

CONSULTANT: Jonathan Yrad, MD

REQUESTED BY: Mahmood Yassin, MD

CONSULT DATE: 10/19/2011

REASON FOR CONSULTATION: Abdominal pain.

HISTORY OF PRESENT ILLNESS: The patient is a 13-year-old female who was brought in by her caretaker because of lower abdominal and pelvic pain that started about 3:00 in the afternoon. This was associated with one episode of nausea and vomiting, that improved. The patient denied diarrhea. No fever, although the patient has a history of chronic constipation. Initial workup in the emergency room was unremarkable with normal urinalysis. No leukocytosis. CAT scan of her abdomen and pelvis obtained showed findings of small pelvic fluid. No acute inflammatory process in the right lower quadrant. The appendix, however, was not seen. Her abdominal pain has somewhat improved. Surgical consult was called for evaluation.

PAST MEDICAL HISTORY: Unremarkable except for a history of chronic constipation.

PAST SURGICAL HISTORY: None.

MEDICATIONS: None.

ALLERGIES: **NONE.**

SOCIAL HISTORY: Lives with a caregiver

PERTINENT EXAMINATION FINDINGS: **GENERAL:** The patient was examined in the emergency room. She is comfortable, awake, alert, not in significant distress. **VITAL SIGNS:** Temperature of 98.5, pulse rate 93, respiratory rate 18, blood pressure 123/75. **HEAD, EYES, EARS, NOSE AND THROAT:** Normocephalic with nonicteric sclerae. Moist mucous membranes. **NECK:** No thyromegaly. No distended neck veins. **CHEST/LUNGS:** Good bilateral breath sounds. **CARDIOVASCULAR:** Regular rate and rhythm. **ABDOMEN:** Nondistended. There is mild periumbilical and upper pelvic direct tenderness without

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guarding. There is currently no right lower quadrant tenderness. There is no Rovsing sign. No Murphy sign. Normoactive bowel sounds were noted.

LABORATORY DATA: White blood cell count 6.4, hemoglobin 13, hematocrit 38. Electrolytes and liver function tests are within normal limits.

ASSESSMENT: ABDOMINAL PAIN. HER DIFFERENTIAL DIAGNOSES INCLUDE RUPTURED OVARIAN CYST OR MITTELSCHMERZ. AT THIS TIME THE PATIENT DOES NOT CLINICALLY APPEAR TO HAVE ACUTE ABDOMEN WITH NO RADIOGRAPHIC FINDINGS OF ACUTE INFLAMMATORY PROCESS AND NO LEUKOCYTOSIS. WE WILL RECOMMEND TO OBSERVE AND WATCH THE PROGRESS OF HER ABDOMINAL PAIN. CONTINUE BOWEL REST AND INTRAVENOUS FLUID HYDRATION. REPEAT LABORATORIES TOMORROW. AVOID ANTIBIOTICS AT THIS TIME. I HAVE DISCUSSED WITH THE CAREGIVER AT BEDSIDE THAT IF CONDITION CHANGES SUGGESTING ACUTE APPENDICITIS, WE WILL DO A LAPAROSCOPIC APPENDECTOMY.

THANK YOU VERY MUCH FOR THE REFERRAL.

Electronically Signed by
Jonathan Yrad, MD 11/15/2011 01:58 P

Jonathan Yrad, MD

JY/D: 10/19/2011
ati/T: 10/20/2011 12:02 P
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cc: Mahmood Yassin, MD
Jonathan Yrad, MD

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