



## 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: 2009409125  
Location: HOPE  
Admit: 10/26/2023  
Disch: 10/26/2023  
Admitting: Hightower,Olivia MD  
Attending: Hightower,Olivia MD

Document Type: Oncology Office/Clinic Note  
Service Date/Time: 10/26/2023 16:23 CDT  
Result Status: Auth (Verified)  
Perform Information: Hightower,Olivia MD (10/26/2023 16:28 CDT)  
Sign Information: Hightower,Olivia MD (11/12/2023 14:23 CST); Ramakrishnan, Sushmitha (10/26/2023 16:28 CDT)

### Chief Complaint

Follow-up for HE-2 positive metastatic 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. [1]

### 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

CBD Oil, **Over the counter**  
Med Honey, **Over the counter**

### 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:.

#### Substance Abuse

Details: Never

## Memorial Hematology and Oncology Partners

Patient Name: **Helwick, Paula**

FIN: 2009409125

DOB: 3/29/1954

MRN: 0000857597

### This visit:

Ms. Paula Helwick is a 69-year-old female who presents to the office today for follow up of HER-2 positive metastatic breast cancer. She is accompanied today by an adult male. She has declined treatment thus far including palliative chemotherapy, radiation.

The patient states she is doing well. She has a 4-layer bandage on her open wound of breast, which wraps around the bottom and catches any overflow as well. She reports it continues to bleed and leak and when it does, it makes her weak and she takes a nap. She sprays her self-made colloidal silver on it. It has broken down about 65% of the mass per the patient. The axillary lymphadenopathy has increased in size. She cleans the wound very carefully every night with Q-tips followed by Medihoney application. She reports occasional pain with breaking down the wound, and the CBD oil does help significantly. She reports mild axillary pain. She has been on a very restrictive diet and is eating healthy and better.

### Results:

CT scan in 07/2023 showed disease progression with increase in size of axillary lymph nodes and liver and lung metastases.

### Review of Systems

Constitutional: No fever, No chills. + Fatigue. + 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 cervical lymphadenopathy.

Skin: No rash or lesions. + Open wound of breast.

Psych: No depression or anxiety.

### Physical Exam

#### Vitals & Measurements

**T:** 36.9 °C (Oral) **HR:** 102 (Peripheral) **RR:** 18 **BP:** 138/71 **SpO2:** 96%

**HT:** 169 cm **WT:** 50.8 kg (Dosing) **WT:** 50.8 kg

**WT:** 50.8 kg (Estimated) **BMI:** 17.79 **BSA:** 1.54

#### Metric Conversions

Conversion Kg to Pounds: 111.99 (10/26/23 14:01:00)

Conversion cm to Inches: 66.54 (10/26/23 14:01:00)

Conversion C to F: 98.42 (10/26/23 14:01:00)

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

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

Neck: Supple. No JVD.

Breasts: Right breast mass and axillary lymphadenopathy increased in size.

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. + Open wound of breast noted.

Neurological: No focal deficits noted.

Psychiatric: Normal Affect.

Lymphatics: No cervical or supraclavicular lymphadenopathy.

### 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: **3.82 x10(3)/mCL** Low (10/26/23)

RBC: **4.07 x10(6)/mCL** Low (10/26/23)

Hgb: **11.9 gm/dL** Low (10/26/23)

Hct: 38.2 % (10/26/23)

RDW-CV: 13.5 % (10/26/23)

RDW-SD: 44.8 fL (10/26/23)

Lymphocyte %: **14.9 %** Low (10/26/23)

Lymphocyte Ct: **0.57 x10(3)/mCL** Low (10/26/23)

Neutrophil Ct: 2.78 x10(3)/mCL (10/26/23)

MCV: 93.9 fL (10/26/23)

MCH: 29.2 pg (10/26/23)

MCHC: **31.2 gm/dL** Low (10/26/23)

MPV: **10.7 fL** High (10/26/23)

Platelet: 228 x10(3)/mCL (10/26/23)

No qualifying data available.

No qualifying data available.

### Diagnostic Results

(07/13/2023 14:43 CDT CT Chest/Lung w/ Contrast Routine)

### Reason For Exam

breast cancer;Other (please specify)

### Report

CT Abdomen/Pelvis Routine w/ Contrast, CT Chest/Lung w/ Contrast Routine 7/13/2023 14:04

Proven COVID-19? NO

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

HISTORY: Metastatic, inflammatory breast carcinoma. Subsequent treatment strategy evaluation.

COMPARISON: CT chest abdomen pelvis March 23, 2023, March 10, 2021, October 14, 2020

### FINDINGS:

Chest:

## Memorial Hematology and Oncology Partners

Patient Name: **Helwick, Paula**

FIN: 2009409125

DOB: 3/29/1954

MRN: 0000857597

### Assessment/Plan/Goals

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

CT scan in 07/2023 showed disease progression with increase in size of axillary lymph nodes and liver and lung metastases. Will reevaluate CT scan of the chest, abdomen, and pelvis and CA 27-29 today. Recommended patient to start palliative chemotherapy with taxotere, herceptin, perjeta or at least herceptin and perjeta if she declines taxotere. I also recommended radiation to control right breast wound. Patient declines treatment but is agreeable to restaging scans.

