



CONFIDENTIAL Fax

FROM:

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TO:

LINDSEY BARTON CRNP
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[ID:32887082-H-9186]

*Reviewed
Lindsey Barton*

ROY, Mike (Legal name: Michael Roy) | (id #500998, dob: 04/23/1946)

THE JACKSON CLINIC

Date: 12/03/2025

RE: Michael Roy, DOB: 04/23/1946, PT ID #500998

Dear Lindsey Barton CRNP,

I would like to thank you for referring Michael Roy to our practice for consultation and evaluation on 12/02/2025. 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: HIMANSHU AGGARWAL, MD



12/03/2025 04:16 PM * 12/03/2025 *

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

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ENCOUNTER REASON/DATE

lower urinary tract symptoms due to benign prostatic hypertrophy

prostate specific antigen above reference range

12/02/2025 - 08:15AM - JUG Jackson Urogynecology

PROBLEMS:

Reviewed Problems

ALLERGIES:

Reviewed Allergies

CODEINEMEDICATIONS:

Reviewed Medications

Adult Aspirin Regimen 81 mg tablet, delayed release

Take 1 tablet(s) every day by oral route.

08/13/24 entered

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- amLODIPine 10 mg tablet

TAKE 1 TABLET BY MOUTH EVERY DAY

07/23/24

filled
- atorvastatin 40 mg tablet

TAKE 1 TABLET BY MOUTH EVERY NIGHT AT BEDTIME

07/23/24

filled
- Eliquis 5 mg tablet

TAKE TWO TABLETS BY MOUTH TWICE A DAY FOR 7 DAYS THEN
DECREASE TO TAKE ONE TABLET BY MOUTH TWICE A DAY THEREAFTER
FOR DVT

10/07/25

filled
- finasteride 5 mg tablet

Take 1 tablet(s) every day by oral route.

09/06/24

prescribed

FAMILY HISTORY:

- Reviewed Family History
- Brother

- Malignant neoplastic disease
- Malignant neoplastic disease
- Father

- Malignant neoplastic disease

SOCIAL HISTORY:

- Reviewed Social History
- Substance Use

Do you or have you ever smoked tobacco?: Former smoker
What is your level of alcohol consumption?: Moderate
What is your level of caffeine consumption?: Moderate
- Gender Identity and LGBTQ Identity

Assigned sex at birth: Unknown
First name used: MIKE

SURGICAL HISTORY

- Reviewed Surgical & Procedure History
- Procedure on gallbladder

ADDITIONAL HISTORY

None recorded

HISTORY OF PRESENT ILLNESS:

None recorded

REVIEW OF SYSTEMS:

None recorded

PHYSICAL EXAM

None recorded

PROCEDURE DOCUMENTATION

None recorded

ASSESSMENT/PLAN

79 year old male presented with complaints of elevated PSA. His PSA was 5.54 on 7/26/24. he denies previous history of elevated PSA. He denies personal and family history of GU malignancies. He reports occasional urinary frequency, nocturia times 2-3, urgency, hesitancy. She denies

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dysuria, UTIs, hematuria, recent history of kidney stones.

He had a cholecystectomy.

He denies difficulty with erections.

No cardiologist. He takes 81 mg aspirin. He was on Eliquis but states it was discontinued. He reports history of factor V deficiency and DVT. He follows with Dr. Nimmagadda.

He is a former smoker. He is retired.

DRE: enlarged, smooth

9/6/24: No new issues

He is taking Flomax

He had a PSA done 8/9/24: 5.9

He had a Urocuff done 8/21/24 504 ml, HPHF, 5 ml

He does have some LUTS.

12/2/25: no new issues

He is not taking Finasteride.

10/13/2025: PSA 8.0, creatinine 1.3, GFR 28

Renal ultrasound 10/13/2025: 2.5 cm left cyst.

Complains of frequency, incomplete emptying of the bladder, double voiding.

Location: GU tract

Quality: dull

Severity: Moderate

Duration: Since last visit

Associated signs/symptoms: none

ROS:

General/constitutional: No change in appetite, No chills

Respiratory: No cough or shortness of breath

Cardiovascular: No chest pain, no palpitations

Gastrointestinal: No diarrhea, No blood in the stool

Physical exam:

Eyes: Sclera anicteric, Conjunctiva: Moist

Gastrointestinal: Abdomen: soft, Not distended

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

Cardiovascular: No tenderness, no edema, Normal cardiac sounds

Genitourinary: Kidneys not palpable, Bladder not palpable

1. Lower urinary tract symptoms due to benign prostatic hypertrophy -

Continue Finasteride

N40.1: Benign prostatic hyperplasia with lower urinary tract symptoms

2. Prostate specific antigen above reference range -

PSA 7/26/24: 5.54

repeat PSA: 5.9

PSA 10/13/2025: 8.1.

MRI of the prostate for further evaluation.

R97.20: Elevated prostate specific antigen [PSA]

3. Elevated serum creatinine

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10/03/2025: Creatinine 2.4

10/13/2025: Creatinine 1.3

Not a candidate for gentamicin

Referred to Nephrology

R79.89: Other specified abnormal findings of blood chemistry

Return to Office

- Himanshu Aggarwal, MD for Follow-Up 15 at JUG_Jackson Urogynecology on 01/20/2026 at 08:30 AM