



ENDOCRINOLOGY ASSOCIATES OF TEXAS

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Patient Name: Lisa Turner
Patient DOB: 02-02-1960
Patient Sex: Female
Date of Service: 03-04-2016

Chief Complaint

I am seeing Lisa Turner. She was referred to our practice by her sister.
The patient is here for Endocrine Follow Up.

HPI

The patient is a 56 year(s) old female.

She is obese and was doing TSFL, lost 10 pounds but got off track when she had ear infection. She doesn't exercise, stairs at work, joined a gym. She had painful ear infection and was out of work 10 days.

Her two sisters have hypothyroidism. One sister is trying new drugs. She is on Armour thyroid 180 mg 6.5 tablets per week for hypothyroidism. Last TSH high. Need new value. I sent her for GTT which is now consistent with glucose intolerance.

She lost and then gained the 10 pounds.

She is referred by Dr. Karen Schwartz - Advanced Family medicine in Bethpage.

She is obese and did gastric banding but had to have it taken out secondary to complications.

She did xrays and had cleaning out but now doesn't need surgery. Sees new ENT physician at Lenox Hill.

She didn't do implants yet. To see oral surgeon first to see what is going on. She had cone beam which showed fluid in sinuses. She is going to Dr. Grasso in Syosset area. Needs implants. She is here for sonogram today to follow up on nodules.

She saw Dr. Karen Schwartz in past. I have called for these records.

She has a lot of anxiety with son.

Last TSH low and I cut Armour thyroid down to She was discovered to have hypothyroidism 2008 when she had a bg over 140 random. The HGA1c was 7.8%. She lost 50 pounds watching diet and exercise. She was told she was diabetic. At present she isn't exercising. She is dieting now and lost 10 pounds. She kept the 50 off. She used to be a runner but it took too long to run. She is married and has autistic son who is 13. She has stressful life. GTT now better consistent with glucose intolerance. abnormal fasting on GTT.

She has trouble giving timeline of her history. She is upset about son at visit.

She was started on Synthroid but she didn't feel well with it. She is on Armour thyroid 180mg 6.5.

She has been miserable lately with weight gain and stress and infected ear and sinus.

She works at North Shore LIJ Accounts receivable.

She has OCD and depression and on meds for this.

She has seen diabetes educators at Winthrop in past including nutrition. She did their program.

She was admitted to plainview hospital. In 2008 She was hospitalized for one week after she couldn't walk. She was in ICU for one week. She had pneumonia one week prior. She then developed sepsis. She also has had severe pharyngitis May 2013. She was hospitalized because she couldn't swallow saliva. She was in a few days. Now had office procedure last week to clear sinus.

She lost 50 lbs in 2008 and another 10 this past. She did it with TSFL. but gained it back.

HGA1c is 8.2% today. BG 305 three hours after eating.

History

MEDICAL HISTORY: Patient has a history of **hypertension**, **hypercholesterolemia** and **DM type 2**.

SOCIAL HISTORY: Alcohol consumption is **social**. Patient is **current every day smoker**. Smoking **2 pack/day**. **No illicit IV drug abuse**.

SURGICAL HISTORY: **Patient has history of appendectomy** in 2009.

OB/GYN HISTORY: Patient has **No Ob/Gyn History**.

PSYCHIATRIC HISTORY: Patient has **no psychiatric history**.

Allergies

No Known Drug Allergies

Current Medications

Metformin Hydrochloride 1000mg Extended-Release Tablet, one tablet daily

Lasix 20mg Tablet

Benicar 20mg Tablet

Lisinopril 20mg Tablet

Problem List

Type 2 Diabetes Mellitus Without Complications (E11.9)

Essential (Primary) Hypertension (I10)

Hyperlipidemia, Unspecified (E78.5)

ROS

Constitutional: Patient has **fatigue**, **polyphagia**, **polyuria** and **weight change**.

Skin: Patient has **no skin symptoms**.

HEENT: Patient has **hoarse voice**, **neck mass**, **recent voice change** and **vertigo**.

Respiratory: Patient has **no respiratory symptoms**.

CVS: Patient has **no CVS symptoms**.

