S:
SU is an 85yo female with PMH CAD with three-vessel CABG, pacemaker, DM, HTN, HLD, and CVA (2012) who presented yesterday with 3d complaint of worsening RLQ crampy, colicky pain. She denied nausea, vomiting, fever, chills, anorexia, change in bowel function, change in stool caliber, unintentional weight loss, blood per rectum, or dysuria. Her last colonoscopy was 10y ago and was normal per patient. Denies family history of colorectal cancer or any cancer. This morning she is in good spirits with no complaints. No overnight events. Admits abdominal pain, flatus approximately hourly. Denies BM, nausea, vomiting, fever, chills.
PMH: CAD, DM, HTN, HLD, CVA (2012)
PSH: Three-Vessel CABG, Pacemaker
Allergies: NKDA
Medications: ASA 81mg PO qd, Metformin 500mg PO bid, Ramapril 10mg PO bid
FHx: Denies family history of colon cancer, any cancer
SHx: Nonsmoker. No EtOH, illicit drug use.
O:
T 36.9C | BP 149/72mmHg | P 75 BPM, regular | RR 17 breaths/min, unlabored | SpO2 97% RA | W 47.4kg |
Gen: Slender female, lying in bed. Appears her stated age of 85 years. AxO x3. No apparent distress.
CV: RRR. S1 and S2 are normal. There are no murmurs, S3, S4, splitting of heart sounds, friction rubs.
Pulm: Clear to auscultation and percussion bilaterally. Chest expansion symmetrical. No wheezing, rhonchi, rales, dullness.
Abd: Flat, symmetrical, soft. Nondistended. Tender to palpation over RLQ and RUQ. BS present in all four quadrants. No bruits over aortic/renal/iliac/femoral arteries. Tympanic to percussion throughout. No CVAT, guarding, rebound, organomegaly.
Extremities: No deformity or joint abnormality. No edema. Peripheral pulses intact. No varicosities.
Labs:
145 | 113 | 8.0 < 90; 03/07/19, 15:05
4.1 | 20 | 0.67
Ca2+: 8.8
AST: 32
AlkP: 44
TBili: 0.4
Protein: 6.5
Albumin: 3.8
Lipase: 38
13.4 ; 03/07/19, 11:36
7.21 > 41.3 < 203
Neutrophils: 68.8%
Lymphocytes: 21.90%
Monocytes: 7.9%
CEA: 4.4
Diagnostic Imaging:
3/7/2019 CTAP: Findings most likely representing neoplasm at the hepatic flexure of the colon, with proximal colonic dilatation indicative of obstruction.
A:
SU is an 85yo female with obstructive ascending colon mass at hepatic flexure most likely representative of neoplasm.
P:
Labs:

- PT/INR, PTT, T/S x 2

Diagnostic Imaging/Procedures:

- CT Chest, R/O: Metastatic disease
- TTE

Likely Neoplasm at Hepatic Flexure of Ascending Colon

- Plan for Right Colectomy with Dr. Foglia
- Cont. NPO except meds

CAD

- Cont. ASA 81mg PO qd

DM

- Insulin Lispro Sliding Scale (Humalog) + NF + UNIT Subcutaneous q6h
- Glucagon Inj 1mg intramuscular q15min PRN hypoglycemia

HTN

- Metoprolol tartrate 5mg Intravenous q6h

DVT Prophylaxis

- Enoxaparin Injection 40mg subcutaneous daily

Disposition:

- Anticipate surgery with Dr. Foglia either today (add-on) or tomorrow
- Following surgery, plan for PACU and then for floor

/s/ Daniel DeMarco, PA-S
Physician Assistant Student