

Pathology report assignment



**ASSIGN
BUSTER**

The pain is primarily in the sacroiliac region and radiates into the buttock and lateral lower leg as far as the ankle. She has no numbness. Coughing and sneezing exacerbates her pain. She has to move around to get comfortable when lying down, but she is more comfortable lying down than in any other position. She is still working full-time, but is not doing the heavy lifting at this time. She has been going to a chiropractor for the last two months with no pain relief. She has taken Filler, Norfolk, Ethylene with codeine and Tylenol. All of these have failed to improve her symptoms.

She moves with great difficulty because of fatigue and malaise. VITAL SIGNS: Blood pressure 107/80. Heart rate 100 and regular. Respirations 22. HEENT: Unremarkable. No scalp lesions. Dry eyes with conjunctival injection. Mild exudates. Dry nasal mucosa. Marked cracking and bleeding of her lips with erosion of the mucosa. She has a large ulceration of the mucosa at the bite margin on the left. She has some scattered ulcerations on her hard and soft palate. She has difficulty opening her mouth because of pain. Tonsils not enlarged. No visible exudates.

SKIN: She has some mild rashes on her skin and some rather, she has some patches but no obvious skin breakdown. She had some fissuring in the buttocks crease. Clear to percussion and auscultation, bilaterally. No murmurs or gallops noted. ABDOMEN: Soft, non-tender, protuberant, no organomegaly, and positive bowel sounds. Cranial nerves II – XII are grossly intact, diffuse hyperplasia. Erosive destructive changes in elbows, wrist, and hands consistent with rheumatoid arthritis. Has had bilateral total knee replacements with stovepipe legs and remedial pitting edema 1+.