



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 Admit: 4/19/2023
MRN: 0000857597 Disch: 4/19/2023
FIN: 2009033794 Admitting: Hightower,Olivia MD
Location: HOPE Attending: Hightower,Olivia MD

Document Type: Oncology Office/Clinic Note
Service Date/Time: 4/19/2023 13:45 CDT
Result Status: Auth (Verified)
Perform Information: Hightower,Olivia MD (4/19/2023 14:03 CDT)
Sign Information: Hightower,Olivia MD (5/3/2023 12:51 CDT); Das,Santu (4/19/2023 14:03 CDT)

Chief Complaint

Followup for breast cancer.

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

History of Present Illness

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. [1]

This Visit:

The patient presents to the office today for followup of breast cancer. She saw Radiation Oncology and Surgery recently. She is accompanied today by an adult male.

The patient is doing well. She saw Dr. Center, the nurse, and met with the surgeon, and she was told it is not feasible now to do the surgery. The patient has some pain every day, but it is not all day. It comes in spurts, and then it resolves, and she will not feel anything for hours. She has some mild bleeding and mild drainage. The adult male states it is not bleeding as much as it used to.

Review of Systems

Constitutional: No fever, No chills. No 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.

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 sales. Highest education level: Some college.

Home/Environment

Details: Lives with Spouse. Living situation: Home/Independent. Alcohol abuse in household: No. Substance abuse in household: No. Smoker in household: No. Injuries/Abuse/Neglect in household: No. Feels unsafe at home: No.

Nutrition/Health

Details: Wellness Healthy diet

Sexual

Details: Sexual orientation: Straight or heterosexual. Identifies as female Gender Identity:.

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Psych: No depression or anxiety.

Physical Exam

Vitals & Measurements

T: 36.7 °C (Oral) HR: 102 (Peripheral) RR: 17 BP: 154/77 SpO2: 98%
HT: 169 cm HT: 169 cm WT: 57 kg (Dosing) WT: 57 kg WT: 57 kg (Estimated)
BMI: 19.96 BSA: 1.64

Metric Conversions

Conversion Kg to Pounds: 125.66 (04/19/23 13:19:00)
Conversion cm to Inches: 66.54 (04/19/23 13:19:00)
Conversion C to F: 98.06 (04/19/23 13:19:00)

General: Well developed, well nourished female in no acute distress.
HEENT: Normocephalic, atraumatic. PERRL. Oropharynx is clear.
Neck: Supple. No JVD.
Breasts: Right 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: Normal.
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) .
Recommended palliative radiation followed by palliative chemotherapy with THP.
Handouts given on Herceptin, Perjeta, and Taxotere. Patient is unsure if she wants treatment. She is not a surgical candidate at this time.
 - 2. Neoplasm related pain (Neoplasm related pain (acute) (chronic), G89.3) .
Continue ibuprofen prn.
 - 3. Hypertension (Essential (primary) hypertension, I10) .
Continue treatment as instructed.
 - 4. Leukopenia (Decreased white blood cell count, unspecified, D72.819) .
This is mild. Continue to monitor.
- Follow up in 4 weeks.

ATTESTATION:

I, Santu Das, am documenting for Olivia Hightower, MD. Powered by DAX.
I, Dr. Olivia Hightower, agree that the documentation is accurate and complete.

Substance Abuse

Details: Never

Tobacco

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

Family History

Mother (Deceased): Heart disease
Father (Deceased): Heart disease
Sister: Breast cancer
Brother: Schizophrenia

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 (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 Abdomen/Pelvis
Routine w/ Contrast)

Report

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

CLINICAL INFORMATION: Breast
carcinoma, restaging subsequent treatment
strategy.

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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 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.

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.

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

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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

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
[2]

[1] Onc Office Visit Note; Hightower, Olivia MD 03/30/2023 13:26 CDT

[2] CT Abdomen/Pelvis Routine w/ Contrast; Lawson, Eric D MD 03/23/2023 14:43 CDT

Electronically Signed on 05/03/2023 12:51 PM CDT

Hightower, Olivia MD

Electronically Signed on 04/19/2023 02:03 PM CDT

Das, Santu