Medical Record Excerpt

Patient Name : XXXX YYYY
Pages of Medical Records : 90

PDF Reference	Date of Service	Provider	Excerpt
PDF-Ref: 8	10/24/1986	MMMM	Office Visit. PATIENT IDENTIFICATION AND PRESENT ILLNESS: The patient is a 32-year-old male who is married and is involved in the Leap Program for the rehabilitation of the disabled. He is a computer programmer, soon to be working at XXXX. He has moved from XXXX to XXXX to get that job. His story is extremely interesting. One year ago, after fighting forest fires, he became tired. This was in XXXX. He returned to construction work and then became progressively tired, had weight loss to 120 pounds, and developed some joint pains with swelling of the ankles, swelling of his left knee. Fluid was removed from the left knee at that time. In early 1985 he had had some laboratory studies and was told to come into the hospital. I guess this was XXXX in the aspirations of the left knee. MEDICAL INFORMATION: The patient has had a kidney biopsy and shunt procedure in the left arm. RHEUMATOLOGIC REVIEW OF SYSTEMS: The patient admits currently to about one minute of morning stiffness in the left hip. PHYSICAL EXAMINATION: The patient is robust, perhaps somewhat overweight, and does not really appear Cushingoid. The left hip has pain on ranging. Both knees have small effusions. There is a small nodular area in the subcutaneous tissues of the right arm volarly. ASSESSMENT: The patient will be seeing in approximately three weeks.
PDF-Ref: 7	05/02/1992	MMMM	Follow up Visit. HPI: The patient has done quite well through a hectic period of time, with a new baby at home, and then a couple of weeks ago, he began having bilateral hip pain, which made it difficult for him to get around at work. He talked to the working staff about various accommodations and thought about what things might make it easier for him in this current setting in the workplace, and wondered if a scooter might be beneficial for him at work. He thought this was something that could be used primarily in the workplace. He has not been taking anything for pain. Symptomatically his systemic lupus erythematosus has been stable. He has not had joint symptoms other than the hips. OBJECTIVE: There is mild discomfort ranging from each of the hips. ASSESSMENT: I think that if the symptoms in the hips continue a few things need to be thought about, the first is anti-inflammatory drugs, and I have given the patient samples of Lodine 300 mg and told him if symptoms continue to begin to take one breakfast and dinner for his hip symptomatology. Furthermore, I have some strong feelings that if the hip symptoms continue

			to be a problem, and the patient is going to continue to be active in the workplace, a scooter is not an unreasonable option.
PDF-Ref: 6	08/01/1992	MMMM	Follow up Visit. HPI: The patient has quieted down his activities. He has played dad, and he has a scooter at work, which has been helpful, and his hip symptoms have decreased significantly. The major joint area of symptoms other than the hips have been his wrists, which bother him at times. He depends on his hands a lot to get up and down. He has had the same changes in his fingernails and is uncertain as to what those represent. OBJECTIVE: On examination today, he has positive Rope signs at the wrists, a blood pressure of 130/80. I do not know what the changes mean in the patient's nails, but if they persist, it would seem that maybe Dr. XXXX would be willing to take a look at the patient, and then it may well be appropriate for him to get on for evaluation by a dermatologist. Lodine, which he took twice daily for a short period, seemed to help his hip symptoms. The patient will meet in 12 weeks.
PDF-Ref: 5	09/02/1992	MMMM	Follow up Visit. HPI: The patient has had improvement in his elbow, but has still been running low-grade fevers, at times feeling malaise, headache and chills. He did hurt his back the other day when lifting a grass bag from the mower and had the same left flank pain. OBJECTIVE: The right elbow does still have some periarticular swelling, full range of motion, markedly better than the first exam. ASSESSMENT AND PLAN: I will be discussing additional antibiotic treatment with infectious disease and be reviewing recommendations with the patient and possibly Dr. XXXX. Personally, at this period of time, I do not think there is any need for orthopedic evaluation and drainage.
PDF-Ref: 4	11/28/1992	MMMM	Follow up Visit. HPI: The patient has done well. He has continued to have hip discomfort related to avascular necrosis. He has had his blood pressure recorded three times, twice by Dr. XXXX and once by a machine. The slip he brought in today showed a diastolic of 77. OBJECTIVE: He does have pain ranging from his hips. ASSESSMENT AND PLAN: I think he ought to keep a record of his blood pressures. I will plan to see him in early to mid February.
PDF-Ref: 3	05/05/1993	MMMM	Follow up Visit. PROBLEM FORMULATION: Systemic lupus erythematosus. SUBJECTIVE: The patient has done well. He has been traveling a lot on weekends as an entertainer for his union doing the singing, and he has enjoyed this, but he has just been informed that he has a significant two-step promotion as an analyst, now he will be an analyst for the state with technical background, and doing some traveling. He has had no increase in his hip symptomatology, but his hips are significantly limiting to him. He has not had other joint symptoms, nor has he had rash or oral aphthae. ASSESSMENT AND PLAN: The patient appears to be well controlled on this lower level of alternate day Prednisone. Reduce his steroid coverage further in the months ahead, but that is going to be a slow tapering. He will be seeing back in 12 weeks or earlier, if necessary.

