

Results**PATHOLOGY (Order 127957936)****Collection Information**

Collected: 8/27/2014 11:54 AM

Specimen Type
Other, specify [35]Specimen Source
Foreign Body [652]**Entry Date**

8/28/2014

Component Results

Component

FINAL REPORT (Final)NORTHWEST ARKANSAS PATHOLOGY ASSOCIATES, P.A.
390 EAST LONGVIEW STREET, FAYETTEVILLE, AR 72703 (479) 442-0144

TISSUE REPORT

| | | | |
|-----------------|--|-----------------|---------------------|
| PATIENT: | Rojas, Ingrid M | ACCESSION NO: | SN14-23127 |
| MED REC #: | E1501344153 | SEX: | F |
| ENCOUNTER #: | 54587121 | DOB/AGE: | 9/13/1976 (Age: 37) |
| DATE COLLECTED: | 8/27/2014 | DATE RCV'D: | 8/27/2014 |
| LOCATION: | Mercy Outpatient Surgery - Highway 102 | | |
| | DATE REPORTED: | 8/28/2014 13:26 | |

Philip Woodworth, MD
 Mercy Clinic General Surgery -
 Horsebarn Road
 1001 Horsebarn Road
 Rogers, AR 72758

PREOPERATIVE DIAGNOSIS:

Foreign object left in body during procedure, initial encounter.

SPECIMEN(S) SUBMITTED:

A: Foreign body right abdomen, gross only

GROSS DESCRIPTION:

A. Received in formalin labeled with the patient's name, Ingrid M. Rojas, and "abdomen, foreign body" is a metallic clip or clamp which measures 1.5 x 0.2 x 0.3 cm. A small amount adherent tan tissue, 0.4cm, is present.

TJS/djh (GD: 8/27/14, GT: 8/27/14)

Gross examination performed at 390 E. Longview St., Fayetteville, AR 72703
 CLIA#04D0468675.

FINAL DIAGNOSIS:

A. FOREIGN OBJECT, RIGHT ABDOMEN, (GROSS EXAMINATION):
 METALLIC CLIP.

T.J. SIMMONS, MD/djh (GD: 8/27/14, GT: 8/27/14)

SNOMED CODES:

A: TY4100 (Abdomen, nos)

CPT: A 88300

Diagnosis rendered at: 390 E. Longview St., Fayetteville, AR 72703 CLIA#

Operative Report signed by Woodworth, Philip A, MD at 8/27/2014 11:46 AM

| | | | | | |
|---------|-------------------------|------------|--------------------|--------|------------------|
| Author: | Woodworth, Philip A, MD | Service: | (none) | Author | Physician |
| Filed: | 8/27/2014 11:46 AM | Note Time: | 8/27/2014 11:32 AM | Type: | Operative Report |

Pre-Operative Dx - Chronic RLQ Abdominal Pain
Foreign Body of RLQ Abdominal Wall

Post-Operative Dx - Same

Procedure - Diagnostic Laparoscopy with Lysis of Adhesions
Fluoroscopic Needle Localization of Foreign Body for extraction
Open Excision of Intra-Muscular Foreign Body

Surgeon - Philip Woodworth, MD

Anesthesia - General, 0.25% Marcaine with Epinephrine

EBL - Minimal

Specimen - Clip from tubal ligation for gross only

Findings - +midline omental adhesions in the lower belly
Clear identification of the metallic clip with complete removal

