H&P #2 Family Medicine

Chief complaint: “Neck Swelling” x 1 week

A 39 year old female with a past medical history of HLD, gastritis and anemia presents to the clinic with visible neck swelling for one week. She reports first noticing the swelling about a week ago and is unsure whether the onset was sudden or gradual. She denies pain, tenderness, or discomfort associated with the swelling. She states the swelling has been persistent without noticeable progression or improvement.

The patient took ibuprofen 400 mg daily for three days without relief or reduction in swelling. She denies any known aggravating or alleviating factors. She also denies trauma to the neck, palpable nodules, fever, chills, sore throat, dysphagia, odynophagia, voice changes, shortness of breath, or recent upper respiratory symptoms. There is no history of recent illness, sick contacts, or recent travel. She denies prior episodes of similar symptoms.

Past Medical History

Present Illness - HLD (~2 years ago)

Iron-deficiency anemia (~1 year ago)

Gastritis (~11 months ago)

Vitamin D deficiency (~1 month ago)

Immunization - Up to date; Flu vaccine yearly; childhood vaccines up to date

Screening - Pap smear 07/2023, negative.

Past Surgical History

None

Medications

Atorvastatin 20 mg tablet PO daily in the evening, last dose “last night for hyperlipidemia

Vitamin D3 50 mcg (2000 IU) capsule PO once daily, last dose yesterday for vitamin D deficiency

Ferrous sulfate 325 mg tablet PO once daily, last dose last night for iron-deficiency anemia

Omeprazole 20 mg capsule PO once daily, last dose last night for gastritis

Patient is compliant with all medications.

Allergies

Denies medication, environmental or food allergies.

Family History

Mother- Alive at 64 (HTN, L breast removal for breast cancer).
Father - Alive at 66 (Hypothyroidism).
Children- One Child in good health
Paternal grandfather – deceased (unknown medical history and age).
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Siblings- two siblings, one brother at 60 with HTN and a sister at age 54 with DM and HLD).

Social History
Travel: Denies any recent travel outside of the state or country
Marital history: Married
Occupational history: unknown
Home Situation: Lives with husband
Drugs/Alcohol: Denies any use of alcohol or drugs
Smoking history: Denies smoking
Diet: Consumes 3 meals per day, with meals typically consisting of breakfast with roti, egg, yogurt and lunch/dinner with curry, soups, sauteed vegetables, chicken, fish, and rice.
Admits to 1 cup of coffee with milk every morning
Exercise: She reported going for walks 30 minutes 5-7x a week
Sleep: Patient reports sleeping well for 6-7 hours at night
Safety measures: Admits to wearing seatbelt when driving.
Sexual History: She is sexually active. Denies history of STI and use of contraceptives.

ROS
General: Denies fever, chill, weight loss/gain, loss of appetite, generalized weakness, fatigue, fever, or night sweats
Hair, skin, nails: **Admits to dry skin**; Denies rash, itching, excessive sweating, new moles, change in existing moles, hair loss, change in hair texture or nail changes
HEENT: Denies lightheadedness, headache, trauma, dizziness, visual changes, double vision or blurriness, change in hearing, tinnitus, discharge from ears, nose bleed or discharge, congestion, sore throat, mouth ulcers or bleeding gums
Neck: **Admits to diffuse swelling** ; Denies lumps, stiffness or decreased ROM
Pulmonary: Denies orthopnea, SOB, dyspnea on exertion, cough, sputum, hemoptysis, or wheezing
Cardiovascular: Denies chest pain, palpitations, syncope, irregular heart beat, heart murmur, or swelling of legs or feet

Gastrointestinal: **Admits to heart burn, constipation.** Denies nausea, vomiting, changes in appetite, abdominal pain change in bowel habits, diarrhea, constipation, blood in stool,or pain with swallowing

Genitourinary: Denies urinary frequency or urgency, dysuria, nocturia, hematuria, incontinence, flank pain or penile discharge

Menstrual/Obstetrical – G2P1A1L0. LMP 12/16/2025. Menarche 12. Denies any postcoital bleeding, vaginal discharge, or dyspareunia

Neurological: Denies loss of cognition/memory, mild weakness, headaches, sensory disturbances, seizures, or weakness

Musculoskeletal: Denies redness, deformity, or swelling/pain or arthritis

Peripheral Vascular: Denies coldness, claudication, trophic changes, varicose vein, peripheral edema, or color change

Hematologic: **Admits to anemia;** Denies easy bruising blood transfusions or hx of DVT/PE

Endocrine: Denies thyroid enlargement, heat/cold intolerance, changes in facial or body hair, change in weight or excessive hair growth

Psychiatric: Denies depression, anxiety, mood changes, sleep disturbances, difficulty concentrating or suicidal ideations

Physical Exam:

General: 39 y/o female is well-groomed and appears to be stated age. Patient appears A&O x3, without any acute distress. Good posture.

