Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

13265

3 - OUTPATIENT

[redacted]

[redacted] GYNECOLOGICAL RECO[redacted]

Date: OCT 9 '98
Age:
Smoke 1 PPD
Drugs Ø
ETOH Ø

S M D W Sep
LMP 9/28/98
Last Pap ?
Last MG
Contraception Ø

Allergies PCN
Ht. 5'5"
Wt. 150½
BP 144/90
Pro N Gluc N Nit N

Reason for visit:

40yo G2P2 seen in ER 10/7 2° to ↑ abd bloating & pain
(L) adnexal mass - 16 x 9 x 9cm fluid filled. Echogenic material within. single septum.
& free fluid, nl (R) ov, nl uterus
Cont'd s pain, & bleeding. ROS o/w (-).

Physical Exam:

nl/comments	
Heent	☐
Thyroid	☐
Breasts	☐
Heart	☐
Lungs	☐
Abdomen	☐
Extremities	☐
Ext. Gen	☐
Vagina	☐
Cervix	☐
Uterus	☐
Adenexa	☐

See prep sheet

USN:

Assessment:

Adnexal mass.

Staff Note:

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40yo G2P2 c 4 ~ of large (L) adnexal mass. Here for fu of exam. Seen in ER 10-7-9[illegible] Dr [redacted] Tx & Taft Plan: LAP Discussed [illegible]

Plan:

sched X LAP LSO

Chaperone [redacted] Resident [redacted] Staff [redacted]

COMPLAINT/INJURY F/U DET-0789
02/01-02/99 RLR EXH. C-6 of I

[redacted]

Core Information Assessment

[redacted] Page 1

CC/HPI:

40yo c̄ @ adrenal mass noted in ER
@ pain. ↑'d grith

nl bowel. bladder fxn
@ drying / hematuria
@ post coital bleeding, ∅ IMB - reg menses.

HISTORY (Illness, Hospitalization, Injuries, Accidents)

Medical ∅

Transfusion of Blood Products ∅

Surgical Lazer of CX

Family ∅ gyn ca

Allergies: Drugs and Reactions PCN - hives

Food and Other

Social History

Exposure History (occupational, travel, environment, infectious disease) N/A

Health Risk Behaviors: (ETOH, smoking, IV drug use, recreational drug use) 1ppD x 15yrs,
SOC ETOH

Medication List:

DRUG NAME	STRENGTH	FREQUENCY	LAST DOSE	DRUG NAME	STRENGH	FREQUENCY	LAST DOSE

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COMPLAINT/INJURY F/U DET-0789
02/01-02/99 RLR EXH. C-2 of I

[redacted]

Core Information Assessment

REVIEW OF SYSTEMS *(check positives, describe in detail on line below)*

General: ☐ weakness ☒ weight change ☐ chills ☐ fever ☐ night sweats ☐ fatigue
☐ other _____

Skin: ☐ rash ☐ pruritic ☐ color change ☐ hair changes ☐ nevus ☐ dryness/change in texture
☐ other _____

Eyes: ☐ visual change ☐ diplopia ☐ conjunctivitis ☐ other _____

Ears, Nose, Throat: ☐ decreased acuity ☐ discharge ☐ pain ☐ sinus congestion ☐ tinnitus
☐ seasonal ☐ allergies ☐ goiter ☐ other _____

Sinus, Teeth: ☐ dysphagia ☐ hoarseness ☐ dental manipulation ☐ oral hygiene ☐ dentures ☐ tooth pain
☒ other with abscess s/p ABX completed ~1 month ago

Respiratory: ☐ cough ☐ sputum ☐ hemoptysis ☐ S.O.B. ☐ positive PPD ☐ wheezing
☐ other _____

Cardiovascular: ☐ chest pain ☐ D.O.E. ☐ angina ☐ orthopnea ☐ P.N.D. ☐ orthopnea
☐ palpitations ☐ syncope ☐ murmur ☐ rheumatic fever
☐ other _____

Gastrointestinal: ☐ nausea ☐ vomiting ☐ diarrhea ☐ reflux ☐ P.U.D. ☐ abdominal pain
☐ inc. abdominal girth ☐ melena ☐ hematochezia ☐ other _____

Genitourinary: ☐ dysuria ☐ hematuria ☐ pyuria ☐ frequency ☐ incontinence ☐ infection ☐ polyuria
☐ other _____
FEMALE: ☐ P 2 G 2 A ___ ☒ L.M.P. 9.28.98 ☐ Pregnant Y / N
MALE: ☐ penile discharge ☐ lesions ☐ testicular mass, pain ☐ hesitancy