PDF-Ref: 2	07/10/1993	MMMM	Follow up Visit. HPI: The patient, last week, had some hand swelling that he noticed in the evening, and the hand swelling has dissipated. He has been off this week and is remodeling his home. He has continued to have increased pain in his hips and is contemplating total hip replacement. ASSESSMENT AND PLAN: The patient is contemplating total joint replacement and will discuss this with Dr. XXXX. I believe the hand swelling may well have been fluid retention alone. The patient will back in follow-up in 10 weeks with laboratory studies prior to the visit. If he has a total joint replacement, I would like to follow him during his overall course and certainly talk to the orthopedist about his steroid coverage.
PDF-Ref: 1	02/06/1994	MMMM	Follow up Visit. HPI: The patient has continued to tolerate the medicine well. A CPAP machine has been used by the patient this last week. He does not note any tremendous difference, although he says that he believes he has had less pain in his hips. OBJECTIVE: He has gained weight. ASSESSMENT AND PLAN: He has had less hip pain with the treatment of sleep apnea, and one wonders if the sleep disturbance may have been amplifying pain as well as other symptoms. He does not like his new job, he is in the department that has to do with child molestation, and this is an uncomfortable situation for him, bringing him in immediate contact with grieving parents and families. I will be planning to see the patient back in approximately two and a half to three months.

[redacted]

FOLLOWUP EXAMINATION

PATIENT: [redacted]

DATE: 2-6-94

PROBLEM FORMULATION
1. Systemic lupus erythematosus.
2. Recent development of sleep apnea.
3. Avascular necrosis of the hips.

MEDICATIONS
1. Prednisone 20 mg every other day.

SUBJECTIVE
[redacted] has continued to tolerate medicine well. A CPAP machine has been used by the patient this last week. He doesn't note any tremendous difference, although he says he believes he has had less pain in his hips. He has not had pleurisy or skin rash. He has not had inflammatory joint disease.

OBJECTIVE
On examination today he has gained weight. There is no facial erythema. He has no periungual infarcts, and no evidence of inflammatory joint disease. His BUN is stable at 11, creatinine is 1.1, white count is 3,500, hemoglobin 14.4, hematocrit 44.4, with 175,000 platelets, a sedimentation rate of 31, and a normal urinalysis. C4 is 12, and I haven't seen his DNA antibody.

