20549230-E

MasterId: 101314272
Phone: (619)746-1669

JONES, LEZLEY **MR#: 1309470**
DOB: 01/30/1966 59YR 3MO F
GSVFHC/ENDOCRINOLOGY PSR: NATALYMA
P: CHG PHP SPEC[99986023C] ENC: 20549230
Prov: ISLAM, JULIE RIZWANA PGM: PRSWL
Printed: 05/27/2025 2:13 PM DOS: 05/06/2025

FAMILY HEALTH CENTERS OF SAN DIEGO

Allergies:

Generic: iodine topical [Iodine USP],

Chief Complaint:

Follow-up: Follow Up; Biopsy Results

Vital Signs:

BP		T	P	R	WT		HT		BMI		BW	HC
131	86	98.1	65	20	260lbs 3oz 118.02 Kgs		65.00"		43.30			0.00

Other Data/Comments:

Subjective:

CHIEF COMPLAINT:

Date of Service: 05/06/2025

The patient is seen today for **follow-up** regarding:

__ Hyperthyroidism ---

__ Hypothyroidism ---

__ History of Thyroid Cancer

x Abnormal thyroid labs/ subclinical hyperthyroidism

HISTORY OF PRESENT ILLNESS:

The patient is a 59 Yrs 3 Mo Female seen today for Subclinical hyperthyroidism/ thyroid nodule

Clinical Summary:

This is a pleasant 58y/o woman who presents for evaluation of thyroid dysfunction. She was referred after she was found to have abnormal thyroid labs. She states she feels palpitations time to time. She also feels a bit hot. She was told that she needed to start medications but did not want to start. She had researched and had started an anti inflammatory diet. She feels a bit better and has lost weight.

TSH was normal- 0.2. She is doing a anti- inflammatory diet and feels much better.

No neck swelling, no ocular symptoms.

She denies any family history of autoimmune diseases

Past medical/surgical history: no history of thyroid disorder

Past Family history: mother: DM2 (Diabetes)

Social History : no history of substance abuse.

Medications/ Supplements: none

ROS:

Eye, otolaryngic endocrine, cardiovascular, pulmonary, gastrointestinal, genitourinary, musculoskeletal, skin, neurological, psychiatric review of systems are normal.

Patient History Entered on: 11/15/2023
Patient History: Obesity Hashimoto thyroiditis osa FIT in 12/2023

Family History: mother: DM2
OB/Gyn History: G6P3TAB2SAB1 menarche 12 LMP ?42 (Menopause) PAP in 5/30/2024 with negative HPV
Social History: denies t/a/d use no partner > 4 years
Surgical History: 3 csections

Objective:

Physical Exam:
Vitals stable, reviewed
HEENT: No thyromegaly, no bruit
Chest: clear breath sounds
Cardiac: S1, S2 regular rate and rhythm
Abdomen: Soft, bowel sounds +
Extremities: No LE edema
Neurological: No focal deficits; Equal strength in all extremities

Labs:

• 02/27/2025 - **T3, TOTAL[Portal]** : 119 - [76-181 ng/dL]
• 02/27/2025 - **TSH W/REFLEX TO FREE T4[Portal] : 0.22 - L** [0.35 - 4.94 uIU/mL]
• 02/27/2025 - **T4 (Thyroxine), Free[Portal] : 0.92** - [0.70 - 1.48 ng/dL]

Assessment/Plan:

58y/o woman with

1. Subclinical Hyperthyroidism: Graves' vs TMNG vs Thyroiditis

Allergic- iodine contrast- had anaphylaxis

TSH 0.22

was able to get pic of AFIRMA on her phone- states Benign.

2. Right thyroid nodule 3.8 cm TR 3

s/p FNA 4/23/25 AFIRMA benign

3.Morbid Obesity: BMI 42

spoke about GLP1.

She is very skeptical and wants to try with diet and lifestyle.

All questions were answered to patients satisfaction.

Thank you for allowing me to provide care for this patient.

