REI CASE 2
Part A

Roxanne is a 25 year old who had one miscarriage last year. She has not had a menstrual cycle in 8 months.

PAST MEDICAL HISTORY	Meningitis in 1985
PAST SURGICAL HISTORY	D&C
OB/GYN HISTORY	One pregnancy 1 year ago, demise at 7 weeks, required D&C, see above for menstrual history. No history of STIs
FAMILY HISTORY	Mother with diabetes and hypothyroidism
SOCIAL HISTORY	The patient is in architecture. She is an intern.
HABITS	She eats a varied diet, no junk food. Does not exercise on a daily basis. Monday through Friday she is not doing very much. On the weekends she is hiking and walking around probably 3 to 4 hours a time. Denies tobacco and drug use. Drinks about 4 glasses of wine per week.
ALLERGIES	NO KNOWN DRUG ALLERGIES
CURRENT MEDICATIONS	None.
REVIEW OF SYSTEMS	Pertinent positives in HPI

PHYSICAL EXAMINATION: VITAL SIGNS: Weight: 102.7, height 63-3/4 inches
BP: 94/54. Pulse: 66. (BMI 17.8)

GENERAL	Well-developed, well-nourished, Caucasian female in NAD. The patient is very thin.
NECK	No thyromegaly
PULM	Good respiratory effort, no use of accessory muscles.
CV	Peripheral pulses are 2+, no cyanosis, clubbing or edema
Neuro/Psych	Oriented times three with a bright and reactive affect
SKIN	No rashes, burns or other skin lesions. No hirsutism
LYMPH	No cervical, axillary or inguinal lymphadenopathy.
ABDOMEN	Soft, nondistended, nontender, no masses, no hepatosplenomegaly, no hernia.
PELVIC	The patient has normal external female genitalia. Normal Bartholin's, Skene's, urethral meatus, and anus. Vagina is somewhat thin although it shows some estrogen effect. Cervix palpates as

	nulliparous. Bimanual exam reveals bladder and urethra to be nontender. Uterus is small, anteverted, deviated toward the right-hand side and nontender. No adnexal masses or tenderness

Case Questions:

1. What is this patients' differential diagnosis?
2. Are you concerned about anything in particular in her medical history or physical exam?
3. What tests will you order initially and why?