S: (Subjective data)

- L.J.
- 38 year old Caucasian female

CC

- " My left lower side hurts"

HPI

L.J. is a 38 y/o Caucasian female patient G 4 P 4 that presents today with left lower pelvic pain for 3 days. She reports this pain was initially sharp, stabbing, and twisting 10/10. The intense pain lasted approximately an hour. She did take 800mg Motrin and went to sleep. When she awoke the next morning her pain had reduced to a 6/10. Over the next 2 days the pain has become more of throbbing and cramping type pain. She still has pain, but it is 4/10 and is controlled with 400mg Motrin. She is taking the Motrin every 6 to 8 hours. She has a history of having a partial hysterectomy and does still have her ovaries. She denies any vaginal bleeding, but she does report a malodorous, white, thick discharge she has had for about "a day or two". She denies any itching or inflammation in her vaginal mucosa. She is in a monogamous relationship with her husband and she tells me that from time to time she will douche after having intercourse which she did last 4 days ago.

PMH

L.J. is a rarely active person. She walks one to two times a week after her evening meal. She is primarily sedentary working a desk job. She reports that she feels overall healthy except she would like to lose 50 to 60lbs.

Her history does include:

- Immunizations for age:
    - Flu vaccine October 2015
    - Tdap 2010
    - MMR 2010 (a total of two dose have been received, she cannot recall the date of the first shot)
    - Varicella (She had chicken pox at age 12)
- Oligomennorhea with Dysmenorrhea (2009-2011)
    - She noticed her periods were getting irregular, heavy with large clots. She would have a period last 4 month then not having one for two months. Then when the next period would start she would bleed for 3 to 4 months again.
    - Her periods became very painful. She would have cramping that was not controlled with Motrin or Midol.
    - She was treated with a partial hysterectomy at another practice and she cannot recall more specific details about why she was having irregular bleeding.
    - Prior to the hysterectomy: With her third episode of heavy periods she was given a BCP pack and instructed to take the entire pack within 7 days which she says helped slow the bleeding down, but not stop it completely as she continued to spot. She continued the BCP daily after the initial 7 day dosing and her periods regulated, but the heavy bleeding, clits, and cramps continued.
- Obesity (BMI 31.0)
    - She started a new job at the junior college two years ago and since then she has steadily gained weight. She struggles with making good food choices and has ease

of access to vending machines and other vendors bring sweet treat two to three times a week. She says that sweets are her downfall. Her goal weight is 155lbs and she currently weighs 210.

Screenings

- Pap Smear: WNL 6 months ago 6/2015
- Breast self-exam teaching.
- BMI screening and education to promote sustained weight loss and healthy lifestyle.
- BP screening annually
- Tobacco screening
- Alcohol misuse screening
- Lipid panel annually
- Last eye exam: January, 2015. No change in vision since previous exam and he does require corrective lenses. She gets her visits annually and has one coming up soon though she cannot recall.
- Last dental exam: November, 2015. No dental carries, no loose teeth. Pt has all upper and lower adult teeth except for wisdom teeth. She has a follow up scheduled and cannot recall the date.

PSH

- Partial hysterectomy- for heavy, irregular, and painful periods. She cannot recall her exact diagnosis and this was performed outside of this practice. Records have been requested.
    - April 2011

- Tonsillectomy
    - December 1981; 5 years old
    - She would have frequent bouts of strep throat and remembers being “sick a lot as a kid”. Since her tonsils were removed she does not recall having anything more than a sore throat with a cold.

Current medications

- None

Allergies

- NKDA

FH

- Mother living at 61. Living. Osteopenia, Hyperlipidemia, Anxiety. No family history of breast or uterine cancer
- Father living at 63. HTN, Hyperlipidemia. No family history of breast or uterine cancer.
- Son 17, Type 1 diabetic diagnosed at age 7. She reports that she thinks this happened after his immune system was weakened by a severe case of E. Coli at age 4
- Son living at 14, Healthy, no concerns
- Son living at 11. Healthy with controlled seasonal allergies
- Daughter living at 6. Healthy with no concerns.

SH

- Denies tobacco use, alcohol intake, or illegal drug use.
- Married for the last 15 years with the same person.
- Involved with her children’s after school activities and sports.
- Strong support system with close immediate family.
- Works Monday-Thursday in the registration office at the local junior college.

    - She was working at the high school as an administrative assistant prior to starting this job. She was offered better retirement benefits at the junior college and decided to switch jobs.
- Uses Blue Cross Blue Shield for insurance with prescription drug coverage.
- Uses VSP for eye coverage through her husband's employer.
- Delta Dental for oral care through her husband's employer.

