Student name: Ariel Niazov
Date of visit: 10/31/2023
Patient Name: MG
Location: NYP Queens, Flushing, NY
Religion: Unspecified
Source of information: Self
Reliability: Reliable
Source of referral: Self
Transport: Ambulance

Chief complaint: Syncope X 5 hours ago

HPI:

33 y/o female, with no PMHx, presents to the emergency department today due to an episode of syncope this morning (10/31 at 4:30 am). Patient admitted to being in the restroom of her home, over the sink washing her 3-year-old son's eyes who has conjunctivitis, when suddenly she developed lightheadedness, coldness, and blurry vision. Pt. did not fall, however. During onset of symptoms, patient lowered herself and sat on the floor. Pt. admits a similar event occurred 5 years ago and it resolved immediately after having a bite of banana. With the assistance of the patient's mother, she did the same this time, without resolution which resulted in mother calling EMS. Pt. also admits to feeling fatigued since Saturday (10/28) with occasional headaches which the patient described as pulsating and unilateral to the right side. Pt. denies any precipitating factors. Pt. has since been taking more naps for her fatigue which helped along with taking acetaminophen before bedtime to relieve headache and to aid with sleep. Currently (10/31, 9:30 am) the patient's symptoms from this morning have resolved spontaneously without intervention however headache is still present with severity 4/10. Patient denies any loss of consciousness, anxiety, depression, nausea, vomiting, diarrhea, cough, photophobia, neck stiffness, head trauma, dyspnea, menorrhagia, ecchymosis.

Past Medical History
No past medical history to report.
Immunizations: up to date; Covid vaccine Pfizer X 2 and Flu vaccine 10/2023

Past surgical history
Skull fracture from an automobile accident that resulted in two surgeries: first at age 6 and a reconstructive surgery related to the initial one at age 11. Pt. denies any aftereffects from these surgeries to date.

No history of transfusions.

Medications
Acetaminophen, 325 mg, PO, PNR

Supplements: multivitamin, vitamin B12, vitamin D, CoQ10, and most recent addition ashwagandha.

Contraceptive: etonogestrel subdermal implant (Nexplanon)

Allergies
- NKDA
- Food allergy: None
- Denies seasonal allergies

Family history
- Father, alive – PMHx of arthritis, gout and DMT2
- Mother, alive – PMHx of stroke and hyperthyroidism
- Children, one son – 3 years-old, alive, and well
- Maternal grandparents, deceased, grandmother had colon cancer and grandfather had an MI
- Paternal grandparents, decease, pt unsure of their medical history.

Social History
Ms. MG is living in an apartment in Queens, NY.
Habits: denies drinking alcohol, smoking cigarettes, or using illicit substance abuse. Drinks two cups of coffee daily
Travel: Pt traveled to the Dominican Republic this past August (2023) for a total of 10 days
Diet: She makes her meals at home. She eats protein dishes as well as making salads. Mentioned she does intermittent fasting where her window to eat is between 10AM-6PM.
Exercise: Walks around the neighborhood for about 30 minutes a day
Occupation: Currently works as a cancer service administrative coordinator
Safety measures: Puts on her seatbelt when she drives in a car
Sleep: reports that she sleeps about 7 hours a night
Sexual history: Is sexually active with one partner and has no history of STI's

ROS
General – Admits to fatigue and feeling sluggish. Pt also admits to gaining 13 pounds since June 2023 after losing about 16 pounds since the start of the year. The weight loss was intentional and achieved through her intermittent fasting and exercise. Denies fever and weakness

Skin, Hair, Nails – Denies any change in hair texture, excessive dryness or sweating, discolorations, pigmentations, rashes, or pruritus

Head – Admits to headache. Denies losing unconsciousness or being lightheaded currently.

Eyes – Admits to blurry vision that occurred this morning. Patient denies visual disturbances, fatigue, lacrimation, photophobia, or pruritus.

Nose/sinus – Denies obstruction, discharge, or epistaxis.

Ears - Denies deafness, pain, discharge, tinnitus, or hearing aids.

Mouth/throat - denies bleeding gums, sore tongue, mouth ulcers, voice changes or denture use.

Neck - denies localized swelling/lumps or stiffness/decreased range of motion.

Breast - denies lumps, nipple discharge, or pain.

Pulmonary system – Denies orthopnea, dyspnea, wheezing, hemoptysis, cyanosis, cough, paroxysmal nocturnal dyspnea.

Cardiovascular system – Denies palpitations, irregular heartbeat, edema/swelling of ankles or feet, syncope, known heart murmur, chest pain or hypertension.

Gastrointestinal system – Denies vomiting, decreased appetite, pyrosis, flatulence, eructation, flank pain, diarrhea, jaundice, change in bowel habits, constipation, or rectal bleeding, dysphagia or abdominal pain

Genitourinary system – Denies incontinence, change in urine color, polyuria, dysuria or nocturia

Menstrual/obstetrical – G1P1001. Pt admits her last menstrual period was one week ago. Denies any abnormalities such as postcoital bleeding, menorrhagia, vaginal discharge, dyspareunia.

