

Date of visit: 02/14/2026
Name: R.R.
Address: Queens, NY
Date of Birth: 02/01/2026
Location: Jamaica Queens- Dr. Nicasio Arana
Source of information: Self and Mother
Reliability: Reliable

HPI:

15 y/o male with a PMHx of constipation and vitamin D deficiency here for evaluation of urinary dribbling for almost a year. Reports that every time he urinates he dribbles for a couple of minutes afterwards. Reports feeling of incomplete voiding. States that his last urination was earlier today. Reports dysuria in the past year, but none within the past month. Denies urinary frequency or urgency. Denies being sexually active. Also reports ongoing chronic constipation. Reports that his last bowel movement was 2 days ago, but before that he went an entire week without a bowel movement. States that the stool is usually hard. When asked about his diet, states that his diet consists mostly of sandwiches and meats. Per mom, he does not like eating fruits and vegetables. Mom states that he will eat some daal, but no other source of fiber. The patient states that he does not drink large amounts of water secondary to urinary issues. States that he has not been on medication for constipation issues in the past. Denies abdominal pain, nausea, vomiting, diarrhea. Denies penile pain or discharge. Denies fever and chills. Denies lower extremity numbness and weakness.

PMHx: chronic constipation, vitamin D deficiency

PSHx: denies

Medications: Vitamin D

Immunizations: Up to date

Social: Lives with both parents, one sister, and one brother and goes to school. Patient denies smoking, drinking, drug use, and sexual activity (asked with mom out of room)

Family history: No family history of similar urinary issues.

Review of Systems

General: Denies fever and chills.

GI: Endorses constipation. Denies abdominal pain, nausea, vomiting, and diarrhea.

GU: Endorses urinary dribbling, feeling of incomplete voiding, and prior dysuria. Denies urinary urgency or frequency. Denies penile pain and discharge.

Neurologic: Denies lower extremity numbness and weakness.

Physical Exam

Vitals:

Temperature 97.8F via forehead

Heart rate 74 beats per minute

Blood pressure 114/72 LUE sitting

Respiratory rate 16 breaths per minute with an oxygen saturation of 98%

BMI 19.2 (Height 55inch, Weight 71 pounds)

General: thin, but well developed boy who is alert and in no acute distress. Well groomed and dressed appropriately for the weather. Making eye contact and conversant.

Cardiovascular: Regular rate and rhythm no murmurs, rubs or gallops. 2+ bilateral and symmetrical radial pulses.

Lungs: Clear to auscultation bilaterally, no adventitious lung sounds, no increased work of breathing or accessory muscle use.

Abdomen: normoactive bowel sounds, non-tender, non-distended. Area of fullness in LLQ, but no tenderness.

GU: Patient declined genital exam at this visit; examination deferred until urology consultation per patient preference.

Assessment:

15 y/o boy here with urinary dribbling and feeling of incomplete voiding for about a year. Exam unremarkable, although genital exam deferred at this time.

DDx:

Constipation-Related urinary dysfunction (functional bladder outlet obstruction)

Functional voiding disorder/pelvic floor dyssynergia

Urethral stricture or meatal stenosis

Neurogenic bladder

UTI or urethritis

Congenital anomaly causing bladder outlet obstruction

Psychogenic or behavioral causes

Plan:

UA to r/o UTI

Patient-specific diet counseling: encourage increased fiber intake through beans, fruits, vegetables, and whole grains; encourage adequate hydration

Miralax sent to the pharmacy with instructions on how to use (1 tablespoon once daily dissolved in 4-8 ounces of water for two weeks)

Follow-up here in two weeks to assess response to Miralax

Urology consult for further evaluation including, genital exam (per patient's request), renal and bladder ultrasound, and possible urodynamic studies.

CBC and CMP as part of annual physical and to screen for underlying issues

Vaccinations up to date