

Jackson Clinic • 1722 Pine St. MONTGOMERY AL 36106-1160
SHUMACK, Kellie A (id #28484, dob: 04/25/1967)

THE JACKSON CLINIC

Date: 09/15/2022

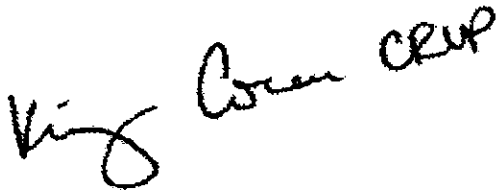
RE: Kellie Shumack, DOB: 04/25/1967, PT ID #28484

Dear Lindsey Barton CRNP,

I would like to thank you for referring Kellie Shumack to our practice for consultation and evaluation on 08/29/2022. I have enclosed a copy of the office evaluation for your records. Once again, thank you for allowing me to participate in the care of this patient.

Sincerely,

Electronically Signed by: KIMBERLY CORONA, NP



09/15/2022 09:30 AM * 09/15/2022 *

Himanshu Aggarwal MD, MS, FPMRS
Urologist and Urogynecologist/Female Pelvic Medicine & Reconstructive Surgery
Chief of Urogynecology and Reconstructive Urology
Director of Comprehensive Pelvic Floor Center
1722 Pine Street, Suite: 503
Montgomery, AL 36106
Ph: 334-293-8273, Fax: 334-293-8271

ENCOUNTER REASON/DATE

RECURRENT DYSURIA
08/29/2022 - 09:45AM - JUG Jackson Urogynecology

PROBLEMS:

Reviewed Problems

- Hypothyroidism
- Vitamin D deficiency
- Dyslipidemia - Dr. Basil Burney
- Hyperlipidemia - Onset: 04/24/2017
- Leukocytosis
- Neuropathy - Onset: 09/16/2021
- Mitral valve disorder - Onset: 03/17/2014
- Mitral valve prolapse - Onset: 08/06/2019
- Prolapse of female genital organs - Onset: 09/12/2022
- Pain in pelvis - Onset: 04/26/2022
- Atrophic vaginitis - Onset: 09/12/2022
- Low back pain - Onset: 09/16/2021
- Tachycardia - Onset: 03/17/2014 - Long-standing. Followed by Dr. Philip Watkins, UAB. Radiofrequency ablation in 2000
- Dysuria - Onset: 02/10/2020

SHUMACK, Kellie A (id #28484, dob: 04/25/1967)

Encounter Date: 08/29/2022

Patient

Name	SHUMACK, KELLIE (55yo, F) ID# 28484	Appt. Date/Time	08/29/2022 09:45AM
DOB	04/25/1967	Service Dept.	JUG_Jackson Urogynecology
Provider	KIMBERLY CORONA, NP		
Insurance	Med Primary: BCBS-AL Insurance # : QAU875643432 Policy/Group # : 37655-102 Prescription: PRIME BCBS ALABAMA - Member is eligible. details		

Chief Complaint

RECURRENT DYSURIA

Patient's Care Team

Primary Care Provider: CHRISTOPHER J WAGUESPACK: 11123 CHANTILLY PKWY STE M, PIKE ROAD, AL 36064-2880, Ph (334) 832-2301, Fax (334) 832-2302 NPI: 1275775165
Referring Provider: LINDSEY BARTON CRNP: 7461 EAST DR, MONTGOMERY, AL 36117-8092, Ph (334) 244-3281, Fax (334) 244-3396 NPI: 1215285879
OB/GYN: JUDITH A JEHLE MD: 470 TAYLOR RD STE 300, MONTGOMERY, AL 36117, Ph (334) 281-1191, Fax (334) 281-1940 NPI: 1487743761

Patient's Pharmacies

PUBLIX #1026 CORNERSTONE (ERX): 7700 VAUGHN ROAD, MONTGOMERY, AL 36116, Ph (334) 290-4922, Fax (334) 290-4927
AUBURN EMPLOYEE PHARMACY (ERX): 2150 WALKER BUILDING, AUBURN, AL 36849, Ph (334) 844-8938, Fax (334) 844-8983

Vitals

Ht: 5 ft 5 in 08/29/2022 11:13 am

Wt: 192 lbs 08/29/2022 11:13 am

BP: 117/77 08/29/2022 11:14 am

BMI: 32 08/29/2022 11:13 am

Pulse: 61 bpm 08/29/2022 11:14 am

T: 98.2 F° 08/29/2022 11:14 am

Allergies

Reviewed Allergies

CODEINE: Other (Moderate)

