



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: 2005825535
Location: HOPE
Admit: 11/12/2020
Disch: 11/12/2020
Admitting: Hightower,Olivia MD
Attending: Hightower,Olivia MD

Document Type: Oncology Office/Clinic Note
Service Date/Time: 11/12/2020 12:43 CST
Result Status: Auth (Verified)
Perform Information: Hightower,Olivia MD (11/12/2020 12:58 CST)
Sign Information: Hightower,Olivia MD (12/2/2020 10:02 CST); Cantrell,Whitney M (11/12/2020 12:58 CST)

Chief Complaint

Routine follow up to review NM bone scan

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: Patient is still been hesitant to start treatment. She is changing her

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

(11/06/2020 12:39 CST NM Bone Imaging Whole Body)

* Final Report *

Reason For Exam

breast cancer - staging;Other (please specify)

Report

NM Bone Imaging Whole Body, 11/6/2020 8:00

History: Breast cancer

Memorial Hematology and Oncology Partners

Patient Name: **Helwick, Paula**

FIN: 2005825535

DOB: 3/29/1954

MRN: 0000857597

diet by removing sugar and she states trying to get healthy and feels like this is improving her breast cancer. CT scan from October 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 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.

reviewed NM bone scan from 11/06/20 and impressions showed:NO SCINTIGRAPHIC EVIDENCE OF OSSEOUS METASTASES.

Her breast exam revealed that her right breast mass felt larger in size and her skin changes appeared worse. I strongly stressed her to start treatment. She states that she is not willing to start chemotherapy at this time.

2. Liver mass: This was found on the chest/lung and abdomen/pelvis from 10/14/20 showed liver mass.

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 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.

Technique: Whole body bone scan performed following the uneventful, intravenous administration of 25 mCi of Technetium 99m-labeled MDP. Comparison made to CT from October 14, 2020.

Findings:
No abnormal foci of uptake demonstrated to suggest blastic, osseous metastases.

Physiologic uptake demonstrated in the urinary collecting system.

IMPRESSION:
NO SCINTIGRAPHIC EVIDENCE OF OSSEOUS METASTASES.

[1]

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.

Memorial Hematology and Oncology Partners

Patient Name: **Helwick, Paula**

FIN: 2005825535

DOB: 3/29/1954

MRN: 0000857597

Neurologic: Alert and oriented X4. No focal deficits.
Lymphatics: No lymphadenopathy.
Skin: Right breast inflammatory skin changes related to breast cancer.
Psych: No depression or anxiety.

Physical Exam

Vitals & Measurements

T: 36.5 °C (Oral) **T:** 36.5 °C (Tympanic) **HR:** 107 (Peripheral) **HR:** 107 (Apical)

RR: 17 **BP:** 153/83 **SpO2:** 98%

HT: 169 cm **WT:** 65.9 kg (Dosing) **WT:** 65.9 kg **BMI:** 23.07

Metric Conversions

Conversion Kg to Pounds: 145.28 (11/12/20 12:04:00)

Conversion cm to Inches: 66.54 (11/12/20 12:04:00)

Conversion C to F: 97.7 (11/12/20 12:04:00)

General: Well developed, well nourished female no acute distress.
HEENT: Normocephalic, atraumatic . PERRL. Oropharynx is clear.
Neck: Supple. No JVD.
Breast: Right breast mass is larger on exam with increased skin changes consistent with inflammatory breast cancer.
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.
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) .

CT scans reviewed in detail. Reviewed NM Bone imaging from 11/06/20 and results were stable. Order CBC, CMP, CA 27-29. Strongly urged patient to start

TCHP chemotherapy but patient is not willing to start at this time. CMP revealed significantly elevated liver enzymes. Will order MRI of the abdomen ASAP.

2. Liver mass (Hepatomegaly, not elsewhere classified, R16.0) .

Found on CT of abdomen/pelvis and Chest/lung from 09/29/20. Will order MRI of the abdomen ASAP.

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

Follow up in 2 to 3 weeks.

I, Whitney Cantrell Documentation Assistant, am scribing for, and in the presence of, Dr. Olivia Hightower on 11/12/20 12:43:08

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.

[1] NM Bone Imaging Whole Body; Mullins, Jonathan Barry MD 11/06/2020 12:39 CST

Memorial Hematology and Oncology Partners

Patient Name: **Helwick, Paula**

DOB: 3/29/1954

FIN: 2005825535

MRN: 0000857597

Electronically Signed on 12/02/2020 10:02 AM CST

Hightower, Olivia MD

Electronically Signed on 11/12/2020 12:58 PM CST

Cantrell, Whitney M