

Performance Overview for Natalya Kleyfeld on case Perry Soloman



The following table summarizes your performance on each section of the case, whether you completed that section or not.

Time spent: 2hr 32min 40sec
Status: Submitted

Case Section	Status	Your Score	Time spent	Performance Details
Total Score		98%		
History	Done	100%	24min 39sec	61 questions asked, 17 correct, 0 missed relative to the case's list
Physical exams	Done	95%	22min 59sec	170 exams performed, 33 correct, 2 partially correct, 0 missed relative to the case's list, 0 harmful to patient
Key findings organization	Done		11sec	20 findings listed; 15 listed by the case
Problem Statement	Done		5min 1sec	69 words long; the case's was 81 words
Tests	Done		16sec	0 tests ordered, NaN correct, harmful to patient, missed relative to the case's list
Diagnosis	Done	100%	5sec	
Management Plan	Done		33min 53sec	587 words long; the case's was 310 words
Exercises	Done	100% (of scored items only)	2min 14sec	1 of 1 correct (of scored items only)

Attempt: 3944017

Report generated on 6/9/2026, 10:35:30 AM America/New_York

History Notecard by Natalya Kleyfeld on case Perry Soloman



Use this to collect your thoughts to develop a differential diagnosis list.

Step 1: Write symptoms (**Sx**) you have identified in the appropriate column and row.

Step 2: Characterize the symptoms using "**OLDCARTS**" (ie., **O**nset, **L**ocation, **C**haracteristics...etc) in the HPI section.

Step 3: Record your thoughts in the space labeled "**What this means**". Is the disease acute or chronic? Infectious or other?...

Timing/treatments

Hx Categories		Sx=	Sx=	Sx=	Sx=	Sx=	Sx=
CC	Provided						
	How can I help you?						
	Any other symptoms?						
HPI	Onset/events						
	Location						
	Duration						
	Characteristics						
	Aggravating						
	Relieving						
	Severity						
What this means							

Problem Statement by Natalya Kleyfeld on case Perry Soloman



Perry Solomon 26 y/o with history of 10 year headaches presents with complaint of Unilateral throbbing intermittent headaches 8/10 that preceeds upto 15 hours with associated symptoms or visual disturbances, photophobia and nausea/vomiting. Headaches come and go over the last few weeks. Patient reports or stree with school and work. Consuming american diet with cheezits and chocolate. Drinking 2-3 glasses of wine weekly. Physical exam with all normal findings.

Attempt: 3944017

Report generated on 6/9/2026, 10:35:30 AM America/New_York

Management Plan by Natalya Kleyfeld on case Perry Soloman

Perry Soloman 26y/o female with 10 year history of headaches who presentse with worsening unilateral headache over the past few months. Headaches are intermitent with pain 2-3/10 to 8/10/10 on a pain scale that last upto 15 hours. Patient also experiences visual disturbances such as spotty vision, photophobia and zigzag flashing lights. During headaches patient experiences nausea and vomiting. She also reports increased stress from graduate school and working part-time. She denies recent head trauma, fever, weakness or numbness. Patient denies dizziness, tingling or seizures. Reports unilateral headache behind left eye with visual disturbances. All other systems reviewed and negative.

Patient is Alert and Oriented x 4 in no acute distress. Head normocephalic, PERRLA, EOMI intact. CN II-XII intact. Stength 5/5 throughout all muscle function. Sensation intact. No focal neurologic deficits noted. Regular rate and rhythm wihtout any murmurs or extra heart beats. Respirations equal and normal, lungs clear bilaterally. No dianostics tests needed at this time.

Plan:

Sumatriptan (Imitrex) 50 mg Tablets -Take 1 tablet by mouth at the onset of migraine headache. May repeat 1 dose after 2 hours if symptoms persist. Maximum dose: 200 mg in 24 hours

Ondansetron (Zofran ODT) 4 mg orally disintegrating tablets - Dissolve 1 tablet on tongue every 8 hours as needed for nausea or vomiting.

Current migraine management guidelines and recent research support the treatment regimen (Puledda et al., 2024). For the acute treatment of moderate-to-severe migraine attacks, triptans like sumatriptan are advised. They work best when given early in the headache. Identifying and avoiding migraine triggers, staying properly hydrated, maintaining excellent sleep hygiene, and keeping a headache journal to track symptom patterns and treatment efficacy are all supported by current research (Alsaadi et al., 2024). In order to lessen migraine-related impairment and avoid medication-related complications, recent guidelines place a strong emphasis on patient education regarding trigger management and the proper use of medications.

