DATE OF CONSULTATION: October 12, 2023

SERVICE: Urology.

REASON FOR CONSULTATION: BPH, bladder wall thickening.

HISTORY OF PRESENT ILLNESS: The patient is a 76-year-old gentleman who has had an acute onset of abdominal pain, was found by CT scan to have multiple air fluid levels consistent with a small-bowel obstruction. He is now passing gas, had a bowel movement and is much improved. He had a CABG 3 months ago with a Foley catheter and has had difficulty voiding issues since. He is scheduled to see Dr. Kaplon in the very near future for evaluation. He is consulted today for BPH and bladder wall thickening. The patient is utilizing Flomax on a daily basis with only minimal improvement with his bladder outlet obstructive symptoms.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

MEDICATIONS: Reviewed in chart.

PAST MEDICAL HISTORY: CAD, hypertension, hypercholesterolemia, aortic aneurysm, coronary artery disease, CABG.

SOCIAL HISTORY: He is married, does not smoke or drink.

REVIEW OF SYSTEMS: A 14-point reviewed negative, except as above.

PHYSICAL EXAMINATION:

VITAL SIGNS: The patient is afebrile. Vital signs are stable.

HEART: RRR.

LUNGS: Bilaterally clear to auscultation.

ABDOMEN: Soft, nontender, nondistended. There is no pain to palpation and there is some mild distention.

NEUROLOGIC: Alert and oriented times 3.

GENITOURINARY: Has normal male genitalia.

PERTINENT LABORATORY DATA: CT scan shows bladder wall thickening along with air fluid levels. White count 14,000, hematocrit 41, creatinine 1.12.

ASSESSMENT AND PLAN: The patient is a 76-year-old gentleman with a small-bowel obstruction that appears to be resolving on its own. He has BPH, bladder outlet obstruction and should continue his Flomax 0.4mg daily. He is scheduled to see Dr. Kaplon from SMH urology in the next few days as an outpatient and I would continue with that plan. No acute GU intervention is necessary at this time.

Louis H. Cohen, M.D.

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