ASSESSMENT & PLAN
It is intriguing that he has had less hip pain with treatment of sleep apnea, and one wonders if the sleep disturbance may have been amplifying pain as well as other symptoms. I am hopeful that things will settle down for him now with treatment of sleep disturbance. He does not like his new job, he is in the department that has to do with child molestation, and this is an uncomfortable situation for him, bringing him in immediate contact with grieving parents and families. I will be planning to see the patient back in approximately 2-1/2 to three months.

Dictated by: [redacted].

RFS:smd
cc: [redacted].

[redacted]

FOLLOWUP EXAMINATION

PATIENT: [redacted]

DATE: 7-10-93

PROBLEM FORMULATION
1. Systemic lupus erythematosus.

MEDICATIONS
1. Prednisone 20 mg every other day.

SUBJECTIVE
[redacted] last week, had some hand swelling that he noticed in the evening, and the hand swelling has dissipated. There was no redness and there was no stiffness. He has not had pleurisy or pericarditis. He has not had rash. He has been off this week and is remodeling his home. He has continued to have increased pain in his hips and is contemplating total hip replacement.

OBJECTIVE
On examination today there is no significant hand swelling, there is really no evidence of synovitis. His blood pressure is 110/70. Laboratory studies show normal renal parameters and a normal urinalysis. The patient's globulins are 4.3, white count is 4,400, hemoglobin 13.6, platelets 195,000, the sedimentation rate is 28. C4 is 14. DNA binding is pending.

ASSESSMENT & PLAN
The patient is contemplating total joint replacement and will discuss this with Dr. Lackner. I believe the hand swelling may well have been fluid retention alone. I want to see the patient back in followup in 10 weeks with laboratory studies prior to visit. If he has total joint replacement I would like to follow him during his overall course, and certainly talk to the orthopedist about his steroid coverage.

Dictated by: [redacted]

RFS:smd
cc: [redacted]

[redacted]

[redacted]

FOLLOWUP EXAMINATION

PATIENT: [redacted]

DATE: 5-5-93

PROBLEM FORMULATION
1. Systemic lupus erythematosus.

MEDICATIONS
1. Prednisone 20 mg every other day.

SUBJECTIVE
[redacted] has done well. He has been traveling a lot on weekends as an entertainer for his union doing singing, and he has enjoyed this, but he has just been informed that he has a significant two-step promotion as an analyst, now he will be an analyst for the state with technical background, and doing some traveling. He has had no increase in his hip symptomatology but his hips are significantly limiting to him. He has not had other joint symptoms, nor has he had rash or oral aphthae.

OBJECTIVE
On examination today I find no evidence of inflammatory arthritis. The patient is normotensive with a blood pressure of 120/82. There are no periungual lesions. He still walks with a limp. His total proteins were 8.8, with globulins of 5. Alkaline phosphatase was slightly elevated at 140, and GGT at 96. White count was 3,800, hemoglobin was 14.5, hematocrit was 42.2. Platelets were 200,000. The urinalysis was normal. C4 was 15. DNA antibody was 45 international units per ml, lower limits of normal less than 5. The sedimentation rate is 29.

ASSESSMENT & PLAN
The patient appears to be well controlled on this lower level of alternate day prednisone. It is hoped that I can reduce his steroid coverage further in the months ahead, but that is going to be a slow tapering. I will be seeing him back in 12 weeks or earlier if necessary.

Dictated by: [redacted]

RFS:smd
cc: [redacted]

[redacted]

FOLLOWUP EXAMINATION

PATIENT: [redacted]

DATE: 11-28-92

PROBLEM FORMULATION
1. Systemic lupus erythematosus.
2. Recent elevation of blood pressure.

MEDICATIONS
1. Prednisone 22.5 mg every other day.

SUBJECTIVE
[redacted] has done well. He has been to Hollywood once doing some recording. He has not had any skin rash. He has continued to have hip discomfort related to avascular necrosis. He has had his blood pressure recorded three times, twice by Dr. Lackner and once by a machine. The slip he brought in today showed a diastolic of 77.