Medications

9/15/22
Reviewed
L. Barton, CRNP

SHUMACK, Kellie A (id #28484, dob: 04/25/1967)

Reviewed Medications

aspirin 81 mg tablet, delayed release Take 1 tablet(s) every day by oral route. Internal Note: Strong family history of CAD	10/23/17	entered
bisoprolol fumarate 5 mg tablet TAKE ONE TABLET BY MOUTH AT BEDTIME	09/02/22	filled
Calcium 500 + D	08/06/19	entered
CoQ-10	08/06/18	entered
Crestor	08/29/22	entered
diclofenac 1 % topical gel	06/07/21	filled
estradiol 0.01% (0.1 mg/gram) vaginal cream USE A PEA-SIZED AMOUNT (0.5 GRAMS) AT OPENING OF VAGINA AT BEDTIME TWICE A WEEK	08/29/22	filled
Flonase Allergy Relief 50 mcg/actuation nasal spray, suspension Spray 1 spray(s) twice a day by intranasal route.	10/01/18	prescribed
levothyroxine 75 mcg tablet TAKE ONE TABLET BY MOUTH EVERY DAY	09/02/22	filled
meloxicam 15 mg tablet TAKE ONE TABLET BY MOUTH ONE TIME DAILY	02/19/22	filled
Multi Vitamin	08/06/18	entered
nitrofurantoin monohydrate/macrocrystals 100 mg capsule TAKE ONE CAPSULE BY MOUTH EVERY 12 HOURS WITH FOOD	08/16/22	filled
ProAir HFA 90 mcg/actuation aerosol inhaler Inhale 1 puff(s) every 4 hours by inhalation route as needed.	10/01/18	prescribed
rosuvastatin 5 mg tablet TAKE ONE TABLET BY MOUTH EVERY EVENING	09/02/22	filled
sulfamethoxazole 800 mg-trimethoprim 160 mg tablet TAKE ONE TABLET BY MOUTH TWICE A DAY	12/02/21	filled
Uro-MP 118 mg-10 mg-40.8 mg-36 mg capsule TAKE ONE CAPSULE BY MOUTH THREE TIMES A DAY AS NEEDED	08/29/22	filled
Vitamin D2	03/09/18	entered
Zebeta	08/29/22	entered

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Vaccines

Reviewed Vaccines

Vaccine Type	Date	Amr. Route	Site	NDC Lot #	Mfr.	Exp. Date	VIS	VIS Given	Vaccinator
Diphtheria, Tetanus, Pertussis									
Tdap	03/17/14								
Influenza									
Influenza, injectable, quadrivalent, preservative free	02/10/20	0.5 mL	Intramuscular	Deltoid, Left	3325F	ID Biomedical	06/30/20	Inactivated Influenza 08/15/2019	02/10/20 April Munson
Influenza, injectable, quadrivalent, preservative free	10/23/17	0.5 mL	Intramuscular	Left Arm	UI852AC	Sanofi Pasteur	06/30/18	IV/QIV 8/07/2015	10/23/17 Eddme ka Hunter

Problems

Reviewed Problems

- Hypothyroidism
- Vitamin D deficiency
- Dyslipidemia - Dr. Basil Burney
- Hyperlipidemia - Onset: 04/24/2017
- Leukocytosis
- Neuropathy - Onset: 09/16/2021
- Mitral valve disorder - Onset: 03/17/2014
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- Low back pain - Onset: 09/16/2021
- Tachycardia - Onset: 03/17/2014 - Long-standing. Followed by Dr. Philip Watkins, UAB. Radiofrequency ablation in 2000
- Dysuria - Onset: 02/10/2020
- Incomplete emptying of bladder - Onset: 09/12/2022
- Mixed urinary incontinence - Onset: 09/12/2022
- Abdominal pain - Onset: 04/26/2022
- History of malignant neoplasm of breast - Onset: 02/10/2020
- Screening for malignant neoplasm of colon - Onset: 04/26/2022
- Neoplasm of breast primary tumor staging category Tis (DCIS): Ductal carcinoma in situ, Right - Intermediate to high-grade DCIS of the right lower inner quadrant. ER/PR positive. Discovered May 2016. Radiation oncologist, Dr. Alex Whitley.
- History of supraventricular tachycardia - Onset: 10/23/2017

PAST MEDICAL / SURGICAL HISTORY

Probable hereditary hearing loss. 2014. Dr. Greg Borg.

