

F A X S H E E T

Date: 01/18/2024 07:17:24 AM
To: Karen Herbst
Subject: ProgressNotes
Fax Number: 3107475908
To Company: Karen Herbst
From Name: Vedashree Panthulu, MD
From Company:
From Facility: Sun City Center SRAC
Support Contact:
Number of Page(s): 5

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Patient Name: Childers, April, DOB: 04/30/1970, Account No: 30154

**CHILDERS, April**

53 Y old Female, DOB: 04/30/1970

Account Number: 30154

2019 154TH ST E, BRADENTON, FL-34212-8155

Home: 941-587-5678

Guarantor: Childers, April Insurance: Florida Blue BCBS HMO Auth Needed

PCP: THIS TIME NONE AT Referring: Karen Herbst

Appointment Facility: Sun City Center SRAC

01/16/2024

Progress Notes: Vedashree Panthulu, MD

Current Medications**Taking**

- Vitamin D3 10 MCG (400 UNIT) Tablet 2 tablets Orally Once a day
 - Omega 3 1200 MG Capsule 1 capsule Orally Once a day
 - Red Yeast Rice 600 MG Capsule as directed Orally
 - Progesterone 200 MG Capsule 1 capsule at bedtime Orally Once a day
 - Potassium Gluconate 595 (99 K) MG Tablet 1 tablet Orally Once a day
 - Magnesium Citrate 100 MG Tablet as directed Orally
 - Furosemide 40 MG Tablet 1 tablet Orally Once a day
 - Estradiol 0.1 MG/24HR Patch Twice Weekly 1 patch to skin Transdermal Two times a Week
 - CoQ-10 100 MG Capsule as directed Orally
 - Colace 100 MG Capsule 1 capsule as needed Orally Once a day
 - Acyclovir 400 MG Tablet 1 tablet Orally Twice a day
- Medication List reviewed and reconciled with the patient

Past Medical History

FM.
HLD.
IBS.
RA.
Thyroid disease.
Hernia.

Allergies

Morphine
Imitrex
Darvocet-N 50
Percocet
Eggs or Egg-derived Products
Topamax

Review of Systems**ROS All Negative:**

Negative ROS ROS negative except as documented in HPI.

Reason for Appointment

1. Doxy - follow up

Assessments

1. Pain in unspecified joint - M25.50
2. Fibromyalgia - M79.7
3. History of IBS - Z87.19
4. Lipedema - R60.9

ASSESSMENT

Lipedema- Dr Karen Herbst

FMS

Anxiety

IBS

Depression

?h/o Pso as a kid

Plan:

Autoimmune labs are negative: Chronically elevated ESR if repeat ESR is elevated may benefit from hematology evaluation for chronically elevated ESR

Supportive care

Return to clinic if symptoms worsen

RTC in as needed

Speech recognition software was utilized for the dictation of this note. As a result occasional errors in the transcribing process will occur. Please accept apologies for any errors and please free to contact for clarification.

History of Present Illness**1.A NP HPI:**

Previous Rheum -None

No family h/o autoimmune disorders such as Rheumatoid arthritis, SLE, Psoriasis, Psoriatic arthritis, Crohn's disease, ulcerative colitis or lupus.

Current Complaints - The patient presents with complaints of lymphatic system slowing, fluid retention, and weight gain. The patient denies any recent moves and reports having a primary care physician, Dr. Karen Brainard. Notes from April 2023 mention a history of autoimmune disease, fibromyalgia, rheumatoid arthritis, and irritable bowel syndrome. The patient confirms the diagnosis of irritable bowel syndrome and FMS but is unsure about rheumatoid arthritis. The patient also mentions having a half-sister with fibromyalgia and lupus. The patient reports a family history of blood pressure issues, heart attacks, and strokes among three sisters. The patient is currently taking furosemide for water retention but has no known congestive heart failure or high blood pressure. Blood pressure is situational and related to anxiety or pain. The patient does not smoke and maintains a healthy lifestyle due to a family history of early cardiac death. Bone density test from September 2021 was normal. Recent blood work from December 2022 shows A1c at 5.6 and uric acid at 3.9. The patient has provided recent blood work from Dr. Herbst, including tests for tryptase and ANA multiplex. The patient reports that lipedema symptoms started after menopause, with arms getting bigger and lumpy. The patient experiences significant weight gain overnight- sometimes as high as 11 lbs, and furosemide sometimes does not prevent it. The patient had COVID in January and received the first vaccine in March, experiencing prolonged bed rest after both. Platelet count increased after COVID and the vaccine. The patient expresses limited knowledge about lipedema and its connection to autoimmune diseases. The patient's lipids are slightly elevated. The patient expresses frustration about the process of ruling out different conditions and the need for further testing. The patient reports living in pain every day, with symptoms

