



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: 2009769369

Location: HOPE

Admit: 11/22/2023

Disch: 11/22/2023

Admitting: Hightower, Olivia MD

Attending: Hightower, Olivia MD

Document Type:

Service Date/Time:

Result Status:

Perform Information:

Sign Information:

Oncology Office/Clinic Note

11/22/2023 14:44 CST

Auth (Verified)

Hightower, Olivia MD (11/22/2023 15:11 CST)

Hightower, Olivia MD (12/11/2023 06:14 CST); URS, Shwetha (11/22/2023 15:11 CST)

Chief Complaint

Follow-up for 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.

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

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

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This visit:

Ms. Paula Helwick is a 69-year-old female who presents to the office today for follow-up of breast cancer. She is status post CT of the chest, abdomen, and pelvis. The patient has deferred treatment currently. She is accompanied today by an adult male.

The patient states that she is not doing well. She had a pop in her chest wall this morning when she turned over on one side. She put a heating pad on it, and it helped for a period. She was trying to make it on, and even lifting her hand to do things or trying to put her sweater on was painful. She went home rested because she did not get her full night's sleep. She got up to go walk her dogs, and her husband was not with her. One of her dogs pulled her down on the sidewalk, and she went smashing on the sidewalk. Her arm went forward, and she smashed all the way on her right breast. She has had internal bruising since then, and it makes it more painful for him to clean it. She came home and looked it up and showed her husband, and the blood from the fall had broken through from the bandage, and it was big on the side. It was several days before Halloween, and it was already getting dark. She knows a lot of traumas triggered her cancer to begin with, and a lot of traumas triggered it to come back. She went through a lot losing a family member, and she had all these family members trying to remove her as executive. She has had issues forgiving them. Her sister has talked to her, and it made her realize that she has not worked through this, and the patient thinks it has fueled the growth of this cancer.

Result:

The patient completed a CT scan of the chest, pelvis. This showed an increased number in size and masses in the lungs. The largest one is on the left was about 3.7 cm. It was approximately 1.4 cm. There were multiple enlarged lymph nodes in the middle of the chest. The hilar and subcarinal lymph nodes are enlarged. There were multiple enlarged lymph nodes underneath the axilla on both sides, more so on the right side. The breast mass was in the upper outer area was about 4.8 cm from 4.2 cm. There were additional masses in the right breast. There was a bone lesion in the right iliac wing that was about 2.4 cm.

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: + 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: + lymphadenopathy.

Skin: No rash or lesions.

Psych: +Anxiety.

Physical Exam

Vitals & Measurements

T: 36.8 °C (Oral) HR: 120 (Peripheral) RR: 18 BP: 145/80 SpO2: 97%

HT: 169 cm HT: 169 cm WT: 50.3 kg (Dosing) WT: 50.3 kg

WT: 50.3 kg (Estimated) BMI: 17.61 BSA: 1.54

Metric Conversions

Conversion Kg to Pounds: 110.89 (11/22/23 13:40:00)

Conversion cm to Inches: 66.54 (11/22/23 13:40:00)

Conversion C to F: 98.24 (11/22/23 13:40:00)

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

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

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)

Glucose Lvl: 97 mg/dL (10/26/23)

BUN: 10 mg/dL (10/26/23)

Creatinine Lvl: 0.57 mg/dL (10/26/23)

BUN/Crea: 17.5 ratio (10/26/23)

Sodium Lvl: 138 mmol/L (10/26/23)

Potassium Level: 4.5 mmol/L (10/26/23)

Chloride: 101 mmol/L (10/26/23)

CO2: 27 mmol/L (10/26/23)

AGAP: 10 mmol/L (10/26/23)

Calcium Lvl: 9.6 mg/dL (10/26/23)

ALT: 94 unit/L High (10/26/23)

AST: 90 unit/L High (10/26/23)

Alk Phos: 160 unit/L High (10/26/23)

Bili Total: 0.4 mg/dL (10/26/23)

Total Protein: 6.8 gm/dL (10/26/23)

Albumin: 3.8 gm/dL (10/26/23)

A/G Ratio: 1.3 ratio (10/26/23)

Diagnostic Results

(11/14/2023 14:53 CST CT Abdomen/Pelvis
Routine w/ Contrast)

Reason For Exam

breast cancer;Other (please specify)

Report

CT ABDOMEN/PELVIS ROUTINE W/
CONTRAST, CT CHEST/LUNG W/
CONTRAST ROUTINE, 11/14/2023 14:17

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HEENT: Normocephalic, atraumatic. PERRL. Oropharynx is clear.
Neck: Supple. No JVD.
Breasts: Right breast mass enlarging.
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: Right axillary lymphadenopathy.

