



Memorial Medical Oncology at Cedar Lake

1756 Poppo Ferry Rd
Gulfport, MS 39501-

Patient:	Helwick, Paula			Admit:	12/28/2020
DOB/Age/Sex:	3/29/1954 69 years	Female		Disch:	12/28/2020
MRN:	0000857597			Admitting:	Hightower,Olivia MD
FIN:	2006010935			Attending:	Hightower,Olivia MD
Location:	OncCedarLake				

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Perform Information:	Hightower,Olivia MD (1/18/2021 04:59 CST); Hightower,Olivia MD (12/28/2020 13:39 CST)
Sign Information:	Hightower,Olivia MD (1/18/2021 04:59 CST); Hightower,Olivia MD (1/18/2021 04:58 CST); Cantrell,Whitney M (12/28/2020 13:39 CST)

Addendum by Hightower, Olivia MD on January 18, 2021 4:58:45 AM CST

Breasts: Inflammatory right breast cancer with large right breast mass.

Electronically Signed on 01/18/2021 04:59 AM CST

Hightower, Olivia MD

Chief Complaint

Routine follow up to review MRI of Abdomen.

History of Present Illness

66 y/o female referred by Dr. Wingfield after being diagnosed with breast cancer, after skin biopsy was done for a blistering rash, right upper outer quadrant breast cancer. She is seen for second opinion following visit with Dr. Wall.

She saw Dr. Wingfield for a rash that appeared she reports on her right breast in April. She states she got a new bra and after wearing it she broke out in a blistering rash. She went to her PCP and a mammogram was ordered.

Right breast skin biopsy 9/21/2020 showed–carcinoma in the dermis, consistent with mucinous adenocarcinoma.

ER 60% moderate
PR 2% strong
HER-2 positive 3+

Bilateral mammogram on 9/17/2020–asymmetrical skin thickening of the right breast, ill-defined hyperdense mass involving the **upper outer quadrant right breast** 3 x 2.7 x 5.4 cm no evidence of malignancy on the left. Conclusion: Right upper outer quadrant breast mass with dermal thickening and ipsilateral axillary adenopathy. Findings highly suggestive of malignancy. BI-RADS 5. Biopsy recommended.

Ultrasound right breast limited–9/17/2020–poorly circumscribed hypoechoic mass with posterior acoustic shadowing involving the 9 to 11 o'clock position right breast 3 x 1.5 x 2.7 cm with dermal thickening identified. Conclusion: Right upper outer quadrant breast mass with dermal thickening and ipsilateral axillary adenopathy. Findings highly suggestive of malignancy.

She is accompanied by her husband. She has no other complaints and reports that she

Problem List/Past Medical History

Ongoing

Breast cancer

Procedure/Surgical History

Tonsillectomy

Medications

Zofran ODT 8 mg oral tablet, disintegrating, 8 mg= 1 tab, Oral, TID, PRN

Allergies

No Known Allergies

Social History

Alcohol

Details: Past

Employment/School

Details: Retired, Work/School description: Retired from Retail.

Home/Environment

Details: Lives with Spouse.

Substance Abuse

Details: Never

Tobacco

Details: Never (less than 100 in lifetime)
Tobacco Use:.

Family History

Sister: Breast cancer

Lab Results

WBC: 3.38 x10(3)/mcl Low (11/12/20)

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has been doing remarkably well. She reports that she and her husband are Christian musicians and that they have recently produced two albums, she reports that she has been very busy. She reports she was very surprised about this diagnosis. She reports that she has changed her diet and is eating a no sugar diet. She has been hesitant to start chemotherapy until she improves her diet and feels like her body is healthier. Urgency of chemotherapy discussed with the patient. She was also hesitant to get CT scans that were recommended. I also stressed this to her to assist with staging.

This Visit:

1. Breast cancer: Patient is not on any treatment at this time. Patient has denied all treatment at this time. Reviewed MRI of abdomen from 12/02/20 and impressions showed:

LIMITED EVALUATION OF THE 0.8 CM LEFT HEPATIC NODULE SECONDARY TO PROMINENT MOTION ARTIFACT AND SMALL SIZE. INDETERMINATE SCLEROTIC LESION OF THE L1 VERTEBRA.

2. Elevated liver enzymes level: Patient stopped liver detox that she was taking. Liver enzymes have improved.

3. Liver nodule: This is found in the MRI of abdomen and details of impressions are found above.

4. Intentional weight loss: Pt continues to follow a low carb and low sugar diet and healthy active lifestyle. Encouraged her to continue her healthy diet program.

Review of Systems

Constitutional: No fever, No chills. Fatigue. No weight loss.

HEENT: No visual changes, no mouth sores.

Respiratory: No shortness of breath, No cough, No wheezing.

Cardiovascular: No chest pain, No palpitations. No edema.

Gastrointestinal: No nausea, No vomiting, No diarrhea, No heartburn. No abdominal pain.

Genitourinary: No dysuria, No urinary frequency, No urinary urgency.

Musculoskeletal: No joint pain. No muscle pain.

Neurologic: Alert and oriented X4. No focal deficits.

Lymphatics: No lymphadenopathy. Skin: No rash or lesions.

Psych: No depression or anxiety.

Physical Exam

Vitals & Measurements

T: 36.5 °C (Temporal Artery) HR: 106 (Peripheral) RR: 18 BP: 159/74 SpO2: 100%

HT: 169 cm WT: 63.0 kg (Dosing) WT: 63.0 kg BMI: 22.06

Metric Conversions

Conversion Kg to Pounds: 138.89 (12/28/20 13:15:00)

Conversion cm to Inches: 66.54 (12/28/20 13:15:00)

Conversion C to F: 97.7 (11/12/20 12:04:00)

General: Well developed, well nourished female no acute distress.

