

# Infectious Disease (ID) Consult Medical Transcription Sample Report

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**DATE OF CONSULTATION:** MM/DD/YYYY

**REFERRING PHYSICIAN:** John Doe, MD

**REASON FOR CONSULTATION:**

Evaluation and management of rash.

**HISTORY OF PRESENT ILLNESS:**

Thank you for this infectious disease consultation. The patient is a (XX)-year-old female who had a bout of pharyngitis about 5 weeks prior to admission. The pharyngitis appeared to persist, was given a dose of Biaxin which did not seem to help her too much. Later on, the patient started developing what appeared to be another type of pharyngeal reaction and possible recurrent infection. The patient was also given a course of antibiotics which consisted of Cipro. The patient then started noticing a nodular lesion occurring mostly over the hands and upper extremities bilaterally, as well as some involvement of both knees. This was accompanied by some slight arthralgias and also a complaint of swollen left toe along with increasing tenderness over one of the plantar areas of the foot. The patient did not have any noticeable fevers that were documented; however, did feel hot and continued to complain of some night sweats which has been ongoing, and at this point, still remains diaphoretic. Also has had some weight loss over the last few weeks or so with a poor appetite secondary to pharyngitis. The sore throat has resolved actually to a large degree at this time. No other symptoms. No diarrhea. No nausea. No vomiting. Did not have any chest pain or shortness of breath. No other HEENT symptoms other than the pharyngitis mentioned above. Full 10 points reviewed with the patient are negative other than as mentioned above.

**PAST MEDICAL HISTORY:**

Otherwise, unremarkable. Does have some mild hypertension and anxiety.

**MEDICATIONS:**

Medication list has been reviewed. Has been on Effexor and lisinopril, more recently on the

antibiotics mentioned above. Was given a dose of vancomycin in the ED.

**ALLERGIES:**

No known allergies.

**SOCIAL HISTORY:**

Does not use any tobacco, alcohol or drugs. No recent travel abroad. The patient does not have any pets at home. No recent camping. Does not have HIV risk factors. No history of injection drug use.

**PHYSICAL EXAMINATION:**

GENERAL: The patient is alert and oriented, in no acute distress. Does appear anxious and is diaphoretic.

VITAL SIGNS: Temperature 97.6, blood pressure 136/78, respirations 21, heart rate 80.

HEENT: Normal. Normocephalic and atraumatic. Pupils are equal and reactive. Oropharynx is clear without any lesions. There is no thrush.

NECK: Supple without lymphadenopathy.

HEART: Regular rate and rhythm without any murmurs.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Soft, nontender, nondistended. The inguinal area is normal.

EXTREMITIES: Lower extremities are without cyanosis, clubbing or edema.

SKIN: Examination shows a torso and back that is free of any lesions. However, the upper extremities bilaterally from the hand to halfway up the forearm does reveal areas of scattered nodules with central umbilical depression. The central area appears to be slightly necrotic or possibly having some sort of small eschar.

There are probably about dozen or so nodules bilaterally on the upper extremities. The lower extremity nodules are a little bit more diffuse and are less present, but they appear in small areas over the knees bilaterally. Over the lower extremity, plantar area of the left foot, there is a slightly erythematous nodule that is over the plantar aspect and slightly tender to palpation.

This is right below the first metatarsal of the left foot. Skin is quite warm and moist.

NEUROLOGIC: Grossly nonfocal.

### LABORATORY DATA:

White count was initially elevated with a white count of 14.4. It was predominantly neutrophilic. Currently, the white count is normal. Sed rate is extremely high at 106. UA is normal. Blood cultures have been drawn and are negative. ASO titers are negative.

### IMPRESSION:

1. Acute pharyngitis.
2. Multiple nodule lesions with central umbilication and eschar, which resemble erythema nodosum.
3. Elevated sed rate.

### MEDICAL DECISION MAKING:

The differential is still broad in this case and it is difficult to make a determination just based on morphology alone. The differential remains broad and includes bacterial pathogens, fungal and viral pathogens. Extensive orders have been written and include Bartonella, Chlamydia, Mycoplasma, staphylococci, crypto, blasto, histo, CMV and EBV among others. Probably, we will not be able to get a diagnosis through serology alone and a biopsy will be necessary.

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### RECOMMENDATIONS:

1. We would check HIV status. We will also check a viral load in case this is an acute HIV syndrome.
2. We will check the RPR.
3. Chlamydia titers.
4. Histo, cocci, blasto and cryptococcal titers. All the orders have been written.
5. We will start the patient on doxycycline IV.
6. The patient needs a dermatology evaluation.

Thank you, Dr. Doe, for allowing me to participate in this patient's care. We will follow along with you.

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