

REI CASE 3

Part A

Ms. Smith is a 28yo G0P0 presenting with a chief complaint of not becoming pregnant. She states that she and her husband have been sexually active without using contraception since they met 2.5 years ago. They are interested in attaining pregnancy.

PAST MEDICAL HISTORY	Asthma
PAST SURGICAL HISTORY	Bilateral foot surgery in August 2006
OB/GYN HISTORY	G0. She regularly menstruates. She is not using any birth control as in the history of present illness. She has no history of pelvic infections. Last Pap was earlier this year, was WNL, no history of abnormal PAPs.
FAMILY HISTORY	No breast cancer, ovarian cancer, colon cancer.
SOCIAL HISTORY	The patient is a medical assistant at Pioneer Square Clinic. She lives in Seattle with her husband.
HABITS	She eats a varied diet. She takes daily walks for 20 minutes at a time. She does not smoke, occasionally drinks alcohol, does not use any drugs.
ALLERGIES	VICODIN
CURRENT MEDICATIONS	Albuterol inhaler 1 puff per day. Advair inhaler 1 puff per day. Prenatal vitamins, 1 po per day.
REVIEW OF SYSTEMS	Pertinent positives in HPI

PHYSICAL EXAM:

VITAL SIGNS: Weight: 230.5 BP: 130/82. Height: 69.5 inches. Pulse: 84.

GENERAL	Well-developed, well-nourished, African American female in no apparent distress.
NECK	Supple, 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
LYMPH	No cervical, axillary or inguinal lymphadenopathy.
ABDOMEN	Soft, nondistended, nontender, no masses, no hepatosplenomegaly, no hernia.
BREASTS	No breast exam undertaken today as patient is up to date on her annual.
PELVIC	The patient has normal external female genital and normal Bartholin's, Skene's, urethral meatus and anus. Vagina is rugated and well estrogenized. Cervix palpates as nulliparous. Bimanual exam reveals bladder and urethra to be nontender. Uterus is anteverted, normal-sized, mobile and nontender. No adnexal masses or tenderness.

Case Questions:

1. What is your diagnosis? What are the possible etiologies?
2. What further evaluation would you perform?