HEENT: Normocephalic, atraumatic . PERRL. Oropharynx is clear.

Neck: Supple. No JVD.

Cardiovascular: Heart regular rate and rhythm. No murmurs.

Respiratory: Lungs clear to auscultation bilaterally.

Gastrointestinal: Soft, nontender, nondistended. Positive bowel sounds.

Genitourinary: Deferred.

Musculoskeletal: No

Neurological: No focal deficits noted.

Psychiatric: Normal Affect.

Lymphatics: No cervical or supraclavicular lymphadenopathy.

RBC: 4.61 x10(6)/mcL (11/12/20)

Hgb: 13.9 gm/dL (11/12/20)

Hct: 42.6 % (11/12/20)

RDW-CV: 14.6 % (11/12/20)

RDW-SD: 48.3 fL High (11/12/20)

Lymphocyte %: 27.2 % (11/12/20)

Lymphocyte Ct: 0.92 x10(3)/mcL Low (11/12/20)

Neutrophil Ct: 2.1 x10(3)/mcL (11/12/20)

MCV: 92.4 fL (11/12/20)

MCH: 30.2 pg (11/12/20)

MCHC: 32.6 gm/dL (11/12/20)

MPV: 11.5 fL High (11/12/20)

Platelet: 172 x10(3)/mcL (11/12/20)

Glucose Lvl: 119 mg/dL High (11/12/20)

BUN: 9 mg/dL (11/12/20)

Creatinine Lvl: 0.6 mg/dL (11/12/20)

BUN/Crea: 15 ratio (11/12/20)

Sodium Lvl: 140 mmol/L (11/12/20)

Potassium Level: 3.8 mmol/L (11/12/20)

Chloride: 105 mmol/L (11/12/20)

CO2: 27 mmol/L (11/12/20)

AGAP: 8 mmol/L (11/12/20)

Calcium Lvl: 9.5 mg/dL (11/12/20)

ALT: 1501 unit/L Critical (11/12/20)

AST: 1496 unit/L Critical (11/12/20)

Alk Phos: 179 unit/L High (11/12/20)

Bili Total: 1.5 mg/dL High (11/12/20)

Total Protein: 7.2 gm/dL (11/12/20)

Albumin: 4.1 gm/dL (11/12/20)

A/G Ratio: 1 ratio (11/12/20)

Diagnostic Results

(12/01/2020 17:18 CST MRI Abdomen w/o+w Contrast)

Reason For Exam

liver mass;Other (please specify)

Report

MRI OF THE ABDOMEN WITHOUT AND WITH CONTRAST, DECEMBER 01, 2020:

CLINICAL INFORMATION: Inflammatory breast cancer.

Proven COVID-19? No

Suspected or exposure to COVID-19 or under investigation? No

COMPARISON: CT performed October 14, 2020

TECHNIQUE: Multiplanar multisequence MRI of the liver was performed with and without contrast.

FINDINGS:

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Assessment/Plan/Goals

- 1. Breast cancer (Malignant neoplasm of upper-outer quadrant of right female breast, C50.411) .
Reviewed MRI of abdomen from 12/01/20. Results showed 0.8 cm of liver nodule. Strongly encouraged patient to start chemotherapy as I am concerned about progression of HER 2 + inflammatory breast cancer. Patient continues to refuse starting chemotherapy and is working on diet.
- 2. Elevated liver enzymes level (Abnormal levels of other serum enzymes, R74.8) .
Order Liver enzyme level today in office, order CA27-29,CBC, CMP.
- 3. Liver nodule (Other specified diseases of liver, K76.89) .
This was found in the MRI of Abdomen from 12/01/20 and results are detailed above.
- 4. Intentional weight loss (Other symptoms and signs concerning food and fluid intake, R63.8) .
Encouraged pt to continue a healthy diet.
Reviewed plan with patient. Patient agrees with plan as outlined above.

Follow up in 3 weeks.

I, Whitney Cantrell Documentation Assistant, am scribing for, and in the presence of, Dr. Olivia Hightower on 12/28/20 13:23:37

Whitney Cantrell is serving as a scribe on my behalf in completing this documentation. I have personally completed relevant history, examined the patient, and reviewed records, labs, and imaging as provided. I have personally formulated assessment and plan. I have confirmed the accuracy of the information of the transcribed note. Contents of the transcribed note reflect my work and decision-making.

I, Dr. Olivia Hightower, agree that the documentation is accurate and complete.

[1] MRI Abdomen w/o+w Contrast; Adams, Daniel MD 12/01/2020 17:18 CST

Electronically Signed on 01/18/2021 04:58 AM CST

Hightower, Olivia MD

Electronically Signed on 12/28/2020 01:39 PM CST

Cantrell, Whitney M

Exam significantly limited by motion artifact rendering many of the images nondiagnostic. No significant fatty infiltration of the liver is identified. Prominent asymmetrical enhancement of the right breast as compared to the left. Limited evaluation of the 0.8 cm left hepatic nodule. This nodule remains indeterminate secondary to artifact and small size. The kidneys are unremarkable. No evidence of mechanical bowel obstruction. Partially evaluated is the sclerotic lesion involving the inferior endplate of L1.

CONCLUSION:

LIMITED EVALUATION OF THE 0.8 CM LEFT HEPATIC NODULE SECONDARY TO PROMINENT MOTION ARTIFACT AND SMALL SIZE.

INDETERMINATE SCLEROTIC LESION OF THE L1 VERTEBRA.

[1]