1 PATIENT INFORMATION

1 PATIENT DETAILS

NAME
Aaliyah N. Okafor

DOB
05/19/1999

AGE/SEX
27 / Female

MRN / PATIENT ID
ANO-7702418

DATE OF SERVICE
11/04/2026

PROVIDER
Catherine Liu

CREDENTIALS
MD (Rheumatology, Lupus Clinic)

VISIT TYPE
Flare Evaluation — kidney biopsy review

CARE SETTING
Outpatient — Rheumatology Clinic (Lupus Clinic)

PRIMARY CARE PROVIDER, IF APPLICABLE
Jamal Price, NP

REFERRING PROVIDER, IF APPLICABLE
Established patient

INTERPRETER USED, IF APPLICABLE
Not required

CC CHIEF COMPLAINT

2 PRIMARY CONCERN

"My ankles and face have been puffy for a month, my urine is foamy, and the rash came back after my beach trip. I want to know what the kidney biopsy showed and whether I can still try for a baby next year."

S SUBJECTIVE

3 PATIENT-REPORTED HISTORY

3a PRESENTATION & FLARE

Reason for Lupus / Connective Tissue Disorder Evaluation:

Flare assessment in established SLE with new kidney involvement: biopsy review and induction therapy.

History of Present Illness:

SLE diagnosed 2021 (malar rash, arthritis, leukopenia, ANA 1:1280, anti-dsDNA and anti-Smith positive). Stable on hydroxychloroquine with occasional low-dose prednisone. Missed hydroxychloroquine on and off this summer (ran out for 6 weeks). Beach vacation in August. Since late September: edema, foamy urine, rash flare, joint pain. Routine labs 10/14: UPCR 2.8 g/g, active sediment, low complements. Kidney biopsy 10/24/2026.

Disease Activity / Flare Symptoms:

Flaring — kidney, skin, joints, and blood counts. Triggers: sun exposure and the hydroxychloroquine gap. Started prednisone 40 mg on 10/24 after the biopsy — joints and rash already better. Last flare was 2023 (arthritis).

Constitutional Symptoms:

Fatigue. Gained 3 kg (fluid). Low-grade fevers in early October, now gone.

Musculoskeletal Symptoms:

Hand and wrist pain with 1 h morning stiffness in October — much better on prednisone. Avoiding NSAIDs (kidney).

Skin / Photosensitivity Symptoms:

Malar rash returned after sun exposure; fading on steroids. Diffuse hair shedding. No discoid lesions.

Mucosal Symptoms:

Painless ulcer on the hard palate (noticed by her dentist). No dryness.

Raynaud / Vascular Symptoms:

Mild Raynaud in winter (white-blue), no ulcers. No thrombosis or pregnancy loss. Antiphospholipid antibodies negative (2021, rechecked 10/2026).

Sicca Symptoms:

None.

3b ORGAN-SYSTEM REVIEW

Cardiopulmonary Symptoms:

Ankle and eyelid swelling. Brief pleuritic left chest pain in early October that resolved. No dyspnea.

Renal / Urinary Symptoms:

Foamy urine, edema, new hypertension (home 140s/90s). No visible blood. First kidney involvement. Biopsy 10/24/2026 — results today. Co-managed with nephrology (Dr. Ramos).

Neurologic / Psychiatric Symptoms:

Mild headaches with high BP. No seizures, cognitive changes, or psychosis. Anxious about the biopsy and fertility; sleeping poorly on steroids.

Gastrointestinal Symptoms:

Mild heartburn on prednisone.

Hematologic Symptoms:

Known leukopenia during flares. No bleeding. Tender small neck nodes in October.

3c TREATMENT & BACKGROUND

Medication History and Response:

Hydroxychloroquine 300 mg daily (5 mg/kg) — restarted 10/14 after the gap. Prednisone 40 mg daily since 10/24. Methotrexate 2023 for arthritis — stopped (nausea). Levonorgestrel IUD (placed 2024). Copay card for belimumab possible; commercial insurance.

Hydroxychloroquine Safety History:

5 years of use. Baseline eye exam 2021; OCT + visual fields 2025 normal. Dose 300 mg = 4.6 mg/kg (weight 65 kg). Reduced kidney function needs dose watching. No visual symptoms.

Immunosuppression / Infection Risk:

No current infection. QuantiFERON, hepatitis B/C, and HIV negative (10/2026). Influenza and COVID-19 vaccines 10/2026. HPV series complete. Pneumococcal vaccine due.

