



**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: 2008339797  
Location: HOPE  
Admit: 3/1/2023  
Disch: 3/1/2023  
Admitting: Hightower,Olivia MD  
Attending: Hightower,Olivia MD

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Perform Information: Hightower,Olivia MD (3/1/2023 11:35 CST)  
Sign Information: Hightower,Olivia MD (3/15/2023 12:50 CDT); URS,Shwetha (3/1/2023 11:35 CST)

**Chief Complaint**

Follow-up for HER2 positive breast cancer.

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

\*\*\* FOLLOW UP NOT MENTIONED \*\*\*

**History of Present Illness**

67 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.

**AJCCv7 Staging**

No qualifying data available

**Problem List/Past Medical History**

Ongoing

- Breast cancer
- Closed fracture of distal end of radius
- Fracture of distal end of radius
- Hypertension
- Intentional weight loss
- Wrist stiff

Historical

No qualifying data

**Procedure/Surgical History**

Tonsillectomy

**Medications**

No active medications

**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**

The patient completed blood work recently. This showed that her tumor markers were elevated.

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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:**

Ms. Paula Helwick is a 68-year-old female who presents to the office today for follow up of HER2 positive breast cancer without blisters on the breast. She has deferred previous chemotherapy, radiation, and surgery and has been on surveillance. She is accompanied today by an adult male.

The patient states that she has a lot going on. She has lost a crown, and her smell is different. They could not reattach it, so they are looking at taking out her remaining crowns. The dentist was going to take 2 months to have it healed, and then another hole month to make the bridge. She lost both of her bridges here. She is not working right now. It is not pretty when she does go out, but it is not like her with the job every day. She was in the middle of handling her brother's sustained. She lost her brother on 10/01/2022. He was in excellent health, but they were on the phone talking, and he had a cardiac arrest. He had a lot of stress in his life. He lost his son to suicide about 11 years ago. She did not have access to his grandchildren until the last couple of years. There was a power of attorney over 2 of her brothers that have mental issues. He has been over here at Grove now for 5 years, bedridden. He has had numerous operations. It is hard to stop 3 times. One time up to 18 minutes, and he is still revived without any issues. She is executive of the estate. One of her brothers wanted to be the executor, and tried to gather up with the remaining 7 siblings against her. It tires her out. What he tried to do is create enough stress, and step down to her own valve residents, which is very easy. She is keeping her distance from all family members in the past couple of months, and he is laid low for 3 months. Moving forward, they have a contract on the rental prominence, which still working to prepare the self at home. This has been healing very slowly, and she is concerned about that. With ongoing the pain issues every day with the blisters, and they are starting to open up in some areas, which makes it more sensitive. She has even a bitter thing now, which makes it look strange because she has lost all support in her left breast. Her husband puts all the ointments, and aloe, and cleans. They have a separate sterile cloth over it. It has made it even bigger. It has been draining. It does bleed at times. The fluid is a little bit of a soft yellow color. It has been draining. She does not have new blisters. It seems to her scattered logic. It has changed with the fact that there were blisters before, and now it looks like when they start trying to collapse, but the skin does not seem to know what to do. She denies any shortness of breath, chest pain, nausea, or vomiting. She would like to do her blood pressure again. It is always elevated when she first comes in, but she has been more stressed the last 5 months than normal. When she takes off the bandage, it is in the shower, so that the water softens up, and builds up. She brought a new bandage when they are done. She does not feel anything right now, but there are times where it does sting because the skin is exposed in areas.

### **Review of Systems**

Constitutional: No fever, No chills. + fatigue. No weight loss.

HEENT: No visual changes, no mouth sores.

Breasts: Right breast mass increasing.

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.

### **Diagnostic Results**

(03/10/2021 15:34 CST CT Chest/Lung w/ Contrast Routine)

### **Reason For Exam**

breast cancer;Other (please specify)

### **Report**

CT CHEST, ABDOMEN AND PELVIS WITH CONTRAST, 3/10/2021 15:02:

CLINICAL INFORMATION: Inflammatory breast cancer, initial workup

Proven COVID-19? NO

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

COMPARISON: October 14, 2020

TECHNIQUE: A multislice CT scanner was used to generate axial images of the chest, abdomen and pelvis that were reviewed on a PACS or CT workstation. Images were obtained following low osmolar intravenous iodinated contrast administration. Oral enteric contrast was administered prior to the procedure. Multiplanar reformations were reviewed.