Vital Signs:

BP: 120/76 Right arm

HR: 88 bpm, regular

T: 98.00, ear

O2 Sat : 99% on Room air

Weight: 152lbs Height: 62 in BMI: 27.8

Cardiovascular: Regular rate and rhythm (RRR). No murmurs.

Respiratory: Lungs are clear to auscultation bilaterally. No wheezing or rales.

HEENT: Normocephalic, atraumatic. PERRLA, EOMI. Oral mucosa is moist, no oropharyngeal lesions

Neck: Supple with diffuse neck swelling, non-tender, without erythema or warmth. No palpable lymphadenopathy or discrete masses noted.

GI: Soft, non-tender, non-distended. No organomegaly

MSK: Full ROM of all extremities. No joint swelling or deformities.

Neuro: CN II-XII intact. Strength 5/5 bilaterally in upper and lower extremities. Normal gait.

Skin: No erythema, ulceration, or exudate. No similar findings on other fingers or toes. No

discoloration migration, scaling or fungal debris, nail plate thickening or dystrophy.

Assessment: A 39 year old female with a past medical history of hyperlipidemia, gastritis, and anemia presents with painless neck swelling for one week. The swelling has been persistent without progression and is not associated with trauma, infection, or compressive symptoms such as dysphagia or voice changes. Physical exam is notable for visible neck swelling without tenderness, palpable nodules, lymphadenopathy, or thyromegaly. Given the absence of systemic or infectious symptoms, the presentation is less concerning for an acute inflammatory or infectious process and warrants further evaluation for benign soft tissue or thyroid-related etiologies.

<u>Differential Diagnoses</u>

1. Thyroid enlargement (goiter or thyroid nodule)

This is a primary consideration given the patient's visible, painless neck swelling without signs of infection or trauma. Thyroid-related pathology can present as gradual, non-tender anterior neck swelling and may initially be asymptomatic. The absence of compressive symptoms such as dysphagia, voice changes, or shortness of breath does not exclude early thyroid disease. Further evaluation with thyroid ultrasound is warranted to assess for diffuse enlargement or nodules.

2. Reactive cervical lymphadenopathy

Reactive lymphadenopathy was considered, as it is a common cause of neck swelling. However, this diagnosis is less likely given the absence of recent infection, fever, sore throat, upper respiratory symptoms, or palpable lymph nodes on exam. Additionally, the swelling is diffuse rather than nodular, making reactive lymphadenopathy less probable.

3. Thyroiditis (subacute or painless)

Thyroiditis may present with neck swelling and minimal pain, particularly in painless or silent thyroiditis. However, there is a lack of thyroid tenderness, systemic symptoms, or hyperthyroid/hypothyroid complaints such as palpitations, heat intolerance, or weight changes. Thyroid function testing may help further evaluate this possibility.

4. Benign soft tissue mass (lipoma or cyst)

Benign soft tissue lesions such as lipomas or epidermoid cysts can present as painless neck swelling. These are typically slow-growing, non-tender, and may not be associated with systemic symptoms. The absence of a discrete palpable mass on exam makes this diagnosis less certain, but it remains a consideration pending imaging.

5. Malignancy (thyroid or lymphatic)

Malignancy is considered due to persistent neck swelling, although it is less likely in this patient given the short duration, lack of systemic symptoms, absence of firm or fixed masses, and benign exam findings. There are no red-flag features such as unexplained weight loss, night sweats, or progressive enlargement. Nevertheless, malignancy should be ruled out if symptoms persist or imaging reveals concerning features.

Plan:

- Order neck and soft tissue ultrasound to evaluate for thyroid pathology, lymphadenopathy, or benign soft tissue mass.
- Obtain thyroid function tests (TSH ± free T4) to assess underlying thyroid disease.
- Reassure patients given absence of red-flag symptoms, but emphasize importance of completing imaging.
- Follow up after imaging and lab results for further evaluation and management.
- Instructed patient to seek earlier care if swelling worsens, becomes painful, or if she develops fever, dysphagia, voice changes, shortness of breath, or rapid enlargement.

Chronic Issues

Hyperlipidemia

- Continue atorvastatin 20 mg daily
- Reassess lipid panel at next follow-up (annually)
- Encourage the patient on a heart-healthy diet and exercise

Iron-Deficiency Anemia

- Continue ferrous sulfate 325 mg PO daily,
- Reinforce compliance and advise on taking vitamin C for absorption
- Monitor Hgb, Hct, and ferritin if symptoms persist or worsen

Vitamin D Deficiency

- Continue vitamin D3 2,000 IU (50 mcg) PO daily,
- Recheck vit D 25(OH) level in ~3 months
- Encourage safe sun exposure with sunscreen and dietary sources of vitamin D (orange juice)

Gastritis

- Continue omeprazole 20 mg PO daily
- Take 30–60 minutes before the first meal of the day
- Monitor for ongoing symptoms or GI bleeding

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