Pregnancy / Reproductive Considerations, if applicable:

Not pregnant (urine hCG negative today). Married; hopes to conceive in 2027–28. IUD in place. SSA and SSB negative. aPL negative. Mycophenolate requires reliable contraception and REMS — IUD fits; no pregnancy for at least 6 months after stopping.

Past Autoimmune and Medical History:

SLE (2021) — skin, joints, blood, now kidney. No APS, ILD, or PH. Otherwise healthy.

Family History:

Maternal aunt — lupus. Mother — Graves disease.

Social / Occupational History:

Graduate student (public health). Sun exposure on holiday; inconsistent sunscreen. Never smoker. Rare alcohol. Supportive husband. Hydroxychloroquine gap was due to a pharmacy and insurance change.

Pertinent Negatives:

No fever now, dyspnea, vision loss, seizure, focal deficit, digital ischemia, or visible blood in urine.

ROS LUPUS & CONNECTIVE TISSUE DISORDERS REVIEW OF SYSTEMS

4 PERTINENT POSITIVES & NEGATIVES

Fatigue, fever, weight loss, night sweats, malaise, or appetite change
Positive — fatigue; earlier low-grade fevers.

Joint pain, swelling, morning stiffness, muscle pain, proximal weakness, or functional limitation
Positive — hand and wrist arthritis, improving.

Photosensitivity, malar rash, discoid rash, alopecia, skin thickening, telangiectasias, ulcers, or Raynaud symptoms
Positive — malar rash, hair shedding, mild Raynaud.

Oral ulcers, nasal ulcers, dry eyes, dry mouth, dental issues, or parotid swelling
Positive — palatal ulcer.

Chest pain, pleuritic pain, dyspnea, cough, palpitations, edema, syncope, or pulmonary hypertension symptoms
Positive — edema; pleuritic pain resolved.

Hematuria, foamy urine, edema, hypertension, or decreased urine output
Positive — foamy urine, edema, hypertension.

Headache, seizure, cognitive change, neuropathy, weakness, numbness, or stroke-like symptoms
Mild headache only.

Abdominal pain, reflux, dysphagia, diarrhea, blood in stool, or liver symptoms
Mild reflux.

Easy bruising, bleeding, thrombosis symptoms, pregnancy loss history, or anticoagulation concerns
Negative.

Medication side effects, infection symptoms, immunosuppression concerns, or adherence barriers
Positive — steroid insomnia; prior adherence gap.

O OBJECTIVE

5 ORGAN-SYSTEM EXAMINATION

5a VITALS

TEMPERATURE	BLOOD PRESSURE	HEART RATE
98.4 °F	**148/94 mmHg**	**86 bpm**
RESPIRATORY RATE	OXYGEN SATURATION	HEIGHT

14 /min	99% RA	165 cm
WEIGHT	**BMI**	**PAIN SCORE, IF APPLICABLE**
65.2 kg (baseline 62)	23.9	2/10

5b EXAMINATION

General Appearance:

Well-appearing, mildly puffy face. No distress.

Head / Eyes / Ears / Nose / Throat:

Painless 6 mm erythematous ulcer on the hard palate. Puffy eyelids. No scleritis. Normal salivary pool.

Neck:

Small (1 cm) mobile, non-tender cervical nodes on both sides. Thyroid normal.

Cardiovascular:

Regular; no rub or murmur. 2+ pitting ankle edema. No JVD. Fingers warm, no ischemia.

Pulmonary:

Clear; no rub or effusion.

Abdomen:

Soft, non-tender. Biopsy site (L flank) healed.

Musculoskeletal:

Mild tenderness at both 2nd and 3rd MCPs; no synovial swelling today. No deformity. Strength 5/5.

Skin:

Faint malar erythema sparing the nasolabial folds. Diffuse non-scarring hair thinning. No discoid lesions, vasculitis, or digital ulcers.

Neurologic:

Normal.

Psychiatric:

Anxious, tearful when discussing fertility. Cognition intact. No safety concerns.

