

SWAN UROLOGY ASSOCIATES OF TEXAS

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Patient Name: Alice Samuels
Patient DOB: 06-15-1951
Patient Sex: Female
Visit Date: 03-05-2016

HPI

Patient presents with complaint of hematuria. It is chronic in onset. It started 9 weeks ago. It is burning in nature. It gets aggravated by voiding and straining. It is relieved by medications and fluid intake. It is associated with dysuria, dysmenorrhea and vaginal discharge.

History

MEDICAL HISTORY: Patient has h/o diabetes, congestive heart failure of, TIA.

SURGICAL HISTORY: Patient has h/o cholecystectomy in 2007.

FAMILY HISTORY: Patient has no significant family history...

PSYCHIATRIC HISTORY: Patient has no psychiatric history.

INFECTION HISTORY: Patient has history of no chlamydia, no herpes and no trichomonas.

SOCIAL HISTORY: Current every day smoker. Smoking 2 packs/day.

Alcohol consumption: social. Marital status is married.

ROS

CONSTITUTIONAL: Patient complains of good health, no recent weight change, no fever and no fatigue. **MUSCULOSKELETAL:** Patient compalins of no joint pain, no back pain, no weakness of muscle and no muscle pain or cramp.

EYES: Patient complains of no blurred vision.

INTEGUMENTARY: Patient complains of no rash or itching, no change in skin color, no change in hair or nails and no varicose veins.

ENT: Patient complains of no earache/drainage, no chronic sinus, no nose bleed and no sore throat.

NEUROLOGICAL: Patient complains of no frequent headaches, no light-headed/dizziness, no numbness-tingling and no tremors.

CARDIOVASCULAR: Patient complains of no heart trouble, no chest pain, no palpitation and no swelling of feet. **PSYCHIATRIC:** Patient complains of no memory loss/confusion, no nervousness, no depression and no insomnia. **RESPIRATORY:** Patient complains of no chronic cough, no spitting up blood, no shortness of breath and no asthma/wheezing.

ENDOCRINE: Patient complains of no excessive thirst/ urination, no heat/cold intolerance and not feeling tired or sluggish.

GASTROINTESTINAL: Patient complains of no nausea/vomiting, no frequent diarrhea, no constipation and no heartburn/stomach pain.

HEMATOLOGICAL/LYMPHATIC: Patient complains of no bleeding/bruising easily and no enlarged glands. **MEDICATIONS:**

Do you take aspirin on a regular basis? The patient reports daily aspirin use.

Do you have cardiac stents? no
Do you have sleep apnea? no
Do you have an advance directive? no

Vital Signs

BP Systolic is 120 mmHg. BP Diastolic is 90 mmHg.

Pulse is 85.
O2 Sat is 99 %.
Weight is 190 lbs.
Height is 69 in.
BMI is 28.

Temperature is 99.8 F.

Problem List

Abnormal Results Of Kidney Function Studies (R94.4)

Physical Exam

U/A

BLD: Positive BIL: Positive URO: normal KET: Negative Protein: Negative Nitrite: Negative Glucose: Negative

PH: 7.6 SG: 1.029 LEU: neg Color: brown Appearence: clear.

GENERAL APPEARANCE: normal

HEAD AND NECK: normocephalic atraumatic. normal neck.

RESPIRATORY: normal effort

CARDIOVASCULAR: Peripheral vascular: normal.

SKIN: dry and warm.

LYMPHATICS: normal, axilla, groin, neck and supraclavicular

PSYCH: normal and A+O X 3

NEUROLOGICAL: cranial nerves II-XII grossly intact bilaterally.

ABDOMEN: soft, no scar, non-distention, no tenderness, no mass, no organomegaly, no hernia, No flank mass, No flank

tenderness and Stool sample not indicated. **RECTAL:** DRE shows no masses palpated.

ANUS AND PERINEUM: normal anus and perineum

URETHRAL MEATUS: normal EXTERNAL GENITALIA: normal

ADNEXA: normal

VAGINA: normal mucosa and no discharge

CYSTOCELE: absent no rectocele

CERVIX: normal

UTERUS: uterus is normal in size

URETHRA: normal

BLADDER: no distention, no mass, no fixation and no tenderness

Assessment

Other Chronic Cystitis With Hematuria (N30.21) Hypoactive Sexual Desire Disorder (F52.0) Calculus In Urethra (N21.1) Hematuria, Unspecified (R31.9)

Plan

Lab

URINE C & S URINE CYTOLOGY, VOID/CATH/BLADDER WASHINGS/ ILEAL CONDUIT URINALYSIS, ROUTINE & MICROSCOPIC ULTRASOUND, KIDNEYS/RENAL/BLADDER

Today's Medication

Levaquin 500mg Tablet is Prescribed, 1 PO BID

Procedure

BCG J9031 Cysto w/Biopsy 52204 Cystourethroscopy 52000 Foley Catheter 51702

Recommendation

Sometimes extra weight causes bladder control problems. A good meal plan and exercise program can lead to weight loss.

Maintain high fluid intake to maximize urinary flow rate with a goal of 2 to 2.5 liters of urine output daily.

Follow Up

FU in 2 weeks.

Health Education

HEMATURIA

COUNSELING

Activity.

Diet.

Nutrition.

Sex.

Informed consent.

Diagnosis.

Treatment options.

Rx.

The above checked has been discussed with the patient in detail, who states that they understand and have no questions at this time.

25 min spent counseling the patient.

This visit was electronically signed off by Steven Tillem, MD on 03/05/2016 09:50:25 PM