



**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: 6/22/2023  
MRN: 0000857597 Disch: 6/22/2023  
FIN: 2009103045 Admitting: Hightower,Olivia MD  
Location: HOPE Attending: Hightower,Olivia MD

Document Type: Oncology Office/Clinic Note  
Service Date/Time: 6/22/2023 15:32 CDT  
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Perform Information: Hightower,Olivia MD (7/6/2023 16:58 CDT); Hightower,Olivia MD (6/22/2023 15:34 CDT)  
Sign Information: Hightower,Olivia MD (7/6/2023 16:58 CDT); Hightower,Olivia MD (7/6/2023 15:56 CDT); Ramakrishnan,Sushmitha (6/22/2023 15:34 CDT)

**Addendum by Hightower, Olivia MD on July 06, 2023 4:58:12 PM CDT**

Patient has deferred chemotherapy. Will order ct chest, abdomen, pelvis asap.

Electronically Signed on 07/06/2023 04:58 PM CDT

Hightower, Olivia MD

**Chief Complaint**

Follow-up for right breast mass.

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

**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:

## Memorial Hematology and Oncology Partners

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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. [1]

### **This visit:**

Ms. Paula Helwick is a 69-year-old female who presents to the office today for follow-up of right breast mass. She is accompanied today by an adult male.

The patient states that she is doing well. Her energy level is good. She takes naps occasionally. She denies any dyspnea, abdominal pain, or nausea. She continues to have headaches since she was younger and uses peppermint for relief. She has taken aspirin in the past for headaches. She denies any fever. She is urinating well. She drinks a lot of liquids, fluids, and nutritional supplements.

She has a fungated breast that has been draining. She has been covering it with bandages with significant improvement and changes the bandages about twice a day. She reports the mass is beginning to reduce in size. She denies any pain or odor from the drainage.

### **Results:**

CT scan of the chest, abdomen, and pelvis in 03/2023 showed 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.

### **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. + Headache.

Lymphatics: No lymphadenopathy.

Skin: No rash or lesions.

Psych: No depression or anxiety.

Breast: + Drainage.

### **Physical Exam**

#### Vitals & Measurements

T: 36.2 °C (Oral) HR: 90 (Peripheral) RR: 18 BP: 122/75 SpO2: 97%

HT: 169 cm HT: 169 cm WT: 56.1 kg (Dosing) WT: 56.1 kg

WT: 56.1 kg (Estimated) BMI: 19.64 BSA: 1.62

#### **Metric Conversions**

Conversion Kg to Pounds: 123.68 (06/22/23 14:23:00)

Conversion cm to Inches: 66.54 (06/22/23 14:23:00)

Conversion C to F: 97.16 (06/22/23 14:23:00)

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

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

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:.

### **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**

No qualifying data available.

No qualifying data available.

No qualifying data available.

No qualifying data available.

### **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,

## Memorial Hematology and Oncology Partners

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Neck: Supple. No JVD.  
Breasts: 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: 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.

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.

### **Assessment/Plan/Goals**

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

CT scan of the chest, abdomen, and pelvis in 03/2023 showed 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. Will obtain CA 27 29 today. Ordered CT of the chest, abdomen, and pelvis.

2. Leukopenia (Decreased white blood cell count, unspecified, D72.819) .  
Labs today.

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

Labs today.  
Ordered CT of the chest, abdomen, and pelvis.  
Follow up in 2 months.

### **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.

### 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  
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

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

Electronically Signed on 07/06/2023 03:56 PM CDT

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Hightower, Olivia MD

Electronically Signed on 06/22/2023 03:34 PM CDT

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Ramakrishnan, Sushmitha