DA DISEASE ACTIVITY / ORGAN INVOLVEMENT ASSESSMENT

6 ACTIVITY BY ORGAN

CURRENT DIAGNOSIS OR SUSPECTED DIAGNOSIS

SLE with new ISN/RPS class IV-G (A) lupus nephritis

ACTIVE ORGAN SYSTEMS INVOLVED	**FLARE STATUS**
Kidney, skin, mucosa, joints, blood	Major flare
DISEASE SEVERITY	**FUNCTIONAL LIMITATIONS**
Severe (organ-threatening — kidney)	Fatigue; studies reduced
PATIENT GLOBAL ASSESSMENT WHEN AVAILABLE	**PROVIDER GLOBAL ASSESSMENT WHEN AVAILABLE**
6/10	2.2/3 (PGA)
CUTANEOUS ACTIVITY	**MUSCULOSKELETAL ACTIVITY**
Malar rash, alopecia, oral ulcer	Arthralgia; synovitis resolved on steroids
RENAL ACTIVITY	**HEMATOLOGIC ACTIVITY**
UPCR 2.8, active sediment, eGFR 82	Leukopenia (WBC 3.1), lymphopenia

SEROSITIS ACTIVITY

Recent pleuritic pain, now resolved

NEUROPSYCHIATRIC INVOLVEMENT

None

CARDIOPULMONARY INVOLVEMENT

None on exam

VASCULAR OR RAYNAUD-RELATED COMPLICATIONS

Mild Raynaud, no ulcers

ACTIVE INFLAMMATION VERSUS CHRONIC DAMAGE

Mostly active (activity 12/24, chronicity 2/12)

COMPARISON TO PRIOR DISEASE ACTIVITY

SLEDAI-2K 2 (04/2026) → 20 now

MM MEDICATION / IMMUNOSUPPRESSION MONITORING

7 SAFETY REVIEW

CURRENT IMMUNOSUPPRESSIVE, IMMUNOMODULATORY, BIOLOGIC, STEROID, ANTICOAGULANT, VASODILATOR, OR SUPPORTIVE MEDICATIONS

Hydroxychloroquine 300 mg; prednisone 40 mg

DOSE, ROUTE, FREQUENCY, AND ADHERENCE

Oral daily; adherent since 10/14

TREATMENT RESPONSE AND RESIDUAL SYMPTOMS

Skin and joints improving; kidney active

SIDE EFFECTS OR TOXICITY SYMPTOMS

Insomnia, reflux

INFECTION HISTORY AND MEDICATION HOLDS

None

LAB MONITORING STATUS

CBC, CMP, UA, UPCR, C3/C4, dsDNA 10/31

HYDROXYCHLOROQUINE EYE SCREENING STATUS

Normal 2025; next 2026 (due now — 5 years)

TB, HEPATITIS, HIV, OR OTHER SCREENING WHEN RELEVANT

Negative 10/2026

VACCINE STATUS AND COUNSELING

PCV21 today; Shingrix before belimumab

PREGNANCY INTENTIONS, CONTRACEPTION, OR LACTATION CONSIDERATIONS WHEN RELEVANT

IUD; pregnancy deferred until 6 months of quiet disease

BONE PROTECTION FOR CHRONIC STEROID USE WHEN APPLICABLE

Calcium + vitamin D; DEXA not routine at 27

RENAL DOSING CONSIDERATIONS

eGFR 82 — no adjustment yet

PERIOPERATIVE MEDICATION GUIDANCE WHEN APPLICABLE

Not applicable

REFILL NEEDS, INSURANCE ISSUES, AND MEDICATION ACCESS BARRIERS

90-day mail-order hydroxychloroquine; belimumab prior authorization

ST SCREENING / ASSESSMENT TOOLS

8 SCORES & INTERPRETATION

SLEDAI-2K 20: proteinuria 4, urinary casts 4, hematuria 4, rash 2, alopecia 2, oral ulcer 2, low complement 2, high dsDNA 2, leukopenia 1 (prior pleurisy not counted). Was 2 in 04/2026. BILAG renal A, mucocutaneous B. LLDAS: not met. PGA

2.2/3. HAQ-DI 0.5. FACIT-Fatigue 30. Pain 2/10. PHQ-9 9, GAD-7 11 (moderate anxiety). Adherence: 6-week gap this summer — now on mail-order with reminders. FRAX not applicable at 27.

L LABORATORY AND DIAGNOSTIC RESULTS

9 REVIEWED & ORDERED

Autoimmune Serologies:

ANA 1:1280 homogeneous. Anti-dsDNA 340 IU/mL (was 45). Anti-Smith positive. RNP positive. SSA and SSB negative. Lupus anticoagulant, anticardiolipin, and β2GP1 negative (10/2026).

Disease Activity Labs:

C3 52 (low), C4 6 (low). ESR 64. CRP 4. WBC 3.1, lymphocytes 0.7, Hb 11.2, platelets 168.

Medication Monitoring Labs:

AST/ALT normal. Albumin 2.9. LDL 168 (nephrotic-range lipids). Urine hCG negative today. Glucose 118.

