

**CONSULTATION/NEW PATIENT
MONTGOMERY CANCER CENTER**

4145 Carmichael Rd. ~ Montgomery, AL 36106 ~ 334-273-7000
Rehan Sarmad, M.D.

PATIENT NAME: Jennifer Puryear **DOB:** Sep 13, 1974
2021

ACCOUNT#: 001003157

DATE: Oct 26,

CC: My platelet count is high

HPI: Jennifer Puryear is a pleasant 47-year-old lady referred to our clinic for thrombocytosis. The patient had lab work done with her primary care physician in September 2021 and was found to have a platelet count of 550,000 with a hemoglobin of 11.2. This led to checking an iron panel in October 2021 which is compatible with iron deficiency.

Patient denies seeing any blood in stools. She denies having heavy cycles. No history of colon cancer

PAST MEDICAL HISTORY:

1. Hypercholesterolemia
2. Anemia

SURGICAL HISTORY:

1. ACL Repair in 2000
2. Bunionectomy in 1999

FAMILY HISTORY: Ms. Puryear's mother is alive. Ms. Puryear's father is alive: diabetes. Ms. Puryear's maternal grandmother is deceased. Her maternal grandfather is deceased. Her paternal grandmother is deceased. Her paternal grandfather is deceased. Ms. Puryear has 1 sister who is alive.

SOCIAL HISTORY: Ms. Puryear's marital status is unknown and she is a director. Ms. Puryear has never smoked. She drinks occasionally. She consumes 6 drinks/day 2 days/week.
Ms. Puryear reports the following support systems: lives with spouse, significant other, family, or friends. Her diet consists of regular meals. She indicates her activity level as: regular exercise.

TREATMENT HISTORY:

ALLERGIES: No Known Allergies.

MEDICATIONS:

levar C 1 (100-250 mg) Tablet Oral daily
PARoxetine HCl 1 (40 mg) Tablet Oral daily
Rosuvastatin Calcium 1 (40 mg) Capsule Sprinkle Oral daily

DISTRESS SCREENING:

Results reviewed with supportive care referrals as indicated.

PAIN ASSESSMENT: Previous Pain Scale (over past 24 hours) - None (0)

Present pain rating (0-10) - 0

Acceptable pain level (0-10) - 0

Type of pain - N/A

Location of pain - n/a

Description of pain - N/A

Prescription Drug Monitoring - PDMP - Not applicable, no narcotic prescriptions

REVIEW OF SYSTEMS:

GENERAL: Denies fever, chills, night sweats.

HEENT: Denies headache, double vision, blurred vision, ear pain, tinnitus, throat pain, hoarseness, dysphagia, nasal drainage.

PULMONARY: Denies SOB, cough - productive or dry, hemoptysis, or wheezing.

CARDIAC: Denies chest pain, heart palpitations, orthopnea, peripheral edema.

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GI: Denies nausea, vomiting, constipation, diarrhea, loss of appetite, abdominal pain, blood in stool.

GU: Denies frequency on urination, polyuria, nocturia, urgency, burning or pain, hematuria, UTI, kidney stones, incontinence.

MUSCULOSKELETAL: Denies muscle or joint pain, stiffness, arthritis, gout, backache, swelling, redness, weakness, limited ROM.

EXTREMITIES: Denies any peripheral edema.

NEUROLOGIC: Denies headache, fainting, dizziness, localized weakness, numbness, or tremors.

PHYSICAL EXAMINATION:

CONSTITUTIONAL: Well developed, well nourished and in no acute distress. Vital signs noted and normal.

HEENT: Normocephalic, atraumatic. Pupils equal, round and reactive to light. Extraocular muscles intact. Conjunctivae and lids unremarkable. Neck is supple with full ROM and without thyromegaly or JVD. Oropharynx/hard and soft palates with normal mucosa and free of adenopathy or masses.

LYMPHATICS: There is no lymphadenopathy appreciated in the neck, axillae, groins or popliteal regions.

RESPIRATORY: Clear to auscultation and percussion bilaterally.

CARDIAC: Regular rate and rhythm without murmurs, gallops or rubs. PMI normally placed.

GI: Benign without hepatosplenomegaly, masses, bruises or tenderness.

MUSCULOSKELETAL: Gait and station normal. Extremities without clubbing, cyanosis or edema.

NEUROLOGIC: Without focal deficits.

SKIN: Warm and moist, without erythema, rash or induration.

VITAL SIGNS: Performed on Oct 26, 2021 09:24: Ht - 65 in, Wt - 187.8 lbs, BSA - 1.98 sq.m, BMI - 31.25 (HIGH), T - 97.9 F (LOW), P - 88 /min, R - 18 /min, BP - 116/74 mm(hg), and O2 Sat - 100 %.

LAB WORK: Test performed on Oct 26, 2021 08:57

WBC	7.7 X10 ³ /uL	RBC	4.58 X 10 ⁶ /uL
HGB	11.2 gm/dL (LOW)	HCT	37.5 %
MCV	82 fL	MCH	24 pg (LOW)
MCHC	30 gm/dL (LOW)	RDW	16.6 % (HIGH)
MPV	9.1 fL	Platelet Count	446 X10 ³ /uL (HIGH)
Neutrophils (ANC)	5.54 X10 ³ /uL	Lymphocytes	1.4 X10 ³ /uL
Monocytes	0.5 X10 ³ /uL	Eosinophils	0.2 X10 ³ /uL
Basophils	0.0 X10 ³ /uL	Immature Grans	0.0 X10 ³ /uL
Neutrophil %	72 %	Lymphocyte %	18 % (LOW)
Monocyte %	7 %	Eosinophil %	2 %
Basophils %	0 %	Immature Grans %	0.3 %
NRBC %	0.0 /100 WBC	NRBC (Abs)	0.0 X10 ³ /uL
Glucose	101 mg/dL (HIGH)	BUN	3 mg/dL (LOW)
Creatinine	0.71 mg/dL	Cr Clearance (Est)	131.7300 mL/min
Sodium	140 mmol/L	Potassium	3.5 mmol/L
Chloride	109 mmol/L (HIGH)	CO2	28 mmol/L
Anion Gap	3 (LOW)	Calcium	8.7 mg/dL
Protein, Total	8.6 gm/dL (HIGH)	Albumin	3.4 gm/dL
Alkaline Phosphatase	122 u/L (HIGH)	ALT (SGPT)	21 u/L
AST (SGOT)	19.0 u/L	Bilirubin, Total	0.3 mg/dL
eGFR	> 60 mL/min/1.73m2		

ASSESSMENT/PLAN:

1. Thrombocytosis secondary to iron deficiency anemia; the patient is currently on oral iron supplementation. Hemoglobin is 11.2 and platelet count has improved to 460,000. She will continue oral iron supplementation for 3 months and we will recheck her platelet count.
2. Iron deficiency anemia; the patient does not have heavy cycles. We have to rule out a GI source of blood loss. I am going to refer her to gastroenterology for further work-up.

Rehan Samad, MD
RS/

Involved Physicians:
Lindsey Barton

This dictation produced using voice recognition software.

Approved by Rehan Sarmad, M.D. on 10/26/2021, 10:01:44