Date of visit: May 10th, 2023

Full name: A.C
Address: unknown
Date of Birth: 8/14/1982
Location: NYC Health + Hospitals/Metropolitan, ENT clinic (outpatient)
Source of information: Self
Reliability: Reliable
Source of Referral: Self
Mode of Transport: Cab

S: 40-year-old female with a PMHx of DM2 (poorly controlled), HTN, HLD, and thyromegaly (left) presents today for revaluation of her gradually enlarging goiter (noticed about 3 years ago) of the left thyroid lobe. She had an ultrasound performed on 08/16/22, which showed an enlarged left thyroid mass measuring 4.5 x 3.6 x 6.0 cm. Thyroidectomy or FNA biopsy with continued surveillance was discussed with her. Patient decided against surgery due to not wanting to be on synthroid long-term. Patient had the US guided FNA biopsy on 12/13/2022, results were consistent with a benign nodular goiter. Today, the patient feels the goiter has been getting larger and would like to re-discuss treatment options; she is still hesitant about surgery. Reports constant shortness of breath, even at rest. Denies neck pain, chest pain, fever, chills, nausea, vomiting, headache, dizziness, or hoarseness of voice.

PMHx: DM2, Thyromegaly, HTN, HLD, Hyperthyroidism
PMSx: Cesarean section (2019), US guided needle biopsy of left thyroid nodule (2022)
Medications: Atorvastatin 20 mg tablet, Insulin Pen Needle, Metformin 500 mg tablet, Lisinopril 20 mg tablet, Metoprolol succinate ER 100 mg tablet
Allergies: none
SHx: non-smoker, no alcohol, no recreational drug use
FHx: mother (DM2)

ROS:
Denies fever, chills, nausea, vomiting, diarrhea, urinary urgency or frequency, dizziness, headache, or neck pain.
Reports shortness of breath (relieved by sitting down for a couple of minutes)

O:
Vitals: T: 98.5°F (36.9° C) oral | P: 65 BPM, regular | RR: 18 breaths/min, unlabored | BP: 130/70 mm hg | SpO2 100% room air | Weight: 130 lb (59 kg) | BMI: 28.24 kg/m^2

General: Alert, awake, and oriented x 3. In no acute distress. Appears her stated age.
Head: Normocephalic, atraumatic
Ears: external ear of left and right symmetric. No obvious lesions/masses/trauma on external ears.
Nose: symmetric; mucous membrane pink and moist. No masses, lesions, foreign bodies, congestion, or rhinorrhea.
Eyes: PERRLA and extraocular movements intact. Sclera white, cornea clear, conjunctiva pink.

Mouth/Pharynx: mucous membrane pink and moist. Uvula midline. Tonsils present with no injection or exudate. No masses, lesions, erythema or discharge.
Neck/Thyroid: neck supple, full ROM. + Thyromegaly - left anterior neck with mobile mass measuring 4.5 x 3.6 x 6.0 cm, mildly tender upon palpation. No lesions, scars, erythema, or crepitus present. No cervical lymphadenopathy palpable.
CV: RRR.
Pulmonology: **Does not appear short of breath in the clinic**. Pulmonary effort is normal at room air, no accessory muscle use. Chest expansion is symmetrical. No signs of wheezing, rhonchi, or stridor.
Extremities: moves all 4 extremities spontaneously. Warm to touch, pink, with no edema. Muscular strength 5/5.

Imaging:

Ultrasound thyroid (08/16/22)
IMPRESSION:

- Bilateral thyroid nodules with asymmetrical enlargement of the left thyroid gland. Right thyroid gland measures 1.4 x 1.3 x 5.3 cm. There is a slightly hypoechoic nodule within the superior right thyroid gland measuring 0.6 x 0.7 x 0.8 cm - intermediate suspicion. **Left thyroid mass is enlarged measuring 4.5 x 3.6 x 6.0 cm, meeting size criteria for biopsy.** Dominant partially cystic mixed echogenicity hypervascular thyroid mass measuring 4.5 x 3.6 x 6.0 cm. There is a peripheral focal calcification within the left thyroid mass.

Final report by ***

CT Soft Tissue Neck with Contrast (11/19/2022)
IMPRESSION:

1. **Enlarged left thyroid lobe, largely occupied by heterogeneously enhancing nodule, exerting mass effect upon adjacent structures; no level VI lymphadenopathy**
2. Nonspecific bilateral level I-V lymph nodes
3. Enlarged palatine and lingual tonsils, narrowing the pharyngeal airway; partial obscuration of right vallecula, probably due to retained secretions
4. Symmetrical enlargement of bilateral submandibular glands; mild prominence of bilateral submandibular gland ducts, right more pronounced than left, without radiopaque calculus.
5. Partial opacification of bilateral ethmoid air cells, including secondary to secretions, and other sinus findings as above.
6. Enlarged, partially empty sella
7. Cervical spine and imaged upper chest findings as above

Final report by ***

US guided FNA biopsy (12/13/2022)
Specimen submitted: Thyroid gland, left

Diagnosis:
BENIGN FINDINGS (category II).
Moderately cellular specimen consisting of groups of bland follicular cells and Hurthle cells in cohesive groups and microfollicles in a background of colloid and blood.
These findings are consistent with a nodular goiter.
The Bethesda System for Reporting Thyroid Cytopathology: implied Risk of Malignancy and Recommended.

Lab results:

Hemoglobin A1C (reported in EPIC)	
06/24/2022	11.6%
12/16/2021	9.8 %
10/15/2021	12.2%

Most recent POC glucose (04/07/2023): 238 mg/dL
Most recent blood glucose (04/06/2023): 161 mg/dL

A: A 40-year-old female with a PMHx of DM2 (poorly controlled), HTN, HLD, thyromegaly, and left nodular goiter presents today for revaluation for her goiter and to discuss treatment options. Diagnosis confirmed via FNA biopsy. As per the CT of neck soft tissue, no tracheal deviation due to the goiter at this time.

P:

- Risk, benefits, and alternatives discussed extensively with the patient about left hemithyroidectomy and possible complications if surgery is not performed. Patient verbalized understanding and would like to think about it.
- Discussed the importance of controlling her DM before surgery for optimal wound healing. Patient to receive medical clearance from her PCP if she decides to pursue surgery. Appointment with PCP on 06/06.
- Follow up with PCP for continued surveillance
- Return to Clinic in 1 month for possible surgical booking