OBJECTIVE
On examination today there is no evidence of inflammatory arthritis that I am able to find. He does have pain ranging his hips. He has no periungual lesions. Blood pressure is 120/86.

ASSESSMENT & PLAN
I think he ought to keep a record of his blood pressures. I will plan to see him in early to mid February. Laboratory studies need to be reviewed, they do not appear to be here as yet.

Dictated by: [redacted].

RFS:smd

[redacted]

FOLLOWUP EXAMINATION

PATIENT: [redacted]

DATE: 9-2-92

PROBLEM FORMULATION
1. Systemic lupus erythematosus.
2. Cellulitis of right elbow.

MEDICATIONS
1. Prednisone 22.5 mg every other day.
2. Cipro 500 mg twice daily.

SUBJECTIVE
The patient has had improvement in his elbow but has still been running low grade fevers, at times feeling malaise, headache and chills. He did hurt his back the other day when lifting a grass bag from the mower, and had some left flank pain, but he certainly had no burning on urination. He has not had any pulmonary symptomatology.

OBJECTIVE
On examination today he looks well, is afebrile as per temperature taken at home, although he had a temperature of 100.5° yesterday. He has a clear chest, no evidence of heart murmur. The right elbow does still have some periarticular swelling, full range of motion, markedly better than the first exam.

ASSESSMENT & PLAN
Blood studies will be done today and x-rays, I will receive a call about these. I will be discussing additional antibiotic treatment with Infectious Disease and be reviewing recommendations with the patient and possibly Dr. Lackner. Personally at this period of time I do not think there is any need for orthopedic evaluation and drainage.

Dictated by: [redacted].

RFS:smd
cc: [redacted].

[redacted]

FOLLOWUP EXAMINATION

PATIENT: [redacted]

DATE: 8-1-92

PROBLEM FORMULATION
1. Systemic lupus erythematosus.
2. Avascular necrosis of the hips, status post core decompression.
3. History of urethral stricture.

MEDICATIONS
1. Prednisone 22.5 mg every other day.

SUBJECTIVE
[redacted] has quieted down his activities. He has played dad, and he has a scooter at work which has been helpful, and his hip symptoms have decreased significantly. The major joint area of symptoms other than the hips have been his wrists, which bother him at times. He depends on his hands a lot to get up and down. He has had no rash or oral aphthae. He has had some changes in his finger nails and is uncertain as to what those represent.

OBJECTIVE
On examination today he has positive Rope signs at the wrists, a blood pressure of 130/80, no oral aphthae, a clear chest, no pericardial friction rub. He has a DNA antibody of 2,300 units, 2+ urinary protein, an improvement in his CBC, a drop in his sedimentation rate to 37. There are minor abnormalities in GGT and alkaline phosphatase.

ASSESSMENT & PLAN
I don't know what the changes mean in the patient's nails, but if they persist it would seem that maybe Dr. Lackner would be willing to take a look at the patient, and then it may well be appropriate for him to get on for evaluation by a dermatologist. Iodine, which he took twice daily for a short period seemed to help his hip symptoms, and to that end I am probably going to ask him to use it again if he has a recurrence of hip symptomatology. The patient and I will meet in 12 weeks.

Dictated by: [redacted].

RFS:smd
cc: [redacted]

[redacted]

FOLLOWUP EXAMINATION

PATIENT: [redacted]

DATE: 5-2-92

PROBLEM FORMULATION
1. Systemic lupus erythematosus.
2. Avascular necrosis of the hips, status post core decompression.
3. History of urethral stricture.

MEDICATIONS
Prednisone 22.5 mg every other day.

SUBJECTIVE
[redacted] has done quite well through a hectic period of time, with a new baby at home, and then a couple of weeks ago he began having bilateral hip pain, which made it difficult for him to get around at work. He talked to the work staff about various accommodations, and thought about what things might make it easier for him in this current setting in the work place, and wondered if a scooter might be beneficial for him at work; he thought this was something that could be used primarily at the work place. He has not been taking anything for pain. Symptomatically his systemic lupus erythematosus has been stable. He has not had joint symptoms other than the hips, and he has had no rash or periungual lesions.

