

Your Name	Eliezer Urbano
Your ODU Email Address	Eurba001@odu.edu
Date Submitted	11/1/14
Date of History	10/29/14
Source of Data	AVATAR/F.D.U.
Honor Pledge	Eliezer Urbano

Instructor use only:	
Graded by	Dr. Chai
Grade	99 (A): Strong work-A job well done, Eli!

History of Present Illness (Avatar)

Consuela Del Oro is a 43 year old female c/o abd pain that has recurred over several months that has increased in frequency. The first episode of pain occurred on Thanksgiving after dinner and went away after a few hours. Then, it occurred a second time after Christmas dinner. Episodes of pain have occurred more frequently since, usually after eating. Location of pain is in upper abdomen, and the pain “comes and goes.” Pain is described as ranging from mild to steady, and when most severe, it is difficult for her to concentrate; pain rate 7/10 at most severe, 3-4 when mild. Pt cannot predict when pain will occur, but may occur at work, home, alone, or with friends. Pain occurs usually after meals, but not every meal. Pain radiates to right shoulder. Other manifestations include increased belching, lots of gas, and no appetite after an episode. No complaint of nausea. Pt stated that she has had constipation and indigestion before, but not an episode of similar abd pain before Thanksgiving. She also denied having “stomach flu.” Pt has tried antacid, a “over-the-counter purple pill that you take daily” for heartburn, and a laxative for constipation, but without relief. Other medications she takes include a “birth control pill” daily, a “vitamin with calcium” daily, “pills” for headache PRN, and “over-the-counter tablet” for sleep PRN, Antacid and “pill for heartburn” PRN, and laxative for constipation PRN. She stated that she did not know of any allergies. Her diet has been the same, though she works at a bar and eats when she can when she works; she feels she needs to lose weight, but stated “it’s hard.” **Patient reports that her grandmother and an aunt had their gallbladders removed.** She has a cousin that a stomach ulcer and had to be hospitalized treatment; she fears that she has similar situation. She has no cultural or religious needs at this time.

Objective Data (Exam)

Breasts: **Inspection:** On inspection, nipples have no discharge, no displacement, or inversion. Areola approximately 6 cm in diameter. Skin is even-colored, no redness. Scar on left breast present from lumpectomy at 10 o'clock position, approximately 6 cm long; scar in left axilla from lymph node biopsy, approximately 3 cm long; scar in upper right chest from insertion and removal of implantable port. Scars are well healed. No edema. With arms hanging at side, asymmetry with right breast larger than left breast. With arms raised over head, left breast elevates slower than right breast. With hands pressed on hips and when palms pressed together, pucker noted at lumpectomy scar. When leaning forward, right breast hangs freely, but left

breast remains stationary. Tail of spence and axilla skin color are appropriate for race and without lesions bilaterally.

Palpation: On palpation, no masses in right breast and left breast. Tenderness noted in left breast at site of implantable port. No **nipple** discharge in nipples with palpation. No masses or tenderness noted in axilla.

Patient was educated on BSE, and performed return demonstration correctly. **(Good)**

Abdomen: **Inspection:** On inspection, abd contour is rounded, sides symmetrical, and without obvious bulging or masses. Skin surface is smooth and even. Skin color is appropriate for ethnicity. Striae present laterally. No rashes present or any other lesions. Umbilicus is midline and inverted, without discoloration, inflammation, or hernia. Sparse female pattern hair in lower abd. No visible pulsations or obvious peristaltic waves.

Auscultation: On auscultation, bowel sounds active and high-pitched but not loud. No bruits noted in aorta, bilateral renal arteries, bilateral iliac arteries, or bilateral femoral arteries.

Percussion: On percussion, tympany present in all four quadrants. Borders of liver dullness percussed, liver measured to be approximately 7 cm. Splenic dullness percussed at 9th ICS. Gastric bubble tympany in LUQ. No costovertebral angle tenderness with kidney punch.

Palpation: On palpation, no masses, no tenderness, no guarding. Abdomen is soft. Liver is non-palpable with deep palpation or with hooking technique. Murphy's sign negative. Right kidney is non-palpable. Spleen is non-palpable. Aorta palpated to be approximately 3 cm. No rebound tenderness.

(Good)