Julie Islam, MD

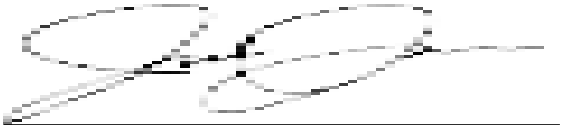
Diabetes and Endocrinology

Family Health Centers of San Diego

Active Problem List (Diagnosis)

Problem List	
	Subclinical hyperthyroidism

Other Orders	
No Diagnosis Code	Nursing
Nursing	Chief Complaint [Completed]
Nursing	Allergy [Completed]
Nursing	Vitals [Completed]
Follow Up	Follow up in 3 Month[s] for Routine
Template	Your Last Questions
Template	Prereg Demographics
Template	Core Screening
Template	Overdue Labs

Electronically signed by:  Date: 05/06/2025

(JULIE ISLAM [MD] License: A149552 NPI: 1750780516)

Allergies:

Generic: iodine topical [Iodine USP],

Chief Complaint:

Nurse Comments
Vitals : tele

Vital Signs:

BP		T	P	R	WT		HT		BMI		BW	HC
0	0	0.0	0	0			65.00"		0.00			0.00

Other Data/Comments:

Subjective:

Telemedicine Visit

Lezley Jones was contacted via **phone** for a telemedicine visit.

Two point verification of patient's identity completed. The patient's/parent's consent for a virtual visit was obtained at the start of this call. Patient /parent acknowledges the virtual visit (call or video) is an acceptable mode of delivery health care services.

Spoke with: **patient** Translator used: **No**

Concerns/health issues discussed:

CHIEF COMPLAINT:

Date of Service: 03/04/2025

The patient is seen today for **follow-up** regarding:

__ Hyperthyroidism ---

__ Hypothyroidism ---

__ History of Thyroid Cancer

x Abnormal thyroid labs/ Subclniical Hyperthyoroidism

HISTORY OF PRESENT ILLNESS:

The patient is a 59 Yrs 1 Mo Female seen today for SCH.

Clinical Summary:

This is a pleasant 58y/o woman who presents for evaluation of thyroid dysfunction. She was referred after she was found to have abnormal thyroid labs. She states she feels palpitations time to time. She also feels a bit hot. She was told that she needed to start medications but did not want to start. She had researched and had started an anti inflammatory diet. She feels a bit better and has lost weight.

TSH was normal- 0.2. She is doing a anti- inflammatory diet and feels much better.

No neck swelling, no ocular symptoms.

She denies any family history of autoimmune diseases

Past medical/surgical history: no history of thyroid disorder

Past Family history: mother: DM2 (Diabetes)

Social History : no history of substance abuse.

Medications/ Supplements: none

ROS:

Eye, otolaryngic endocrine, cardiovascular, pulmonary, gastrointestinal, genitourinary, musculoskeletal, skin, neurological, psychiatric review of systems are normal.

Patient History Entered on: 11/15/2023
Patient History: Obesity Hashimoto thyroiditis osa FIT in 12/2023

Family History: mother: DM2
OB/Gyn History: G6P3TAB2SAB1 menarche 12 LMP ?42 (Menopause) PAP in 5/30/2024 with negative HPV
Social History: denies t/a/d use no partner > 4 years
Surgical History: 3 csections

Objective:

Physical exam deferred

Labs reviewed:

• 02/27/2025 - **T3, TOTAL[Portal]** : 119 - [76-181 ng/dL]
• 02/27/2025 - **TSH W/REFLEX TO FREE T4[Portal] : 0.22 - L** [0.35 - 4.94 uIU/mL]
• 02/27/2025 - **T4 (Thyroxine), Free[Portal] : 0.92 -** [0.70 - 1.48 ng/dL]

10/28/2024 - **TRAb (TSH Receptor Binding Antibody)[Portal]** : 1.19 - [< OR = 2.00 IU/L]

• 10/28/2024 - **TSI (Thyroid Stimulating Immunoglobulin)[Portal]** : <89 - [<140 % baseline]

Imaging:

Assessment/Plan:

Follow-up: **3 Month(s)** as a __ Telemedicine call __ Clinic/office appointment or __ As needed/PRN

Informed patient that a follow-up call from the nursing staff will be coming shortly to review the visit.