Cervical disc surgery (replacement). September 2014. Dr. Pritchard (?sp)

Carpal tunnel syndrome

LASIK. 1998.

DIAGNOSTIC HISTORY

06/06/2014. MRI CERVICAL W/O CONTRAST. Cervical disc disease with cervical spondylosis and associated spinal stenosis and foraminal stenosis
04/30/2014. ECHOCARDIOGRAM. Prolapse of the mitral valve leaflets in systole. Insignificant mitral regurgitation. Normal aortic valve. Normal LA size. Normal LV size/wall motion/function. Dr. Philip Watkins, Birmingham
07/15/2013. US NECK/THYROID.

Family History

Reviewed Family History

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Unspecified Relation	- Diabetes mellitus
	- Hypocholesterolemia
	- Hypertensive disorder
	- History of malignant neoplasm
Father	- Cerebrovascular accident
	- Coronary arteriosclerosis
	- Hypercholesterolemia
Brother	- Coronary arteriosclerosis
	- Hypercholesterolemia
Mother	- Hypercholesterolemia

Social History

Reviewed Social History

Substance Use

Do you or have you ever smoked tobacco?: Never smoker

What was the date of your most recent tobacco screening?: 02/06/2019

What is your level of alcohol consumption?: Occasional

What is your level of caffeine consumption?: Heavy

Surgical History

Reviewed Surgical History

- * Breast Biopsy
- * LASIK
- * Back Surgery
- * Lumpectomy - 01/01/2016
- * Carpal Tunnel Release - 01/01/2016 - right and left
- * Neck spine disk surgery - 01/01/2014

cardiac radiofrequency ablation

GYN History

Reviewed GYN History

Obstetric History

Reviewed Obstetric History

Past Medical History

Reviewed Past Medical History

Cancer: **Y - ductile carcinoma**

Ear or Hearing Problems: **Y**

Hearing Loss: **Y**

Hyperlipidemia: **Y**

Hypothyroidism: **Y**

Thyroid Problems: **Y - Hypothyroidism**

Notes: mitral valve prolapse, irregular heartbeat,

Screening

None recorded.

ROS

Patient reports no incontinence, no difficulty urinating, no hematuria, no increased frequency, no dysuria, no rashes, and no lesions/ulcerations; **as per HPI**. She reports no fever, no chills, no night sweats, no headaches, no significant weight gain, no significant weight loss, and no exercise intolerance. She reports no dry eyes, no vision change, and no irritation. She reports no difficulty hearing and no ear pain. She reports no frequent nosebleeds, no nose problems, and no sinus problems. She reports no sore throat, no bleeding gums, no snoring, no dry mouth, no mouth ulcers, no oral abnormalities, and no teeth problems. She reports no chest pain, no arm pain on exertion, no shortness of breath when walking, no shortness of breath when lying down, no palpitations, no known heart murmur, and no edema. She reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no sleep apnea. She reports no abdominal pain, no nausea, no vomiting, normal appetite, no constipation, no diarrhea, not vomiting blood, no dyspepsia, no GERD, no hematochezia, and no melena. She reports no muscle aches, no muscle weakness, no arthralgias/joint pain, no back pain, and no swelling in the extremities. She reports no abnormal mole, no jaundice, no rashes, and no laceration. She reports no loss of consciousness, no weakness, no numbness, no seizures, no dizziness, and no headaches. She reports no depression, no anxiety, no sleep disturbances, feeling safe in a relationship, and no alcohol abuse. She reports no fatigue. She reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing.

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Physical Exam

General Appearance/Constitutional: Well-built and well-developed, well-nourished, alert and oriented

Eyes: Sclera anicteric, Conjunctiva moist, No obvious lesions of eyelids.

Ears/Nose/Mouth and Throat: Normocephalic and atraumatic, nares patent, no nasal discharge, normal ears, moist mucous membranes.

Cardiovascular: Regular rate and rhythm, no varicosities, no tenderness.

Respiratory: Respiration is even and unlabored, Symmetric expansion of the chest

Gastrointestinal: Abdomen soft, non-distended, non-tender, no masses

Genitourinary: No kidney swelling, no obvious incontinence

Musculoskeletal: No clubbing cyanosis or edema, No obvious joint swelling or tenderness.

Skin: Good turgor, no bruises, no petechiae, no rashes.