Nervous - Denies weakness, sensory disturbances, seizures, or loss of strength.

Musculoskeletal system – Denies muscle pain, deformity or swelling, redness, back pain, or arthritis.

Peripheral vascular system – denies intermittent claudication, trophic changes, varicose veins, peripheral edema, or color changes.

Hematologic system - denies easy bruising and bleeding, anemia, lymph node enlargement, blood transfusions, or h/o DVT/PE.

Endocrine system - denies polyuria, polydipsia, polyphagia, heat or cold intolerance, excessive sweating, hirsutism, or goiter.

Psychiatric – Denies helplessness or hopelessness, anxiety, depression and a history of seeing a mental health professional, lack of interest in usual activities, suicidal ideation, or OCT.

Physical Exam
General: Female in her 30's, who is wearing pajamas laying upright on the hospital bed and appears her stated age. She is awake, alert, and oriented x 3 and in no acute distress.

Vital signs:
- BP:
- Supine
- R: 103/68 mm/Hg
- L: 90/66 mm/Hg
- Seated
- R: 138/68 mm/Hg
- L: 130/70 mm/Hg
- Respiratory rate: 14 breaths/min, unlabored
- Pulse: 73 beats/min, regular
- Temperature: 97.6 degrees F (oral)
- O2 sat: 99% room air
- Height: 65 inches
- Weight: 120 lbs
- BMI: 20.0

Skin – No bruising was noted on the patient. Good turgor. No tenting. Normal body temperature was noted. Nonicteric

Hair – Average quantity and distribution. No nits or lice were seen; no seborrhea was noted

Nails – No clubbing was seen; cap refill was under 2 seconds. No splinter hemorrhages, lesions, swelling nor any beau's lines were noted. Atraumatic.

Head – Normocephalic, atraumatic and non-tender to palpation.

Eyes – Symmetrical OU. No strabismus, exophthalmos or ptosis. Sclera white, cornea clear, conjunctive pink.

Visual acuity uncorrected – 20/20 OS, 20/20 OD, 20/20 OU
Visual fields full OU. PERRLA, EOMs intact with no nystagmus
Fundoscopy – Red reflex intact OU. Cup to disk ratio <0.5 OU. No AV nicking, hemorrhages, exudates, or neovascularization OU.

Ears – Symmetrical and appropriate in size. No lesions, masses or trauma on external ears. No discharge, bleeding or foreign bodies in external auditory canal AU. Some cerumen was noted bilaterally. TM's pearly-white, intact with cone of light in normal position AU. Auditory acuity intact to whispered voice AU. Weber midline and Rinne test reveals AC > BC.

Nose – Symmetrical nares with no masses, lesions, deformities, trauma or discharge. Nares patent bilaterally. Nasal mucosa pink. No discharge noted on anterior rhinoscopy. Septum midline without any lesions, deformities or perforation. No foreign bodies.

Sinuses – Non tender to palpation and percussion over bilateral frontal and maxillary sinuses.

Lips – Pink, moist with no cyanosis or masses noted. Non-tender to palpation.

Oral Mucosa – Pink and well hydrated. No masses, lesions or leukoplakia noted.

Palate – Pink and well hydrated. No masses or lesions noted.

Teeth – Good dentition with a couple of filled cavities noted.

Gingivae – Pink and moist. No hyperplasia or masses.

Tongue – Pink, well papillated. No masses, lesions or deviation noted.

Oropharynx – Well hydrated with no erythema, exudates, masses, or lesions. Tonsils are present with no erythema or exudates. Uvula midline with no lesions noted.

Neck – Trachea midline. No masses, lesions, or scars noted. Supple and non-tender to palpation. Full range of motion. No palpable cervical adenopathy.
Thyroid – Non-tender, no thyromegaly. No palpable nodules nor any bruits noted.

Chest – Symmetrical, no deformities, no trauma. Respirations unlabored / no paradoxical respirations or use of accessory muscles noted. Lat to AP diameter 2:1. Non-tender to palpation throughout

Lungs – Clear to auscultation and percussion bilaterally. Chest expansion and diaphragmatic excursion symmetrical. Tactile fremitus symmetric throughout. No adventitious sounds

Heart – JVP is 2 cm above the sternal angle with the head of the bed at 30 degrees. PMI is in 5th ICS in mid-clavicular line. Carotid pulses are 2+ bilaterally without bruits. Regular rate and rhythm (RRR). S1 and S2 are distinct with no murmurs, S3 or S4. No splitting of S2 or friction rubs appreciated.

Abdomen – Tender to palpation in the epigastric area. Flat and symmetric with no scars, striae or pulsations noted. Bowel sounds normoactive in all four quadrants with no aortic/renal/iliac or femoral bruits. Non-tender to palpation and tympanic throughout (except the epigastric area) with no guarding or rebound noted. No hepatosplenomegaly to palpation and no CVA tenderness appreciated.

