (PROVENTIL HFA;VENTOLIN HFA) 108 (90 Base) MCG/ACT inhaler	2 puffs, Inhalation, Every 4 hours PRN
•	cetirizine (ZYRTEC)	10 mg, Oral, Daily
•	Dextromethorphan-guaifenesin 5-100 MG/5ML liquid	15 mL, Oral, 2 times daily
•	Diclofenac Sodium (VOLTAREN)	2 g, Topical, 4 times daily
•	famotidine (PEPCID)	20 mg, Oral, 2 times daily PRN
•	fluticasone (FLONASE) 50 MCG/ACT nasal spray	1 spray, Each Nostril, 2 times daily (AM & HS), Shake gently. Before first use, prime pump. After use, clean tip and replace cap.
•	levothyroxine (SYNTHROID, LEVOTHROID)	137 mcg, Oral, Daily
•	omeprazole (PRILOSEC)	40 mg, Oral, Daily, Do not crush or chew.
•	propranolol (INDERAL)	20 mg, Oral, 2 times daily (AM & HS)
•	quetiapine (SEROQUEL)	50 mg, Oral, Nightly
•	rosuvastatin (CRESTOR)	10 mg, Oral, Daily
•	SUMAtriptan (IMITREX)	25 mg, Oral, Once as needed, May repeat dose once in 2 hours if no relief. Do not exceed 2 doses in 24

ASSESSMENT/PLAN

1. Hypertension, unspecified type (CMS/HCC) (Primary)

BP noted to be above goal in clinic today; per shared decision making, began valsartan with plan to monitor renal function in 2 weeks

- valsartan (DIOVAN) 40 MG tablet; Take 1 tablet (40 mg) by mouth 1 (one) time each day. Dispense: 30 tablet; Refill: 11

2. Burning mouth syndrome

Given lack of visualized lesions on physical exam and improvement in symptoms with eating, pts symptomology is consistent with burning mouth syndrome. As such, will evaluate for vitamin deficiencies associated with this condition, eg B6 and zinc. Pt started on gabapentin for symptomatic relief. Will reassess labs at next clinic appointment to ascertain need for supplements.

- gabapentin (NEURONTIN) 300 MG capsule; Take 1 capsule (300 mg) by mouth in the morning and 1 capsule (300 mg) at noon and 1 capsule (300 mg) before bedtime. Dispense: 90 capsule; Refill: 3

3. Hypothyroidism, unspecified type (CMS/HCC)

Repeat TSH ordered

4. Mixed hyperlipidemia (CMS/HCC)

5. Generalized pruritus

CMP ordered in clinic today to r/o hepatic etiologies of her pruritus. LDH also ordered.

6. Asthma, unspecified asthma severity, unspecified whether complicated, unspecified whether persistent (CMS/HCC)

Refill provided as per below

- albuterol HFA (PROVENTIL HFA;VENTOLIN HFA) 108 (90 Base) MCG/ACT inhaler; Inhale 2 puffs every 4 (four) hours if needed for wheezing or shortness of breath. Dispense: 8 g; Refill: 0

7. Migraine without status migrainosus, not intractable, unspecified migraine type (CMS/HCC)

Pt had been taking sumatriptan daily; we counseled her to take it only on days where she had a migraine. Furthermore, propranolol was DC'd & nurtec started for migraine ppx.

- Rimegepant Sulfate (NURTEC) 75 MG tablet dispersible; Take 1 tablet (75 mg) by mouth every other day. Dispense: 90 tablet; Refill: 1

On follow-up over the next couple months, still working on management as could not tolerate gabapentin

PMHx: anxiety, depression, allergies, HLD, OA, asthma, carpal tunnel, DM, HTN, hx fo thryoid cancer s/p partial thyroidectomy, kidney stone, migraine, hepatic steatosis, T2DM c/b neuropathy
Remote smoking hx, 2pkyr, no current ethos use, strong fam hx of ethos use c/b cirrhosis

	Latest Reference Range & Units	10/21/24 23:00	02/03/25 14:01	03/13/25 00:00
	Sodium (External)135 - 146 mmol/L	140		139
	Potassium (External)3.5 - 5.3 mmol/L	3.9		4.8
	Chloride (External)98 - 110 mmol/L	102		103
	CO2, Carbon Dioxide (External)20 - 32 mmol/L	24		29
	BUN, Blood Urea Nitrogen (External)7 - 25 mg/dL	16		8
	Creatinine (External)0.50 - 1.05 mg/dL	0.66		0.55

