

MEMORIAL UROLOGY ASSOCIATES

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MEDICAL CONSULTATION RECORD

Patient Name: Thompson, Robert M.
Date of Birth: 03/15/1958 (Age: 67)
Medical Record #: MRN-847392
Date of Service: September 28, 2025
Referring Physician: Dr. Susan Chen, MD (Internal Medicine)

CHIEF COMPLAINT:

Progressive erectile dysfunction over the past 18 months, unresponsive to oral medication therapy.

HISTORY OF PRESENT ILLNESS:

Mr. Thompson is a 67-year-old male who presents with progressive erectile dysfunction that began approximately 18 months ago. He describes gradual onset with inability to achieve or maintain erections sufficient for sexual intercourse. Patient reports morning erections have also diminished significantly. He has been in a stable relationship for 12 years and notes this is causing significant distress in his personal life.

Patient has tried multiple oral phosphodiesterase-5 inhibitors over the past 14 months including sildenafil (100mg), tadalafil (20mg), and vardenafil (20mg) without adequate response. He reports minimal improvement even at maximum doses. Patient has been compliant with medications and has attempted use on multiple occasions with proper timing.

PAST MEDICAL HISTORY:

- Type 2 Diabetes Mellitus (diagnosed 2012, HbA1c currently 7.2%)
- Hypertension (well-controlled on lisinopril)
- Hyperlipidemia (on atorvastatin)
- Coronary artery disease, status post stent placement (2019)
- Peripheral vascular disease

SURGICAL HISTORY:

- Percutaneous coronary intervention with drug-eluting stent (2019)
- Appendectomy (1982)

MEDICATIONS:

- Lisinopril 20mg daily
- Metformin 1000mg twice daily
- Atorvastatin 40mg daily
- Aspirin 81mg daily
- Clopidogrel 75mg daily

SOCIAL HISTORY:

Former smoker (quit 2018, 25 pack-year history). Drinks alcohol occasionally (1-2 drinks per week). Denies illicit drug use. Retired accountant. Married, sexually active prior to onset of symptoms.

PHYSICAL EXAMINATION:

Vital Signs: BP 132/78, HR 74, Temp 98.4°F, Weight 198 lbs, BMI 28.3

General: Alert, well-appearing male in no acute distress

Cardiovascular: Regular rate and rhythm, no murmurs

Genitourinary: Normal male genitalia, testes descended bilaterally, no masses. Decreased peripheral pulses in lower extremities bilaterally.

Neurological: Intact sensation in genital area, normal bulbocavernosus reflex

DIAGNOSTIC STUDIES:

Test	Date	Result
Penile Doppler Ultrasound	08/15/2025	Peak systolic velocity: 18 cm/sec bilaterally (abnormal, <25 cm/sec indicates arterial insufficiency)
Testosterone, Total	08/10/2025	412 ng/dL (normal range 300-1000)
PSA	08/10/2025	2.1 ng/mL (normal)
HbA1c	08/10/2025	7.2%

Lipid Panel	08/10/2025	LDL 98, HDL 42, TG 156
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ASSESSMENT:

Primary Diagnosis: Erectile dysfunction, organic etiology secondary to vasculogenic insufficiency (ICD-10: N52.01)

Contributing Factors: Diabetes mellitus with microvascular complications, peripheral vascular disease, history of cardiovascular disease

PHYSICIAN ASSESSMENT AND RECOMMENDATION:

Patient presents with severe organic erectile dysfunction related to vascular insufficiency as demonstrated by abnormal penile Doppler studies. He has failed adequate trial of oral PDE-5 inhibitors at maximum therapeutic doses over an extended period. Given his vascular disease burden and medication failure, he is an appropriate candidate for more definitive intervention.

Discussed treatment options including intracavernosal injection therapy and penile prosthesis placement. Patient expresses strong preference to proceed with surgical intervention. He has been counseled on the risks, benefits, and alternatives of penile prosthesis implantation including infection risk, mechanical failure, need for revision surgery, and permanent nature of the procedure. Patient demonstrates good understanding and realistic expectations.

Recommend proceeding with inflatable penile prosthesis implantation. Patient has been scheduled for pre-operative clearance with cardiology given his cardiac history.

Michael J. Patterson, MD

Board Certified Urologist

License #: TX-45892

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