

*in Etobicoke*  
2883 BLOOR STREET WEST  
TORONTO, ONTARIO M8X 1C1

TELEPHONE: (416) 232-2118  
FACSIMILE: (416) 232-9494

**DR. PHILIP C. HO**

M.B., B.S., F.R.C.P.(C), F.A.A.P., F.A.A.A.S.I.  
DIPLOMATE, AMERICAN BOARD OF PEDIATRICS  
DIPLOMATE, AMERICAN BOARD OF ALLERGY & IMMUNOLOGY

CONSULTING PRACTICE OF  
*Allergy, Asthma & Clinical Immunology*  
FOR CHILDREN AND ADULTS  
BY REFERRALS ONLY

*in Scarborough*  
SUITE 402 - 3443 FINCH AVE. EAST  
SCARBOROUGH, ONTARIO M1W 2S1

TELEPHONE: (416) 490-9499  
E-MAIL: dr\_p\_c\_ho@yahoo.com

Dr Lawrence Chan, M.D., C.C.F.P.  
149D Ravel Road  
North York, Ontario M2H 1T1

January 17, 2002  
Date of Assessment: January 5, 2002

RE: PAUL, Mircea Dan - DOB: October 6, 1963

Dear Dr. Chan:

Thank you for referring Mr Paul, a 38-year old engineer. He presented with a 1-year history of chest tightness and wheeze. The onset was insidious. The clinical course worsened this year. The symptoms had been active almost daily for the past 2 months - only at home, usually when watching TV. Each bout lasted 4 hours. Cough was notably absent. The "wheeze" was a noise emanating from the chest; its presence was not confirmed by auscultation. Since he had not participated in regular exercise, his tolerance could not be assessed. Mr Paul's symptoms had not hampered his sleep, work or social activities. Chest X-rays were obtained 10 days ago. He had not familiarised himself with the results. Mr Paul found Ventolin effective. (The technique in the use of the metered-dose inhaler was proficient.) Rhinitis had been active concurrently upon waking up on the weekends. Frequent sneezing spells - being the major discomfort - led to copious, clear rhinorrhoea. Pathognomonic symptoms of vasomotor rhinitis were notably absent. There was nasal congestion. No treatment was deemed necessary.

Aggravating/Social Factors: The following were cited: cats as well as stress. The family cats had no access into Mr Paul's bedroom. Mr Paul quit cigarette smoking 2 years earlier. He left Romania in 1994.

Past Health: Non-contributory. Mr Paul required no other long-term medications.

Family History: The first-degree relatives had no manifest allergic disorder nor asthma.

Physical Examination: Ht: 180 cm; Wt: 86.5 kg. Clubbing and cervical lymphadenopathy were absent. The conjunctivae, the tympanic membranes and the nasal mucosa appeared healthy. Sinus areas were not tender. Mr Paul breathed comfortably through the nostrils. I noticed a slight hyponasal tone - probably an accent. (He made no reference to nasal symptoms at the time of this visit.) The pharynx was unremarkable. The thyroid was not enlarged. Examination of the chest showed a normal air entry and absence of adventitious sounds. BP: 106/70. The heart, the abdomen and the skin were unremarkable.

Investigations: Skin-testing revealed a slight allergic reactivity to the panel of 28 aeroallergens (see below). Impedance tympanogram registered normal mobility and tympanic pressure in both ears. Flow volume loop spirometry recorded a mild bronchospasm that was not significantly influenced by an inhaled dose of Bricanyl. I recommended methacholine bronchoprovocation - a procedure that measures asthmatic airway hyperreactivity. The appointment was scheduled for January 26.

My assessment confirms your clinical acumen that there is a slight allergic diathesis to aeroallergens. I would appreciate the opportunity of reassessing and in repeating skin-testing a year from now if Mr Paul's clinical condition so warrants. I suggested restricting contact with his cat; notwithstanding he may find outright disposal (sentimentally) impossible. As a topical nasal treatment, Mr Paul may commence on Nasonex 2 sprays to each nostril QD for at least 2 weeks. [The mometasone moiety has been used successfully for a number of