	BUN / Creatinine Ratio (External)6 - 22 (calc)			SEE NOTE:
	BUN / Creatinine Ratio (External)12 - 28	24		
	eGFR Non-Black (External)> OR = 60 mL/min/1.73m ²	100		104
	Glucose (External)65 - 99 mg/dL	101 (H)		97
	Calcium (External)8.6 - 10.4 mg/dL	9.7		9.3
	ALP, Alkaline Phosphatase (External)37 - 153 U/L	129 (H)		114
	Albumin (External)3.6 - 5.1 g/dL	4.7		4.5
	Protein, Total (External)6.1 - 8.1 g/dL	8.1		7.9
	AST, Aspartate Aminotransferase (External)10 - 35 U/L	23		23
	ALT (External)6 - 29 U/L	22		21

	Bilirubin, Total (External) - 1.2 mg/dL	<0.2		0.4
	Globulin Calc (External) - 3.7 g/dL (calc)			3.4
	Albumin / Globulin Ratio (External) - 2.5 (calc)			1.3
	Ferritin (External) - 150 ng/mL	32		
	TIBC, Iron Binding Capacity Total (External) - 450 ug/dL	374		
	UIBC, Iron Binding Capacity Unsaturated (External) - 369 ug/dL	325		
	Folate / Folic Acid (External) - 0 ng/mL	10.4		
	Iron Saturation (External) - 55 %	13 (L)		
	Hemoglobin A1c Diabetic Assessment (External) - 5.6 %	6.2 (H)		

	TSH, Thyroid Stimulating Hormone (External) 0.40 - 4.50 mIU/L			0.18 (L)
	T4, Thyroxine Free Direct (External) 0.8 - 1.8 ng/dL			1.7
	Vitamin B12 (External) 232 - 1,245 pg/mL	426		
	Vitamin D 25-Hydroxy (External) 30.0 - 100.0 ng/mL	30.0		
	Globulin, Total (External) 1.5 - 4.5 g/dL	3.4		
	WBC, White Blood Cell Count (External) 3.4 - 10.8 x10E3/uL	8.4		
	RBC, Red Blood Cell Count (External) 3.77 - 5.28 x10E6/uL	4.42		
	Hemoglobin (External) 11.1 - 15.9 g/dL	13.0		
	Hematocrit (External) 34.0 - 46.6 %	39.7		
	MCV (External) 79 - 97 fL	90		

	MCH (External)26.6 - 33.0 pg	29.4		
	MCHC (External)31.5 - 35.7 g/dL	32.7		
	RDW (External)11.7 - 15.4 %	12.9		
	Platelets (External)150 - 450 x10E3/ uL	299		
	Quest Abs Neut (External)1.4 - 7.0 x10E3/ uL	5.0		
	Lymphocytes, Absolute (External)0.7 - 3.1 x10E3/ uL	2.8		
	Lymphocytes % (External)Not Estab. %	33		
	Quest Abs Mono (External)0.1 - 0.9 x10E3/ uL	0.4		
	Monocytes, Relative (External)Not Estab. %	5		
	Quest Abs Eos (External)0.0 - 0.4 x10E3/ uL	0.1		

	Eosinophils % (External) Not Estab. %	1		
	Basophils, Absolute Manual (External) 0.0 - 0.2 x10E3/ uL	0.1		
	Basophil % (External) Not Estab. %	1		
	Neutrophils, Relative (External) Not Estab. %	60		
	CRP, C- Reactive Protein (External) 0 - 10 mg/L	3		
	US Upper Extremity Soft Tissue Left		Rpt	
	Immature Granulocytes, Absolute # (External) 0.0 - 0.1 x10E3/ uL	0.0		
	Immature Granulocytes, Auto % (External) Not Estab. %	0		
	LDH, Lactate Dehydrogena se (External) 120 - 250 U/L			178

	Vitamin B6 (External)2.1 - 21.7 ng/mL			5.7
	Zinc (External)60 - 130 mcg/dL			80

(H): Data is abnormally high

(L): Data is abnormally low

Rpt: View report in Results Review for more information