

# Office Visit - Aug 08, 2024

with Brian R Bachmann at Northwest WA Family Med Kitsap

## Notes from Care Team

### Progress Notes

Brian R Bachmann at 8/8/2024 9:45 AM

Attestation signed by Matthew S Smith at 8/10/2024 8:44 PM

I have reviewed the resident's note, examined the patient, and agree with the findings and plan of care as documented unless otherwise specified. Electronically signed by Matthew S Smith, MD on 08/10/2024 at 8:43 PM.



**OUTPATIENT OFFICE VISIT**  
Date of Service: 08/08/2024

#### **Assessment and Plan:**

- 1. Positive pregnancy test**
- 2. Early pregnancy loss likely <2 weeks estimation by LMP: complete.**
- 3. History of multiple miscarriages**

G3P0030, with now failed early pregnancy. LMP July 1st 2024 with 10+ positive home pregnancy tests last Wednesday July 31st with now undetectable BHCG and vaginal bleeding which has since resolved. No concerns for continued vaginal bleeding and patient declined pelvic exam today.

- her husband has had sperm count and is normal range per Him.
- unsure of genetics assistance but it could be reasonable to see them
- OBGYN referral placed for fertility assistance with >1 year trial of pregnancy now.
- this may likely be 2/2 to her one functioning tube and hx of endometriosis.
- okay to see Pelvic PT for continued therapy.
- F/u Dr. Plyler in 4 weeks.

If worsening signs or other alarming symptoms we discussed, the patient was advised to follow up at the emergency room or to call 911.

	Latest Reference Range &	04/16/24 12:15	08/07/24 14:42
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	Units		
HCG Quantitative Serum	(See Comment) mIU/mL	<b>2,013 (H)</b>	<3

**(H):** Data is abnormally high

**TODAY'S ORDERS:**

**Orders**

- Ambulatory referral to Genetics
- Ambulatory referral to Obstetrics / Gynecology

Return in about 4 weeks (around 9/5/2024).

**HPI**

Emily V Velasquez is a 27 y.o. female G3P0 who presents for evaluation of amenorrhea, menstrual irregularity. She believes she could be pregnant. Pregnancy is desired. Sexual Activity: single partner, contraception: none. Current symptoms also include: positive home pregnancy test. Last period was normal, end 07/1/2024. Had 10+ positive home pregnancy tests last Wednesday and started having vaginal bleeding this weekend which resolved by Monday this week. Her last pregnancy test Sunday was a weak positive per patient.

She has had two prior miscarriages, one last year 2023 After her endometriosis/unilateral salpingectomy surgery and then 2nd 04/16/2024 at 8w1d. She is devastated and has been trying to conceive for 20 months now. She has seen fertility in the past which was somewhat helpful but she would like to see genetics to see if this contributes to it at all.

Problem

**History of Multiple Miscarriages  
Mast Cell Activation Syndrome (Hcc)**

2019 -

**TRYPTASE 2.2 - 13.2 ug/L 4.4**

Unclear diagnosis, see GI note in regards, has never had bone marrow biopsy or flow cytometry. Last tryptase was normal range. No skin manifestations. Only diagnosis by patient stating "singulair made things better."

On 08/08/2024, I reviewed the Medical, Labs, Vitals, Imaging, Medications and Allergies history pertinent to this encounter available for Ms. Velasquez in our Electronic Health Record.

**ROS:**

Pertinent ROS noted in HPI

**Objective:**

BP (P) 121/67 (BP Location: Right arm, Patient Position: Sitting, CUFF SIZE: Adult Long) | Pulse (P) 83 | Ht (P) 154.9 cm (5' 0.98") | Wt (P) 88.5 kg (195 lb) | SpO2 (P) 100% | BMI (P) 36.86 kg/m<sup>2</sup>

**Physical Exam**

Constitutional:

General: She is not in acute distress.

Appearance: Normal appearance. She is not ill-appearing.

HENT:

Head: Normocephalic and atraumatic.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time. Mental status is at baseline.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Thought Content: Thought content normal.

**declined GU exam.**

Electronically signed by Brian R Bachmann, DO on 8/8/2024 at 2:59 PM.

[Matthew S Smith at 8/8/2024 9:45 AM](#)

If the current miscarriage is the same pregnancy as the US from 4/16/2024. Then she is 22+3 today.

A miscarriage at this GA is a much bigger deal than the usual 1st Tri miscarriage - technically this would be considered a stillbirth rather than a miscarriage. Primary option in this case would be IOL either with her OB, Hospitalist, or our service.

If this is a different pregnancy at a younger GA then the options are our usual options:

- Natural miscarriage
- Medication Mgmt (Miso + Mife)
- Surgical Mgmt (D&C or vacuum aspiration)

Hope that is helpful.

Matthew S Smith, MD