Date of visit: 2/12/2026

Chief complaint: “I’ve been having stomach pain.”

HPI: Pt is a 20 YOF with PMHx of unspecified left breast lump and ovarian cyst in 2024, who presents to the clinic for epigastric abdominal pain x 3 days. She reports that the pain began after eating fried chicken with rice and tomato salad and lasted about an hour. She describes the pain as sharp, radiating to the back, 9/10 in severity, and associated with sensation of difficulty breathing at the time. She took Tylenol with relief of symptoms. She is currently asymptomatic but came in for evaluation to ensure there are no underlying concerns. She notes similar episodes in the past triggered by certain foods including fried chicken and tomato sauce, which have also resolved with Tylenol. Denies nausea, vomiting, diarrhea, constipation, melena, hematochezia, fever, chills, jaundice, chest pain, or urinary symptoms. Denies sexual activity, chance of pregnancy or history of STDs.

Past Medical History
- Unspecified lump in left breast (N63.2)
- Ovarian cyst- 2024

Immunizations
- Influenza: last received 10/2025 (annual)
- COVID-19: received 4/2021; booster 8/2022 (Pfizer)

Past Surgical History
- No significant surgical history

OBGYN History:
Menarche: age 10
Pregnancies: G0P0A0L0
Contraception: N/A
Menstrual flow: regular

Medications
- Omega 3 fish oil 1000 mg capsule; take 1 capsule by mouth every 12 hours
- Vitamin D3 1.25 mg capsule; take 1 capsule by mouth once weekly

Allergies
- No known medication allergy
- No known food allergy
- Allergy to pollen (mild in severity)

Family History
- Mother: 37 years of age, alive & healthy
- Father: 39 years of age, alive & healthy
- Paternal grandmother deceased at 62 from pancreatic cancer

Social History
Habits: denies smoking, alcohol or illicit drug use.
Occupation: unemployed
Diet: occasionally eats fried foods including fried chicken with rice and beans, otherwise eats healthy.
Exercise: does not exercise.

Travel: no recent travel.
Living situation: lives at home with family.

Screenings:
PHQ 2 & PHQ9 Depression screening negative in office today
Audit C screening negative in office today
Dast 10 screening negative in office today
Plan for pap smear next year (when she turns 21 years old)

ROS
General: denies weight loss, loss of appetite, fatigue, weakness, fever, chills, or night sweats
Skin: denies rash, itching, excessive sweating or dry skin
HEENT: denies headache, visual changes, double vision or blurriness, tinnitus, discharge from ears, nose bleed or discharge, congestion, sore throat, mouth ulcers or bleeding gums
Neck: denies localized swelling, lumps, stiffness or decreased ROM
Pulmonary: denies cough, SOB, orthopnea, sputum, hemoptysis, or wheezing
Cardiovascular: denies chest pain, palpitations, or swelling of legs or feet
Gastrointestinal: reports abdominal pain; denies nausea, vomiting, diarrhea, constipation, decreased appetite, or pain with swallowing
Genitourinary: denies urinary frequency or urgency, nocturia, dysuria, hematuria, incontinence, flank pain or vaginal discharge
Neurological: denies numbness, weakness, tingling, or seizures
Musculoskeletal: denies muscle/joint pain, redness, deformity, or trauma
Endocrine: denies thyroid gland enlargement, heat or cold intolerance, changes in facial or body hair, change in weight or excessive hair growth
Psychiatric: denies depression, anxiety, mood changes, new difficulty sleeping, difficulty concentrating or suicidal ideations

Physical Exam
General: 20 year old female, well nourished, well developed and well groomed. Pt appears stated age and is in no acute distress.

Vital Signs:
Blood pressure: 115/71 mmHg
Respiratory rate: 17 breaths per minute
Pulse: 81 BPM
Temperature: 97.7 F
SpO2: 98% on RA
Height: 5 feet, 0 inches
Weight: 125 pounds
BMI: 24.41

