

Name: Trenton Hale Ashburn | DOB: 4/29/1978 | MRN: CEUL3223268 | PCP: John Edward Marquez, PA-C | Legal Name: Trenton Hale Ashburn

Note From Your Admission on 10/24/23

H&P by Elizabeth Brooke Spencer at 10/24/2023 7:39 AM

Interventional Radiology History and Physical

Patient Name: Trenton Hale Ashburn
Date of Birth: 4/29/1978
Medical Record #: CEUL3223268

Impression:

Iliac vein compression

Plan:

Venography and IVUS

Subjective

Chief complaint: Headaches post trauma

Trenton Hale Ashburn is a 45 y.o. male who presents for evaluation of pelvic venous disease. Pt with 2 cycling accidents resulting in headaches and possible eagle's syndrome. He also has low back pain incomplete bladder emptying and weak stream with negative urologic work-up. He does have small disc bulges L4-5 and L5-S1. CT shows severe left CIV compression laterally against the spine. An older CT looked less impressive for compression. There is a retro aortic left renal vein with probable compression. There are prominent perihilar veins but no gonadal vein enlargement.

He has symptoms of POTS and EDS as well. With cervical spine mild instability not warranting fusion and an has undergone tethered cord release.

He also complains of right upper extremity symptoms and has undergone angioplasty in the past. We discussed UE venogram with positional imaging and IVUS. We originally discussed provocative venography in the jugular, but after speaking with Dr Hui (an expert) he felt this needs to be done by a neuro IR with angiogram as well.

He underwent patch testing for metal allergy and was positive for Cobalt which is on Wall stent but not Abre which is nitinol. He was not allergic to Nickel or titanium.

We had a long conversation and he wants to proceed with diagnostic exam today and not place stent regardless of findings which is reasonable. He is scheduled for Eagle's surgery in late November.

LABORATORY DATA:

Results from last 7 days

Lab	Units	10/24/23 0740
WBC AUTO	10*3/ μ L	4.4

HEMOGLOBIN	g/dL	14.7
HEMATOCRIT	%	44.0
PLATELETS AUTO	10 ³ /μL	225

Results from last 7 days

Lab	Units	10/24/23 0740
SODIUM	mmol/L	142
POTASSIUM	mmol/L	3.6
CHLORIDE	mmol/L	111
CO2	mmol/L	25
BUN	mg/dL	15
CREATININE	mg/dL	1.15
EGFR	mL/min/1.73m ²	80.0
GLUCOSE	mg/dL	93
CALCIUM	mg/dL	8.3

Review of Systems

: Headaches still, better with massaging jugular veins

Objective

Allergies: Cobalt

Past Medical History:

Past Medical History:

Diagnosis

Date

- Asthma
- Cervical spine instability
- Eagle's syndrome
- Eczema
- Eczema
- EDS (Ehlers-Danlos syndrome)
- Fractures
- Head injury
- Headache
- POTS (postural orthostatic tachycardia syndrome)

Past Surgical History:

Past Surgical History:

Procedure

Laterality

Date

- CLAVICLE SURGERY
- KNEE SURGERY
- LASIK
- NOSE SURGERY
had csf leak (patched)
- SHOULDER SURGERY

Family History: family history includes Alcohol abuse in his sister; Hyperlipidemia in his father; Hypertension in his father; Osteoporosis in his mother.

Social History: reports that he has never smoked. He has never used smokeless tobacco. He reports that he does not drink alcohol and does not use drugs.

Prior to Admission medications

Medication

Sig

Start Date

End Date

Taking

Authorizing Provider

?

acyclovir (ZOVIRAX) 400 MG TK 1 T PO BID PRN 7/9/20 tablet

Historical Provider, MD

albuterol 90 mcg/actuation inhaler	Inhale 1-2 puffs by mouth every 6 (six) hours as needed for wheezing.	Historical Provider, MD
budesonide (Pulmicort Flexhaler) 90 mcg/actuation inhaler	INHALE 1 PUFF BY MOUTH TWICE DAILY. RINSE MOUTH AFTER USE	Historical Provider, MD
cholecalciferol, vitamin D3, 5,000 unit tablet	Take 5,000 Units by mouth.	Historical Provider, MD
fluticasone furoate-vilanterol (Breo Ellipta) 100-25 mcg/dose blister with device	Inhale by mouth daily.	Historical Provider, MD
hydroXYZine (ATARAX) 10 MG tablet	Take 10 mg by mouth every 8 hours as needed for itching.	Historical Provider, MD
magnesium 200 mg tablet	Take 143 mg by mouth.	Historical Provider, MD
montelukast (SINGULAIR) 10 mg tablet	Take 10 mg by mouth nightly.	Historical Provider, MD
predniSONE (DELTASONE) 50 MG tablet	TAKE 1 TABLET BY MOUTH 13 HOURS BEFORE 1 TABLET 7 HR BEFORE AND BRING 1 TO OFFICE PRIOR TO PROCEDURE	Historical Provider, MD
tadalafil (CIALIS) 10 MG tablet		Historical Provider, MD
traZODone (DESYREL) 50 MG tablet	Take 50 mg by mouth nightly.	Historical Provider, MD
vitamin K2 100 mcg capsule	daily.	Historical Provider, MD
Vyvanse 60 mg tablet, chewable	Chew 1 tablet daily. 6/1/23	Historical Provider, MD

There were no vitals taken for this visit.

General: Awake alert and oriented. Normal appearance for age.

Heart: Regular rate and rhythm, no murmur

Lungs: Clear to auscultation bilaterally

Other: LE; Small healed incision from prior angiogram right groin. No LE edema, pulses and motor and sensory function are intact. Well healed incision from plate and screw fixation of bilateral clavicles.

Elizabeth Brooke Spencer, MD
10/24/2023