GI: Patient has **no GIT symptoms**.

GU: Patient has **no GU symptoms**.

Musculoskeletal: Patient has **no musculoskeletal symptoms**.

Neurological: Patient has **no neurological symptoms**.

Psychiatric: Patient has **no psychiatric symptoms**.

Hem/ Lymph: Patient has **no hematological/lymphatic symptoms**.

Vital Signs

Height: **67** in.

Weight: **190** lbs.

BMI: **30**.

BP Systolic: **145** mm Hg.

BP Diastolic: **90** mm Hg.

Physical Exam

GENERAL Patient's mood is normal, The patient's affect is normal, The voice quality is normal and The gait is normal.

HEENT: Atraumatic. Normocephalic. Normal conjunctivae. No periorbital edema. EOM intact. No ptosis.

NECK: Normal inspection. There is no cervical lymphadenopathy. There are no neck masses. Neck is supple. Normal thyroid exam. No thyromegaly.

RESPIRATORY: Inspection is normal.

CVS: No pedal edema.

GI: No abdominal mass. No hepatomegaly No splenomegaly.

SKIN: skin is warm and dry on palpation. There is no cyanosis. There is no diaphoresis. There are no rashes.

NEUROLOGICAL: Gait is normal. There is no muscular atrophy. There is no gross motor deficit. Speech is normal. There are no tremors.

MUSCULOSKELETAL: There is no joint tenderness. There are no muscle masses. Normal range of motion. Normal strength. Muscles are symmetric throughout. Normal gait and station. No clubbing and cyanosis of the digits.

PSYCHIATRIC: normal affect, normal mood and oriented x 3.

Sonogram last time shows gland typical for Hashimotos but there are multiple lymph nodes bilaterally normal appearing but many largest 1.4cm. She now is just getting over sinus/ear infection.. I will repeat sonogram next visit, not today because another infection.

She has history of alot of infections and very serious ones. I will check to rule out immune deficiency.

Assessment

Type 2 Diabetes Mellitus Without Complications (E11.9)

Thyrotoxicosis With Diffuse Goiter Without Thyrotoxic Crisis Or Storm (E05.00)

Hyperlipidemia, Unspecified (E78.5)

Essential (Primary) Hypertension (I10)

Other Specified Disorders Of Bone Density And Structure, Unspecified Site (M85.80)

Vitamin D Deficiency (E55)

Plan

Lab

3RD GENERATION TSH

24 HOUR URINE CREATININE

BASIC METABOLIC PROFILE

LIPID PANEL

URINALYSIS,COMPLETE

Today's Medication

Alprazolam 0.5mg Extended-Release Tablet is Prescribed, prn

Procedure

FNA Thyroid 10021

CGM Interpretation 95251

Cardiac Autonomic Function Test 95925

Influenza Vaccine 90658

Ultrasound of Thyroid 76536

Recommendation

Control weight to normal or near-normal levels by eating a healthy low-fat, high-fiber diet.Keep alcohol consumption low.

Tight glucose control: The single best thing you can do is to keep your blood sugar level within the suggested range every day. The only way to do this is through a combination of regular blood sugar checks, a balanced diet low in simple sugars and fat and high in complex carbohydrates and fiber, and appropriate medical treatment. Please consult a nutritionist or check with your doctor about questions that you may have regarding diet. Regular exercise is crucial to the prevention of type 2 diabetes. Wash and examine your feet every day, looking for small cuts, sores, or blisters that may cause problems later. You should file rather than cut your toenails to avoid damaging the surrounding skin. You may need to see a specialist in foot care (podiatrist) to help you care for your feet.

The more cigarettes a person smokes each day, the greater the risk of disease. Fortunately when a smoker stops smoking, many of the above risks decrease.

Followup based on labs to be determined.

Follow Up

Followup in 4 weeks.

Health Education

DIABETES MELLITUS

GRAVES' DISEASE

QUIT SMOKING

The patient was counseled on abnormal labs, abnormal thyroid function tests, blood glucose goals, bone health, calcium and vitamin D supplementation, coordination with other doctors and discussing

The visit was electronically signed off by Adina Schneider, MD on 03/08/2016 12:55:06 AM