Rectal: Rectovaginal wall intact. No external hemorrhoids, skin tags, ulcers, sinus tracts, anal fissures, inflammation, or excoriations. Good anal sphincter tone. No masses or tenderness. Trace brown stool present in vault. FOB negative.

Female Genitalia & Hernias: External genitalia without erythema or lesions. Vagina muscosa pink without inflammation, erythema or discharge. Cervix parous (or multiparous), pink, and without lesions or discharge. No cervical motion tenderness. Uterus anterior, midline, smooth, non-tender and not enlarged. No adnexal tenderness or masses noted. Pap smear obtained. NO inguinal adenopathy.

Breast Exam: Symmetric, no dimpling, no masses to palpation, nipples symmetric without discharge or lesion. No axillary nodes palpable.

Mental status exam: Patient is well appearing, good hygiene and neatly groomed. Patient is alert and oriented to name, date, time and location. Speech and language ability intact, with normal quantity, fluency, and articulation. Patient denies changes to mood. Conversation progresses logically. Insight, judgement, cognition, memory and attention intact.

Cranial Nerve: CNI correctly identifies two separate smells bilaterally.
CNII visual fields full by confrontation, visual acuity 20/20 OD, OS, OU, uncorrected, red reflex present, cream color discs with sharp borders, no hemorrhages, no exudates or crossing phenomena.
CN III, IV, VI extraocular movements intact, pupil size and shape equal, and reactive to direct and consensual light and accommodation, no ptosis.
CN V face sensation intact bilaterally, corneal reflex intact, jaw muscles are string without any atrophy.
CN VII facial expressions intact, clearly enunciates words, strong eye muscles that hold against resistance.
CN VIII patients can hear hair rubbing between fingers, Weber – no lateralization, Rinne – AC>BC.
CN IX and X uvula midline with elevation of soft palate, gag reflect intake, no difficulty swallowing.
CN XI full range of motion at the neck with 5/5 strength and strong shoulder shrug.

Cn XII tongue midline without fasciculation, good tongue strength.

Motor/Cerebellar: Full active/passive ROM of all extremities without rigidity or spasticity. Symmetric muscle bulk with good tone. No atrophy, tics, tremors, or fasciculation. Strength 5/5 throughout. Rhomberg negative, no pronator drift noted. Gait steady with no ataxia. Tandem walking and hopping show balance intact. Coordination by rapid alternating movement and point to point intact bilaterally, no asterixis

Sensory: Intact to light touch, sharp/dull, and vibratory sense throughout.   Proprioception, point localization, extinction, stereognosis, and graphesthesia intact bilaterally

Reflexes: 2+ throughout, negative Babinski, no clonus appreciated

Meningeal Signs: No nuchal rigidity noted. Brudzinski's and Kernig's signs negative

Peripheral Vascular: The extremities are normal in color, size and temperature. Pulses are 2+ bilaterally in upper and lower extremities. No bruits noted. No clubbing, cyanosis or edema noted bilaterally. No stasis changes or ulcerations noted. No calf tenderness bilaterally, equal in circumference. Homan's sign not present bilaterally. No palpable cords or varicose veins bilaterally. No palpable inguinal or epitrochlear adenopathy.

<u>DDX:</u>

Hypoglycemia: Pt admits to doing intermittent fasting, so she possibly didn’t have something to eat the night before and that drop in her glycemic index might have led to her episode of syncope. This type of episode has happened before, so there might be some undiagnosed DMT2 she might not know she has.

Dehydration or Anemia: The patients very low BP status might be an indication of dehydration or anemia. She did mention when she gets her menstrual period, she doesn’t bleed very heavily but “not heavy” can mean different things to different people. She also mentioned she drinks a gallon of water a day, so her BMP will be a good measure with that.

Pregnancy: Pt admitted to getting her last menstrual period the week before, but the low BP and headaches she has throughout the day might be pointing to a pregnancy. Pt also admits to having the Nexplanon injection, but nothing is 100%.

Covid/Flu: The pt felt under the weather and lethargic ever since the weekend, so a viral URI can’t be totally ruled out.

Ashwagandha: The patient started a new OTC about a month ago. Ashwagandha is used for its calming effects against stress as well as its effects in reducing inflammation. Another one of the plant’s effects is lowering blood pressure, and that might be why the patient’s blood pressure is so low and might be the reason she had her episode.

Assessment:

Ms. MG is a 33-year-old female with no PMHx who was brought into the emergency room this morning at 4:30am after experiencing syncope. The syncopal episode was accompanied with blurry vision, lightheadedness and feeling cold, all which have since resolved before entering the emergency room. Physical exam revealed no remarkable findings throughout. First, we'll be getting labs from the patient to rule out a couple of the Ddx as well as running a few tests (like a pregnancy test).

Plan:

We will first do a POC glucose on the patient to rule out hypoglycemia. Then we will take a CBC and a BMP to look for any infection, look at her H&H and look at her BUN and creatinine to rule out any dehydration. We will also do a UA for her hCG levels. We will do a rapid flu and Covid test to rule those out. We will ask the patient to discontinue her use of the Ashwagandha for a week or so, to see if that might help with her symptoms.