### **FINDINGS:**

CT chest: Minimal enlargement of the lobulated right breast mass measuring 3.4 cm maximal diameter. There is associated skin thickening of the right breast. No concerning pulmonary nodules or masses are identified. Right axillary adenopathy measuring 1.1 cm. The left axillary lymph nodes are within normal limits size per CT criteria. No acute osseous abnormalities identified.

CT abdomen and pelvis: The spleen and pancreas are unchanged in the interval. The previously identified hypoattenuating hepatic lesion is not clearly identified on this exam. The previously identified hypoattenuating hepatic lesion is not clearly identified on this exam. Cholelithiasis without CT evidence of acute cholecystitis. Bilateral adrenal glands are symmetric. No evidence of obstructive uropathy or renal calculi is identified. The abdominal pelvic lymph nodes are within normal limits size per CT criteria. Similar-appearing appearance of the calcified

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### Physical Exam

#### Vitals & Measurements

**T:** 36.4 °C (Oral) **HR:** 89 (Peripheral) **RR:** 17 **BP:** 157/78 **SpO2:** 97%

**HT:** 169 cm **HT:** 169 cm **WT:** 59.1 kg (Dosing) **WT:** 59.1 kg

**WT:** 59.1 kg (Estimated) **BMI:** 20.69 **BSA:** 1.67

#### Metric Conversions

Conversion Kg to Pounds: 130.29 (03/01/23 10:04:00)

Conversion cm to Inches: 66.54 (03/01/23 10:04:00)

Conversion C to F: 97.52 (03/01/23 10:04:00)

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

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

Neck: Supple. No JVD.

Breasts: Right breast mass increased in size.

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.

Skin: No rash or skin lesions.

Neurological: No focal deficits noted.

Psychiatric: Normal Affect.

Lymphatics: No cervical or supraclavicular lymphadenopathy.

2.5 cm fibroid posterior to the uterus.

Unchanged appearance of the 4.6 cm right ovarian cyst. Enostosis of the left ilium, similar. No CT evidence for osteoblastic or osteolytic metastasis is identified.

#### CONCLUSION:

MILD INTERVAL ENLARGEMENT OF THE RIGHT BREAST MASS WITH LOCAL NODAL METASTASIS OF THE RIGHT AXILLA.

PREVIOUSLY IDENTIFIED HYPOATTENUATING HEPATIC LESION IS NOT CLEARLY IDENTIFIED ON THIS EXAM.

CHOLELITHIASIS

THE NUMBER OF KNOWN PREVIOUS CT SCANS AND CARDIAC NUCLEAR MEDICINE STUDIES THAT THE PATIENT HAS RECEIVED IN THE 12 MONTH PERIOD PRIOR TO THE CURRENT STUDY:

CT scans: 2, cardiac nuclear medicine studies: 0 (based on patient questioning and review of the EHR).

Dose Report for Accession No. :

CT210009353

(Philips, Brilliance 64)

Dose 1 : CT

DLP Total : 829.093625 mGycm

DLP Spiral Max : 360.960845 mGycm

Maximum CTDI Vol : 7.8609451556 mGy

All CT scans at this facility use dose modulation, iterative reconstruction, and/or weight-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

The following code and score are based National Clinical Decision Support, these fields may be blank if the scoring was not preformed.

Decision Support Number: 165794194

(accession CT210009353), 165794053

(accession CT210009352)

AUC Score: No Score

### Assessment/Plan/Goals

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

HER2 positive breast cancer with blisters on the breast. She has deferred previous chemotherapy, radiation, surgery, and has been on surveillance. Will order a PET scan. If her insurance denies it, then we will do CT scan and a bone scan.

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

Continue current regimen.

3. Mass in right breast (Unspecified lump in the right breast, unspecified quadrant, N63.10)

Plan pet scan asap. Recommend chemotherapy and radiation but patient has deferred previously.

4. Pain in bilateral legs (Pain in leg, unspecified, M79.606) .

Continue current treatment.

Follow up in 2 weeks.

#### ATTESTATION:

I, Shwetha Urs P, am documenting for Olivia Hightower, MD. Powered by DAX.

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

Signature Line

\*\*\*\* Final \*\*\*\*

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Dictated by: Adams, Daniel MD

Dictated DT/TM: 03/10/2021 3:37 pm

Signed by: Adams, Daniel MD

Signed (Electronic Signature): 03/10/2021

5:25 pm

[1] CT Chest/Lung w/ Contrast Routine; Adams, Daniel MD 03/10/2021 15:34 CST

Electronically Signed on 03/15/2023 12:50 PM CDT

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Hightower, Olivia MD

Electronically Signed on 03/01/2023 11:35 AM CST

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URS, Shwetha