

Villaruel, Jordan

Identifying Data

Date: 09 / 10 / 2022
Time: 10:00 AM
Location: AMZ Medical Services
Patient Name: F.R.
Sex: M
DOB: 03 / 22 / 1962
Informant: Patient
Reliability: Reliable

Chief Complaint

Neck lump x 2 months

HPI

F.R. is a 60-year-old male with a PMHx HTN, Type II DM, HLD and Myasthenia Gravis presents to the clinic with complaints of a neck lump x 2 months. Patient states the neck lump came on gradually and has been slowly growing. It is located on the back of the neck to the right side. He describes the mass as hard bump that is golf-ball sized, non-mobile, and slightly tender. The patient has not noticed any warmth of overlying skin or drainage from the area. He reports pain upon movement of his neck and says the lump is in the way. Patient denies any relieving factors. He has never had this before. Denies any fever, dizziness, pruritis, dysphagia, sore throat, hoarseness, recent infection, recent exposure to bug bites, recent trauma, or unexplained weight loss.

Past Medical History

Present Illnesses: HTN x 15 years
Type II DM x 12 years
Myasthenia Gravis x 8 years

Past Illnesses: COVID-19 6/2020

Immunizations: Up to date
COVID-19 vaccine x 3 doses - Pfizer

Screening Tests: Colonoscopy 2016 – negative

Hospitalizations: R sided paralysis secondary to Myasthenia Gravis 11/2015

Medications: Lisinopril 2.5 mg Tablet, Daily for HTN
Metoprolol Succinate 50 mg Tablet, Daily for HTN
Metformin 850 mg Tablet, Daily for DM
Atorvastatin 10 mg Tablet, Daily for HLD
Prednisone 10 mg Tablet, Daily for Myasthenia Gravis
Pyridostigmine 10 mg Tablet, Daily for Myasthenia Gravis

Allergies: No known allergies

Villaruel, Jordan

Past Surgical History

Surgeries: Left Knee Arthroscopy 2010

Transfusions: Denies

Family History

Mother: Deceased at 79 years old, Breast Cancer

Father: Deceased at 82 years old, Old Age

Son: Living at 30, Healthy

Son: Living at 26, Healthy

Social History

F.R. is a 60-year-old Guyanese male living in Queens with his family. He was previously employed by the DOT as a truck driver but is currently on worker's disability due to his Myasthenia Gravis.

Habits: Denies current and past smoking, alcohol use, tobacco use, marijuana use, and illicit drug use.

Diet: He claims to have balanced diet mostly consisting of vegetables and beef. Tries to minimize salt and sugar intake.

Exercise: Attempts to be active. Can ambulate 3 blocks before feeling short of breath or tired. Can climb 1 flights of stairs before feeling SOB or tired. This decrease in tolerance started since MG was diagnosed.

Sexual Activity: Not Currently

Review of Systems

Constitutional **Positive** for **fatigue** secondary to myasthenia gravis. **Negative** for activity change, weight loss, fever, chills, night sweats.

Skin / hair / nails **Negative** for changes in texture, excessive dryness, discolorations, redness pigmentations, ulcers, moles/rashes, pruritus, or changes in hair distribution.

Head **Negative** for dizziness, vertigo, mild headache, swelling, light-headedness, or recent head trauma.

Eyes **Positive** for **blurry vision** secondary to myasthenia gravis. **Negative** for diplopia, scotoma, eye fatigue, scotoma, halos, pruritus, lacrimation, photophobia, redness, or discharge.

Ears **Negative** for deafness, pain, discharge, tinnitus, hearing aid use.

Nose / Sinuses **Negative** for difficulty breathing, congestion rhinorrhea, discharge, epistaxis, nasal obstruction, trauma, pruritis, loss of smell.

