

**S:**

HR is a 52yo male with PMH horseshoe perirectal abscess, right inguinal hernia which was repaired (2018), and latent TB. He was seen in-office by Dr. Foglia in October 2018 because one of three setons had fallen out. Patient states Dr. Foglia's office staff said they would call him to schedule surgery but never did. Patient presents today with 5d complaint of rectal pain at abscess site described as soreness. Pain severity varies. Currently complaining of 2/10 pain, though last night it was 9/10. Does not radiate. Sitz baths alleviate pain. Walking/sitting aggravate the pain. Admits pain with BM, bright red blood when wiping x days, yellow green pus draining from other setons. Denies fever, chills, nausea, vomiting, diarrhea, constipation, abdominal pain. PMH: Horseshoe perirectal abscess, right inguinal hernia, latent TB  
PSH: Seton placement x 3, Right Inguinal Hernia Repair (2018)

Allergies: NKDA

Medications: Isoniazid 300mg PO qd

FHx: Noncontributory

SHx: Nonsmoker. No EtOH, illicit drug use.

**O:**

T 36.6C | BP 117/77mmHg | P 70 BPM, regular | RR 16 breaths/min, unlabored | SpO2 99% RA | W 90kg |

Gen: Obese male, lying in bed. Appears his stated age of 52 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.

Rectal: 2x seton placed perianal. Moderate erythema. Mild fluctuance. Tender to palpation. Good sphincter tone. Stool grossly negative for blood.

Extremities: No deformity or joint abnormality. No edema. Peripheral pulses intact. No varicosities.

**A:**

HR is a 52yo male with horseshoe perirectal abscess. His seton fell out several months ago and he is experiencing pain at the affected area.

**P:**

Labs:

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

Horseshoe Perirectal Abscess

- Plan for EUA with possible I&D of perirectal abscess and seton placement with Dr. Foglia
- NPO except meds

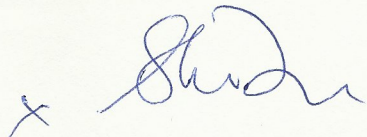
Latent TB

- Cont. Isoniazid 300mg PO qd

Disposition:

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

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

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