



## 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: 2007115162  
Location: HOPE  
Admit: 9/22/2022  
Disch: 9/22/2022  
Admitting: Hightower,Olivia MD  
Attending: Hightower,Olivia MD

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Sign Information: Hightower,Olivia MD (10/12/2022 12:51 CDT); Ramakrishnan, Sushmitha (9/22/2022 15:55 CDT)

### Chief Complaint

Follow-up for HER-2 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

#### 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

WBC: **3.49 x10(3)/mCL** Low (09/22/22)  
RBC: **3.96 x10(6)/mCL** Low (09/22/22)  
Hgb: 12.2 gm/dL (09/22/22)  
Hct: 38.4 % (09/22/22)  
RDW-CV: 14 % (09/22/22)  
RDW-SD: 47.6 fL (09/22/22)

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### This visit:

Ms. Paula Helwick is a 68-year-old female who presents to the office today for follow-up. She has HER-2 positive breast cancer and was last seen on 10/21/2021. She has declined chemotherapy, surgery, and radiation previously. She is accompanied today by an adult male.

The patient states she is doing well. Her breasts are slowly healing, and they are draining. She noted that the blister she had is about half the size of what it was, and she has been using natural oatmeal soap to clean and apply aloe gel before covering it with bandages. She bleeds occasionally and gets shooting pain the day before the bleeding occurs and stops later. She feels like these happen in a pattern.

She had a mammogram and believes that it aggravated the inflammation of her breast. She denies shortness of breath or abdominal pain. She maintains her wellness program, and gets into a very good sleep. The adult male thinks that the patient's mass has grown but the patient denies it. She reports occasional pain in the mass.

### Review of Systems

Constitutional: No fever, No chills, 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: + Blisters on breast.

Psych: No depression or anxiety.

Lymphocyte %: 27.8 % (09/22/22)

Lymphocyte Ct: **0.97 x10(3)/mcl** Low (09/22/22)

Neutrophil Ct: 2.06 x10(3)/mcl (09/22/22)

MCV: 97 fL (09/22/22)

MCH: 30.8 pg (09/22/22)

MCHC: **31.8 gm/dL** Low (09/22/22)

MPV: **10.9 fL** High (09/22/22)

Platelet: 177 x10(3)/mcl (09/22/22)

Glucose Lvl: **112 mg/dL** High (09/22/22)

BUN: 12 mg/dL (09/22/22)

Creatinine Lvl: 0.58 mg/dL (09/22/22)

BUN/Crea: **20.7 ratio** High (09/22/22)

Sodium Lvl: 140 mmol/L (09/22/22)

Potassium Level: 4.3 mmol/L (09/22/22)

Chloride: 104 mmol/L (09/22/22)

CO2: 28 mmol/L (09/22/22)

AGAP: 8 mmol/L (09/22/22)

Calcium Lvl: 9.5 mg/dL (09/22/22)

ALT: 28 unit/L (09/22/22)

AST: 29 unit/L (09/22/22)

Alk Phos: 77 unit/L (09/22/22)

Bili Total: 0.3 mg/dL (09/22/22)

Total Protein: 7.3 gm/dL (09/22/22)

Albumin: 4 gm/dL (09/22/22)

A/G Ratio: 1 ratio (09/22/22)

### Physical Exam

#### Vitals & Measurements

**T:** 36.9 °C (Oral) **HR:** 106 (Peripheral) **RR:** 16 **BP:** 151/80 **SpO2:** 97%

**HT:** 169 cm **WT:** 57.8 kg (Dosing)

#### Metric Conversions

Conversion cm to Inches: 66.54 (09/22/22 13:59:00)

Conversion C to F: 98.42 (09/22/22 13:59:00)

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

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

Neck: Supple. No JVD.

Breasts: Cutaneous skin mets on breast worse.

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: Blisters noted.

Neurological: No focal deficits noted.

Psychiatric: Normal Affect.

Lymphatics: No cervical or supraclavicular lymphadenopathy.

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

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

HER-2 positive. Patient deferred chemotherapy, surgery, and radiation. Patient is agreeable to obtain tumor marker labs. She defers ct scans, chemotherapy. I strongly recommended ct scans and chemotherapy.

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

Continue current medication regimen.

3. Abnormal weight loss (Abnormal weight loss, R63.4) .

encourage ensure in between meals. Recommend pet scan and chemotherapy.

Labs today.

Follow up in 3 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.

[1] Onc Office Visit Note; Hightower, Olivia MD 10/22/2021 17:21 CDT

Electronically Signed on 10/12/2022 12:51 PM CDT

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Hightower, Olivia MD

Electronically Signed on 09/22/2022 03:55 PM CDT

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Ramakrishnan, Sushmitha