Renal Evaluation:

Cr 0.98 (baseline 0.72), eGFR 82. UPCR 2.8 g/g (10/14) → 3.1 g/g (10/31). Sediment: dysmorphic RBCs, RBC casts. Kidney biopsy 10/24/2026: ISN/RPS class IV-G (A) — diffuse global proliferative GN with 3/28 cellular crescents; full-house immunofluorescence; subendothelial deposits on EM. Activity index 12/24, chronicity 2/12. Renal ultrasound normal.

Hematologic Evaluation:

Leukopenia with lymphopenia. Direct Coombs negative; LDH and haptoglobin normal (no hemolysis). Coagulation normal. aPL negative.

Cardiopulmonary Testing:

EKG normal. CXR: no effusion. Echo 2024 normal — repeat not needed now.

Ophthalmology / Sicca Testing:

OCT and 10-2 visual fields 2025 normal. Annual screen due — referral placed.

Imaging:

Hand X-rays 2023: no erosions. Renal ultrasound as above.

Pathology / Biopsy:

Kidney biopsy as above. No skin biopsy needed.

Prior Records Reviewed:

Lupus clinic notes 2021–2026, nephrology biopsy note, pathology report, ophthalmology 2025, OB-GYN IUD note 2024, pharmacy refill history.

A ASSESSMENT

10 LUPUS INTERPRETATION

1) SLE with high disease activity (SLEDAI-2K 20) and new biopsy-proven ISN/RPS class IV-G (A) lupus nephritis, plus skin, mucosal, joint, and blood involvement. 2) Differential: thrombotic microangiopathy or APS nephropathy (aPL negative, no TMA on biopsy); drug-induced lupus (no culprit drug). Both excluded. 3) Organ-threatening kidney disease. High activity index (12) with low chronicity (2) means it is largely reversible with prompt induction. Kidney function is preserved (eGFR 82), with nephrotic-range proteinuria (UPCR 3.1). 4) Triggers: a 6-week hydroxychloroquine gap and summer sun exposure. 5) Induction choice: mycophenolate (target 2–3 g/day) + belimumab (BLISS-LN), with a quick steroid taper. Low-dose IV cyclophosphamide was not chosen, to protect her fertility. Calcineurin-inhibitor triple therapy is an alternative if response is slow. 6) Pregnancy: defer conception until at least 6 months of quiet nephritis, with medications switched to pregnancy-compatible options (azathioprine + hydroxychloroquine). MFM preconception visit later. 7) Cardiovascular and metabolic: new hypertension and nephrotic lipids — start ACE inhibitor (with IUD contraception) and a statin. 8) Infection

risk: moderate-high on combined immunosuppression; vaccinate.

P PLAN

11 MANAGEMENT BY PROBLEM & ORGAN SYSTEM

Diagnostic plan,

CBC, CMP, UA, and UPCR every 2 weeks ×8 weeks, then monthly. C3, C4, and dsDNA monthly. Lipids in 3 months. Repeat kidney biopsy only if response is poor at 6–12 months.

Disease-specific treatment plan,

Start mycophenolate mofetil 500 mg BID ×1 week, 1,000 mg BID ×1 week, then 1,500 mg BID. Belimumab 10 mg/kg IV at weeks 0, 2, and 4, then every 4 weeks (first infusion 11/11). Continue hydroxychloroquine 300 mg daily.

Flare management plan,

Prednisone 40 mg ×2 weeks, then lower by 5 mg weekly to 20 mg, then by 2.5 mg every 2 weeks to 5 mg by month 4–6. Call for rising swelling, falling urine output, or a fever.

Renal plan,

Lisinopril 10 mg daily (stop if pregnancy is planned). BP target below 130/80. Furosemide 20 mg daily for edema. Sodium below 2 g/day. Goals: UPCR below 0.7 by 12 months, stable eGFR. Nephrology co-management (visit in 2 weeks).

Cutaneous/photosensitivity plan,

Broad-spectrum SPF 50+ every day, re-applied; sun-protective clothing. Topical tacrolimus 0.1% to the malar rash as needed. Hair loss should recover with disease control.

Musculoskeletal plan,

No NSAIDs (kidney). Arthritis covered by steroids and mycophenolate. Gentle exercise.

Raynaud/vascular plan,

Warm gloves and layering. Amlodipine only if Raynaud worsens (BP now handled by ACE inhibitor). aPL negative — no anticoagulation.

Sicca/Sjögren plan,

Not applicable. Palatal ulcer expected to heal; saline rinses.

Pulmonary/cardiac plan,

Monitor for pleuritis or pericarditis symptoms. Start atorvastatin 10 mg (nephrotic lipids, lupus cardiovascular risk); recheck once proteinuria is in remission.