Skin: warm and moist, good turgor. Nonicteric, no lesions.
Head: normocephalic, atraumatic. No tenderness. No palpable masses. Even hair distribution.
Eyes: pink conjunctiva; white sclera. PERRL, EOMI. Anicteric. No discharge or exudates.
Ears: hearing intact. External canal is intact, no discharge. TM intact with no bulging, fluid, or blood collection noted.
Nose: symmetrical, patent nares. No nasal flaring/grunting/discharge.
Mouth/oropharynx: good dentition. Moist mucus membranes. No oropharyngeal exudates or ulcers. No oral or gum erythema, swelling, or bleeding. No FBs.
Neck: symmetric and supple. Trachea midline. Full ROM. No JVD. Non tender. No palpable lymphadenopathy, masses, or goiter. No bruits.
Pulm: symmetrical expansion with respiration. No intercostal retractions, or tenderness. Breath sounds

equal bilaterally. No rales, wheezes, or rhonchi auscultated. No fremitus.
CV: regular rate and rhythm. S1 and S2 heard. No murmur, thrills, or clicks.
Breast: normal and symmetric appearance. No nipple discharge or retraction. No skin dimpling. No tenderness. Known left breast with palpable mass at 3 o'clock position, unchanged from prior.
Abdomen: tenderness over epigastric region on light and deep palpation, otherwise soft and non distended. No guarding or rebound tenderness. No palpable masses or organomegaly. No inguinal hernia. No palpable lymphadenopathy. Negative Murphy's.
Extremities/MSK: no deformities, clubbing, cyanosis, or edema noted. Bilateral pedal pulses present. No visible joint swelling or erythema. Normal ROM.
Mental status/neuro exam: Patient is well appearing, good hygiene and neatly groomed. Patient is alert and oriented to person, place, and time. Speech and language ability intact, with normal quantity, fluency, and articulation. Patient denies changes to mood. Conversation progresses logically. Strength and sensation intact.

Assessment: Pt is a 20 YOF who presents for recurrent postprandial epigastric pain triggered by fatty foods. Pt is currently asymptomatic. She describes the pain as sharp, rated 9/10 in severity and radiating to the back. She has been taking Tylenol with relief of symptoms. History and physical are most consistent with GERD vs cholelithiasis.

Differential Diagnoses

1. GERD
    A. Pt is 20 years old, which is a common age for GERD symptoms to develop. It presents with epigastric pain, especially after eating certain foods such as fatty, fried, or acidic foods, which causes a decrease in the lower esophageal sphincter (LES) tone and delays gastric emptying. Pt's pain developed after eating fried chicken and tomato salad (and has had similar episodes after eating similar foods). Further, her pain resolved with medication. Classic GERD symptoms that this patient lacks include sour taste in mouth, regurgitation, and symptoms worse after laying down, but GERD is still a most likely diagnosis.
2. Biliary colic secondary to cholelithiasis
    A. Pt's pain began after eating fried chicken (fatty foods cause gallbladder contraction), and she reports severe, sharp pain rated 9/10. Her pain radiates to the back, which is common in biliary pathology. She reports recurrent episodes triggered by fatty foods. Pt's age (20 years old) and low BMI makes cholelithiasis less likely compared to GERD.
3. Peptic ulcer disease
    A. Pt's severe epigastric pain and recurrent episodes after eating may suggest PUD. More specifically, this patient is more likely to have gastric ulcer compared to duodenal ulcer because her pain worsens after food. PUD is less likely in this patient due to sharp characteristic of pain (PUD is typically burning or aching) and lack of risk factors such as H. Pylori infection or NSAID use.
4. Acute pancreatitis
    A. Although very unlikely, acute pancreatitis is a must not miss diagnosis, and should be considered in patients with severe epigastric pain that radiates to the back. It is least likely given pt's age, lack of known gallstones or alcohol use, lack of persistent pain, nausea or vomiting. Further, her vitals are stable.

Plan/Workup

Labs:

- CMP to evaluate liver enzymes and bilirubin
- Lipase to r/o acute pancreatitis
- CBC to assess for leukocytosis
- Will consider H. Pylori testing if symptoms persist

Imaging:

- RUQ abdominal US to evaluate for gallstones; if positive, plan to refer to general surgery

Medications:
- Will prescribe trial of PPI (Omeprazole) 20 mg tablet delayed release for suspected GERD; advised to take 1 tablet by mouth QD

Patient education:
Pt was advised to avoid fatty and fried foods, acidic foods such as tomatoes and citric juices, spicy foods, and chocolate (as these are foods that trigger GERD symptoms), and to start a diet high in vegetables, fruits, whole grains, and lean protein. She told also advised to avoid eating 2-3 hours before bedtime.

Pt was educated on warning signs that would prompt ER visit, such as fever, persistent or worsening abdominal pain, jaundice (yellowing of skin or eyes), or persistent vomiting. She was given a referral for the US and told to follow up with the results on her patient portal.