**Patient 3**

Full Name: Mr. LC
Address: 56-45 Main St, Queens, NY 11355
DOB: 04/13/1994
Date & Time of Encounter: October 2,2020 @5:00am
Location: NYPQ ED
Source of Information: Self (Reliable)
Mode of Transport: Self

**CC**: "I woke up at 3am vomiting and feeling nauseous and I have pain in my stomach."

**HPI**:

Patient is a 26-year-old male with no PMHx who is presenting to the ED complaining of abdominal pain with nausea and vomiting that started 2 hours prior to arrival. Patient states pain is associated with multiple episodes of non-bloody, non-bilious vomiting, and RLQ pain which is now constant, radiating to his right flank, and is an 8/10. Patient reports that nothing makes it better or worse and that the pain woke him up from his sleep. He has not taken any meds prior to arrival. Patient states he had a similar episode of abdominal pain about a month ago but on the left side of his abdomen to his left flank. He went to an urgent care for it but was given something for his nausea and told to follow up with his doctor and the abdominal pain eventually resolved spontaneously. He also reports having chills with these episodes. Patient denies fever, diarrhea, dysuria, hematuria, testicular pain or swelling, penile discharge. Patient denies chest pain, SOB, or cough. Last bowel movement was yesterday and it was normal.

**Past Medical History**: Denies any PMH.

Childhood Illnesses: Denies childhood illnesses.

Immunizations: Up to date, but has not had the flu vaccine this season yet.

**Past Surgical History**: Denies

**Allergies**: NKDA. Denies food and environmental allergies.

**Medications**: Denies

**Family History**:

Mom: 51, alive, history of fibroids

Father: 56, alive and well

Brother: 22, alive and well

Denies any family history of cardiovascular disease or cancer.

**Social History**: Pt lives at home with his parents and brother. Pt denies physical activity besides walking his dog. Pt has a relatively healthy diet consisting of occasional fruits and vegetables. Denies any tobacco, alcohol, or illicit drug use ever.

**ROS**:

General: **Admits to chills.** Denies weakness, weight loss/gain, loss of appetite, fever or night sweats.

Skin: Denies discoloration, texture, excessive dryness/sweating, changes in pigmentation, moles/rashes, pruritus.

Eyes: Denies blurring, diplopia, halos, lacrimation, photophobia, pruritus.

Ears: Denies deafness, discharge, tinnitus and hearing aid use.

Nose: Denies discharge, epistaxis, rhinorrhea.

Mouth/throat: Denies bleeding gums, sore throat, mouth ulcers, voice changes or dentures.

Neck: Denies edema, masses, stiffness, or decreased ROM.

Cardiovascular: Denies HTN, murmurs, angina, palpitations, dyspnea on exertion, orthopnea, edema

Resp: Denies SOB, cough, sputum, hemoptysis, pneumonia, wheezing, or asthma.

GI: **Admits to abdominal pain, nausea and vomiting**. Denies loss of appetite, diarrhea, intolerance to specific foods, dysphagia, jaundice, constipation, or blood in stool.

GU: **Admits to flank pain**. Denies hematuria, nocturia, dysuria, frequency, oliguria, polyuria, change in color of urine, and incontinence.

MS: Denies joint stiffness, muscle fatigue, arthritis, muscle deformity/swelling and redness.

Peripheral vascular: Denies intermittent claudication, coldness, varicose veins, color changes, or history of DVT/PE.

Neuro: Denies loss of sensation, numbness, tingling, tremors, weakness/paralysis, fainting/blackouts, seizures.

Endocrine: Denies heat or cold intolerance, polyuria, polydipsia, polyphagia, goiter, excessive sweating, hirsutism.

Heme: Denies anemia, easy bruising/bleeding, petechiae, purpura, transfusions.

Psych: Denies changes in mood, memory, anxiety, or depression.

**Physical Exam**:

GENERAL: Patient is awake, alert, appears uncomfortable from the pain, and actively vomiting.

| | |
|---|---|
| **Vitals**: | BP: 132/ 96 Seated, LA |
| R: 22, unlabored | P: 86 bpm, regular |
| T: 36.4 °C Orally | SpO2: 98 % on RA |
| Height: 66 inches Weight: 190lbs | BMI: 30.7 |

SKIN: Warm & moist, good turgor. Nonicteric, noncyanotic, no rashes or tattoos.

HEENT: Head is atraumatic, normocephalic. Ears are symmetrical, no lesions, masses, discharge, trauma AU. Eyes are symmetrical OU; no exophthalmos or ptosis; sclera white; conjunctiva & cornea clear. PERRLA, EOMs full. No evidence of masses, lesions, foreign bodies in nose. Septum midline. Patent airway. No deviation noted in tongue. Mucous membranes moist. Tonsils present with no evidence of injection or exudate. Uvula pink and midline, no edema, lesions.