Medication monitoring plan,

Mycophenolate REMS enrollment done; IUD satisfies the contraception requirement. Ophthalmology screen this year. Mail-order 90-day supplies with app reminders. Belimumab prior authorization submitted.

Steroid-sparing and bone protection plan,

Taper as above; belimumab and mycophenolate are the steroid-sparing base. Calcium 1,000 mg/day total + vitamin D3 1,000 IU daily. Pantoprazole 20 mg while on more than 20 mg prednisone. Glucose check with labs. PJP prophylaxis not routinely needed at this regimen (reassess if lymphocytes fall below 0.5).

Pregnancy/reproductive plan,

Keep IUD. Target pregnancy only after at least 6 months of quiet nephritis on pregnancy-compatible medications: switch mycophenolate → azathioprine at least 3 months before trying, stop lisinopril, and pause belimumab under discussion. Continue hydroxychloroquine. Low-dose aspirin from 12 weeks in pregnancy. MFM preconception visit when in remission. aPL and SSA/SSB negative — reassuring.

Lifestyle and supportive care plan,

Sun protection as above. Morning steroid dosing; sleep hygiene. Behavioral health referral for anxiety. University disability office letter for academic accommodations. Lupus support group (peer mentor).

Referral and care coordination plan

Nephrology (2 weeks), ophthalmology (HCQ screen), infusion center (belimumab), behavioral health, MFM (future), PCP (BP, vaccines).

Patient education

Explained class IV nephritis: serious but very treatable; staying on medication protects the kidneys and future pregnancy. Written schedule for taper, MMF titration, and labs. Seek urgent care for fever of 100.4 °F or above, rapidly worsening swelling, shortness of breath, chest pain, severe headache, very low urine output, or confusion.

F FOLLOW-UP

12 REASSESSMENT PLAN

Labs every 2 weeks with nurse review. Belimumab infusions from 11/11/2026. Nephrology in 2 weeks. Lupus clinic in 4 weeks (SLEDAI, UPCR, taper, MMF tolerance), then every 1–2 months during induction. Response check at 6 months. Urgent return precautions as above.

TB TIME DOCUMENTATION & BILLING

13 TIME DOCUMENTATION (IF APPLICABLE)

TOTAL TIME SPENT

75 minutes

LUPUS / CONNECTIVE TISSUE DISEASE COUNSELING TIME

25 minutes (biopsy, fertility)

MEDICATION / IMMUNOSUPPRESSION COUNSELING TIME

20 minutes (MMF REMS, belimumab, taper)

CARE COORDINATION TIME

10 minutes (nephrology, infusion center)

RECORDS REVIEW TIME, IF APPLICABLE

10 minutes

LAB / IMAGING REVIEW TIME, IF APPLICABLE

10 minutes (biopsy, labs)

PROCEDURE TIME, IF APPLICABLE

Not applicable

13a BILLING CONSIDERATIONS — E/M / LUPUS & CONNECTIVE TISSUE DISORDERS CODING

E/M LEVEL

99215 + G2211

INFUSION MANAGEMENT CODE(S), IF APPLICABLE

Belimumab infusion billed by the infusion center

PROCEDURE CODE(S), IF APPLICABLE

90677 + 90471 (PCV21)

MEDICATION MONITORING / HIGH-RISK DRUG THERAPY DOCUMENTATION, IF APPLICABLE

Mycophenolate, belimumab, high-dose steroids — intensive toxicity monitoring

CARE COORDINATION CODE(S), IF APPLICABLE

Not separately billed

BASIS FOR BILLING

Medical Decision Making (high) + Medication monitoring

ICD-10 DIAGNOSIS CODES

M32.14 — Glomerular disease in systemic lupus erythematosus

[SECONDARY ORGAN INVOLVEMENT / MEDICATION MONITORING / SYMPTOM DIAGNOSIS CODE(S), IF APPLICABLE]

M32.19 — Other organ involvement in SLE (skin, mucosa, blood); I15.8 — Other secondary hypertension; E78.5 — Hyperlipidemia; D72.819 — Decreased white blood cell count; Z79.52 — Long-term systemic steroids; Z79.69 — Long-term use of other immunomodulators/immunosuppressants

SO SIGNATURE

14 PROVIDER SIGN-OFF

PROVIDER NAME	CREDENTIALS	SPECIALTY
Catherine Liu	MD	Rheumatology / Lupus & Connective Tissue Disorders

DATE	TIME
11/04/2026	16:40