Education:

- Take sumatriptan as soon as the migraine begins for best effectiveness.
- Do not exceed 200 mg of sumatriptan in a 24-hour period.
- Common side effects of sumatriptan include dizziness, flushing, tingling sensations, fatigue, and chest or neck pressure. Seek immediate medical attention for severe chest pain, shortness of breath, or signs of stroke.
- Avoid taking triptans with other migraine medications containing ergotamine.
- Keep a headache diary and document headache frequency, duration, severity, triggers, and medication use.
- Avoid identified triggers such as red wine, chocolate, processed foods, skipped meals, dehydration, and sleep deprivation.
- Maintain regular sleep habits, adequate hydration, routine exercise, and stress-management techniques.
- Use ondansetron as needed for nausea and vomiting. Common side effects include headache, constipation, and dizziness.
- Seek emergency care for a sudden "worst headache of your life," new neurologic symptoms, confusion, vision loss, weakness, or headache following trauma.

Follow up: Follow up in 4-6 weeks to assess treatment response. If migraines occur more than 4 days per month or continue to increase in frequency, discuss preventive therapy such as propranolol, topiramate, or CGRP-targeted therapy.

References:

Alsaadi, T., Kayed, D. M., Al-Madani, A., Hassan, A. M., Krieger, D., Riachi, N., Sarathchandran, P., & Al-Rukn, S. (2024). Acute treatment of migraine: Expert consensus statements from the United Arab Emirates (UAE). *Neurology and Therapy*, 13(2), 257-281. https://pmc.ncbi.nlm.nih.gov/articles/PMC10951165/?utm_source=chatgpt.com

Puledda, F., Sacco, S., Diener, H. C., Ashina, M., Al-Khazali, H. M., Ashina, S., Burstein, R., Liebler, E., Cipriani, A., Chu, M. K., Cocores, A., Dodd-Glover, F., Ekizoğlu, E., Garcia-Azorin, D., Göbel, C., Goicochea, M. T., Hassan, A., Hirata, K., Hoffmann, J., ... Tassorelli, C. (2024). International Headache Society global practice recommendations for the acute pharmacological treatment of migraine. *Cephalalgia*, 44(8), Article 03331024241252666. <https://doi.org/10.1177/03331024241252666>

Electronic Health Record by Natalya Kleyfeld on case Perry Soloman



History of Present Illness

Category	Data entered by Natalya Kleyfeld
Reason for Encounter	Bad headaches over a few months
History of present illness	Perry Soloman 26y/o females student who also works part time waitressing. Presents with complaint of bad headaches over the past few months that start of with 2-3 on a pain scale and go up to 8-10 and last for upto 15 hours with presents of visual disturbances and nausea/vomiting. Reports 10 year headache history. Took Acetamenophen and Ibuprofen for headache and Benadryl to help with sleep. Reports mother has headaches as well. Quiet and darkness helps.

Past Medical History

Category	Data entered by Natalya Kleyfeld
Past Medical History	Headaches for 10 years
Hospitalizations / Surgeries	Denies any hospitalizations. Reports Dental fillings in the past

Medications

Category	Data entered by Natalya Kleyfeld
Medications	Acetamenophen and Ibuprofen OTC for headaches, and Benadryl for sleep.

Allergies

Category	Data entered by Natalya Kleyfeld
Allergies	No known allergies

Preventive Health

Category	Data entered by Natalya Kleyfeld
Preventive health	Immunizations up to date for school, with COVID and Influenza vaccines.

Family History

Category	Data entered by Natalya Kleyfeld
Family History	No children, Unknown father history. Mother is living with existing similar headaches.

Social History

Category	Data entered by Natalya Kleyfeld
Social History	Denies smoking or vaping, Drinks 2-3 glassess of red wine a week. Goes to college while working part time waitressing which causes some stress. Past recreational use of marijuana. American diet with some chocolate and cheezits for snacks.

