



## NEPHROLOGY CONSULTANTS OF TEXAS

6860 North Dallas Pkwy, Ste 200, Plano, TX 75024

Tel: 469-305-7171 Fax: 469-212-1548

Patient Name: Jennifer Smith  
Patient DOB: 03-05-1966  
Patient Sex: Female  
Visit Date: 03-06-2016

### Chief Complaint

The patient is here for nephrology follow up.

### HPI

Patient is here today for evaluation of hypertension and proteinuria. Type includes subnephrotic. Not associated with hematuria. MCD. It gets aggravated by nothing. It gets alleviated by nothing. Associated symptoms are none. There is no change in appetite, energy, sleeping habits, taste sensation or pruritis. No new events or complaints. No dysuria, hematuria or hesitancy. Takes lasix (with KCl) on most weekends, keeping weight < 210 - usually ~ 208.

### History

MEDICAL HISTORY: Patient has a history of [hypertension](#), [hypercholesterolemia](#) and [DM type 2](#).

FAMILY HISTORY: Father has history of [alzheimer's disease](#). Mother has history of [epilepsy and gout](#).

SOCIAL HISTORY: Alcohol consumption is [social](#). Patient is [current every day smoker](#). Smoking [2](#) pack/day. Patient works as [school teacher](#).

SURGICAL HISTORY: [Patient has history of cholecystectomy](#) in 2009.

OB/GYN HISTORY: Patient has [No Ob/Gyn History](#).

PSYCHIATRIC HISTORY: Patient has [no psychiatric history](#).

### LABS:

TG: [350](#)  
LDL: [220](#)  
HDL: [50](#)  
INR: [3.5](#)  
BUN: [45](#)  
Creatinine: [2.5](#)

### Allergies

[No Known Drug Allergies](#)

### Current Medications

[Aspirin 81mg Tablet](#)  
[Benicar 20mg Tablet](#)  
[Atenolol 25mg Tablet One tablet OD](#)

Metformin Hydrochloride 500mg Tablet  
Januvia 25mg Tablet  
Prilosec 10mg Delayed-Release Granules for Suspension  
Glipizide 10mg Tablet  
Amlodipine Besylate 10mg Tablet  
Calcium 600mg Tablet  
Centrum Silver Women's Tablet  
CellCept 500mg Tablet  
Potassium Chloride 10mEq Extended-Release Capsule  
Furosemide 40mg Tablet

### Problem List

Type 2 Diabetes Mellitus Without Complications (E11.9)  
Essential (Primary) Hypertension (I10)  
Hyperuricemia Without Signs Of Inflammatory Arthritis And Tophaceous Disease (E79.0)  
Iron Deficiency Anemia (D50)  
Hyperlipidemia, Unspecified (E78.5)  
Hyperphosphatemia (E83.39)  
Vitamin D Deficiency (E55)

### ROS

**CONSTITUTIONAL:** Patient complained of fatigue and loss appetite.  
**EYES:** Patient complained of no eye symptoms.  
**EARS:** Patient complained of no ear symptoms.  
**NOSE:** Patient complained of no nasal symptoms.  
**SINUSES:** Patient complained of no sinus symptoms.  
**THROAT:** Patient complained of no throat symptoms.  
**RESPIRATORY:** Patient complained of no respiratory symptoms.  
**CV:** Patient complained of pedal edema and dyspnea on exertion.  
**GI:** Patient complained of heartburn and nausea.  
**GU:** Patient complained of no GU symptoms.  
**NEUROLOGICAL:** Patient complained of no neurological symptoms.  
**SKIN:** Patient complained of no skin symptoms.  
**ENDOCRINE:** Patient complained of no endocrine symptoms.  
**PSYCHIATRIC:** Patient complained of no psychiatric symptoms.  
**MUSCULOSKELETAL:** Patient complained of no musculoskeletal symptoms.

### Vital Signs

Height: 67 in.  
Weight: 208 lbs.  
BMI: 33.  
BP Systolic: 155 mm Hg.  
BP Diastolic: 95 mm Hg.