Concerns/Problems addressed during telemedicine visit with plan of action:

58y/o woman with

1. Subclinical Hyperthyroidism: Graves' vs TMNG vs Thyroiditis

Allergic- iodine contrast- had anaphylaxis

2. Right thyroid nodule 3.8 cm TR 3

no symptoms of compression

Orders:

• **Labs** : TSH W/REFLEX TO FREE T4 [TST4206]
• **Labs** : T3, TOTAL [0000859]

• **Imaging** : Ultrasound-10005 : FINE NEEDLE ASPIRATION BIOPSY, ULTRASOUND GUIDANCE, 1ST LESION [Right]
Ultrasound-76942 : US BIOPSY THYROID CORE [Right]
(VERIFY AUTH REQUIREMENT) Consult, Interventional Radiology

'''

All questions were answered to patients satisfaction.

Thank you for allowing me to provide care for this patient.

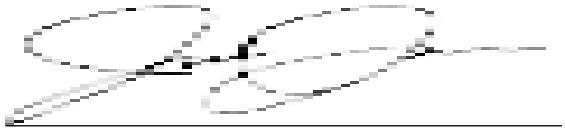
Julie Islam, MD

Diabetes and Endocrinology

Family Health Centers of San Diego

Active Problem List (Diagnosis)

Problem List	
	Screening for malignant neoplasm of colon
	Subclinical hyperthyroidism
	Thyroid nodule
Acute Diagnoses	
Z1211	Screening for malignant neoplasm of colon
Labs	OCCULT BLOOD, STOOL, IMMUNOCHEMICAL (Polymedco) - Fasting: No, Order Date: 03/04/2025, Draw Location: GROSSMONT/SPRING VALLEY FHC Draw Date: 03/08/2025
Z1211[275978004]	Nursing
Nursing	Log Dispensed Or Administered Medication [Completed] Instruction:FIT Kit
Chronic Diagnoses	
E0580	Subclinical hyperthyroidism
Labs	THYROID-STIMULATING HORMONE W/REFLEX TO FREE T4 - Fasting: No, Order Date: 05/26/2025, Draw Location: GROSSMONT/SPRING VALLEY FHC Draw Date: N/A
Labs	T3, TOTAL - Fasting: No, Order Date: 05/26/2025 Draw Date: N/A
E041	Thyroid nodule
Imaging	
Imaging	[UCSD INTERVENTIONAL RADIOLOGY]ConsultInterventional Radiology Reason:thyroid nodule bx with Afirma, Ultrasound - 10005 : FINE NEEDLE ASPIRATION BIOPSY, ULTRASOUND GUIDANCE, 1ST LESION [Right]
Imaging	[UCSD INTERVENTIONAL RADIOLOGY]ConsultInterventional Radiology Reason:thyroid nodule bx with Afirma, Ultrasound - 76942 : US BIOPSY THYROID CORE [Right]
Other Orders	
No Diagnosis Code	Nursing
Nursing	Allergy [Completed]
Nursing	Vitals [Completed]
Nursing	Patient Additional Info [Completed]
Patient Education	Colorectal Cancer Screening and Testing Guidelines - Eng
Follow Up	Follow up in 3 Month[s] for follow-up (recheck, med adjust)
Template	Consent And Authorization Form
Template	Substance Use
Template	Overdue Labs
Template	Cc Fit Overdue
Template	Adult Imms

Electronically signed by:  Date: 03/04/2025

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Allergies:

Generic: iodine topical [Iodine USP],

Chief Complaint:

Follow-up: Lab results

Nurse Comments

Vitals : no vitals telehealth

Vital Signs:

BP		T	P	R	WT		HT		BMI		BW	HC
0	0	0.0	0	0			65.00"		0.00			0.00

Other Data/Comments:

Subjective:

Telemedicine Visit

Lezley Jones was contacted via **phone** for a telemedicine visit.

