

Case Number 3:

Dysuria

Place of service: Office

Patient type: New

Visit type: Acute Visit

Chief complaint: Dysuria

History of present illness: 32-year old white married female from Florida visiting Maine who is 18 weeks pregnant (g1p0) and developed midline lower umbilical discomfort with dysuria earlier today which she thought represented an approaching UTI. She had a similar episode with full UTI two weeks ago.

No hematuria, contractions or vaginal bleeding. Quickening experienced within the last few days.

Past medical history: Allergies to penicillin.

Family history: Father: heart disease, diabetes.

Review of systems: The review of systems is negative for General, Prenatal, GU, CV, Resp, GI, Endo, Breast, MS, Derm, Neuro, Psych, Eyes, ENT, Allergy, and Heme.

Vital signs:

Patient profile: 32 year old female

Height: 66 inches.

Weight: 129 pounds.

Physical exam: Well-developed, well-nourished white female in no distress.

Abdomen is soft, consistent with 18 weeks size gestation. Umbilicus is normal. No patent urachus evidence. No CVA discomfort. No localizing tenderness suprapubically. UA is clear and WNL.

Scanning ultrasound reveals vertex presentation, full anterior placenta, normal cardiac activity (148), and fetal movement. Probable male infant.

Impression and recommendations:

Problem # 1: Dysuria, Pregnancy, First.

Urinalysis normal. No evidence of UTI at this time. Advised and reassured. Call if necessary while in Maine. Return to PCP in Florida.