Neurological: Normal coordination, equal movements in upper extremities

Psych: Normal mood and affect, oriented to time place and person.

Lymphatics: No obvious lymphadenopathy on palpation of lymph nodes, no obvious drainage from the lymph nodes

Assessment / Plan

Consultation requested by Lindsay Barton, NP for dysuria and my recommendations will be shared by electronic medical records and/or fax.

55 year old female presented with complaints of Occasional dysuria, lower abdominal pain, bladder pain. She states that the bladder pain increases when her bladder is full, however she has relief with urination. She does have urine cultures, however reports they are usually not positive. She denies hematuria, history of kidney stones. Uribel works very well for her bladder pain.

She also reports frequency, urgency, occasional feelings of incomplete bladder emptying, double voiding. She denies incontinence. She does not drink coffee or soda. She does occasionally drink tea. She drinks a V8 juice every morning that does contain caffeine.

She states her urinary symptoms started after completion of tamoxifen (which she took for 2 years). she has a history of DCIS and had a lumpectomy 5 years ago. She states that tamoxifen caused her to go into early menopause.

She has not had a hysterectomy and does report some pelvic pressure.

She denies constipation.

She denies any other personal or family history of genitourinary malignancies.

She works at AUM. Dr. Jehle is her GYN.

She takes an aspirin 81 mg daily. No cardiologist. She does have a history of mitral valve prolapse, however denies any current issues.

Duration: few years

Location: GU Tract

Severity: moderate

Modifying factors: Nothing makes it better or worse.

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Associated signs and symptoms: Anxiety, decreased quality of life

Reviewed records from outside hospital and summarized as in HPI

1. Dysuria -

Uribel as needed for dysuria.

Cystoscopy for further evaluation of bladder/urethral abnormalities.

R30.9: Painful micturition, unspecified

- Uribel 118 mg-10 mg-40.8 mg-36 mg capsule - Take 1 capsule(s) 3 times a day by oral route as needed for 5 days. Qty: 15 capsule(s) Refills: 0 Pharmacy: PUBLIX #1026 CORNERSTONE

2. Prolapse of female genital organs -

Will examine at time of cystoscopy.

N81.9: Female genital prolapse, unspecified

3. Mixed urinary incontinence -

Discussed behavioral management, such as drinking no more than one caffeinated beverage per day and no more than 64 ounces of total liquid per day.

UDS for bladder/urethral function and to characterize type of incontinence.

N39.46: Mixed incontinence

4. Incomplete emptying of bladder -

Cystoscopy for bladder/urethral abnormalities.

UDS for bladder/urethral function.

R39.14: Feeling of incomplete bladder emptying

5. Atrophic vaginitis -

SHORT TERM RX. We discussed ACOG's stance on vaginal estrogen replacement for breast cancer survivors. She reports that she has been told that she can use vaginal estrogen. Risks and benefits discussed.

Local vaginal estrogen cream: Estrace will be prescribed to the patient depending on insurance coverage. Patient should apply it for at least 3 months to see any benefit. Initially it may worsen the symptoms of urgency or burning however over the course of 4-6 weeks it should calm down and eventually benefit the patient. Patient confirmed that there is no contraindication to using estrogen cream-like recent history of breast cancer, history of uterine or endometrial cancer or recent history of stroke and pulmonary embolism, deep vein thrombosis or any hyper-coagulable state.

Discard the applicator which comes with the tube and apply pea-size amount of cream at the opening of vagina at bedtime twice a week. This way she will have the desired effect of the cream and the cream tube may last up to 6 months.

N95.2: Postmenopausal atrophic vaginitis

- estradiol 0.01% (0.1 mg/gram) vaginal cream - Discard the applicator. Use a pea-size (0.5g) amount of cream at the opening of vagina at bedtime. TWICE A WEEK Qty: 1 42.5 gm tube(s) Refills: 3 Pharmacy: PUBLIX #1026 CORNERSTONE

Return to Office

- Jackson Clinic Urology for Urodynamics at JUG Jackson Urogynecology on 09/23/2022 at 07:00 AM
- Himanshu Aggarwal, MD for Cystoscopy 15 at JUG Jackson Urogynecology on 10/07/2022 at 08:00 AM

Encounter Sign-Off

Encounter signed-off by KIMBERLY CORONA, NP, 09/12/2022.

Encounter performed and documented by KIMBERLY CORONA, NP

Encounter reviewed & signed by KIMBERLY CORONA, NP on 09/12/2022 at 1:04pm