Two point verification of patient's identity completed. The patient's/parent's consent for a virtual visit was obtained at the start of this call. Patient /parent acknowledges the virtual visit (call or video) is an acceptable mode of delivery health care services.

Spoke with: **patient** Translator used: **No**

Concerns/health issues discussed:

CHIEF COMPLAINT:

Date of Service: 12/03/2024

The patient is seen today for **follow-up** regarding:

__ Hyperthyroidism ---

__ Hypothyroidism ---

__ History of Thyroid Cancer

x Abnormal thyroid labs/ Subclinical Hyperthyroidism

Clinical Summary:

This is a pleasant 58y/o woman who presents for evaluation of thyroid dysfunction. She was referred after she was found to have abnormal thyroid labs. She states she feels palpitations time to time. She also feels a bit hot. She was told that she needed to start medications but did not want to start. She had researched and had started an anti inflammatory diet. She feels a bit better and has lost weight.

TSH was normal- 0.42. She is doing a anti- inflammatory diet and feels much better.

No neck swelling, no ocular symptoms.

She denies any family history of autoimmune diseases

Past medical/surgical history: no history of thyroid disorder

Past Family history: mother: DM2 (Diabetes)

Social History : no history of substance abuse.

Medications/ Supplements: none

ROS:

Eye, otolaryngic endocrine, cardiovascular, pulmonary, gastrointestinal, genitourinary, musculoskeletal, skin, neurological, psychiatric review of systems are normal.

Patient History Entered on: 11/15/2023
Patient History: Obesity Hashimoto thyroiditis osa FIT in 12/2023

Family History: mother: DM2
OB/Gyn History: G6P3TAB2SAB1 menarche 12 LMP ?42 (Menopause) PAP in 5/30/2024 with negative HPV
Social History: denies t/a/d use no partner > 4 years
Surgical History: 3 csections

Objective:

Physical exam deferred

Labs reviewed:

• 10/28/2024 - **TRAb (TSH Receptor Binding Antibody)[Portal]** : 1.19 - [< OR = 2.00 IU/L]

• 10/28/2024 - **TSI (Thyroid Stimulating Immunoglobulin)[Portal]** : <89 - [<140 % baseline]

• 10/28/2024 - **T3, TOTAL[Portal]** : 105 - [76-181 ng/dL]

• 10/28/2024 - **TSH W/REFLEX TO FREE T4[Portal] : 0.42 -** [0.35 - 4.94 uIU/mL]
• 10/28/2024 - **T4 (Thyroxine), Free[Portal] : 0.79 -** [0.70 - 1.48 ng/dL]

Assessment/Plan:

Follow-up: **3 Month(s)** as a __ Telemedicine call __ Clinic/office appointment or __ As needed/PRN

Informed patient that a follow-up call from the nursing staff will be coming shortly to review the visit.

Concerns/Problems addressed during telemedicine visit with plan of action:

58y/o woman with

1. Subclinical Hyperthyroidism: Graves' vs TMNG vs Thyroiditis

will send for labs and US.

Orders:

• **Imaging** : Nuclear Studies-78014 : THYROID UPTAKE W/ VASCULAR FLOW, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENTS
(PRE-AUTHORIZATION) [Referral Valid until 06/06/2025] CT Scan, thyroid uptake scan

All questions were answered to patients satisfaction.

Thank you for allowing me to provide care for this patient.

Julie Islam, MD

Diabetes and Endocrinology

Family Health Centers of San Diego

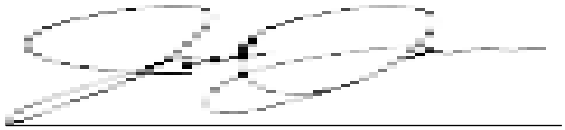
Active Problem List (Diagnosis)