Villaruel, Jordan

Mouth / Throat	Negative for sore throat/tounge, post nasal drip, bleeding gums, , mouth ulcers, voice changes, tooth pain, swelling, pain, dryness, loss of taste, or dentures.
Neck	See HPI. Positive for lump on right side of the posterior aspect of the neck. Negative for neck pain, stiffness, decreased range of motion, trauma, localized swelling, or adenopathy.
Pulmonary	Negative for cough, sputum production, SOB hemoptysis, wheezing, cyanosis, orthopnea, PND.
Cardiovascular	Negative chest pain, palpitations, irregular heartbeat, syncope, or known murmurs / arrhythmias, pain in calves, ulcers, extremity swelling.
Gastrointestinal	Negative for abdominal pain, nausea, vomiting, heartburn, pyrosis, dysphagia, unusual flatulence, eructations, diarrhea, jaundice, hemorrhoids, constipation, rectal bleeding.
Genitourinary	Negative for nocturia, urgency, frequency, hesitancy, polyuria, oliguria, dysuria, change in urine color, difficult urination, incontinence, hematuria, pyuria, dark brown urine, flank pain.
Nervous	See HPI. Positive for weakness secondary to myasthenia gravis. Negative for seizures, headaches, dizziness balance problems, loss of consciousness, numbness, paresthasias, dysesthasias, hyperesthesia, ataxia, loss of strength, change cognition / mental status, weakness, or tremors.
Musculoskeletal	See HPI. Positive for gait problem secondary to myasthenia gravis. Negative for chest pain, joint pain, back pain, falls, deformity, redness, restricted motion, joint swelling, gout.
Hematologic	Negative for anemia, easy bruising or bleeding, lymph node enlargement, blood transfusions, or history of DVT/PE.
Endocrine	Negative for polydipsia, polyuria, excessive sweating or flushing, polyphagia, heat or cold intolerance, goiters, or hirsutism.
Psychiatric	Negative for depression, anxiety, OCD, memory loss, mental disturbance, suicidal ideations, hallucinations, paranoias, or delusions.

Physical Exam

Vitals BP: 142/75 RA, Sitting – took meds in AM
RR: 18 breaths / min, unlabored
Pulse: 60 beats / min
O2 Sat: 94% Room air
Temp: 36.6 C oral
Height: 162 cm
Weight: 68 kg
BMI: 26.92 kg/m²

General	Alert, awake, not in acute distress. Appears to be well-developed and well-nourished.
Skin	Warm, moist, even texture, good turgor. No lesions, deformities, scars, tattoos. No cyanosis, nonicteric. No discoloration, rashes, moles, pigmentations, bruises, macules, papules. Non-diaphoretic. Bilateral skin temperature consistently warm on all extremities. Mass on neck – See Neck section
Hair	Unremarkable quantity, even distribution, texture is thick. No seborrhea, lice, nits, dandruff. No masses, lesions, deformities on scalp.
Head	Unremarkable symmetry. Normocephalic, atraumatic, non-tender throughout. No abnormal facies. No, lesions, mass, deformities, depressions. No swelling, edema, scars. No facial pain to palpation. No recent falls.
Nails	Capillary refill <2 seconds throughout upper and lower extremities. Appropriate shape, color for nails and nail beds. No lesions, clubbing, infection.
Eyes	No signs of lesions, masses, deformities, discharge. Symmetrical OU. No ptosis Sclera white, cornea and lens clear, conjunctiva pink without injection or discharge. No strabismus, exophthalmos, ptosis. No cataracts or scleral icterus. PERRL with no accommodation. EOMs not intact, delayed movements noted. No nystagmus.
Ears	Symmetrical. No lesions, masses, deformities, trauma, swelling on external ears. No discharge / foreign bodies in auditory canals AU. Appropriate amount of cerumen. No tenderness. Tympanic membrane pearly white/intact with light of reflex AU.
Nose / Sinus	Symmetrical. No lesions, masses, discharge, deformities, discoloration, erythema, ecchymosis. No tenderness, bogginess, trauma, or step off to palpation. Nares patent bilaterally. Nasal mucosa pink & well hydrated.
Mouth	Lips, mucosa, gums are pink, well hydrated, no cyanosis or lesions, swelling. No masses, lesions, scars. Palate is pink, well hydrated and intact. Tonsils are symmetric. Uvula midline. Hard and soft palette intact. Tongue is pink, well papillated. No masses, lesions, or deviations or injection. Oropharynx shows no erythema, masses, lesions, foreign bodies, discharge, exudates.
Neck	2-inch x 1-inch oval shaped mass noted on right side of the cervical spine and raised about 1 cm. Mass is tender, rubbery, and non-mobile with well circumscribed borders. Color and overlying texture is congruent with rest of skin. No fluctuance or induration. No erythema, warmth, ulcerations or skin changes noted. Limited ROM at neck upon extension due to presence of mass. No nuchal rigidity. Trachea midline rises well with swallowing. Symmetrical with no masses, lesions, scars or adenopathy. No abnormal pulsations noted, JVD, carotid thrills. Supple. No carotid bruits on auscultation.