Review of Systems

Category	Data entered by Natalya Kleyfeld
General	Alert and oriented, does not appear to be in any distress
Integumentary / Breast	Denies any rashes or skin changes
HEENT / Neck	C/o of headaches with severity from 2-3 to 8-10 that last upto 15 hours, denies head trauma or injuries, reports visual disturbances such as photophobia, spotty vision and zigzag flashing lights.
Cardiovascular	Denies chest pain/tightness or palpitations
Respiratory	Denies shortness or breath or chest pain
Gastrointestinal	Nausea/vomiting with headaches. Diet consists of American diet and occasional chocolate and cheezits.
Genitourinary	Denies pain with urination, Reports normal menstrual cycle. Denies abnormal menstruation.
Musculoskeletal	Denies muscle pain or cramping
Allergic / Immunologic	Denies any known allergies
Endocrine	Denies changes with urination.
Hematologic / Lymphatic	Denies any bruising or bleeding
Neurologic	Alert, Reports intermittent headaches that go from 2-3 to 8-10 on a pain scale that last up to 15 hours with visual disturbances, nausea/vomiting. Difficulty focusing or working during symptoms. Relieved by darkness, quiet and sleep. Denies dizziness, numbness, tingling or seizures.
Psychiatric	Denies feeling hopeless, down or depressed.

Physical Exams

Category	Data entered by Natalya Kleyfeld
General	Perry Solomon 26 y/o female Alert and Oriented seated on table. No distress noted
Skin	Skin warm, dry and intact, without any lesions or rashes present. Skin turgor snaps back rapidly. Nails without ridging, putting or peeling.
HEENT / Neck	<p>HEAD/FACE: Facial symmetric with skin intact. Head normocephalic, midline with no deformities.</p> <p>EARS: Auricles symmetric with no deformities, External canals no erythema or drainage bilaterally, with tympanic membranes pearly grey, translucent with visible cone of light. Pinna and Tragus with no palpable masses, nodules or lesions.</p> <p>EYES: Visual Acuity 20/20 bilateral, PERRLA, conjunctiva pink with no discharge, sclera white and clear. Extraocular conjugal gaze intact, smooth, with no nystagmus. Red reflex bilaterally, optic disks sharp upon fundoscopic exam. CN II, III, IV, VI, intact.</p> <p>NOSE: Midline, intact, no deformities. Nasal mucosa and turbinates pink and moist with no drainage, swelling or obstructions bilaterally. Septum midline. Frontal and Maxillary sinuses are non-tender bilaterally.</p> <p>MOUTH: Lips pink and moist no lesions. No dental decay, gums pink moist, no swelling. Buccal mucosa pink and moist without lesions bilaterally. Floor of mouth intact without lesions. Soft and hard palate intact, pink and moist without lesions. Tongue midline, pharynx without erythema or exudates. Tonsils without exudates. CN X and XII intact, good uvula rise with phonation and moves tongue midline with no deviations.</p> <p>THROAT/NECK: Neck midline with no deformities. Trachea midline. Thyroid rises smoothly with no palpable masses or nodules. Carotid pulses are +2 bilaterally without any bruits. Active ROM of neck is intact with flexion, extension, lateral flexion and rotation without pain or limitations. No pain with cervical compression/Spurling test. Negative Brudzinski and Kernig sign.</p>
Cardiovascular	Heart rate and rhythm normal, S1 and S2 sounds present. No murmurs, gallops or extra beats noted. JVP less than 3cm above sternum. PMI is quarter sized, brisk, and tapping. No swelling or edema on bilateral lower extremities noted.
Chest / Respiratory	Good respirations with even rise and fall. Lung sounds clear bilaterally with no rales, crackles, or rhonchi. No abnormal movement. No tenderness, masses, thrills or crepitus palpated. All fields resonant upon percussion.
Abdomen	Abdomen is soft, non-distended without any masses, or visible pulsations. Bowel sounds are normoactive and present in all four quadrants. Liver 8cm at midclavicular line with edge palpable just below margin. Spleen not palpable.
Genitourinary / Rectal	Inguinal lymph nodes are non-tender, pea sized and soft bilaterally.
Musculoskeletal / Osteopathic Structural Examination	Full Active ROM flexion, extension, lateral flexion and rotation of the spine. ROM of Bilateral Upper extremities and Lower extremities painless without limitations with flexion, extension, abduction and adduction, internal and external rotation. 5/5 strength in bicep/tricep, hand grip, knees, ankles bilaterally.
Neurologic	Steady gait with appropriate arm swing. Smooth coordinated movements with cerebellar coordination rapid tests. Negative Romberg sign without swaying or drifting. Attention intact, 3/3 registration recalls. MMSE 30/30. Negative Brudzinski and Kernig sign. Sensation to light touch intact bilaterally.
Psychiatric	Behavioral functions show no significant signs of mental disorder. Emotional and cognitive are appropriate.
Lymphatic	Lymph nodes are non-palpable without any enlargement. Cervical lymph nodes are mobile, non-tender, pea sized and soft bilaterally. Thyroid without enlargements with smooth movement.