Problem List	
	Subclinical hyperthyroidism
Chronic Diagnoses	
E0580	Subclinical hyperthyroidism
Labs	THYROID-STIMULATING HORMONE W/REFLEX TO FREE T4 - Fasting: No, Order Date: 12/03/2024, Draw Location: GROSSMONT/SPRING VALLEY FHC Draw Date: 02/27/2025
Labs	FREE THYROXINE - Fasting: No, Order Date: 12/03/2024 Draw Date: 02/27/2025
Labs	T3, TOTAL - Fasting: No, Order Date: 12/03/2024 Draw Date: 02/27/2025
Imaging	

Imaging	[SCRIPPS MERCY RADIOLOGY]CT Scanthyroid uptake scan, Nuclear Studies - 78014 : THYROID UPTAKE W/ VASCULAR FLOW, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENTS

Other Orders

No Diagnosis Code	Nursing
Nursing	Chief Complaint [Completed]
Nursing	Allergy [Completed]
Nursing	Vitals [Completed]
Nursing	Patient Additional Info [Completed]
Follow Up	Follow up in 3 Month[s] for Routine
Template	Consent And Authorization Form
Template	Overdue Labs
Template	Cc Fit/Fob Ordered
Template	Adult Imms
Template	Core Screening

Electronically signed by:  Date: 12/03/2024

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Allergies:

Generic: iodine topical [Iodine USP],

Chief Complaint:

, Thyrotox/Hyperthyroidism/Lymphocytic Thyroiditis - Hashimotos,

Nurse Comments

Vitals : pt states she has white coat syndrome* would like to recheck after seeing dr.

Vital Signs:

BP		T	P	R	WT		HT		BMI		BW	HC
142	84	98.7	71	20	261lbs 8oz 118.61 Kgs		65.00"		43.50			0.00

Other Data/Comments:

Subjective:

CHIEF COMPLAINT:

Date of Service: 10/08/2024

The patient is seen today for **follow-up** regarding:

__ Hyperthyroidism ---

__ Hypothyroidism ---

__ History of Thyroid Cancer

x Abnormal thyroid labs- Subclinical Hyperthyroidism

HISTORY OF PRESENT ILLNESS:

The patient is a 58 Yrs Female seen today for new consultation for subclinical hyperthyroidism

Clinical Summary:

This is a pleasant 58y/o woman who presents for evaluation of thyroid dysfunction. She was referred after she was found to have abnormal thyroid labs. She states she feels palpitations time to time. She also feels a bit hot. She was told that she needed to start medications but did not want to start. She had researched and had started an anti inflammatory diet. She feels a bit better and has lost weight.

TSH was 0.08 with normal FT4 1.08.

No neck swelling, no ocular symptoms.

She denies any family history of autoimmune diseases

Past medical/surgical history: no history of thyroid disorder

Past Family history: mother: DM2 (Diabetes)

Social History : no history of substance abuse.

Medications/ Supplements: none

ROS:

Eye, otolaryngic endocrine, cardiovascular, pulmonary, gastrointestinal, genitourinary, musculoskeletal, skin, neurological, psychiatric review of systems are normal.

Patient History Entered on: 11/15/2023
Patient History: Obesity Hashimoto thyroiditis osa FIT in 12/2023

Family History: mother: DM2
OB/Gyn History: G6P3TAB2SAB1 menarche 12 LMP ?42 (Menopause) PAP in 5/30/2024 with negative HPV
Social History: denies t/a/d use no partner > 4 years
Surgical History: 3 csections

Objective:

Physical Exam:
Vitals stable, reviewed
HEENT: No thyromegaly, no bruit
Chest: clear breath sounds
Cardiac: S1, S2 regular rate and rhythm
Abdomen: Soft, bowel sounds +
Extremities: No LE edema
Neurological: No focal deficits; Equal strength in all extremities

labs:

• 09/10/2024 - **TSH W/REFLEX TO FREE T4[Portal] : 0.08 - L** [0.35 - 4.94 uIU/mL]
• 09/10/2024 - **T4 (Thyroxine), Free[Portal] : 1.02 -** [0.70 - 1.48 ng/dL]
• 08/13/2024 - **T4 (Thyroxine), Free : 0.96 -** [0.70 - 1.48 ng/dL]
• 08/13/2024 - **TSH W/REFLEX TO FREE T4 : 0.08 - L** [0.35 - 4.94 uIU/mL]
• 07/19/2024 - **TSH W/REFLEX TO FREE T4 : 0.10 - L** [0.35 - 4.94 uIU/mL]
• 07/19/2024 - **T4 (Thyroxine), Free : 0.91 -** [0.70 - 1.48 ng/dL]

Assessment/Plan:

58y/o woman with

1. Subclinical Hyperthyroidism: Graves' vs TMNG vs Thyroiditis

will send for labs and US.

hold on methimazole for now until work-up is complete.