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

Well controlled on current regimen.

3. Metastasis to liver (Secondary malignant neoplasm of liver and intrahepatic bile duct, C78.7) .

CT scan of the chest, abdomen, and pelvis ordered.

4. Cancer metastatic to lung (Secondary malignant neoplasm of unspecified lung, C78.00) .

CT scan of the chest, abdomen, and pelvis ordered.

Labs today.

CT scan of the chest, abdomen, and pelvis ordered.

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.

Similar size and extent of infiltrating mass involving the skin and underlying parenchyma of the right breast measuring 10.1 x 4.2 cm transverse. Similar size of lobular mass located far posteriorly within the right breast, abutting the pectoralis musculature measuring 11.2 cm transverse. Increase in size of multiple right axillary lymph nodes including 4.3 cm nodal mass, previously 2.6 cm. Similar size of enlarged subpectoral lymph nodes on the right. Similar enlarged left axillary lymph nodes. No acute thoracic aortic abnormality. No central pulmonary embolus. Heart size is normal. No pericardial or pleural effusion.

New 2.1 cm right perihilar pulmonary nodule. New 0.6 cm right upper lobe. Increase in size of 0.7 cm right lower lobe nodule and increase in size of few other very small right lower lobe nodules. New and enlarging left lung nodules numbering approximately 7. Index nodule within the anterior left lower lobe measures up to 1.4 cm transverse previously 0.5 cm. No bronchiectasis. No mass of the central airway.

No acute or suspicious osseous abnormality. No acute or suspicious osseous abnormality

Abdomen/pelvis:

Increase in size and number of approximately 6 liver masses compatible with metastases. Index mass at the junction of hepatic segments V and VI measures 3.3 cm long axis transverse, previously 1.8 cm. Spleen, pancreas, and adrenal glands have a normal CT appearance. Large gallstone, as before. No biliary ductal dilatation.

Normal renal enhancement without hydronephrosis or opaque stone. No abnormal perinephric fat stranding. No hydroureter. Urinary bladder is incompletely distended which accentuates the mural thickness.

No contour deforming abnormality of the uterus. 4.9 cm right ovarian cystic mass is similar in size. No left adnexal mass. No enlarged lymph nodes within the abdomen and pelvis by CT size criteria. No acute vascular abnormality.

No pneumoperitoneum or pneumatosis. No free intraperitoneal fluid. No focal CT abnormality of the stomach allowing for limitations related to relative underdistention. No CT evidence of acute normal appendix.

**Memorial Hematology and Oncology Partners**

Patient Name: **Helwick, Paula**

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No acute or suspicious osseous abnormality.  
Advanced multilevel lumbar degenerative disc disease.

**IMPRESSION:**

DISEASE PROGRESSION GIVEN INCREASE IN SIZE OF RIGHT AXILLARY NODAL METASTASES, INCREASE IN SIZE AND NUMBER OF METASTATIC PULMONARY NODULES AND INCREASE IN SIZE AND NUMBER OF LIVER METASTASES.

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: , cardiac nuclear medicine studies: (based on patient questioning and review of the EHR).

Dose Report for Accession No. :  
CT230028736  
(Philips, Ingenuity CT)  
Dose 1 : CT  
DLP Total : 708.2 mGycm  
DLP Spiral Max : 355 mGycm  
Maximum CTDI Vol : 7.8 mGy  
(accession CT230028736), Dose Report for  
Accession No. : CT230028735  
(Philips, Ingenuity CT)  
Dose 1 : CT  
DLP Total : 128.8 mGycm  
DLP Spiral Max : 122.4 mGycm  
Maximum CTDI Vol : 3.5 mGy  
(accession CT230028735)

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.

**Signature Line**

\*\*\*\* Final \*\*\*\*

Dictated by: Wetzel, Raun MD  
Dictated DT/TM: 07/13/2023 2:44 pm  
Signed by: Wetzel, Raun MD  
Signed (Electronic Signature): 07/13/2023 3:08 pm

**Memorial Hematology and Oncology Partners**

Patient Name: **Helwick, Paula**

DOB: 3/29/1954

FIN: 2009409125

MRN: 0000857597

Transcribed by: RW [2]

[1] Onc Office Visit Note; Hightower, Olivia MD 06/22/2023 15:32 CDT

[2] CT Chest/Lung w/ Contrast Routine; Wetzel, Raun MD 07/13/2023 14:43 CDT

Electronically Signed on 11/12/2023 02:23 PM CST

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Hightower, Olivia MD

Electronically Signed on 10/26/2023 04:28 PM CDT

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Ramakrishnan, Sushmitha