Procedure Details

The patient was taken to the operating room and after induction of anesthesia the abdomen was prepped and draped in a sterile fashion. Local anesthetic was injected prior to making all skin incisions. A direct visualization trocar was used to gain access to the peritoneal cavity in the infraumbilical position. Pneumoperitoneum was achieved. A 30 degree camera was advanced. An evaluation of the abdomen showed some omental adhesions in the lower midline. There was no evidence of the metallic clip in the RLQ. Fluoroscopy was then used to localize the metallic clip. A spinal needle was used to mark the location. Adjacent to the spinal needle an incision was made. Dissection was carried down to the fascia. The fascia was opened and the clip was identified within the belly of the muscle. It was removed intact and sent for gross pathologic evaluation. Another 5 mm trocar was placed in the RLQ. An evaluation of the abdomen was again performed. There were omental adhesions in the low midline. These were mobilized with blunt dissection. The pelvis was seen to be clear and free of scar tissue. An evaluation was made for hemostasis and this was noted. No enteric injuries were noted. Ports were removed under direct visualization as pneumoperitoneum was released. The muscle was again evaluated and seen to be clear. The fascia was closed with #0 Vicryl. The skin was closed with 4-0 monocryl. Steri strips and sterile dressings were applied and the patient having tolerated the procedure well was sent to the recovery room in stable condition.

Electronically signed by Woodworth, Philip A, MD at 8/27/2014 11:46 AM

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[8/27/2014 12:20 PM Peri-OP signed by Gracy, Kimberly D, RN](#)
[8/27/2014 11:46 AM Operative Report signed by Woodworth, Philip A, MD](#)
[8/27/2014 10:07 AM OR Anesthesia signed by Ludwig, Scott A, CRNA](#)
[8/27/2014 9:39 AM OR Anesthesia signed by Ludwig, Scott A, CRNA](#)
[8/27/2014 9:33 AM Care Plan signed by Byler, Ruth A, RN](#)
[8/27/2014 9:02 AM H&P signed by Woodworth, Philip A, MD](#)
[8/27/2014 7:25 AM Peri-OP signed by Dodson, Jo Ann, RN](#)

H&P signed by Woodworth, Philip A, MD at 8/27/2014 9:02 AM

| | | | | | |
|---------|-------------------------|----------|-------------------|--------|-----------|
| Author: | Woodworth, Philip A, MD | Service: | (none) | Author | Physician |
| Filed: | 8/27/2014 9:02 AM | Note | 8/27/2014 8:45 AM | Type: | H&P |
| | | Time: | | Note | |
| | | | | Type: | |

History & Physical

UPDATE - No interval Changes reported or identified. 8/27/2014

+Cardiac Clearance - Low risk stress test

CHIEF COMPLAINT - RLQ Abdominal Pain

HISTORY OF PRESENT ILLNESS - Ingrid M Rojas is a 37 y.o. female that presents as a Dr. Pappas consultation for evaluation of abdominal pain. Pain started in 2010. Having heavy menses. Had ovaries and uterus removed laparoscopically assisted in 2009. Has continued to have persistent pain. Located RLQ. Pain does radiate to the thigh. Pain described as cramping. Rated 10/10 at times. Had to go to the ER recently. Duration of pain is constant. No Nausea. No Emesis. +Fever. No Chills. No Anorexia. +previous episodes. Pain is worse with pressure.

Wet Prep- +clue cells.

CT Abd/Pelvis (5/16/2014)

Fatty infiltration of the liver.
 Post cholecystectomy.
 Post appendectomy. No acute intra-abdominal or acute intrapelvic abnormality identified.
 +foreign body of the RLQ Abdominal Wall (Tubal Clip)

ALLERGIES -

Allergies

| | |
|---------------|-----------|
| Allergen | Reactions |
| • Penicillins | Unknown |

MEDICATIONS -

No current facility-administered medications on file prior to encounter.

