

Alena Rakhman
H&P #2
Rotation 5 – ObGyn

Location: Woodhull Medical Center

Date: 5/31/19

Time: 3:10 PM

Source of Info: self

CC: “heavy periods” x5 months

HPI

49-year-old female G4P2022 with past medical history of asthma, GERD, osteoarthritis, dyslipidemia and vitamin D deficiency presents to the ObGyn outpatient clinic complaining of heavy periods x5 months. She reports her menstrual cycles as regular but are heavier than they used to be. Her period usually lasts 7 days, is heavier than normal during the first 3-4 days, and then gets lighter. During the heavier menstrual flow, she goes through about 3 sanitary pads per day, as opposed to 1 sanitary pad during the normal flow. Her last menstrual period was on 5/7/19. Her last Pap smear was in 2016, which was normal. Her last mammogram was in 2019, which showed BIRADS 1, and was followed-up with an ultrasound, which was normal. Pt has never had a colonoscopy before. Pt underwent bilateral tubal ligation in 2014 without complications. Denies fever, chills, abdominal pain, recent weight loss or gain, night sweats, chest pain, shortness of breath, palpitations, nausea, vomiting, diarrhea, constipation, dysuria, urinary frequency or urgency, flank pain, metrorrhagia, dyspareunia, vaginal discharge, and recent travel.

Differential Diagnosis

- 1) **menorrhagia** – heavy periods without any other complaints
- 2) **uterine fibroids** - 49-year-old female, menorrhagia

PMH

- Vitamin D deficiency
- Dyslipidemia
- Asthma (never hospitalized or intubated)
- GERD
- Osteoarthritis

Immunizations

Up to date

Past surgical hx

- Cholecystectomy (2013) – no complications
- Tubal ligation bilaterally (2014) – no complications

Past hospitalizations

See surgical hx

Medications

- Albuterol 108 (90 Base) MCG/ACT inhaler – 2 puffs q6h prn for wheezing or shortness of breath
- Ergocalciferol (vitamin D2) 50,000 units – 1 capsule PO every week
- Acetaminophen 325 mg – 2 tabs PO q4h daily prn
- Omeprazole (Prilosec) 40 mg – 1 capsule PO daily

Allergies

- Penicillin (rash)
- No known food or seasonal allergies

Family history

- Maternal grandmother with ovarian cancer
- Denies family hx of breast, endometrial cancer, or colon cancer

Social History

- She is divorced and lives alone. She has 2 kids, which she delivered vaginally without complications.
- She works as a sales associate in a department store.
- Denies hx of smoking cigarettes, illicit drug use or alcohol consumption.
- She is currently sexually active with her boyfriend and uses condoms. Denies hx of STIs.
- She does not follow any specific diet and admits that she frequently eats unhealthily.

ROS

General

- denies generalized weakness/fatigue, loss of appetite, recent weight loss or gain, fever or chills, or night sweats

Skin, hair and nails

- denies change in texture, excessive dryness or sweating, discolorations, pigmentations, moles/rashes, pruritus, or changes in hair distribution

Head

- denies HA, vertigo, or head trauma

Eyes

- denies visual disturbance, lacrimation, photophobia, or pruritus; does not wear glasses or contacts

Ears

- denies deafness, pain, discharge, or tinnitus

Nose/Sinuses

- denies congestion, rhinorrhea, epistaxis or obstruction

Mouth and throat

- denies sore tongue, sore throat, mouth ulcers, voice changes, or bleeding gums; does not remember date of last dental exam

Neck

- denies localized swelling/lumps, or stiffness/decreased range of motion

Breast

- denies lumps, nipple discharge, or pain

Pulmonary System

- denies cough, SOB, DOE, orthopnea, wheezing, hemoptysis, cyanosis, or PND

Cardiovascular System

- denies CP, palpitations, HTN, irregular heartbeat, edema/swelling of ankles or feet, syncope or known heart murmur

Gastrointestinal System

- denies loss of appetite, intolerance to specific foods, nausea, vomiting, dysphagia, pyrosis, flatulence, eructations, abdominal pain, abdominal distention, constipation, diarrhea, change in bowel habit, hemorrhoids, or melena

Genitourinary System

- denies urinary urgency, urinary frequency, flank pain, nocturia, oliguria, polyuria, dysuria, incontinence, or awakening at night to urinate

Menstrual and Obstetrical

- **G4P2022, positive for menorrhagia**; denies metrorrhagia, premenstrual symptoms, dyspareunia, dysmenorrhea, or vaginal d/c; first menarche at 12 years old

Nervous System

- denies HA, seizures, loss of consciousness, weakness, sensory disturbances, ataxia, loss of strength, or change in cognition/mental status/memory

Musculoskeletal System

- denies muscle/joint pain, deformity/swelling, redness, or arthritis

Peripheral Vascular System

- denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema, or color change

Hematologic System

- denies easy bruising or bleeding, hx of blood transfusions, lymph node enlargement, or history of DVT/PE

Endocrine System

- denies polyuria/polydipsia/polyphagia, heat or cold intolerance, goiter, excessive sweating, or hirsutism

Psychiatric

- denies anxiety, depression/sadness, obsessive/compulsive disorder, or seeing a mental health professional

Physical Exam

General appearance

Alert, cooperative, appears stated age, well-developed, well-groomed and well-nourished, in no distress.

