

**Montgomery Pulmonary Consultants, PA**

(334) 281-4140

1440 Narrow Lane Parkway

Montgomery, AL 36111-

Person: **THORNE, MATTHEW**MRN: **11129661**DOB/Age/Sex: **4/24/1984 / 39 years / Male**

CMRN:

Emergency Contact:

PCP:

Email:

FIN/Visit#: **99699**Address: **1904 NORMAN BRIDGE CT
Montgomery, AL 36104**Home Phone: **2054995609**Visit Date: **9/25/2023**

Mobile Phone:

Language: **English**

Work Phone:

Ethnicity: **Not Hispanic or Latino****Document(s)**

Document Type:	Pulmonology Progress Note
Service Date/Time:	9/25/2023 17:03 CDT
Result Status:	Auth (Verified)
Document Title:	Office Visit Note
Sign Information:	Vyas MD, Priyanka (9/25/2023 17:08 CDT)

Internal Provenance Source: Montgomery Pulmonary Consultants, PA; Vyas MD, Priyanka**THORNE,
MATTHEW****Address:**1904 NORMAN BRIDGE CT
Montgomery, AL 36104**Phone:** 2054995609**Sex:** Male**DOB:** 04/24/1984**MRN:** 11129661**FIN:** 99699**Location:** Montgomery
Pulmonary Consultants, PA**Date of Service:** 09/25/2023**Chief Complaint**

Asthma

History of Present Illness

Mr. Thorne is 39-year-old old pleasant gentleman presented for follow-up appointment.

He is nonsmoker. He denies for childhood history of asthma. He started noticing worsening shortness of breath around August 2022. He had PFT in November 2022 which showed mild airflow obstruction with significant response to bronchodilators. He was initially started on montelukast 10 mg p.o. daily and responded really well. I started him on Breo 100 mcg daily along with albuterol p.r.n..

Overall, shortness of breath has significantly improved. He states that Breo is working well and he does not require to use albuterol. He has stopped taking montelukast. He denies for any exacerbation. He continues to notice transient episode of left-sided chest pain which starts after 2 minutes of exercise and goes away immediately with further exertion. The pain is not reproducible with palpation. The pain is not pleuritic in nature. He states that he has seen cardiologist and cardiac etiology has been ruled out Since last appointment.

Physical Exam**Vitals & Measurements****BP:** 116/84**HT:** 72 in **WT:** 204 lb **BMI:** 27.66

Gen: alert, no acute distress

HEENT: Normal conjunctiva, oral mucosa moist

Neck: supple

Problem List/Past Medical History**Ongoing**

Obesity

Medications**albuterol**(Albuterol (Eqv-ProAir HFA) 90 mcg/inh inhalation aerosol), **2 puff(s),****Inhale, q6 hrs****fluticasone**(Arnuity Ellipta furoate 100 mcg inhalation powder), **See Instructions, 1 refills****fluticasone-vilanterol**(Breo Ellipta 100 mcg-25 mcg/inh inhalation powder), **1 puff(s), Inhale, daily, 6 refills****Allergies**

No Known Medication Allergies

Social History**Smoking Status**

Never smoker

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Document(s)

Lungs: bilateral air entry present
Cardiovascular: normal rate
Abdomen: soft, non tender
CNS: patient is alert, awake, oriented. Able to follow simple commands
Extremities : no clubbing, cyanosis, edema

Assessment/Plan**1. Asthma**

- he has on and off symptoms of airway disease since August of 2022.
- PFT November 2022 showed mild airflow obstruction with significant response to bronchodilators.
- PFT 5/23/23 - no airflow obstruction, no restrictive physiology, normal gas transfer
- chest x-ray 05/23/2023 - no acute abnormality
- He is currently on Breo 100/25 daily, albuterol p.r.n..
- I will wean him to Arnuity 100 mcg daily along with albuterol p.r.n.

2. Chest pain

- His chest pain is atypical in nature.
- he has seen cardiologist and cardiac etiology has been ruled out.
- I do not think chest pain is related to pulmonary etiology.

I will follow with him after 4-6 months.

cc: Lindsey Barton, CRNP

Electronically Signed on 09/25/23 05:08 PM

Vyas MD, Priyanka