OBJECTIVE
On examination today he has no evidence of skin rash. He has no evidence of periungual lesions. There is mild discomfort ranging each of the hips. White count is 5,200, hemoglobin 12.8, hematocrit 37.6, with globulins of 4.9. The sedimentation rate is 55, and the urinalysis shows 1+ protein. DNA antibody and C4 are pending.

ASSESSMENT & PLAN
I think that if the symptoms in the hips continue a few things need to be thought about; the first is anti-inflammatory drugs, and I have given the patient samples of Lodine 300 mg, and told him if symptoms continue to begin to take one breakfast one dinner for his hip symptomatology. I think Lodine is not a bad choice in a patient with prior renal disease. Furthermore, I have some strong feelings that if the hip symptoms continue to be a problem and Theris is going to continue to be active in the work place, a scooter is not an unreasonable option.

Dictated by: [redacted]

RFS:smd

[redacted]

NEW PATIENT EVALUATION

PATIENT: [redacted]

DATE: October 24, 1986

REFERRED BY: [redacted]

PROBLEM FORMULATION:

1) Systemic lupus erythematosus characterized by the following: a) presentation with renal failure status of biopsy uncertain; b) past history of hemodialysis; c) history of modestly high dose Prednisone treatment and treatment with Imuran, subsequently terminated; d) history of inflammatory polyarthritis; e) history of vasospastic symptoms in the sun, likely Raynaud's phenomenon; f) initial weight loss; g) fatigability.
2) Status post a) renal biopsy; b) shunting procedure for hemodialysis.
3) History of ulcer disease, type uncertain and documentation unclear.
4) History of cigarette smoking.
5) Current treatment with Prednisone 15 mg daily.
6) Recurrent episodes of left knee swelling, etiology to be determined, relationship to #1 uncertain.
7) Left hip pain, must exclude avascular necrosis. The patient has had MRI scanning at Provident Hospital one month ago.

PATIENT IDENTIFICATION AND PRESENT ILLNESS: The patient is a 32 year old male who is married and is involved in the Leap Program for rehabilitation of the disabled. He is a computer programmer, soon to be working at Cal Trans. He has moved from Oakland to Sacramento to get that job. His story is extremely interesting. One year ago, after fighting forest fires, he became tired. This was in Oregon. He returned to construction work and then became progressively tired, had weight loss to 120 pounds, and developed some joint pains with swelling of the ankles, swelling of his left knee. Fluid was removed from the left knee at that time. This was, I guess, two years ago. In early 1985 he had had some laboratory studies and was told to come into the hospital. I guess this was Provident Hospital in

aspirations of the left knee. I am not certain how many injections were given.

GENERAL MEDICAL INFORMATION: The patient has had a kidney biopsy and shunt procedure in the left arm. He takes no other medications and has no allergies.

GENERAL MEDICAL REVIEW OF SYSTEMS: He does have visual disturbances. There is no history of migraine headaches. He quit smoking a long time ago, and then started using a pack every several days. He does not take thyroid medication, nor has he had tuberculosis, pneumonia, high blood pressure or heart disease. He had some type of ulcer at the time of kidney failure and it did heal. He did have decreased kidney function. He believes his kidney function is now normal. There is no history of anemia or diabetes. The family history is uncertain. Two other physicians are important in this patient's care, Barry Chantrelle, M.D. and Clarence Boyd, M.D.--an orthopedist in Oakland.

PHYSICAL EXAMINATION: The patient is robust, perhaps somewhat overweight, and doesn't really appear Cushingoid. He has a blood pressure of 100/76. There is no alopecia, no eye inflammation or dryness. There is no facial rash. TM joints are normal. Oral mucous membranes are normal. Neck has full range of motion. Chest was clear to percussion and auscultation. On cardiovascular exam the first and second heart sounds are normal. No murmurs, rubs or gallops are appreciated. The abdomen reveals no organomegaly or masses.