Vitals

BP → 124/73 (right arm, sitting)
HR → 87 bpm, regular
RR → 16 bpm, unlabored
Temp → 98.0 F (oral)
SpO2 → 99% (room air)
Height → 5.4 inches
Weight → 157 pounds
BMI → 26.9

Skin – skin color, texture, turgor normal, no rashes or lesions

Lungs – clear to auscultation bilaterally, respirations unlabored, no adventitious sounds

Chest wall – no tenderness or deformity, no paradoxical respirations or use of accessory muscles noted

Heart – regular rate and rhythm, S1 and S2 normal, no murmur, rub or gallop

Breast exam – no tenderness, masses, or nipple abnormality bilaterally

Abdomen – flat, symmetrical, soft, non-tender, bowel sounds active in all four quadrants, no masses, no organomegaly, no CVA tenderness

Female genitalia – no erythema, inflammation, ulcerations, lesions or discharge noted; vaginal mucosa without inflammation, erythema or discharge; cervix multiparous without lesions or discharge; no cervical motion tenderness; uterus is non-tender and of normal size, shape, and consistency; adnexa without masses or tenderness

Rectal exam – patient refused

Extremities – skin normal in color and warm to touch upper and lower extremities bilaterally; no calf tenderness bilaterally, equal in circumference; no cyanosis/clubbing/edema noted bilaterally

Labs

Urinalysis

Color, UA	yellow
Appearance	cloudy
Specific Gravity, UA	1.020
pH, UA	6.5
Protein, UA	negative
Glucose, UA	negative
Ketones	negative
Bilirubin, UA	negative
Blood, UA	moderate
Nitrite, UA	negative
Urobilinogen, UA	1.0
Leukocytes, UA	negative
Microscopy	indicated
WBC, UA	10-15
RBC, UA	0.3
Epithelial Cells	trace
Bacteria, UA	negative
Casts, fine granular	0-1

Assessment

49-year-old female G4P2022 with past medical history of asthma, GERD, osteoarthritis, dyslipidemia and vitamin D deficiency presents to the ObGyn outpatient clinic complaining of heavy periods x5 months. Based on history, physical exam and labs, rule out:

- 1) **menorrhagia** – heavy periods without any other complains, unremarkable physical exam and labs
- 2) **uterine fibroids** - 49-year-old female, menorrhagia
- 3) **ovarian cancer** – menorrhagia, family hx (maternal grandmother)

Management/Plan

- urinalysis
- urine culture

- pelvic and transvaginal ultrasound
- follow-up after to discuss results
- CBC with differential
- Pap smear, gonorrhea/chlamydia today
- Refer to GI for colonoscopy

Patient Education/Follow-up care

Menorrhagia is heavy menstrual bleeding for more than 7 days or severe menstrual bleeding for less than 7 days. Your menstrual bleeding and cramping are so heavy that you have trouble doing your usual daily activities. Your monthly period may also occur more often, and you may bleed between periods. Menorrhagia is common in adolescence and around menopause.

Today we tested your urine for any signs of infection, which didn't show any, and will also send another sample to the lab, results of which will be available in a couple of days. We also took 2 intravaginal swabs which we will send to the lab. The Pap smear recommendation is for the test to be done every 3 years. Your last Pap smear was performed in 2016, which was normal. We also tested you for gonorrhea and chlamydia infections as those are the most common sexually transmitted infections.

Additionally, we took a sample of your blood to test for anemia, since you have been having heavy periods lately. Anemia is a condition in which the blood doesn't have enough healthy red blood cells. You will also follow up with a pelvic and transvaginal sonogram. It is a noninvasive diagnostic exam that allows for quick visualization of the female pelvic organs and structures, including the uterus, cervix, vagina, fallopian tubes and ovaries.

Lastly, we will refer you to a gastrointestinal specialist for colonoscopy. Colonoscopy is a procedure in which a healthcare provider uses a colonoscope or scope, to look inside your rectum and colon. Colonoscopy can show irritated and swollen tissue, ulcers, polyps, and cancer. It is done for screening purposes in order to diagnose any abnormalities early on and therefore treat them as soon as possible.

Seek medical attention immediately if any of your symptoms worsen by either contacting our clinic or proceeding to the emergency room.