OBGYN– H&P #1

Chief Complaint: "I've noticed changes in my menstrual period, including prolonged spotting" x 1 yr

HPI:
I.A. is a 50-year-old G1P1001 female w/ LMP 02/14/2026, who presents for her annual gynecologic exam with concerns of abnormal menstrual changes and urinary incontinence. Patient thinks that she may be approaching menopause as she reports changes in her menstrual cycle, including prolonged spotting and increased duration of menses from 5 to 7 days. Her cycle length also increased from every 30 days to approximately every 45 days. Patient states that she has been having night sweats without abnormal weight loss, irritability, and poor sleep for the past year, as well, but denies hot flashes or vaginal dryness. Patient also reports intermittent pelvic pain that feels like something is poking her and sometimes wakes her up from sleep. She also reports stress urinary incontinence with leakage occurring consistently whenever she coughs or sneezes. She states that she had a procedure in 2019 in Poland that initially improved her condition; however, her symptoms have come back. She also reports longstanding bilateral breast pain. She has a history of multiple small cysts that were evaluated with US and mammography in the past. She denies any new breast masses, skin changes, or nipple discharge.

Obstetric History:
- NSVD x1 without complications

Gynecologic History:
- Hx of Fibroids & Ovarian Cysts back in Poland
- Hx of Breast Cysts (due for repeat US/mammography in May 2026)
- Denies any Hx of STIs
- **Last Mammogram/US:** May 2025 (due in May 2026)
- **Last Pap**: HPV w/ Reflex Cytology done in 08/2024 and was normal. Denies Hx of abnormal pap results. Next Due 08/2029

PMHx:
- Ankylosing Spondylitis, not on any medications for it
- Rheumatic Fever, diagnosed when she was a child in Poland
- Immunizations: Up to date, except for Pneumococcal and Shingrix vaccination

Medications:
- Vitamin D3 Supplements
- Denies any other prescription, OTC medications, supplements, or herbal products

PSHx:
- Colonoscopy for CRC screening on 08/27/2024; no complications

Allergies: NKDA

Family History:
- Great Grandmother (Maternal) – Ovarian CA
- Grandmother (Paternal) – Breast CA
- Grandfather (Paternal) – Pancreatic CA

- Father – Skin CA
- Sister – Tongue CA (denies nicotine use in sister, notes it was excised and cured)
- Sister – diagnosed with "cysts" in the uterus and is undergoing a hysterectomy on Friday
- Son – alive and well, no known medical history

Social History: Never smoked. No vaping. No EtOH use. No illicit drug use. Admits sexual activity with her husband, uses male condoms.

ROS:
General: Admits to night sweats. Denies fever, chills, loss of appetite, weight loss, weakness, fatigue
HEENT: Denies headache, vision changes, neck stiffness, sore throat.
Breast: Admits to bilateral breast pain. Denies skin changes, lumps, nipple discharge.
Respiratory: Denies dyspnea, shortness of breath, wheezing, cough, hemoptysis
Cardiovascular: Denies palpitations or chest pain
Gastrointestinal: Admits to intermittent pelvic pain. Denies abdominal pain, N/V/D, constipation
Genitourinary: Admits to incontinence when sneezing/coughing. Denies frequency, urgency, hesitancy, polyuria, dysuria, and flank pain
Endocrine: Denies polydipsia, polyphagia, heat or cold intolerance, goiter, hirsutism
Psychiatric: Admits to anxiety. Denies feelings of helplessness, feelings of hopelessness, lack of interest in usual activities, suicidal ideation, homicidal ideation

Vital Signs

Vitals	**11:30 AM**
BP	139/86 (left arm, sitting)
P	90 bpm
RR	18 breaths/min
T (oral)	98 F
O2 Sat	99% on room air

Height: 1.71m (5' 7.32") | **Weight:** 68.5 kg (151 lb) | **BMI:** 23.42

Physical Exam
General Survey: Well-appearing, not in acute distress.
Cardiovascular: Rate and Rhythm: Normal Rate
Chest: Palpable cysts in the top half & tenderness to palpation bilaterally. Retroareolar tenderness to palpation bilaterally. No skin changes, no lymphadenopathy noted, no nipple discharge.
Pulmonary: Pulmonary effort is normal.
Abdomen: Abdomen is soft, NTND
Genitourinary:
- **SE:** normal appearing vagina and cervix, no lesions, no blood, no abnormal discharge
- **Bimanual:** small mobile uterus, uterus is nontender, right adnexal fullness, no CMT

Neurological: Patient is alert.

Assessment

50-year-old G1P1001 presenting for an annual GYN exam with one year of AUB, intermittent pelvic pain, bilateral breast tenderness, and stress urinary incontinence, consistent with her gynecologic history and perimenopause.

D/Dx

1. Perimenopause
    a. Rationale: Patient is approaching the average age of menopause (51), cycle irregularities (increased interval), longer bleeding duration, night sweats, and sleep disturbances, which are consistent with menopausal changes.
2. Endometrial Hyperplasia/Carcinoma
    a. Rationale: Should be considered with her age (>45 years old) with AUB with prolonged spotting & cannot miss.
3. Leiomyomas
    a. Rationale: Patient has a known history of fibroids that may cause prolonged/heavy menses and pelvic discomfort. However, physical exam reveals a small, mobile, and nontender uterus that is not enlarged.
4. Ovarian Cyst
    a. Rationale: Patient has a history of an ovarian cyst discovered when she was in Poland years ago. Can cause her pelvic pain. Physical exam also reveals right adnexal fullness. Patient also has a FHx of ovarian CA.
5. Endometrial Polyp
    a. Rationale: Common cause of intermenstrual spotting/prolonged bleeding.

Problem Lists & Plan

#Perimenopause

- Counseling regarding normal changes, the definition of menopause, and expectations

#Abnormal Uterine Bleeding

- UCG
- EMB to evaluate for endometrial hyperplasia/malignancy
- TVUS to evaluate endometrial stripe & structural causes

#Pelvic Pain

- TA & TV US

#Multiple Breast Cysts

- Mammogram Diagnostic Tomosynthesis Bilateral
- US Breast Complete Bilateral

#Breast Pain

- Longstanding, likely due to known breast cysts
- Discussed dietary and lifestyle modifications
- Offered NSAID cream, patient declines.

#Encounter for Annual Routine Gynecological Examination

- Chlamydia/G.C. PCR (Swab)
- HIV AG/AB Screen
- Hepatitis B Surface Antigen
- Syphilis Screen

#Stress Incontinence

- Kegel Exercises discussed and written information provided
- Ambulatory Referral to Uro-gynecology

#Family History of Cancer

- Referral to Genetic Counselor

Labs/Imaging Results

N/A

Disposition

RTC following Imagings