A detailed musculoskeletal exam reveals full range of motion of the shoulders, elbows, wrists and finger articulations. There is no palmar erythema, periungual erythema, nailfold infarcts or nail pitting. There are no subcutaneous nodules. The right hip is normal. The left hip has pain on ranging. Both knees have small effusions. The left knee is not particularly tender. Ankles, feet and toes are normal. Deep tendon reflexes are 2+ at the knees and ankles. Hyperextension of the great toes was accomplished without difficulty. There is a small nodular area in the subcutaneous tissues of the right arm volarly.

ASSESSMENT AND PLAN: I want to get a full data base on this patient, and I plan to get the results of the MRI scan immediately, and have this patient evaluated soon by Dr. Perman. The patient will sign releases for all materials, and we will be seeing the patient back officially in approximately three weeks. I really need to find out where his disease is at the present time.

Dictated [redacted]

RFS:drs
cc: [redacted]

Oakland. He was dialyzed for two months, treated with Prednisone no higher than 30 mg after renal biopsy, and took Imuran for three months. Prednisone was subsequently tapered to as low as 5 mg a day, although in the setting of fatigability it was increased to three tablets a day for a total of 15 mg daily. The patient's most current difficulties have been left knee swelling, with fluid having been removed from the left knee a total of four times, but apparently recently three times. The fluid in the knee has been attributed to steroids. It is not felt that the patient has infection. The possibility of internal knee derangement has been mentioned by the orthopedist, Dr. Boyd. An arthrogram has not been obtained.

Because of the simultaneous appearance two months ago of left hip pain at the time the left knee bothered the patient, the patient underwent magnetic resonance imaging to look for avascular necrosis. This was four weeks ago. He has never gotten a report from Dr. Boyd, even though there were seven phone calls. His hip has been painful laterally and into the groin. There is a catching sensation. He can walk without pain, but it hurts when he lays on this side. He will use Vicodin at night to sleep, but not during the day. He did use a cane for a while. He has not required using this. He keeps the left knee bandaged with an Ace wrap. In the past he had symptoms in the fingers, wrists, elbows, his left knee, shoulders, and some symptoms in the ankles and feet. But, currently the fingers, wrists, elbows, shoulders, knees, neck and temporomandibular joints are without symptoms. There is no history of symptoms in the right hip. There are some in the left. The left knee is wrapped. The right knee is not symptomatic, and there are no symptoms in the patient's feet.

GENERAL RHEUMATOLOGIC REVIEW OF SYSTEMS: The patient admits currently to about one minute of morning stiffness in the left hip. He has had recent fatigability, which prompted Dr. Spriggs to increase his Prednisone to 15 mg. He has stable weight at 198 pounds in the last four months. He uses sunscreen, but doesn't believe he is sun-sensitive. He had fevers initially, but doesn't have those now. There is no history of hair loss. His fingers do turn almost white in the cold. There is no history of psoriasis. He has one lump in the volar forearm, and it is unclear what that represents. There is no history of fingertip or leg ulceration, seizures, eye inflammation or dryness oral aphthae or mouth dryness, and he denies pleurisy or pericarditis. There is no history of numbness or tingling in the hands or feet, nor is there any history of difficulty swallowing, heartburn, diarrhea with blood or mucus, hepatitis or kidney stones. There is no history of abnormal urinalysis.

FAMILY HISTORY: The patient had a sister who some 20 years ago was diagnosed as leukemia, but there was a question of her having systemic lupus. Whatever illness she had was fatal to her.

CURRENT MEDICATIONS: Prednisone 50 mg qam and Vicodin at night. There is no history of joint surgery. There is a history of injections or