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sometimes feeling like their skin is going to explode. The patient describes pain in the hands and feet, as well as chronic pain throughout the body. The patient mentions a history of fibromyalgia, migraines since the age of 13, anxiety, depression, and insomnia. The patient reports constipation and the use of herbal supplements for bowel movements. The patient also mentions the presence of skin tags and knee and hip problems. The patient has not had shoulder surgery but has problems in the past for chronic dislocations. The patient reports feeling like they are 100 years old and experiencing pain and stiffness upon waking up. The patient denies any recent use of prednisone or steroids. The patient mentions a history of psoriasis on the scalp and eczema in their children. The patient denies any history of ulcerative colitis or Crohn's disease. The patient reports being on the Whole30 diet and trying to maintain a healthy lifestyle. The patient expresses concerns about the side effects of steroids and seeks alternative treatment options. The patient mentions the possibility of breast implants and their association with autoimmune diseases. The patient expresses a desire for supportive treatment and lifestyle changes. The patient reports undergoing MRI scans of the knee and lumbar spine, which showed small disc bulges at L5S1. The patient is awaiting blood work results for fibromyalgia and further testing for autoimmune diseases.

Joint pains in order from worst -

Worst time of day -

Joint swellings -

AM Stiffness -

Activity and pain -

Pain score - Pain score with meds:

today's visit:

verbal consent obtained- televisit via Doxy.me video chat . Patient is at home and the physician is in the office.

January 2024: Autoimmune labs are negative. mildly elevated ESR: Continue follow-up with Dr. Karen for lymphedema management and if ESR chronically elevated can consider hematology evaluation to rule out other causes for elevated ESR

Occupation:

PMSH - ?Pso scalp as a kid, fibromyalgia, anxiety, IBS, Lipedema

Pain meds -

Failed meds -

Current Meds -

LABS - Labs: Elevated ESR 56 negative HLA-B27 normal CRP negative RF CCP negative MCV

DEXA -

MRI lumbar spine- oct 203 simon med imaging - Small left paracentral disc bulge at L4-L5 with a far left lateral annular fissure component resulting in indentation upon the ventral aspect of the thecal sac, with facet hypertrophy resulting in mild left neural foraminal narrowing.

2. Broad-based disc bulge at L5-S1 with a superimposed right lateral recess disc protrusion and annular fissure, resulting in mild right lateral recess stenosis and mild right neural foraminal stenosis.

3. Minimal central disc bulge at L1-L2 with a small central annular fissure component without significant central canal or neural foraminal stenosis.

Past Orders

Lab:ESR Sed rate Quest (Order Date - 12/04/2023) (Collection Date & Time - 12/06/2023 01:24 PM)

**SED RATE BY 56 H < OR = 30 - mm/h
MODIFIED**

Notes: SHAJU, JULIE 12/15/2023 11:19:39 AM > Elevated ESR-Will discuss at next F/u visit

Lab:HLA-B27 ANTIGEN (Order Date - 12/04/2023) (Collection Date & Time - 12/06/2023 01:24 PM)

	<u>Value</u>	<u>Reference Range</u>
HLA-B27 ANTIGEN	Negative	Negative -

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Lab:CRP (Quest) (Order Date - 12/04/2023) (Collection Date & Time - 12/06/2023 01:24 PM)

	<u>Value</u>	<u>Reference Range</u>
C-REACTIVE PROTEIN	4.5	<8.0 - mg/L

Lab:RF RHEUMATOID FACTOR (Quest) (Order Date - 12/04/2023) (Collection Date & Time - 12/06/2023 01:24 PM)

	<u>Value</u>	<u>Reference Range</u>
RHEUMATOID FACTOR	<14	<14 - IU/mL

Lab:CCP AB (IGG) (Quest) (Order Date - 12/04/2023) (Collection Date & Time - 12/06/2023 01:24 PM)

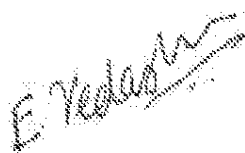
	<u>Value</u>	<u>Reference Range</u>
CYCLIC CITRULLINATED	<16	- UNITS

Lab:MCV Antibody (Mutated Citrullinated Vimentin) (Order Date - 12/04/2023) (Collection Date & Time - 12/06/2023 01:24 PM)

	<u>Value</u>	<u>Reference Range</u>
MUTATED CITRULLINATED VIMENTIN (MCV) AB	<20	<20 - U/mL

Examination**1.General Exam:**

GENERAL APPEARANCE: normal, alert.
 HEAD: normocephalic, atraumatic.
 EYES: BOTH EYES, normal.
 EARS BOTH EARS, normal.
 NECK/THYROID: neck supple.
 SKIN no rash on face.
 LUNGS: no signs of hypoxia.
 CHEST: normal.
 NEUROLOGIC: cooperative with exam.
 PSYCH: alert, oriented, normal.
 Active ROM appropriate for age. No warm swollen joints. No rashes, sclerodactyly, raynauds, oral ulcers, vasculitis rash, neg hypermobility score for beighton -decreased rom b/l shoulder active.



Electronically signed by VEDASHREE PANTHULU , MD on 01/18/2024 at 03:28 PM EST

Sign off status: Completed

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Progress Note: Vedashree Panthulu, MD 01/16/2024

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