Current Outpatient Prescriptions on File Prior to Encounter

| Medication | Sig | Dispense | Refill |
|--|--|-----------|--------|
| • estradiol (CLIMARA) 0.1 mg/24 hr patch | Apply 1 Patch to skin as directed every 7 days. | 4 Patch | 12 |
| • atorvastatin (LIPITOR) 20 mg tablet | Take 1 Tab by mouth Daily LATE. | 30 Tab | 3 |
| • blood sugar diagnostic (ONE TOUCH VERIO) Strip | 1 Strip by See Admin Instructions route 4 times daily before meals and at bedtime. Dx:250.02 | 120 Strip | 11 |
| • lancets (ONE TOUCH DELICA LANCETS) 30 gauge | 1 Each by Misc.(Non-Drug; Combo Route) route 4 times daily. Dx:250.02 | 120 Each | 11 |
| • metFORMIN (GLUCOPHAGE) 1,000 mg tablet | Take 1 Tab by mouth 2 times daily with meals. | 60 Tab | 3 |
| • metroNIDAZOLE (FLAGYL) 500 mg tablet | Take 1 Tab by mouth 2 times daily. | 14 Tab | 0 |
| • hyoscyamine (LEVSIN) 0.125 mg tablet | Take 1 Tab by mouth every 4 hours as needed for Spasm (gastrointestinal). | 20 Tab | 0 |
| • LORazepam (ATIVAN) 1 mg tablet | Take 1 Tab by mouth every 6 hours as needed for Anxiety, Nausea/Emesis or Discomfort. | 15 Tab | 0 |

PAST MEDICAL HISTORY -

Past Medical History

| Diagnosis | Date |
|--|----------------------------|
| <ul style="list-style-type: none"> • Unspecified essential hypertension • Asthma • Fatty liver • Arthritis • Sterilization • Diabetes <li style="padding-left: 20px;"><i>Type 2</i> • Chest pain | <p>11/15/2007 2005</p> |

PAST SURGICAL HISTORY -

Past Surgical History

| Procedure | Laterality | Date |
|--|--------------|--|
| <ul style="list-style-type: none"> • Hx appendectomy • Hx tubal ligation • Hx cholecystectomy • Hx hernia repair • Hx hysterectomy • Hx salpingo-oophorectomy • Hx cesarean section | | <p>2010 2002 2009 2009 1994 & 2005</p> |
| <ul style="list-style-type: none"> <li style="padding-left: 20px;"><i>x 2</i> • Chg ercp,w/removal stone,bil/pancr ducts • Hx dilation and curettage <li style="padding-left: 20px;"><i>Removal of Ectopic Pregnancy</i> • Hx ovarian cyst removal <li style="padding-left: 20px;"><i>BENIGN</i> • Hx heart catheterization <li style="padding-left: 20px;"><i>no intervention, told one mild blockage</i> | <p>Right</p> | <p>2013 1999 2003 2013</p> |

SOCIAL HISTORY - reports that she has never smoked. She has never used smokeless tobacco. She reports that she does not drink alcohol or use illicit drugs.

FAMILY HISTORY - family history includes Diabetes in her mother; Healthy in her brother, daughter, sister, and son; Heart Disease in her maternal grandfather, maternal grandmother, paternal grandfather, paternal grandmother, and sisters; Hypertension in her sister; and Unknown in her father. There is no history of Breast Cancer, and Colon Cancer, and Ovarian Cancer, .

REVIEW OF SYSTEMS

GENERAL: +fevers, no chills.

CONSTITUTIONAL: No loss of appetite, No weight loss.

SKIN: No changing lesions, No jaundice.

EYES: +double vision, No scleral icterus.

NEUROLOGIC: No seizures, No loss of motor function.

ALLERGIES/IMMUNOLOGY: No seasonal allergies. No hepatitis, No HIV or AIDS.

BLOOD/LYMPHATICS: No bleeding problems, No enlarged lymph nodes.

CARDIAC: No chest pain, No crushing sensation, No palpitations.

RESPIRATORY: No cough. No bloody sputum, +Asthma, No shortness of breath, No Hoarseness

GASTROINTESTINAL: No heartburn, No problems swallowing, No nausea. No vomiting, No blood in stool, No black tar-like stool, No constipation

URINARY: No stinging. No burning, No blood, No frequency.

MUSCULOSKELETAL: No joint pain, No back pain.

PHYSICAL EXAMINATION

GENERAL: A well-developed female in no apparent distress.

SKIN: Normal tone. No jaundice.

HEAD: Normocephalic, atraumatic.

EYES: Conjugate gaze. No scleral icterus.

EARS, NOSE AND THROAT: Grossly within normal limits.

NECK: No adenopathy or jugular venous distention.

HEART: Regular rate and rhythm. No murmurs.

