



Memorial Hematology and Oncology Partners

1340 Broad Ave
Ste 270
Gulfport, MS 39501-2464

Patient: **Helwick, Paula**
DOB/Age/Sex: 3/29/1954 69 years Female
MRN: 0000857597
FIN: 2006045510
Location: HOPE
Admit: 2/11/2021
Disch: 2/11/2021
Admitting: Hightower,Olivia MD
Attending: Hightower,Olivia MD

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Sign Information: Hightower,Olivia MD (3/3/2021 09:57 CST); Slater,Jeremy (2/11/2021 17:43 CST)

Chief Complaint

Follow-up on breast cancer.

Verbal consent was given by the patient to be recorded for this visit.

History of Present Illness

History:

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 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.

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: **4.11 x10(3)/mCL** Low (02/11/21)
RBC: **4.06 x10(6)/mCL** Low (02/11/21)
Hgb: 12.7 gm/dL (02/11/21)
Hct: 37.8 % (02/11/21)
RDW-CV: **14.7 %** High (02/11/21)
RDW-SD: **48.4 fL** High (02/11/21)
Lymphocyte %: 26.5 % (02/11/21)
Lymphocyte Ct: **1.09 x10(3)/mCL** Low (02/11/21)
Neutrophil Ct: 2.51 x10(3)/mCL (02/11/21)
MCV: 93.1 fL (02/11/21)
MCH: 31.3 pg (02/11/21)

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This Visit:

The patient has declined chemotherapy and surgery previously. She was recommend to undergo neoadjuvant chemotherapy with Herceptin and Perjeta base treatment with Taxotere and carboplatin, but is doing alternative measures with diet and supplements.

She is excited to report that she has lost 6 pounds, which has taken her to between a size 6 and 8, from a previous 14. She is well overall. The patient notes that she is 3 points above the baseline for the cancer marker as of her last visit.

Her breast is still showing signs of inflammatory breast cancer, with occasional pain under the right breast. This was previously diagnosed as dermatitis but biopsy consistent with inflammatory breast cancer. She notes that she has not felt this good in years.

At this time, she denies shortness of breath, chest pain, back pain, abdominal pain, nausea, or vomiting. She is having a dry throat currently, and notes having to clear her throat often.

Her initial blood pressure reading was high, and is not on any medications for blood pressure.

The patient continues to walk her dogs and use her rebounder.

She continues to work and do well in her field.

MCHC: 33.6 gm/dL (02/11/21)
MPV: 11.6 fL High (02/11/21)
Platelet: 176 x10(3)/mCL (02/11/21)
Glucose Lvl: 125 mg/dL High (02/11/21)
BUN: 12 mg/dL (02/11/21)
Creatinine Lvl: 0.6 mg/dL (02/11/21)
BUN/Crea: 20 ratio (02/11/21)
Sodium Lvl: 143 mmol/L (02/11/21)
Potassium Level: 3.9 mmol/L (02/11/21)
Chloride: 106 mmol/L (02/11/21)
CO2: 29 mmol/L (02/11/21)
AGAP: 8 mmol/L (02/11/21)
Calcium Lvl: 9.3 mg/dL (02/11/21)
ALT: 31 unit/L (02/11/21)
AST: 28 unit/L (02/11/21)
Alk Phos: 76 unit/L (02/11/21)
Bili Total: 0.3 mg/dL (02/11/21)
Total Protein: 6.7 gm/dL (02/11/21)
Albumin: 3.9 gm/dL (02/11/21)
A/G Ratio: 1 ratio (02/11/21)

Review of Systems

Constitutional: No fever, No chills. Fatigue. 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: 37.2 °C (Oral) HR: 113 (Peripheral) RR: 18 BP: 150/73 SpO2: 100%

HT: 169 cm WT: 61.0 kg (Dosing) WT: 61.0 kg BMI: 21.36

Metric Conversions

Conversion Kg to Pounds: 134.48 (02/11/21 14:05:00)

Conversion cm to Inches: 66.54 (02/11/21 14:57:00)

Conversion C to F: 98.96 (02/11/21 14:05:00)

General: Well developed, well nourished female in 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 peripheral edema. No calf tenderness.

Breast: Right-sided breast mass appears increased from prior visit.

Skin: Dermal metastases also appear larger.

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Neurological: No focal deficits noted.

Psychiatric: Normal Affect.

Lymphatics: Right axillary lymphadenopathy.

Assessment/Plan/Goals

1. Breast cancer (Malignant neoplasm of upper-outer quadrant of right female breast, C50.411) .

She has been feeling well overall. Her right-sided breast mass appears increased from prior, and her dermal metastasis appear larger. She also has right axillary lymphadenopathy. The patient has declined chemotherapy and surgery previously. She was recommended to undergo neoadjuvant chemotherapy with Herceptin and Perjeta base treatment with Taxotere and carboplatin, but is doing alternative measures with diet and supplements I strongly encouraged her to consider treatment. She states that she feels great, and does not want to start treatment at this time. We completed a tumor marker today. Will obtain ct chest, abdomen, pelvis prior to next visit.

2. Intentional weight loss (Other symptoms and signs concerning food and fluid intake, R63.8) .

Patient is dieting but concern about untreated cancer. Will order restaging ct chest, abdomen, pelvis.

3. Hypertension (Essential (primary) hypertension, I10) .

This is mildly elevated but patient declines need for medication at this time.

We will obtain a CT chest, abdomen, and pelvis prior to next visit to evaluate her progress.

Follow up in 4 weeks.

ATTESTATION

I, Brittanie Merritt/Jeremy Slater, am documenting for Olivia Hightower, MD. Powered by DAX.

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

Electronically Signed on 03/03/2021 09:57 AM CST

Hightower, Olivia MD

Electronically Signed on 02/11/2021 05:43 PM CST

Slater, Jeremy