NECK: Trachea midline. No masses; lesions; scars; pulsations noted. Supple; non-tender to palpation. FROM, no palpable adenopathy noted.

CHEST/LUNGS: Symmetrical with respiration, no evidence of trauma, respirations unlabored, no use of accessory muscles**.** Clear to auscultation bilaterally. No adventitious breath sounds.

CARDIAC: RRR, S1 S2 normal. No murmurs, S3, S4 splitting of heart sounds, friction rubs or other extra sounds.

ABDOMEN: Symmetrical, non-distended, no evidence of scars, striae, caput medusae or abnormal pulsations. BS present in all 4 quadrants. Soft with **tenderness to RLQ/lateral side of abdomen and mild tenderness to right flank**. No hepatosplenomegaly. No evidence of guarding or rebound tenderness. Positive Rovsing sign, Obturator, Psoas sign. Negative Murphy's sign. No CVA tenderness.

MUSCULOSKELETAL/EXTREMITIES: No soft tissue swelling, erythema, ecchymosis, atrophy or deformities in bilateral upper and lower extremities. FROM and equal pulses of bilateral upper and lower extremities.

NEURO AND PSYCH: A/O x3. Cranial nerves II-XII grossly intact. Strength and sensation grossly intact.

**Differentials**:

1. Appendicitis
2. Kidney Stones
3. Hydronephrosis
4. Pyelonephritis
5. Epididymitis
6. Pancreatitis
7. AAA

**Work-Up**:

**Labs**:

135 | 100 | 19.1
---------< 146 Ca: 9.4 Anion Gap: 18
3.5 | 17 | 1.18

WBC: 16.41 / Hb: 14.3 (MCV: 86.2) / Hct: 42.5 / Plt: 408
- Diff: N:65.00% L:26.00% Mo:6.00% Eo:3.00%

PT: 11.6 / PTT: 26.0 / INR: 1.02

Prot: 7.5 / Alb: 4.7 / Bili: 0.4 / AST: 20 / AlkPhos: 80 / Lip: 34

UA- Appearance: Yellow / Clear, s.g.:1.027, pH: 5.0, Glucose: negative, Protein: negative, Ketones: Trace, Blood: **Moderate**, Nitrite: negative, Leuk est: negative
UA (micro) -- RBC: 5, WBC: 1, Bacteria: negative

Hyaline Cast: 1 /LPF
Squamous Epith Cells: 1 /HPF
Urine Urobilinogen: 0.2 mg/dL
Urine pH: 5.0
Urine Bilirubin: Negative
Anticoagulant: None
BUN/Creatinine Ratio: 16
Bilirubin Direct.: 0.1 mg/dL
Higher GFR estimate (approximate): >90 mL/min/1.73 m2
Lower GFR estimate (approximate): 85 mL/min/1.73 m2
Normocytic: Normal
Total Cell Count: 115
Lactate WB Ven: 5.1 mmol/L
Absolute NRBC: 0.00 x10(3)/uL
Nucleated RBC Auto: 0.00 /100 WBC's
Mean Platelet Volume: 9.2 fL
RDW-CV: 12.5 %
Mean Cell Hemoglobin Concentration: 33.6 g/dL
Mean Cell Hemoglobin: 29.0 pg
Red Blood Cell Count: 4.93 M/uL

**CT**:
IMPRESSION:
Horseshoe kidney.
4 to 5 mm obstructing calculus in the distal third of the right renal moiety ureter resulting in mild to moderate right hydroureteronephrosis. Moderate right perinephric fluid suspicious for forniceal rupture and urinoma.

Enlarged lymph nodes at the root of the small bowel mesentery with surrounding fat infiltration may be reactive or could reflect mesenteric panniculitis. Consider correlation with laboratory values for possible lymphoproliferative disorder. Otherwise follow-up CT is recommended in 3 months to assess stability.

**Assessment & Plan**:

Patient is a 26-year-old male with no PMHx who presents to the ED complaining of right sided abdominal pain with nausea and vomiting x2 hours and a similar episode one month ago on the left side. Pt was worked up to r/o appendicitis and CT showed a horseshoe kidney with 4-5mm obstructing calculus causing mild to moderate right hydroureteronephrosis.

Pt was given Tylenol 975 mg PO, Pepcid 20 mg IV, Toradol 15 mg IV, Lidocaine 2% 10 mL PO, Maalox 30 mL PO, Zofran 4 mg IV, and Lactated Ringers Bolus 1000 mL IV initially.

Will order Morphine 4 mg PO, Tamsulosin 0.4 mg PO and pre-op labs.

ED urology consult placed. Likely admission for lithotripsy.