Orders:
• **Labs** : TSH W/REFLEX TO FREE T4 [TST4206]
• **Labs** : T4, FREE [TST3039]
• **Labs** : T3, TOTAL [0000859]
• **Labs** : TRAb (TSH Receptor Binding Antibody [0038683]
• **Labs** : TSI (THYROID STIMULATING IMMUNOGLOBULIN) [0030551]

• **Imaging** : Ultrasound-76536 : THYROID
(VERIFY AUTH REQUIREMENT) Consult,

All questions were answered to patients satisfaction.

Thank you for allowing me to provide care for this patient.

Julie Islam, MD

Diabetes and Endocrinology

Family Health Centers of San Diego

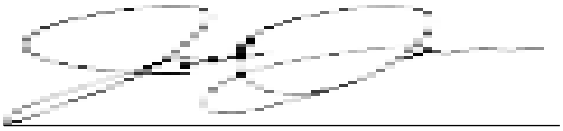
Active Problem List (Diagnosis)

Problem List	
	Alcohol consumption screening
	Screening for malignant neoplasm of colon
	Subclinical hyperthyroidism
Acute Diagnoses	
Z1211[275978004]	Nursing
Nursing	Log Dispensed Or Administered Medication [Completed] Instruction:FIT Kit
Chronic Diagnoses	
E0580	Subclinical hyperthyroidism
Imaging	

Imaging	[IHS RADIOLOGY MEDICAL GROUP INC. SD- ALVARADO CT.]Consult, Ultrasound Reason:Evaluation of thyroid due to hyperthyroidism. Please evaluate for goiter, focal nodules, Ultrasound - 76536 : THYROID
Labs	THYROID-STIMULATING HORMONE W/REFLEX TO FREE T4 - Fasting: No, Order Date: 10/08/2024, Draw Location: GROSSMONT/SPRING VALLEY FHC Draw Date: 10/28/2024
Labs	FREE THYROXINE - Fasting: No, Order Date: 10/08/2024 Draw Date: 10/28/2024
Labs	T3, TOTAL - Fasting: No, Order Date: 10/08/2024 Draw Date: 10/28/2024
Labs	TRAb (TSH Receptor Binding Antibody - Fasting: No, Order Date: 10/08/2024 Draw Date: 10/28/2024
Labs	TSI (THYROID STIMULATING IMMUNOGLOBULIN) - Fasting: No, Order Date: 10/08/2024 Draw Date: 10/28/2024

Other Orders

No Diagnosis Code	Nursing
Nursing	Chief Complaint [Completed]
Nursing	Allergy [Completed]
Nursing	Vitals [Completed]
Patient Education	Colorectal Cancer Screening and Testing Guidelines - Eng
Patient Education	etOH FHCSD Info - English
Follow Up	Follow up in 8 Week[s] for Lab results, medication adjustment & recheck Instruction. You should stop the medication, and return sooner, if you develop yellow eyes or pain in the right upper part of your abdomen.
Reminder	Walking or participating in moderate exercise at least 30 minutes per day for adults, and 60 minutes for children, five days per week can improve your overall health; please check with your healthcare provider before beginning any new exercise program. Eat healthier foods and do more physical activity throughout life, from infancy through adulthood, in order to prevent diseases that often result from obesity, such as diabetes and high blood pressure. For additional information please refer to http://www.everybodywalk.org/
Template	Cc Fit Due Soon
Template	Adult Imms
Template	Core Screening

Electronically signed by:  Date: 10/08/2024

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