LUNGS: Clear to auscultation bilaterally. Good air movement.

EXTREMITIES: No focal structural or functional deficits.

VASCULAR: Radial pulses are 2+ and equal and capillary refill less than 2 seconds.

ABDOMEN: Soft. Nondistended. No palpable masses. +RLQ tenderness. No peritoneal signs.

IMPRESSION - Chronic RLQ Abdominal Pain

Foreign Body of RLQ (appears to be clip from prior tubal ligation)

PLAN - Diagnostic Laparoscopy

Needle Localization (Fluro) Excision of Abdominal Wall Foreign Body

DISCUSSION - The nature of pain was reviewed. Operative intervention reviewed. Risks of bleeding, infection, scars, recurrence reviewed. Patient understands and desires to proceed.

Electronically signed by Woodworth, Philip A, MD at 8/27/2014 9:02 AM

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8/27/2014 9:02 AM H&P signed by Woodworth, Philip A, MD

8/27/2014 7:25 AM Peri-OP signed by Dodson, Jo Ann, RN

Results **CT ABDOMEN PELVIS W CONTRAST (Accession M2359887) (Order 120170576)****CT ABDOMEN PELVIS W CONTRAST****Status: Final result**
5/27/2014 9:23 AM**Results****Patient Information**Patient Name
Rojas, Ingrid MSex
FemaleDOB
9/13/1976**Study Result**

Final

INTERPRETATION

PROCEDURE: CT abdomen with contrast, CT pelvis with contrast with sagittal and coronal reformation

DATE: 5/16/2014

HISTORY: Right lower quadrant pain, history of appendectomy.

TECHNIQUE AND FINDINGS: Following the uneventful administration of 100 cc Optiray-320, axial CT images were obtained from the domes of the diaphragm to the pubic symphysis with sagittal and coronal reformation.

FINDINGS:

The visualized lung bases are clear. The heart is normal in size. No pericardial effusion is identified. There is diffuse fatty infiltration of the liver. No focal hepatic defect identified. The gallbladder has been removed. The pancreas is unremarkable. The spleen is not enlarged. The adrenal glands are unremarkable. The kidneys enhance symmetrically. No solid renal cortical mass is seen.

The aorta is of normal caliber. No retroperitoneal lymphadenopathy identified. The urinary bladder is mildly distended with urine and grossly normal. The uterus has been removed. No adnexal mass is identified. No localized bowel wall thickening or inflammation identified.

IMPRESSION

IMPRESSION:

Fatty infiltration of the liver.

Post cholecystectomy.

Post appendectomy. No acute intra-abdominal or acute intrapelvic abnormality identified.

Electronically Signed By: Hedgecock, John K, MD on 5/27/2014 9:23 AM
Dictated by: HEDGECOCK, JOHN K, MD on Fri May 16, 2014 1:08:48 PM CDT
Transcribed: Fri May 16, 2014 1:14:58 PM CDT [SAI]

[Click here to view result](#)**Result History**

Results **XR CHEST PA AND LATERAL (Accession M2529542) (Order 126719599)****XR CHEST PA AND LATERAL**Status: Final result
8/25/2014 5:11 PM**Results****Patient Information**Patient Name
Rojas, Ingrid MSex
FemaleDOB
9/13/1976**Study Result**

Final

INTERPRETATION

PROCEDURE: XR CHEST PA AND LATERAL

REASON FOR STUDY: asthma(493.90)

PROCEDURE DATE: Aug 25, 2014 04:58:28 PM

FINDINGS: The cardiac silhouette is of normal size and the pulmonary vasculature is within normal limits. No focal consolidation, effusion, or pneumothorax is seen. There is no mediastinal widening.

IMPRESSION

IMPRESSION: Unremarkable exam of the chest.