Assessment/Plan/Goals

1. Breast cancer (Malignant neoplasm of upper-outer quadrant of right female breast, C50.411) .
Status post restaging scans with progression of disease in lung, liver, bones. I stressed to the patient that if she wishes to pursue treatment that she should start palliative chemotherapy asap with taxotere, herceptin, and perjeta or at least herceptin and perjeta if she defers traditional chemotherapy. She is going to think about it.
2. Pain of right shoulder joint (Pain in right shoulder, M25.511) .
Ordered x-ray of the right shoulder.
3. Pain of right breast (Mastodynia, N64.4) .
Offered palliative radiation and patient has declined previously.
4. Leukopenia (Decreased white blood cell count, unspecified, D72.819) .
This is mild. Will continue to monitor.
5. Anemia (Anemia, unspecified, D64.9) .
This is mild. Will continue to monitor.

Follow up in 6 weeks.

ATTESTATION:

I, Shwetha Urs P, am documenting for Olivia Hightower, MD. Powered by DAX.
I, Dr. Olivia Hightower, agree that the documentation is accurate and complete.

Procedure: CT images of the chest, abdomen and pelvis, obtained after the administration of 100 cc Omnipaque 350 IV and enteric contrast. Axial reconstructions as well as coronal/sagittal reformations reviewed. Comparison made to July 13, 2023.

History: Mucinous adenocarcinoma of the right breast, subsequent treatment strategy

Findings:

Chest
Increased number and size of scattered, randomly distributed pulmonary nodules/masses, with representative mass abutting the left fissure now measuring 3.7 cm on axial image 34 compared to 1.4 cm on prior. Nodular interlobular septal thickening and peribronchovascular nodularity noted, most pronounced in the bases and consistent with lymphangitic carcinomatosis. Abnormal, bilateral hilar and subcarinal adenopathy. No pericardial effusion. Numerous, abnormal bilateral axillary lymph nodes, more pronounced on the right. Irregular, enhancing mass of the upper outer right breast measures 4.8 cm on axial image 29 compared to 4.2 cm on prior. Additional, lobulated and heterogeneously enhancing masses of the right breast parenchyma and dermis slightly worsened. No new or suspicious bony lesion.

Abdomen/pelvis

Increased size of the ill-defined, low-attenuation subcapsular right hepatic lesion, now measuring 4.1 cm on axial image 24 compared to 3.3 cm on prior. Numerous additional, ill-defined low-attenuation masses are now seen throughout the liver, too numerous to count. Questionable, developing porta hepatic/gastrohepatic adenopathy. Remaining solid organs unchanged. No new bowel lesion. No vascular lesion. New, erosive lesion of the right iliac wing, measuring 2.4 cm on axial image 52. No additional, discrete bony lesion.

IMPRESSION: CT evidence for continued worsening of disease, including enlarging axillary lymph nodes and right breast masses, worsening pulmonary masses and lymphangitic carcinomatosis, worsening hepatic disease and developing bony metastases.

Proven COVID-19? NO

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

Dose Report for Accession No. :
CT230047538
(Philips, Ingenuity CT)
Dose 1 : CT
DLP Total : 736.6 mGycm
DLP Spiral Max : 369.8 mGycm
Maximum CTDI Vol : 7.8 mGy
(accession CT230047538), Dose Report for
Accession No. : CT230047539
(Philips, Ingenuity CT)
Dose 1 : CT
DLP Total : 114.8 mGycm
DLP Spiral Max : 108.4 mGycm
Maximum CTDI Vol : 3.5 mGy
(accession CT230047539)

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.

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: 373958629
(accession CT230047538), 373958488
(accession CT230047539)
AUC Score: No Score

Signature Line

***** Final *****

Dictated by: Mullins, Jonathan Bar
Dictated DT/TM: 11/14/2023 2:54 pm
Signed by: Mullins, Jonathan Barry MD
Signed (Electronic Signature): 11/14/2023 3:55 pm

[1] CT Abdomen/Pelvis Routine w/ Contrast; Mullins, Jonathan Barry MD 11/14/2023 14:53 CST

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Electronically Signed on 12/11/2023 06:14 AM CST

Hightower, Olivia MD

Electronically Signed on 11/22/2023 03:11 PM CST

URS, Shwetha