Identifying Data:
Full Name:AR
Address: Astoria
Date of Birth: December 6, 1957
Date & Time: January 6, 2022 @ 1pm
Location: Astoria Statcare
Religion: Not Identified
Source of Information: Self and wife
Reliability: Reliable
Mode of Transport: Ambulatory walk-in

Chief Complaint: " Stomach pain in right lower quadrant" x 72 hours

64yo nonsmoker M with PMH of Nephrolithiasis presents to urgent care today with RLQ abdominal pain x 72 hours. Pt describes the pain as sporadic, pulsatile, and intense (9/10) when it occurs but pain scale 2/10 right now. His wife has been giving him two tablets of Advil (400mg) and the pain decreases. Denies any aggravating factors such as pain after eating or with movement. Pt states that this pain is similar to what he felt in the beginning of when he had a kidney stone in 2019. Pt states that it was the same side and they told him he had another stone in his kidney that he might also have to pass. During his hospitalization in 2019 he was given oxycodone, colchicine and tamsulosin which resolved his previous kidney stone. Pt admits to headache but says he thinks it is related to his blood pressure. Pt also felt palpitations a few months ago when he was in Spain and got an EKG with no abnormal findings. Pt denies hematuria, fever, urinary frequency, dysuria. Pt denies any recent trauma or pain at any other sites. Pt denies any syncope, chest pain, SOB, or diaphoresis.

Past Medical History
Nephrolithiasis, 2019

Past surgical history
None

Past Hospitalization history
Nephrolithiasis, 2019

Medications
No medication taken

Allergies:
Denies any food/environmental/medication allergies

Social History:
64yoM from Spain lives with his wife in Astoria, NY.
Denies alcohol use.
Smoking: Never
Denies drug use.

Diet: American; salty
Travel: frequently travels to Spain with his wife; last visit was in December 2021

Review of System:
General: Denies any fever, chills, weight loss, loss of appetite

Skin, hair, nails: Denies changes in texture, excessive dryness or sweating, moles/rashes, pruritus or changes in hair distribution.

Head : Admits to headache. Denies vertigo, head trauma, unconsciousness, or coma

Eyes: Pt states that he wears glasses and had his last eye exam 6 month ago. Denies any visual disturbances, lacrimation, photophobia, or pruritis.

Ears: Denies any deafness, pain, discharge, tinnitus or use of hearing aid

Nose/sinuses: Denies any nasal discharge, epistaxis or obstruction

Mouth/Throat: Denies bleeding gums, sore tongue, sore throat, mouth ulcers, voice changes or use dentures.

Neck: Denies any stiffness or decreased range of motion, lymphadenopathy

Breast: Denies lumps, nipple discharge, or pain.

Cardiovascular system: Denies chest pain, irregular heartbeat, edema/swelling of ankles or feet, syncope, diaphoresis, orthopnea, claudication or known heart murmur. Pt does not have palpitations now but did 3 months ago and got an EKG which did not show any abnormal findings. Pt states his blood pressure is sometimes high but he does not have hypertension; education given.

Pulmonary system: Denies SOB, cough, wheezing, pleuritic chest pain, hemoptysis, cyanosis, orthopnea, or paroxysmal nocturnal dyspnea (PND).

Gastrointestinal system: Pt did have nausea but does not now. Denies current nausea, vomiting, diarrhea, constipation, intolerance to specific foods, dysphagia, pyrosis, unusual flatulence or eructation, jaundice, hemorrhoids, constipation, rectal bleeding, or blood in stool.

Genitourinary system: Denies dysuria, frequency, hematuria, nocturia, oliguria, dysuria, incontinence, awakening at night to urinate or flank pain.

Nervous: Denies seizures, loss of consciousness, sensory disturbances, ataxia, loss of strength, change in cognition / mental status / memory, or weakness.

Musculoskeletal system: Denies muscle/joint pain, deformity or swelling, redness or arthritis.

Peripheral vascular system: Denies intermittent claudication, coldness or trophic changes, varicose veins, peripheral edema or color changes.

Hematological system:. Denies lymphadenopathy, easy bruising or bleeding, blood transfusions, or history of DVT/PE.

Endocrine system: Denies polyuria, polydipsia, polyphagia, heat or cold intolerance, excessive sweating, hirsutism, or goiter

Psychiatric: Denies Anxiety. Denies Depressed mood. Denies Substance abuse.
Physical

General: Thin older male laying in bed appearing relaxed and younger than stated age and not in pain. Does not appear in distress, lethargic or agitated.

Vitals:
Temp 97.7 **HR** 71 **Oxygen sat** % 97, Ht 5ft 11 in, **Wt** 187, **BP** 167/91
Pain scale 5 **BMI** 26.08.

Examination:
General Appearance: older male, appears stated age, well nourished and hydrated, alert and oriented x3, pleasant and appears comfortable and not in acute distress. .
Skin: no suspicious lesions, warm and dry , moist, no rash.
HEENT normocephalic, atraumatic, no scalp lesions.
Eyes: sclera non-icteric, upper eyelids normal, lower eyelids normal.
Ear: normal tympanic membranes, no discharge.
Throat: clear, no erythema, no exudates, uvula midline .
Cardiovascular: regular rate and rhythm, S1, S2 normal .
Respiratory: clear to auscultation bilaterally, good air movement, no wheezes, rales, rhonchi.
Gastrointestinal: soft, non-tender/non-distended, no guarding or rigidity, no masses palpable. Negative Rovsing, negative psoas, negative obturator. No tenderness at McBurney point.
Genitourinary: exam not done; no CVA tenderness
Musculoskeletal no pain, swelling, tenderness.
Neurologic Exam: nonfocal, alert and oriented .
Extremities: , no clubbing, cyanosis, or edema; good tone and skin color.
Psychiatry cooperative with exam, good eye contact, speech clear.

Results
In-office Urinalysis showed +nitrates

Assessment
64yo M with right lower quadrant pain that is pulsatile and not constant x 72 hours with a hx of nephrolithiasis that felt like this. No risk factors for coagulopathy. No hx of DVT or A.fib. No aortic bruit heard.
Differential diagnoses

1. Nephrolithiasis
2. Urinary tract Infection
3. Aortic Aneurysm

Plan

1. Medication prescribed:
    a. Ciprofloxacin 500mg BID x 7 days for UTI
    b. Tamsulosin HCl Capsule, 0.4 MG x 30 days tx for kidney stone due to high suspicion of kidney stone

2. Labs ordered
    a. CBC: WBC to rule out infection; H/H to rule out unexplained anemia from blood loss
    b. CMP to look at renal function
3. Images ordered
    a. Refer out for CT with & without contrast with high suspicion of nephrolithiasis and to rule out AAA
4. Education
    a. Pain control: continue with Ibuprofen for pain
    b. Precautions for return/ER: if abdominal pain, n,v, worsening pain, fever, chills must return for re-evaluation vs. Emergency department