ROS

- General appearance: this is a well-developed, well nourished, obese appearing Caucasian female. Reports a weight gain of 55 pounds over two years where she went from 155 to 210lbs,
- Skin: Denies lesion, itching, hives, edema, unexplained bruising or dryness.
- Head: denies headache.
- Eyes: negative for itching, redness, swelling, discharge, photo phobia, visual loss.
- Ears: negative for ear pressure, fullness, pain, discharge, hearing loss.
- Nose: denies post nasal drip, nasal congestion, sinus pain, nose bleed, or sneezing.
- Mouth and throat: negative for difficulty swallowing, hoarseness, mouth ulcers, or sore throat.
- Neck: negative for pain, stiff neck, swelling.
- Respiratory: Denies wheezing, chest tightness, productive cough, DOE, tachypnea, and orthopnea.
- Cardiovascular/Peripheral Vascular: Denies lower extremity edema, irregular heartbeats, dizziness, syncope, cyanosis, swelling, or erythema of skin.
- Gastrointestinal: Admits left lower quadrant pain. Negative for nausea, vomiting, diarrhea. Denise constipation and reports regular bowel movements every other day. She denies firm stool, or difficulty defecating.
- Genitourinary: Admits to a malodorous thick white discharge. She denies itching, inflammation, or vaginal bleeding. Denis dyspareunia. She reports that she is satisfied with her sex life and she

and her husband have intercourse 3-4 times a month. Negative for blood in urine, dysuria, urgency, frequency.

- Musculoskeletal: Denies weakness, fatigue.
- Psychiatric: Denies agitation, mood swings, insomnia, suicidal thoughts or irrational thinking
- Neurological: Denies falls, headache, numbness, paresthesia, or tremor.
- Hematologic: Negative for easy bruising or bleeding.
- Endocrine: Denies heat or cold intolerance, excessive sweating, excessive thirst or hunger, polyuria.

O: Objective

- General Appearance: this is a well-developed, well nourished, obese appearing Caucasian female.
- Vital Signs: temp 97.9, respirations 18, blood pressure 1240/64, heart rate 72, O2 sat 100% on RA.
    - Ht 5 ‘9”
    - Wt 210 lbs.
    - BMI 31.0: She falls into the category of obesity for her height and weight.
- Full Physical Exam
    - Head: unremarkable, normocephalic, with no bruising noted.
    - Eyes: Pupils are equal round and reactive to light. Sclera white, extra ocular movements intact. No hemorrhage or exudate noted.
    - Ears: clear external auditory canals, pinnae normal shape, no pre-auricular pits or skin tags. TM’s visualized, pink-grey bilaterally with no bulging noted. No erythema or discharge.
    - Nose: nares patent bilaterally, septum midline, normal pink mucosa, no polyps, no discharge

- Mouth/Throat: buccal mucosa moist, positive gag reflex. Oropharynx w/ no signs of erythema or ulceration. Normal movement of soft palate. No postnasal drip noted.
- Neck: Supple with no lymphadenopathy. Trachea midline with full ROM. No JVD is appreciated. Thyroid gland size normal, non-tender, no nodules or masses present on palpation.
- CV: regular rate and rhythm, S1 and S2 were heard with no rubs, murmurs, or gallops. No S3 or S4 noted. Normal apical impulse.
- Pulmonary: Lung clear to auscultation in all lung fields. Breathing is unlabored, normal chest expansion, no retractions, no adventitious breathe sounds
- Gastrointestinal: abdomen soft, tender to deep palpation at left lower quadrant, non-distended, bowel sounds are present in all four quadrants. No organomegaly is palpated. Liver non-tender to palpation. No ovarian masses noted on exam, no dullness to percussion appreciated.
- Genitourinary:
    - External genitalia: labia majora and labia minora without lesions, ulcerations, masses, induration.
    - Perineum: negative for lesions, ulcerations, masses, induration, scars
    - Urethra negative for discharge, lesions, ulcerations
    - Vagina: speculum exam – Positive for creamy white malodourous (Fishy smelling) discharge in the introitus. Culture taken for wet prep. Negative for itching, inflammation, atrophy, lesions, ulcerations, masses. Negative for strawberry spots on vaginal walls.
    - Cervix: absent after hysterectomy.
    - Os: multipara
    - Uterus: absent after hysterectomy

        - Adnexa: Positive for Left ovarian tenderness, 3x4 cm oval shaped with pain on movement. Right ovary 2x2 cm. Negative for pain on palpation, almond shaped and mobile.
        - Negative for Chandelier's sign
        - Skene's and Bartholin's glands: without masses, discharge, tenderness
    - Extremities: no clubbing or cyanosis and noted. Bilateral lower extremities with no edema. Plus two pedal pulses noted bilaterally. Calves supple none tender.
    - Neurologic: patient is awake and alert with no focal deficit. Moves all extremities symmetrically with appropriate tone; DTRs with negative tremor/clonus; positive sensation.
    - Psychiatric: Mood and affect appropriate. Well-adjusted and comfortable during exam. Judgement and insight intact.
    - Skin: warm, dry, intact. No lesions or unusual bruising.
    - Musculoskeletal: Symmetrical with full ROM. Strength 5/5 in all extremities. Negative kyphosis, lordosis, joint swelling.
    - Motor: good muscle tone. Appropriate fine and gross motor skills.

Diagnostic Testing:

- Wet prep
    - 10% KOH solution
        - Augmented the odor
    - Clue cells on microscopic exam seen
- Ultrasound
    - Left ovarian cyst 3cm by 5cm (no blood flow to cyst evident on imaging)
        - Follicular cyst
    - Intraperitoneal fluid surrounds the left ovary

- Fluid seen supports evidence of recent ruptured cyst.

