



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: 2008923304
Location: HOPE
Admit: 3/30/2023
Disch: 3/30/2023
Admitting: Hightower,Olivia MD
Attending: Hightower,Olivia MD

Document Type: Oncology Office/Clinic Note
Service Date/Time: 3/30/2023 13:26 CDT
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Perform Information: Hightower,Olivia MD (3/30/2023 13:28 CDT)
Sign Information: Hightower,Olivia MD (3/31/2023 09:45 CDT); Ramakrishnan, Sushmitha (3/30/2023 13:28 CDT)

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

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. 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
Closed fracture of distal end of radius
Fracture of distal end of radius
Hypertension
Intentional weight loss
Wrist stiff

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

WBC: **3.78 x10(3)/mcL** Low (03/01/23)
RBC: 4.39 x10(6)/mcL (03/01/23)
Hgb: 13.1 gm/dL (03/01/23)
Hct: 41.4 % (03/01/23)
RDW-CV: 13.8 % (03/01/23)
RDW-SD: 45.3 fL (03/01/23)
Lymphocyte %: 21.4 % (03/01/23)
Lymphocyte Ct: **0.81 x10(3)/mcL** Low

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This visit:

Ms. Helwick is a 69-year-old female who presents to the office today for follow-up. She has HER2 positive breast cancer. She had a recent restaging scan. She has a large right fungating breast mass and has declined chemoradiation and surgery previously. She is accompanied today by an adult male.

The patient states she is doing well. She reports occasional breast pain and it is draining blood-tinged fluid.

Result:

Recent restaging CT scan of the chest, abdomen and pelvis showed interval disease progression with enlarging known right breast mass measuring 3.4 cm, new large deep right breast mass contiguous with the right chest wall measuring 10 x 10 cm, enlarging right axillary adenopathy from 1.1 cm to 2.6 cm, new hepatic lesions of 7 mm and 1.8 cm and a pulmonary metastatic lesion of 1 cm involving the left lower lobe.

Review of Systems

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

HEENT: No visual changes, no mouth sores.

Respiratory: + 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.

Breast: + Pain. + Drainage of blood-tinged fluid.

Physical Exam

Vitals & Measurements

T: 37 °C (Oral) HR: 95 (Peripheral) RR: 17 BP: 145/75 SpO2: 98%

HT: 169 cm HT: 169 cm WT: 58.4 kg (Dosing) WT: 58.4 kg

WT: 58.4 kg (Estimated) BMI: 20.45 BSA: 1.66

Metric Conversions

Conversion Kg to Pounds: 128.75 (03/30/23 11:49:00)

Conversion cm to Inches: 66.54 (03/30/23 11:49:00)

Conversion C to F: 98.6 (03/30/23 11:49:00)

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

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

Neck: Supple. No JVD.

Breasts: Right large fungating breast mass.

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.

Assessment/Plan/Goals

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

(03/01/23)

Neutrophil Ct: 2.52 x10(3)/mcl (03/01/23)

MCV: 94.3 fL (03/01/23)

MCH: 29.8 pg (03/01/23)

MCHC: 31.6 gm/dL Low (03/01/23)

MPV: 11 fL High (03/01/23)

Platelet: 203 x10(3)/mcl (03/01/23)

Glucose Lvl: 80 mg/dL (03/01/23)

BUN: 11 mg/dL (03/01/23)

Creatinine Lvl: 0.62 mg/dL (03/01/23)

BUN/Crea: 17.7 ratio (03/01/23)

Sodium Lvl: 139 mmol/L (03/01/23)

Potassium Level: 4.8 mmol/L (03/01/23)

Chloride: 105 mmol/L (03/01/23)

CO2: 27 mmol/L (03/01/23)

AGAP: 7 mmol/L Low (03/01/23)

Calcium Lvl: 10.1 mg/dL (03/01/23)

ALT: 23 unit/L (03/01/23)

AST: 28 unit/L (03/01/23)

Alk Phos: 76 unit/L (03/01/23)

Bili Total: 0.5 mg/dL (03/01/23)

Total Protein: 7.3 gm/dL (03/01/23)

Albumin: 4.2 gm/dL (03/01/23)

A/G Ratio: 1.4 ratio (03/01/23)

Diagnostic Results

(03/23/2023 14:43 CDT CT Chest/Lung w/ Contrast Routine)

Reason For Exam

breast cancer;Other (please specify)

Report

CT CHEST, ABDOMEN AND PELVIS WITH CONTRAST, 3/23/2023 14:21:

CLINICAL INFORMATION: Breast carcinoma, restaging subsequent treatment strategy.

COMPARISON:

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. Exam performed utilizing intravenous and oral enteric contrast. Multiplanar reformations were reviewed.

FINDINGS:

CHEST:

Interval enlargement of right axillary nodes, dominant node increased from 1.1 to 2.6 cm short axis. No soft tissue mass with broad base along the right pectoralis muscle extending to the sternum measuring 10.6 x 2.3 cm axial dimensions and 10.3 cm

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craniocaudally. Interval enlargement previously noted 3.4 cm anterior right breast mass lobular fungating mass exophytically extending through the skin mass now estimated to measure 10 x 4 x 10 cm. The included lowermost neck is stable. New anterobasilar 10 mm left lower lobe pulmonary nodule.

2. Leukopenia (Decreased white blood cell count, unspecified, D72.819) .
Continue to monitor.

3. Hypertension (Essential (primary) hypertension, I10) .
Continue current regimen.

4. Mass of chest wall (Localized swelling, mass and lump, trunk, R22.2) .
Discussed radiation followed by combination chemotherapy with Taxotere, Herceptin, and Perjeta once every 3 weeks x6 treatments. Treatment patterns and anticipated adverse effects were discussed. Referral sent to radiation oncologist. Referred patient to Dr. Carter to discuss surgical options per patient request.

ABDOMEN AND PELVIS:

New 7 mm anterior segment II liver lesion and new 1.8 cm segment V liver lesion. Spleen, pancreas and adrenal glands are normal. No hydronephrosis. Urinary bladder is normal. Similar right adnexal 4.5 cm cyst. Moderate right hip osteoarthritis. The remainder of the exam is stable.

Follow up in 3 weeks.

ATTESTATION:

I, Sushmitha Ramakrishnan, am documenting for Olivia Hightower, MD. Powered by DAX.

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

CONCLUSION:

INTERVAL DISEASE PROGRESSION WITH ENLARGING KNOWN RIGHT BREAST MASS, NEW LARGE DEEP RIGHT BREAST MASS CONTIGUOUS WITH THE RIGHT CHEST WALL, ENLARGING RIGHT AXILLARY ADENOPATHY, HEPATIC AND PULMONARY METASTATIC LESIONS AS DESCRIBED ABOVE.

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.

Dose Report for Accession No. :
CT230012036, CT230012037
Dose 1 : CT
DLP Total : mGycm
Maximum CTDI Vol : mGy

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: 322063066
(accession CT230012036), 322062899
(accession CT230012037)
AUC Score: No Score

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

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Signature Line

**** Final ****

Dictated by: Lawson, Eric D MD
Dictated DT/TM: 03/23/2023 2:45 pm
Signed by: Lawson, Eric D MD
Signed (Electronic Signature): 03/23/2023
7:44 pm
Transcribed by: JJ [1]

[1] CT Chest/Lung w/ Contrast Routine; Lawson, Eric D MD 03/23/2023 14:43 CDT

Electronically Signed on 03/31/2023 09:45 AM CDT

Hightower, Olivia MD

Electronically Signed on 03/30/2023 01:28 PM CDT

Ramakrishnan, Sushmitha