Electronically Signed By: Hill, Phillip, MD on 8/25/2014 5:11 PM
Dictated by: HILL, PHILLIP, MD on Mon Aug 25, 2014 5:08:48 PM CDT[Click here to view result](#)**Associated Diagnoses****Unspecified Asthma****Result History**[Radiology Order Result History](#)**Imaging**[Imaging Questions and Documentation](#)**Reviewed by List**

Woodworth, Philip A, MD on 8/25/2014 7:32 PM

PACS Images[Show images for XR CHEST PA AND LATERAL](#)Reviewed On: 8/25/2014 By: Hsieh, Mei C,
RN**Allergies as of 8/25/2014**

| Allergen | Noted | Type | Reactions |
|-------------|------------|------|-----------|
| Penicillins | 06/23/2008 | | Unknown |

Future Appt[Future Appt](#)**Super Audit Trail**[Super Audit Trail](#)**Order****XR CHEST PA AND LATERAL [XR1059] (Order 126719599)**

Rojas, Ingrid M (MR # E1501344153) DOB: 09/13/1976

Ingrid M Rojas
9/9/2014 10:40 AM Office Visit

Department: **Mercy**
Clinic General Surgery
Horsebarn Road
Dept Phone: 479-273-
7700

Description: **Female**
DOB: 9/13/1976
Provider: **Philip**
Woodworth, MD

Summary of Your Visit

Why you were seen this visit

Foreign body in soft tissue

Your vitals were - Last Recorded

| BP | Pulse | Temp(Src) | Height | Weight | BMI |
|--------|-------------|------------------------------|--------|--------|------------|
| 111/75 | 90 | 97.6 °F (36.4 °C) (Temporal) | 5' 4" | 190 lb | 32.6 kg/m2 |
| SpO2 | Last Period | OB Status | | | |
| 98% | 04/10/2011 | Hysterectomy | | | |

You are allergic to the following

| Allergen | Reactions |
|--------------------|-----------|
| Penicillins | Unknown |

Medications

Based on the information you provided to us as well as any changes during this visit, the following is your updated medication list. It is important to keep your list updated regarding medications that are stopped, doses that are changed, or new medications (including Over the Counter) that are added. Please carry your current medication information with you at all times.

Your Current Medications Are

| Medication | |
|---|--|
| insulin detemir (LEVEMIR) 100 unit/mL Insulin Pen (Taking) | Inject 35 Units by subcutaneous injection daily at bedtime. Dx:250.02 |
| insulin lispro (HUMALOG) 100 unit/mL Insulin Pen (Taking) | Inject 28 Units by subcutaneous injection 3 times daily with meals. Dx:250.02 |
| acetaminophen (TYLENOL) 500 mg tablet (Taking) | Take 1,000 mg by mouth every 6 hours as needed. |
| ibuprofen (MOTRIN) 600 mg tablet (Taking) | Take 600 mg by mouth every 6 hours as needed for Pain, Mild. |
| estradiol (CLIMARA) 0.1 mg/24 hr patch (Taking) | Apply 1 Patch to skin as directed every 7 days. |
| metronIDAZOLE (FLAGYL) 500 mg tablet (Taking) | Take 1 Tab by mouth 2 times daily. |
| atorvastatin (LIPITOR) 20 mg tablet (Taking) | Take 1 Tab by mouth Daily LATE. |
| blood sugar diagnostic (ONE TOUCH VERIO) Strip (Taking) | 1 Strip by See Admin Instructions route 4 times daily before meals and at bedtime. Dx:250.02 |
| lancets (ONE TOUCH DELICA LANCETS) 30 gauge (Taking) | 1 Each by Misc.(Non-Drug; Combo Route) route 4 times daily. Dx:250.02 |
| metFORMIN (GLUCOPHAGE) 1,000 mg tablet (Taking) | Take 1 Tab by mouth 2 times daily with meals. |
| hyoscyamine (LEVSIN) 0.125 mg tablet (Taking) | Take 1 Tab by mouth every 4 hours as needed for Spasm (gastrointestinal). |
| LORazepam (ATIVAN) 1 mg tablet (Taking) | Take 1 Tab by mouth every 6 hours as needed for Anxiety, Nausea/Emesis or Discomfort. |

Visit Pharmacy

E*WAL-MART PHARMACY 1 - ROGERS, AR - 2110 WEST WALNUT