### Physical Exam

**Skin:** No gross abnormalities. No grossly abnormal appearing lesions or rashes.  
**HEENT** Normocephalic. Atraumatic. No gross facial abnormalities, edema, facial or sinus tenderness. Sclerae and conjunctivae are clear and normal. PERRLA. EOMI. Oropharynx clear and normal. Tonsils are grossly normal. Mucous membranes moist.  
**Neck:** Supple. No gross abnormalities, edema or thyromegaly. No tenderness. No mass. No JVD. No bruits. No C-spine tenderness.  
**CVS:** PMI normal. heart sounds regular. Soft grade 2/6 systolic ejection murmur at left lower sternal border. No rub.  
**Respiratory:** Normal chest expansion, good air movement, lungs clear to auscultation, no rales, rhonchi or wheezing, no respiratory distress.  
**GIT:** Soft, nontender, nondistended, bowel sounds present. No organomegaly, no masses palpated.  
**Extremities:** Trace edema pretibially. Peripheral pulses strong bilaterally. No rash. No arthritis. .  
**Neurological:** Normal gait. No gross sensory or motor deficits. No asterixis or tremors.

**Lymph Node:** No lymphadenopathy.

**Musculoskeletal:** Normal gait. No gross abnormalities.

**Psychiatric:** Well groomed. Appropriately dressed. Normal speech pattern. Normal thought pattern. No gross evidence of depression or abuse.

## Assessment

Type 2 Diabetes Mellitus Without Complications (E11.9)

Essential (Primary) Hypertension (I10)

Hyperuricemia Without Signs Of Inflammatory Arthritis And Tophaceous Disease (E79.0)

Hyperlipidemia, Unspecified (E78.5)

Acute Kidney Failure (N17) may be due to urinary tract infection and abdominal pain with subsequent hypovolemia. Her renal function has improved with IV hydration.

Iron Deficiency Anemia (D50)

Hyperphosphatemia (E83.39)

Vitamin D Deficiency (E55)

Major Depressive Disorder, Single Episode, Unspecified (F32.9)

Anxiety Disorder, Unspecified (F41.9)

## Plan

### Lab

CBC

COMPREHENSIVE METABOLIC PANEL

URIC ACID

PHOSPHORUS

MAGNESIUM LEVEL

SERUM ALDOSTERONE

PLASMA RENIN ACTIVITY

RANDOM URINE PR AND CR

RANDOM URINE MICROALBUMIN & CREATININE

RENAL ARTERIAL DOPPLER

## Today's Medication

Atorvastatin Calcium 10mg Tablet is Prescribed, Take 1 tablet BID

Colchicine 0.6mg Capsule is Prescribed, Take 1 capsule qid

## Procedure

ICG 93701

ECG 93000

UA - Automated w/o Micro 81003

Urine Spot Creatinine 82570

## Recommendation

1. Acute kidney failure: Patient is recommended to consume low potassium foods and avoid products with added salt. Low potassium foods contain apple, cabbage, carrots, green beans, grapes and strawberries. Other foods with added salt include salty snack foods, canned vegetables, and processed meats and cheese.
2. Modifiable and non-modifiable risk factors for progressive CKD were discussed. Avoidance of NSAIDs and nephrotoxic agents as well as the appropriate dosing of medications for diminished creatinine clearance was advised. Blood pressure, glycemic, lipid and weight control to recommended goals was strongly encouraged.
3. 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.

4. Continued use of iron supplementation was encouraged and its synergistic effect with exogenous erythropoetin therapy was discussed.
5. The patient was counseled on the appropriate blood glucose and HbA1c targets for them.
6. Home blood pressure monitoring was discussed. Patient will use agreed upon home BP monitor with appropriate sized arm cuff and track BP readings for review at next visit. Patient will call if BP is either higher or lower than goal and/or any possible blood pressure related symptoms arise.
7. Discussed the long term detrimental health effects of hypertension. Stressed importance of restricting the use of caffeine, nicotine, salt and alcohol. Also discussed the beneficial effects of regular aerobic exercise and maintaining ideal weight. The patient will keep a blood pressure diary for review at the next visit. Patient will return to the office for re evaluation sooner if the blood pressure remains greater than 135/85.
8. Lifestyle modifications were discussed with patient including a healthy, low sodium diet, exercise and weight loss towards an ideal BMI.
9. We discussed adverse health effects of smoking. Patient was encouraged to quit smoking. I informed the patient about various aids to quit including patch, inhaler, gum and oral medications. The patient was encouraged to set a date to quit smoking. Total time spent was 5-10 minutes.

### **Follow Up**

Followup in 4 weeks.

### **Health Education**

KIDNEY DIET

The visit was electronically signed off by Gerard Tepedino, MD on 03/06/2016 11:28:59 PM