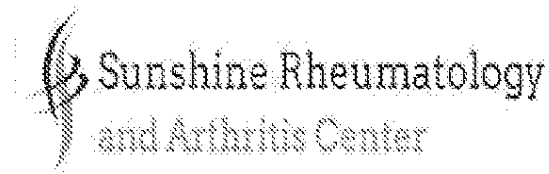


# F A X S H E E T

Date: 12/05/2023 06:06:29 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): 4

**This facsimile transmission contains confidential information intended for the parties identified above. If you have received this transmission in error, please immediately notify me by telephone and return the original message to me at the address listed above. Distribution, reproduction or any other use of this transmission by any party other than the intended recipient is strictly prohibited.**

**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

12/04/2023

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

**Discontinued**

- Ondansetron HCl 4 MG Tablet 1 tablet as needed Orally Once a day
  - metFORMIN HCl 500 MG Tablet 1 tablet with a meal Orally Twice a day
  - Liothyronine Sodium- Powder as directed, Notes to Pharmacist: compounded T3 and T4
  - Esomeprazole Magnesium 40 MG Capsule Delayed Release 1 capsule Orally Once a day
  - Chlorthalidone 50 MG Tablet 1 tablet in the morning with food Orally
  - Biotin 5000 MCG Capsule 1 capsule Orally Once a day
- Medication List reviewed and reconciled with the patient

**Past Medical History**

- FM
- HLD
- IBS
- RA
- Thyroid disease
- Hernia

**Surgical History**

- R shoulder 2015
- c sec x2 2002, 1997
- L shoulder 2013
- D&C 1994
- fibroid removal 2021
- R lumpectomy x4 every october
- R arm
- breast implants 2009
- tummy tuck 2009
- R wrist

**Family History**

- Mother: arthritis
- Siblings: SLE, FM, arthritis

**Social History**

- 1.A Social history:
- Current smoker: no.

**Reason for Appointment**

1. New patient
2. Pt referred for connective tissue disease - lymphatic system slowed, fluid retention and fat gain
3. imaging review - DEXA 2021
4. Lab review

**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:

- Order rheumatoid factor, CCP, ANA, HLA-B27, and inflammation markers.
- Evaluate blood work results for potential autoimmune disease.
- Encourage Mediterranean diet with more fruits, vegetables, and less processed food.
- Address anxiety, depression, and sleep disturbances with appropriate interventions.
- Recommend physical therapy for hypermobility and joint stability.
- Discuss the importance of managing symptoms and maintaining a healthy lifestyle.
- Provide resources and support for coping with chronic pain and associated conditions.

RTC in 4 weeks

62 minutes were spent on the date of service on activities regarding this patient encounter including pre-visit review of documentation, history taking, examination, counseling, ordering appropriate follow-up, and documentation post-visit. 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.

**Treatment****1. Pain in unspecified joint**LAB: ESR Sed rate QuestLAB: CRP (Quest)LAB: RF RHEUMATOID FACTOR (Quest)LAB: CCP AB (IGG) (Quest)LAB: MCV Antibody (Mutated Citrullinated Vimentin)**Labs**Lab: HLA-B27 ANTIGEN**History of Present Illness****1.A NP HP:**

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

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

Previous history of smoking: no.  
 Heavy alcohol use: no.  
 Illegal drug use: no.  
 Medical marijuana: no.  
 Active for age: yes.  
 Sedentary life: no.  
 Currently working: yes.  
 On Disability: no.  
 Current Occupation if working: waiter, vice president.

**Allergies**

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

**Hospitalization/Major Diagnostic Procedure**

kidney stones 1996

**Review of Systems**ROS All Negative:

Negative ROS ROS negative except as documented in HPI.

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 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 L5/S1. 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:

ROS: Patient denies any skin rash, Photosensitivity, Raynaud's, alopecia, nasal/oral ulcers, dysphagia, sclerodactyly, ILD, Uveitis, muscle weakness, dry eyes/mouth, pleuritic chest pain. No known history of kidney disease (hematuria/proteinuria), serositis (pleuritis/pericarditis), cytopenias, seizures, DVT/PE, miscarriages or still births (in female patients)

Occupation:

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

Pain meds -

Failed meds -

Current Meds -

LABS -

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

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

---

component without significant central canal or neural foraminal stenosis.

### Vital Signs

Temp: 97.4 F, HR: 83 /min, BP: 152/83 mm Hg, Wt: 177 lbs, Wt-kg: 80.29 kg, BMI: 25.39 Index, Ht: 70 in.

### 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.

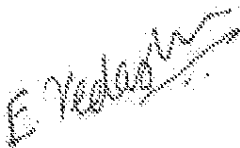
LUNGS: no signs of hypoxia.

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 12/05/2023 at 04:47 PM EST

Sign off status: Completed

---

Sun City Center SRAC  
938 CYPRESS VILLAGE BOULEVARD  
SUITE A  
SUN CITY CENTER, FL 33573-6801  
Tel: 813-333-5080  
Fax: 813-773-7717

---

Progress Note: Vedashree Panthulu, MD 12/04/2023

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)