

**MERIDIAN HEALTH****JERSEY SHORE UNIVERSITY MEDICAL CENTER****PEDIATRIC CONSULTATION REPORT****PATIENT LOCATION :****NAME:** Barnes, Tiana**MR #:** 000000701554**AGE:** 10 **SEX:** F**DOB:** 05/28/2001**PEDIATRIC CONSULT****Name:** Barnes, Tiana**MR #:** 000000701554**DOB:** 05/28/2001**AGE:** 10**SEX:** F**DATE OF CONSULTATION:** 11/30/2011**CONSULTING PHYSICIAN:** Margaret Masterson, MD**ATTENDING PHYSICIAN:** Mahmoud M. Yassin, MD**REQUESTING PHYSICIAN:** Mahmoud M. Yassin, MD**REASON FOR CONSULTATION:** Essential thrombocytosis.

**PRESENT ILLNESS:** The patient is a 10 and 6/12ths-year-old girl with a history of thrombocytosis who is here for follow-up appointment. The patient reports she has been feeling well. She still has occasional headaches, but they resolve with ibuprofen and lying down. They are not as frequent as before starting the hydroxyurea. Mom and patient are concerned that her hair has been falling out a bit while on the hydroxyurea. She continues to have a good appetite and normal activity level. She is doing very well in the 4th grade. The mom has no other concerns.

**FAMILY HISTORY:** Reviewed and there are no changes.

**REVIEW OF SYSTEMS:** Otherwise negative.

**MEDICATIONS:** Hydroxyurea 500 mg every other day, Singulair 5 mg once a day, Flonase 1 puff each nostril twice a day, acidophilus 1000 mg once daily, vitamin D 500 mg once daily and multivitamin once daily.

**ALLERGIES:** She has no known drug allergies.

**PHYSICAL EXAMINATION:** The weight is 40.9 kg which is increased 2.5 kg from June. The height is 136.6 cm. The patient is afebrile, respiratory rate 16, heart rate 88, blood pressure 92/58. General appearance: Alert cooperative 10-1/2-year-old in no distress. HEENT: The head is normocephalic and atraumatic. Sclerae are anicteric. Conjunctivae are clear. TMs are without erythema. Throat is clear without erythema or exudate. Neck: Supple without adenopathy. Chest: Shows good air entry bilaterally without wheezes, rales or rhonchi.

**PEDIATRIC CONSULTATION REPORT****Page 1 of 2**

Copy to Mahmoud M. Yassin, MD

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Cardiovascular: Normal S1, S2 without murmur. Abdomen: Soft, nondistended without hepatosplenomegaly. Genitalia: Tanner III. Skin: Clear without rash, petechiae or ecchymoses.

LABORATORY DATA: Laboratory studies were done at Lab Corps on 11/25/2011 that showed a CBC with a white count of 7.1 k/L, hemoglobin 12.4 grams/dL, hematocrit of 36.4% and platelet count of 613 k/L. The differential is 56% segs, 37% lymphs, 6% monos. The hepatic function tests are within normal limits. The retic count is 1.4%.

IMPRESSION: Essential thrombocytosis with positive JAK2 mutation.

PLAN: Increase the hydroxyurea to 300 mg daily. We will recheck the CBC and platelet count in 1 month. Routine hematology followup will be quarterly. The patient will be due for a yearly splenic ultrasound as well as every 2-5 year bone marrow evaluation depending on her CBCs. If there is stomach upset with the increased dose of hydroxyurea, we will make adjustments at that time. If the platelet count fails to improve on the increased dose of hydroxyurea, the next step would be to increase to hydroxyurea 500 mg daily.

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Margaret Masterson, MD

Electronically Signed

Margaret Masterson, MD 12/20/2011 12:07

MM/MDQ

Job #003941596/CS #2962776

D: 11/30/2011 9:59 A

T: 11/30/2011 10:35 A

cc: Margaret Masterson, MD  
Mahmoud M. Yassin, MD