





Northwestern's RMG Urology Outpatient Progress Note

Patient: Sumair Ahluwalia Provider: H. Collier

Wright

DOB: 8/20/2001 Location: Northwestern

Huntley/McHenry

MRN: 111015224046 Date of Service:

2/1/2023

Referring Provider: Referral, Self

PCP: Gavran, Monica E., MD

Reason for Consultation/Chief Complaint: Sumair Ahluwalia is a 21 y.o. male who is being seen at the request of Referral, Self for further evaluation and management of ED, low libido. The findings & recommendations will be communicated back to the referring phycision via the EMR (or fax).

HPI:

This is a 21 y.o. year old male who presents with ED, low libido In October 2022, he took topical finasteride to prevent hair loss and soon after experience penile pain/irritation. Went to ER for this and was told everything was normal Subsequently developed ED/low libido. No







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Recently saw his PCP who checked a PSA (0.26) and testosterone (263, drawn at 11 AM)

AUA SS: 0/35, QOL 0, SHIM: 1

PAST UROLOGIC HISTORY:

Denies

RELEVANT IMAGING:

I independently reviewed the relevant imaging, as noted in HPI





LABS/INVESTIGATIONS:

Labs reviewed:

TESTOSTERONE (ng/dL):263 (01/30/2023)

Lab Results

Component	Value	Date
PSA	0.26	01/30/2023

HISTORIES

Reviewed

PHYSICAL EXAMINATION:

Constitutional: No apparent distress; vitals: There were no vitals taken for this visit., There is no height or weight on file to calculate BMI.

GENERAL: No acute distress.

CHEST: Respirations non-labored

ABDOMEN: Non-distended, no guarding

GU: no suprapubic TTP, no suprapubic fullness

Testes: normal size and consistency bilaterally. no nodules. no tenderness

Penis/Urethra: uncircumcised phallus with







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ASESSMENT/PLAN

Sumair Ahluwalia is an 21 y.o. male who presents with:

1) low libido

Discussed with patient that post finasteride syndrome is a phenomenon that we fully do not understand or know how to treat

AΑ

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ASESSMENT/PLAN

Sumair Ahluwalia is an 21 y.o. male who presents with:

1) low libido

Discussed with patient that post finasteride syndrome is a phenomenon that we fully do not understand or know how to treat

Other etiologies could be due to side effects from his antianxiety/antidepressant -for this I recommend following up with psychiatrist to look for alternatives

We will screen for low T by checking an a.m. testosterone. If low, will repeat and check other hormone levels, and if confirmed level outpatient return to discuss options for TRT

2) organic ED

Likely related to his low libido

As a confidence boost, patient would like to proceed with low-dose Viagra to be taken on demand for erections

Educated patient on side effects such as muscle aches/pains. Also educated that if erection lasts longer than 3 hours he should probably go to the nearest emergency room as this is an emergency

Thank you for this consult.







this is an emergency

Thank you for this consult.

I reviewed notes from the patient's primary care provider and referring provider and their test results including: the CBC, UA, and chemistry panel PSA (1).

This note used Dragon technology.

Transcription errors are not uncommon and may not have been corrected prior to electronically signing the note. Should you find these errors, please consult the clinician for interpretation (or apply common sense adjustment when safe and appropriate).

H. Collier Wright IV, MD Northwestern Medicine RMG Urology 847-802-7090



Note to patient: The 21st Century Cures Act makes medical notes like these available to patients in the interest of transparency. However, be advised this is a medical document. It is intended as peer to peer communication. It is written in medical language, many times with voice-recognition

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