Musculoskeletal: ☐ joint pain ☐ edema ☐ muscle pain ☐ weakness ☐ swelling ☐ erythema
☐ muscle atrophy ☐ other _____

Endocrine: ☐ Goiter ☐ heat / cold intolerance ☐ change in voice ☐ polyuria ☐ polydipsia ☐ polyphagia
☐ diabetes ☐ thyroid disease ☐ other _____

CNS: ☐ headache ☐ seizures ☐ vertigo ☐ ataxia ☐ paresthesia ☐ paralysis ☐ visual loss ☐ dysphasia
☐ other _____

Psychiatric: ☐ depression ☐ previous treatment ☐ anxiety ☐ sleep disturbances ☐ other _____

Health Maintenance: ☐ self breast/testicular exam ☐ pneumovax ☐ influenza vaccine ☐ MMR
☐ other vaccine ☐ colon cancer screening ☐ skin self exam ☐ Cholesterol
Last pap smear 15 yrs ago Last mammogram ~10 yrs ago Last Tetanus _____
☐ other _____

000004

Sexual Hx: Sexual preference _____ Use of Condoms _____
Hx of S.T.D.'s _____ Methods of birth control _____
Sexually Active yes HIV Risk Factors _____
Unprotected intercourse yes

[redacted]

Core Information Assessment

PHYSICAL EXAM:

VS: T _____ P _____ R _____

BP: R _____ L _____ Lying

BP: R _____ L _____ sit or stand

General Appearance:

HEENT:

HEAD:

Eyes:

Fundoscopic:

Ears:

Nose:

Throat:

NECK:

Thyroid: nl

Vessels:

CHEST:

Thoracic cage:

Lungs: clear

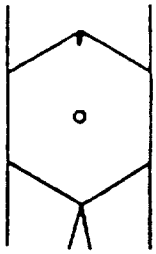
Heart: RRR

Breasts: ⊖ mass ⊖ nodes.

Axillae:

ABDOMEN:

(liver, spleen, kidneys, masses, aorta, herniae)



abd palp @ umbilicus. mi tenderness.

LYMPH NODES:

Auric

ASCM

BCM

SCLA

AXIL

ING

FEM

GENITALIA: nl ext cx c ectropion. pap skin

Rectal:

Hemoccult:

Pelvic:

PERIPHERAL VESSELS:

	Car. A	Rad. A	Fem. A	Pop. A	Dors. PZ	Post Tib. A
Rt.						
Lt.						

BACK AND EXTREMITIES:

SKIN EXAM:

NEUROLOGIC: nl

MENTAL STATUS:

Oriented* X 3

*objects _____ /3 at 5 min. *proverbs

*presidents *serial sevens

CRANIAL NERVES:

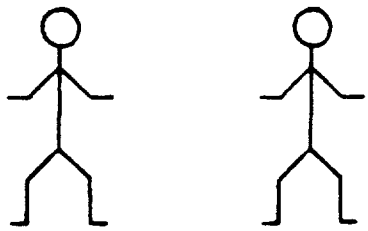
*I	Smell	VII	Facial Motor
II	Vis Field	*	Taste ant
III	EOM	VII	Hearing
IV	Sup Oblique	IX,X	Gag
*VS	Facial Pin	XI	SCM
VI	Lat Rectus	XIII	Tongue

SENSATION:

COORDINATION:

CEREBELLAR /GAIT:

REFLEXES: $\left(\frac{0\text{-}4}{4}\right)$ MUSCLE STRENGTH $\left(\frac{0\text{-}5}{5}\right)$



*examine if indicated

[redacted]

[redacted]

[redacted]

Core Information Assessment

[redacted] Page 4

IMPRESSION / PLANS PER ATTENDING PHYSICIAN *(Diagnosis explaining admission)*

40yo G2P2 LMP #9-26-98
noted to have (?) adrenal mass 16 x 9 x 9
+ and pain
Prob cystadenoma - mucin - / serum.

Map CSO c Fuzgn
possib TAH BSO - possib staging
Cm sut mtw
VCBC, LFTs, CXR, TH.