Villaruel, Jordan

Thyroid	Not enlarged and non-tender. No palpable masses, nodules, irregularities, cysts, thyromegaly. No palpable lymphadenopathy.
Lungs	Pulmonary effort appears normal, no accessory muscle use. No stridor or respiratory distress. Chest expansion on respiration symmetrical and appropriate. No wheezes, diminished breath sounds. Clear to auscultation bilaterally. No signs of consolidation or fremitus. No tenderness.
Heart	Regular rate and rhythm. Auscultation revealed normal heart sounds - S1 and S2 are normal and distinct with no murmurs, friction rubs, or gallops heard. Neck supple. No JVD present. No abnormal pulsations noted. No heaves or thrills or lifts on palpation. PMI palpable in the 5 th intercostal space at midclavicular line. No chest wall tenderness.
Abdomen	Abdomen symmetric with no bruises, scars, varicosities, striae, lesions, masses, deformities, jaundice, ecchymosis, hernias, visible pulsations/peristalsis noted. Abdomen soft and non-distended. Bowel sounds normoactive in all 4 quadrants with no aortic / renal / femoral bruits. No guarding or rebounding noted. No presence of ascites. No hepatosplenomegaly to palpation. No CVA tenderness.
MSK	No soft tissue swelling, erythema, ecchymosis, atrophy, or deformities in bilateral lower and upper extremities. Uneven gait due to weaker R side from Myasthenia Gravis. Full active/passive ROM on L side extremities without rigidity or spasticity. Strength 5/5 throughout against resistance on L side extremities. Limited ROM on R side extremities secondary to weakness. Strength 3/5 throughout against resistance on R side extremities.
Neuro	Cranial + Peripheral
CN II	See Eyes section.
CN III, IV, VI	See Eyes section.
CN V	Face sensation intact bilaterally to light touch. Strong contraction of jaw muscles without fasciculations or atrophy.
CN VII	Facial expressions are symmetric and intact at rest and smile. No difficulty with BMP speech sounds. Strong eye muscle closure against resistance.
CN VIII	Not performed.
CN IX and X	No dysarthria. Uvula midline with elevation of soft palate. No difficulty swallowing. No hoarseness.
CN XI	Limited ROM at neck. Shoulder shrug against resistance stronger on L side than R side.
CN XII	Tongue midline without fasciculations or atrophy. Strong and symmetric tongue. No difficulty with LTND speech sounds.

Villaruel, Jordan

Motor **See MSK section for ROM and muscle strength.** No abnormal movements seen – no atrophy, tics, tremors, bradykinesia or fasciculation. No pronator drift and rapid finger taps bilaterally.

Cerebellar Coordination by point-to-point intact bilaterally. No dysmetria. No asterixis. **Gait assessment deferred due to patient safety.**

Sensory Intact to light touch and vibratory sense throughout. Proprioception intact bilaterally. **Romberg test unable to be performed due to unsteady gait.**

Reflexes Not performed.

Mental Status Alert and oriented to person, place, time, and situation. Intact language and speech. No depression or suicidal ideations.

Vascular Extremities are appropriate in color, size, temperature. Pulses are 2+ bilaterally in upper extremities and lower extremities. No edema noted. No calf tenderness bilaterally, equal in circumference. No palpable cords or varicose veins bilaterally. No bruits noted, clubbing, cyanosis, stasis changes or ulcerations. Extremities are warm and well-perfused.

Recent Labs

CBC

- WBC	9.34	09/08/2022
- HGB	13.5	09/08/2022
- HCT	42.0	09/08/2022
- Platelets	265	09/08/2022
- MCV	87.40	09/08/2022

BMP

- Sodium	141	09/08/2022
- Potassium	4.6	09/08/2022
- Chloride	106	09/08/2022
- CO2	24.0	09/08/2022
- Glucose	99	09/08/2022
- BUN	17	09/08/2022
- Creatine	0.80	09/08/2022
- eGFR	63	09/08/2022

CMP

- ALT	32	09/08/2022
- AST	15	09/08/2022
- ALK PHOS	103	09/08/2022

LIPID PANEL

- Triglyceride	144	09/08/2022
- Cholesterol	149	09/08/2022
- HDL	42	09/08/2022
- LDL	81	09/08/2022

HEMOGLOBIN A1C

- A1C	8.3 (H)	09/08/2022
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Imaging

CT Chest

06/02/2014

IMPRESSION:

- Micronodularity <1 cm of parenchyma in the anterior mediastinal fat.
- No evidence of calcifications and/or cystic/necrotic components
- No evidence of thymoma.

