



## 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: 2006206623  
Location: HOPE  
Admit: 3/11/2021  
Disch: 3/11/2021  
Admitting: Hightower,Olivia MD  
Attending: Hightower,Olivia MD

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Sign Information: Hightower,Olivia MD (3/31/2021 12:51 CDT); Massenburg, Crystal D (3/11/2021 17:57 CST)

### Chief Complaint

Follow-up for HER2-positive breast cancer.

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

### 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 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  
Hypertension  
Intentional weight loss

### 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)

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### This Visit:

Paula Helwick presents today for follow-up. She has HER2-positive breast cancer and has deferred treatment with chemotherapy. The patient is cutting out sugar and has been eating healthy. She had a restaging CT of the chest, abdomen, and pelvis on 03/10/2021. The patient has recently lost weight with her dietary changes and currently weighs 129.6 pounds.

Her husband recently had a more significant case of COVID-19, and she fortunately did not contract the virus.

### Results:

CT of the chest, abdomen, and pelvis on 03/10/2021 was reviewed with the patient. There is enlargement of the right breast mass measuring 3.5 cm with associated skin thickening on the right side. Lungs are clear. There is an enlarged lymph node in the right axillary area. Spleen and pancreas are normal. Liver cyst seen on previous scan was not present on current CT. There is an ovarian cyst that appears stable. A fibroid is also noted in the uterus.

### Review of Systems

Constitutional: No fever, No chills. No 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: + 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: 37.0 °C (Temporal Artery) RR: 16 BP: 158/82 SpO2: 98%

HT: 169 cm WT: 58.8 kg (Dosing) WT: 58.8 kg BMI: 20.59

#### Metric Conversions

Conversion Kg to Pounds: 129.63 (03/11/21 16:13:00)

Conversion cm to Inches: 66.54 (03/11/21 16:13:00)

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.

Skin: No rash or skin lesions. Palpable right breast mass.

Neurological: No focal deficits noted.

Psychiatric: Normal Affect.

Lymphatics: No cervical or supraclavicular lymphadenopathy. Right axillary

lymphadenopathy.

### Assessment/Plan/Goals

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

MCV: 93.1 fL (02/11/21)  
MCH: 31.3 pg (02/11/21)  
MCHC: 33.6 gm/dL (02/11/21)  
MPV: 11.6 fL High (02/11/21)  
Platelet: 176 x10(3)/mclL (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)

### Diagnostic Results

(03/10/2021 15:34 CST CT Abdomen/Pelvis Routine w/ Contrast)

### 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

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The CT scans were discussed in detail with the patient. I discussed the increase in size of the right breast mass from 3 cm in 10/2020 to 3.5 cm on current CT scan. Due to the progression of disease, I recommend starting treatment as soon as possible. I discussed that with HER2-positive breast cancer, we usually proceed with chemotherapy prior to surgical treatment due to skin cell involvement. However, if she is adamant about not undergoing chemotherapy, I would recommend surgical treatment to prevent spread of disease. A copy of both current and previous CT scans was provided. The patient is going to discuss options with her husband and let us know how she would like to proceed.

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

I informed the patient that some of her weight loss is likely secondary to her dietary changes. However, I informed her that breast cancer may cause weight loss as well. We will continue to monitor this.

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

Blood pressure is elevated but normal at home.

ATTESTATION

I, Melodie Kiser, am documenting for Olivia Hightower, MD. Powered by DAX.

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

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 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

[1]

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

Electronically Signed on 03/31/2021 12:51 PM CDT

Hightower, Olivia MD

Electronically Signed on 03/11/2021 05:57 PM CST

Massenburg, Crystal D