



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: 2005803235
Location: HOPE
Admit: 10/14/2020
Disch: 10/14/2020
Admitting: Hightower,Olivia MD
Attending: Hightower,Olivia MD

Document Type: Oncology Office/Clinic Note
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Perform Information: Hightower,Olivia MD (10/14/2020 14:03 CDT)
Sign Information: Hightower,Olivia MD (11/3/2020 11:49 CST); Cantrell,Whitney M (10/14/2020 14:03 CDT)

Chief Complaint

Routine follow up to review CT scans.

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.

This visit:

1. Breast cancer

Problem List/Past Medical History

Ongoing

Breast cancer

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

Diagnostic Results

(10/14/2020 10:35 CDT CT Chest/Lung w/
Contrast Routine)

Reason For Exam

Inflammatory breast cancer, initial
workup;Other (please specify)

Report

PROCEDURE: CT SCAN OF THE CHEST
WITH IV CONTRAST. CT ABDOMEN AND
PELVIS WITH IV CONTRAST.

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Reviewed CT of abdomen and pelvis from 10/14/20 and the results revealed: 1. 3 CM RIGHT BREAST MASS WITH RIGHT BREAST SKIN THICKENING AND EVIDENCE OF LOCAL NODAL METASTASIS TO THE RIGHT AXILLA AND RIGHT RETROPECTORAL REGION
2. INDETERMINATE 7 MM HYPODENSE MASS IN THE UPPER LEFT LOBE OF THE LIVER WHICH COULD JUST BE A SMALL HEMANGIOMA OR POTENTIALLY METASTASIS. NO OTHER LIVER LESIONS ARE EVIDENT. ATTENTION TO ON FOLLOW-UP IS RECOMMENDED
3. SMALL INDETERMINATE SCLEROTIC LESION LEFT ANTERIOR LOWER ENDPLATE OF L1 SUSPICIOUS FOR BUT NOT PATHOGNOMONIC OF METASTASIS. THIS MAY JUST BE SOME ARTHRITIC RELATED CHANGE. NO OTHER SUSPICIOUS BONE LESIONS ARE IDENTIFIED. ATTENTION TO ON FOLLOW-UP IS RECOMMENDED
4. CHOLELITHIASIS WITH A LARGE 2.5 CM GALLSTONE IN NO EVIDENCE OF CHOLECYSTITIS.
5. 4.7 CM RIGHT OVARIAN CYST.

2. Pain of breast

Pain in breast has nearly resolved when pt reports she has taken on a healthier life style. She reports she has changed her diet and her lifestyle accordingly. The bruise from previous breast biopsy has resolved.

3. Intentional weight loss

Pt reports she lost 6 pounds lately due to mindful eating and lifestyle.

Review of Systems

Constitutional: No fever, No chills. Fatigue. 6 pound 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 present. Bruising from right breast biopsy resolved.

Psych: No depression or anxiety.

Physical Exam

Vitals & Measurements

T: 36.4 °C (Temporal Artery) **HR:** 112 (Peripheral) **RR:** 18 **BP:** 154/82 **SpO2:** 98%

HT: 169 cm **WT:** 68.2 kg (Dosing) **WT:** 68.2 kg **BMI:** 23.88

Metric Conversions

Conversion Kg to Pounds: 150.36 (10/14/20 13:01:00)

Conversion cm to Inches: 66.54 (10/14/20 13:01:00)

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

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

Neck: Supple. No JVD.

Breast: Right breast mass proximately 3 cm palpable. Blisters on the skin from the breast cancer are present. Bruising has resolved.

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.

HISTORY: Recently diagnosed inflammatory right breast cancer, initial staging/treatment strategy planning.

COMPARISON: None

FINDINGS:

CT of the chest, abdomen, and pelvis with intravenous contrast was done per routine protocol.

CHEST:

There is an approximately 3 cm size mass in the superior right breast with overlying prominent right breast skin thickening noted and evidence of nodal metastasis to the right axilla and right retropectoral regions. The largest node is in the upper retropectoral region measuring 16 mm short axis diameter.

No metastatic pulmonary nodules are evident.

There is no evidence of pneumonia. There is no pleural or pericardial effusion. There is no mediastinal or hilar adenopathy. The right lobe the thyroid is enlarged secondary to several nodules measuring up to 12 mm in size.

ABDOMEN/PELVIS:

There is an indeterminate 7 mm hypodensity in the upper left lobe of the liver which does not persist on delayed images and could be a tiny hemangioma or potentially metastasis.

No other liver lesions are evident. There is some mild focal fatty infiltration around the ligamentum teres. There is a large 2.8 cm gallstone noted. There is no evidence of cholecystitis and there is no biliary ductal dilatation. The pancreas and spleen are normal.

There is no adenopathy. There is no ascites.

There is no omental nodularity or caking.

There is no bowel dilatation or bowel wall thickening evident. The appendix is normal.

The adrenal glands are normal. The kidneys are normal. No urinary bladder wall thickening is evident. There is a 4.7 cm right ovarian cyst noted. Left ovary is unremarkable. There is a 2.5 cm calcified fibroid posterior to the uterus.

There is a small indeterminate sclerotic lesion along the right anterior aspect of the lower endplate of L1 potentially representing

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Skin: No rash or skin lesions. N

Neurological: No focal deficits noted.

Psychiatric: Normal Affect.

Lymphatics: No cervical or supraclavicular lymphadenopathy

metastasis. No other suspicious bone lesions are evident.

IMPRESSION:

Assessment/Plan/Goals

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

Patient has HER-2 positive breast cancer with CT scans revealing an indeterminate mass in the liver and small indeterminate lesion in her lumbar spine. Will order bone scan to further evaluate suspicious bone lesion on CT scans. Strongly encouraged patient to start TCHP as soon as possible. She understands that I am concerned about indeterminate areas in her spine as well as her liver that are possibly metastatic disease. She understands that without treatment these could rapidly progress given her aggressive HER-2 positive malignancy. She states that she is not ready to start chemotherapy. She wants to work on her diet. I stressed to her the urgency of getting started but she still declined chemotherapy at this time. She understands this is life-threatening and does not wish to start currently. She is agreeable to getting bone scan and following up after that.

2. Pain of breast (Mastodynia, N64.4) .

Pain is improving as bruising from breast biopsy resolved.

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

Patient is following a low sugar diet.

Reviewed plan with patient. Patient agrees with plan as outlined above.

Follow up in 2 weeks.

I, Whitney Cantrell Documentation Assistant, am scribing for, and in the presence of, Dr. Olivia Hightower on 10/14/20 13:41:18

Whitney Cantrell is serving as a scribe on my behalf in completing this documentation. I have personally completed relevant history, examined the patient, and reviewed records, labs, and imaging as provided. I have personally formulated assessment and plan. I have confirmed the accuracy of the information of the transcribed note. Contents of the transcribed note reflect my work and decision-making.

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

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THE NUMBER OF KNOWN PREVIOUS CT SCANS AND CARDIAC NUCLEAR MEDICINE STUDIES THAT THE PATIENT HAS RECEIVED IN THE 12 MONTH PERIOD PRIOR TO THE CURRENT STUDY:
CT scans: 0, cardiac nuclear medicine studies: 0 (based on patient questioning and review of the EHR).

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. :
CT200035432 [1]

[1] CT Chest/Lung w/ Contrast Routine; Leatherbury, Clifton T MD 10/14/2020 10:35 CDT

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Electronically Signed on 11/03/2020 11:49 AM CST

Hightower, Olivia MD

Electronically Signed on 10/14/2020 02:03 PM CDT

Cantrell, Whitney M