A: Assessment

Level of Visit: 92214

Differential Diagnosis:

- Left lower quadrant pain (R10.32)
  - Supported by subjective and physical exam, pain with palpation
- Follicular cyst (N83.0)
  - Supported by adnexal tenderness of exam, US finding
- Follicular cyst-Ruptured (N83.0)
  - Supported by description of sharp, stabbing pain that has improved over a few days. US findings of fluid around left ovary.
- PCOS (E28.2)
  - Supported by obesity, history of irregular period and heavy bleeding
  - Refuted by multiparity, lack of hirsutism, negative for acne.
- Vaginal discharge (N89.8)
  - Supported by findings on exam and ROS.
- Acute vaginitis-bacterial(N76.0)
  - Supported by description of white thick discharge, lack of itching, fishy odor, history of douching. Positive KOH wet prep and clue cells. Lack of vaginal inflammation.
- Yeast infection (B37.3)
  - Supported by reports of "thick" white discharge, history of douching
  - Refuted by lack of itching, creamy non-adherent discharge, fishy odor. No inflammation of vaginal mucosa, positive whiff test.
- Trichomoniasis (A59.01)

    - Supported by foul smelling discharge.
    - Refuted by lack of itching, frothy thin discharge, inflammation, and motile protozoa on wet prep.
- Constipation (K59.0)
    - Supported by left lower quadrant pain
    - Refuted by report of normal soft BM every other day

Problem list:

- Left lower quadrant pain
    - (R10.32)
- Left follicular cyst
    - (N83.0)
    - History of ruptured cyst
- Vaginal discharge
    - (N89.8)
- Acute vaginitis-Bacterial
    - (N76.0)
- Obesity
    - (E66.0)

Chronic health problems

- Obesity
    - Education of healthy lifestyle and food choices

Health Maintenance

- Annual flu vaccine: Recommend getting this every year

- Lipid Panel
    - Every 3 months
- BP monitoring
    - Every 3 months
- Continue routine eye visits annually and dental visits every 6 months
- Nutrition and Exercise
    - Avoiding sugary drinks and encouraging water intake
    - Eat a Heart Healthy diet low in saturated fats, salt, and avoidance of processed foods
    - Focus first on lifestyle changes and dietary modifications, then:
        - Exercise vigorously at least 30 minutes a day 4 times weekly

Preventative Health Promotion:

The patient and I had a 30 min discussion in regards to lifestyle changes and her general health. She would like to lose between 50 and 60 lbs. I discussed her eating habits and she tells me that she has to eat something sweet with each meal. She also snacks frequently on donuts, cookies, and other sweets. She also tells me she rarely eats breakfast. She was instructed to eat breakfast every day. Her breakfast should be high in protein and low in simple carbs, no bagels or breads for breakfast. She should increase her amount of fruits vegetables and incorporate this into her snacks rather than sweet treats. She should also incorporate exercise into her daily routine. I gave her examples of parking at the end of the parking lot when getting groceries or taking the stairs versus the elevator. I also instructed her to bring her lunches from home and to increase her amount of water to 6 to 8 glasses of water a day. I want her focus to be on her lifestyle changes and her food management before she focuses on an exercise routine.

We also discussed her family history of HTN and hyperlipidemia. I informed her that she may not be able to control her genetics, she can control what she puts in her own body and how she can be charge of her own health outcomes. I instructed her to work on managing her weight and maintain it once she

gets to her goal. I also informed her to eat a diet low in saturated fats and cholesterol. I told her that she can still eat out with her family, just to look for the healthier option on the menu.

P: Plan

This is an obese appearing 38 year old Caucasian female that presents with left lower quadrant pain and vaginal discharge. She also has concerns about her weight. She was found on imaging to have had a recently ruptured left ovarian cyst and a current 3x5 cm left ovarian cyst. This likely accounts for her history of sharp abdominal pain that has gradually improved. She has also been found to have bacterial vaginitis and has recently douched after intercourse 4 days ago.

1. Left follicular cyst
    a. She still has her ovaries and education has been given discussion this type of functional cyst.
        i. Continue Motrin for pain control
        ii. She will return to clinic in 6 weeks for a follow up US to determine the status of the cyst.
2. Bacterial Vaginosis
    a. Flagyl 500mg PO BID x 7 days until completed
    b. Discontinue douching and education on Ph balances and the effects douching can have on disrupting that balance.

Ordered Medication:

- Flagyl 500mg BID for 7 days
    - This is indicated as first line treatment for BV.
- MOA
    - A broad spectrum antibiotic that works by leading to inhibition of DNA synthesis and DNA degradation of bacteria leading to death of the bacteria.

- Usual dosage
    - 250mg to 2 grams by mouth or IV depending on
        - Diagnosis
        - Age
        - Renal function
        - Hepatic function
- Available as
    - Brand name: Flagyl
    - Generic name: Metronidazole
- Cost- She gets free generic medications on her insurance plan this year.
    - Publix
        - $9.27
    - Walmart
        - $12.50
    - Rite Aid
        - $15.00