10/19/98

Other Pertinent Problems:

House Staff/Private Staff Signature [redacted] Date / Time 10-9-98

ATTENDING ONLY:

☐ Agree with House Officer/Private Staff assessment and plan

☐ Agree with assessment and plan with following modifications:

☐ Additional findings:

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Attending Signature Date / Time

COMPLAINT/INJURY F/U DET-0789
02/01-02/99 RLR EXH. C-5 of I

[redacted]

10/22/98 1345 P.C. do [redacted] from pt. husband. Pt. w/ 1 day home from surgery. In a lot of pain c̄ nausea: unable to keep p.o. meds down. Husband requesting med for nausea. Paged Dr. [redacted] MD ([redacted]) Dr [redacted] to call pt/pt husband back. Support provided. [redacted]

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[redacted]

[redacted] ReturnGynecological Record [redacted]

Date: OCT 23 '98 Allergies: PCN

Wt: 145 BP: 144/92 U/A- PRO: Routine H GLU: N NIT: N

LMP: 10/16/98 Last PAP: 10/98 Temp: ____ Other: ____

Reason for Visit: Staples to be removed

Chap: ____

Hx: L) Oophorectomy 5 days ago.
- Benign cystic brenner tumor + mucinous cystadenoma
- Vertical incision
- Pt doing well
  - Vicodin
  - Motrin
  - Colace
- Bmt
- Good pain Control

O/E: Abd Pilt NT
Incision CID II

A/P → Stable
Staples removed
Steri strips applied
Fu 4 weeks

40 yo POD#4 s/p LSO for mucinous cystadenoma
Doing well, pain controlled

Staple removal per Dr [redacted]

A/P. Routine post op
No heavy lifting
No driving
RTC 4 wks

Resident: [redacted] Staff: [redacted]

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COMPLAINT/INJURY F/U DET-0789
02/01-02/99 RLR EXH. G of I

[redacted]

#1 11/2/98 1635 P.C. from pt. Requesting refills on Vicoden & Motrin C/o pain 2° to coughing. Rev Dr. [redacted] - Ø Vicoden. Script called to Pharm. for Motrin see med sheet. & pt. instructed to take cough syrup for cough. Pt agreed & verbalized under-standing. Support provided. [redacted]

[redacted]

[redacted] ReturnGy[redacted]

[redacted]

Date: 11/20/98 (NOV 20 '98) Allergies: PCN

Wt: 145 BP: 124/80 U/A- PRO: diffuses GLU: ____ NIT: ____

LMP: 11-16-98 Last PAP: 10/9/98 Temp: ____ Other: ____

Reason for Visit: F/U S/P (L) oophorectomy (10/19)

Chap: ____

40 yo ♀ here for 4-6 wks postop ✓ S/P (L) oophorectomy 10/19/98 for Brenner's tumor & mucinous cystadenoma

Ø C/O. Moving well. Tolerating Diet. NL GI/GU. Postop course comp by cold. Taking cough syrup from husband's doctor

wound - scar healing well

A/P S/P (L) oophorectomy

1) F/U in 1 yr or pm

40 yo S/P (L) oophorectomy for Brenner's tumor doing well post op.

Discussed plan c Dr [redacted]

A/P S/P (L) oophorectomy

→ RTO 1 yr or pm

Resident: [redacted] Staff: [redacted]

000010

COMPLAINT/INJURY F/U DET-0789
02/01-02/99 RLR EXH. I of I

[redacted]

Clinical Laboratory Report

[redacted]

[redacted]

[redacted]

NONE MD-DO NOT USE

	10/14/98 1530	REFERENCE RANGE
BLOOD COUNTS		
WBC	5.5	4.0-10.0 K/UL
RBC	4.66	4.20-5.40 M/UL
HGB	14.3	12.0-16.0 GM/DL
HCT	41.8	36.0-48.0 %
MCV	90	82-100 FL
MCHC	34.2	32.0-36.0 %
RDW	11.9	11.0-14.0 %
PLATELETS	265	140-450 K/UL

BLOOD BANK - CUMULATIVE RESULT SUMMARY

	10/14/98 1530
BLOOD GROUP AND TYPE	
ABO/Rh(D) TYPE	O POS
ANTIBODY TESTING	
ANTIBODY SCREEN	NEGATIVE

PENDING ORDERS

Collected	Procedure
10/14/98	ABBREVIATED CROSSMATCH-IS&INT

RECEIVED

[redacted] 10/15/98

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[redacted]

COMPLAINT/INJURY F/U DET-0789
02/01-02/99 RLR EXH. D-1 of I