Problem List

1. Cervical neck mass
2. Myasthenia Gravis
3. HTN
4. Type II DM
5. HLD

Assessment/Plan

60-year-old male with a PMHx HTN, Type II DM, HLD, and Myasthenia Gravis presents to the clinic with a slow growing neck mass x 2 months. Physical exam is notable for a 2-inch x 1-inch raised mass noted on right side of the cervical spine. Mass is oval shaped, well-circumscribed, tender, rubbery, and non-mobile without erythema, warmth, fluctuance, or ulceration. Limited ROM of neck on extension. Any focal neurological deficits, such as muscle weakness, noted seem to be related to Myasthenia Gravis. Labs are unremarkable. The differential diagnosis ectopic thymoma vs. lipoma vs. lymphadenitis vs. epidermoid cyst vs. cutaneous abscess.

Differential Diagnoses

1. Ectopic thymoma (**most likely**)
 - **Likely** because given the significant hx of Myasthenia Gravis and lack of evidence for mediastinal thymoma upon initial diagnosis in 2014
 - PE positive for a 2-inch x 1-inch raised mass at the cervical spine, well-circumscribed, tender, rubbery, and non-mobile without erythema, warmth, fluctuance, or ulceration
2. Lipoma
 - PE positive for a 2-inch x 1-inch raised mass at the cervical spine, well-circumscribed, without erythema, warmth, fluctuance, or ulceration
 - No signs of infectious etiology
 - **Unlikely** because mass is non-mobile, hard, and tender
3. Lymphadenitis
 - PE positive for a 2-inch x 1-inch raised mass at the cervical spine, well-circumscribed, tender, rubbery, and non-mobile
 - **Unlikely** because mass is without erythema, warmth, fluctuance, or ulceration
4. Epidermoid cyst
 - PE positive for a 2-inch x 1-inch raised mass at the cervical spine, well-circumscribed, tender
 - **Unlikely** because mass is non-mobile, hard without erythema, warmth, fluctuance, or ulceration and with no punctum or drainage
5. Cutaneous Abscess (**least likely**)
 - PE positive for a 2-inch x 1-inch raised mass at the cervical spine, well-circumscribed, tender, rubbery, and non-mobile
 - **Unlikely** because mass is without erythema, warmth, fluctuance, or drainage. No signs of infectious etiology present

Villaruel, Jordan

Cervical Neck Mass

- Labs unremarkable
- Mass may be related to ectopic thymus gland given significant history of Myasthenia Gravis
- Likely non-infectious etiology

PLAN:

- ORDERED CT of Neck and Cervical Spine to r/o ectopic thymus gland abnormality and assess depth or impingement on any structures – contrast and. Of. Chest AOR
- Consider biopsy if imaging is suspicious
- Follow up with neurologist

Hypertension

- BP controlled today (142/75)

PLAN:

- Advised pt to monitor BP at home
- CONTINUE Lisinopril 2.5 mg daily
- CONTINUE Metoprolol Succinate 50 mg daily

Type II Diabetes Mellitus

- Uncontrolled as last Hemoglobin a1c is 8.3

PLAN:

- CONTINUE Metformin 850 mg Tablet, Daily for DM
- Discuss lifestyle modifications
- Follows with outside endocrinologist

Hyperlipidemia

- Lipid abnormalities are controlled
- Recent LDL and Triglyceride within normal limits

PLAN:

- CONTINUE Atorvastatin 10 mg daily

Myasthenia Gravis

- Clinically stable at this time
- No recent flare ups

PLAN:

- CONTINUE Prednisone 10 mg Tablet, Daily for Myasthenia Gravis
- CONTINUE Pyridostigmine 10 mg Tablet, Daily for Myasthenia Gravis
- Follow up with neurologist