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	Admit:	1/10/2024
MRN:	0000857597			Disch:	1/10/2024
FIN:	2010010767			Admitting:	Hightower,Olivia MD
Location:	HOPE			Attending:	Hightower,Olivia MD

Document Type:	Oncology Telemedicine Visit Note
Service Date/Time:	1/11/2024 08:09 CST
Result Status:	Auth (Verified)
Perform Information:	Hightower,Olivia MD (1/11/2024 08:27 CST)
Sign Information:	Hightower,Olivia MD (1/11/2024 15:42 CST); URS,Shwetha (1/11/2024 08:27 CST)

Chief Complaint
Follow-up for 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.

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**
hydrocodone-acetaminophen 7.5 mg-325 mg/15 mL oral solution, 15 mL, Oral, q6h, PRN
Med Honey, **Over the counter**
Norco 5 mg-325 mg oral tablet, 1 tab, Oral, q6h, PRN

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

Patient Name: **Helwick, Paula** FIN: 2010010767
DOB: 3/29/1954 MRN: 0000857597

This visit:
Ms. Paula Helwick is a 69-year-old female who presents via telehealth for follow-up of metastatic HER2 positive breast cancer. She has declined treatment thus far. She went to the ER yesterday with complaints of weakness and being unable to climb the stairs and swelling of her arms and legs. She has had difficulty with lymphedema in the past, but this is the worst that it has been. Her right axillary lymph node has increased in size. She has a fungating right breast mass that has increased. She has significant pain and has difficulty laying down to sleep. She took Norco at the ER with some relief, but she has difficulty swallowing pills, and they gave her an oral Norco prescription of tablets. She requests liquid Norco for pain. She has lost significant weight.

Telehealth (Audio and Visual)

Out of abundance of caution regarding COVID-19, this patient has consented to a telehealth visit today. The nature of this call was not tied to a face-to-face office visit or procedure that occurred in the past 7 days. A subsequent office visit is not indicated for this patient within the next 24 hours. Due to the nature of this call/visit, we are not able to obtain vital signs or physical exam. Today's visit was performed via telehealth and utilized an audio only connection. Patient deferred Facetime/Doxy.me. I spent more than 50% of time in conversation with the patient, reviewing records, and placing orders.

I informed the patient that the use of Telemedicine for today's visit may require the use of an application that is not secure to transmit protected health information and the application may present a privacy risk to the patient's protected health information. I also explained that the audio and visual tools may not be adequate for the care needed and an in-person visit may be required. Consent was given by the patient to discuss personal health issues via an interactive telecommunications system. Over 23 minutes spent.

Result:
The patient completed a CT scan in 11/2023 that showed worsening disease with enlarging axillary lymph node of the right breast masses, worsening pulmonary masses, lymphangitic carcinomatosis, worsening hepatic disease, and developing bony metastases.

The patient completed a chest x-ray that showed bilateral lower lung field opacities with pleural effusions. The right humerus x-ray showed no evidence for fracture, moderate right glenohumeral arthritis.

The patient completed an x-ray of the right shoulder that showed mild to moderate right shoulder osteoarthritis.

Review of Systems
Constitutional: No fever, No chills. +fatigue. No weight loss.
HEENT: No visual changes, no mouth sores. +Breast mass.
Respiratory: + 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: +Joint pain. +Muscle pain.
Neurologic: Alert and oriented X4. No focal deficits.
Lymphatics: +Lymphadenopathy.
Skin: No rash or lesions.
Psych: No depression or anxiety.

heterosexual. Identifies as female Gender Identity:.
Substance Abuse
Details: Never
Tobacco
Details: Never (less than 100 in lifetime)
Tobacco Use:.
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: 8.26 x10(3)/mcL (01/10/24)
RBC: 5.48 x10(6)/mcL High (01/10/24)
Hgb: 15.8 gm/dL (01/10/24)
Hct: 49.8 % High (01/10/24)
RDW-CV: 14.7 % High (01/10/24)
RDW-SD: 48.9 fL High (01/10/24)
Lymphocyte %: 5 % Low (01/10/24)
Lymphocyte Ct: 0.41 x10(3)/mcL Low (01/10/24)
Neutrophil Ct: 7.43 x10(3)/mcL (01/10/24)
MCV: 90.9 fL (01/10/24)
MCH: 28.8 pg (01/10/24)
MCHC: 31.7 gm/dL Low (01/10/24)
MPV: 10 fL (01/10/24)
Platelet: 289 x10(3)/mcL (01/10/24)
Glucose Lvl: 112 mg/dL High (01/10/24)
BUN: 15 mg/dL (01/10/24)
Creatinine Lvl: 0.53 mg/dL (01/10/24)
BUN/Crea: 28.3 ratio High (01/10/24)
Sodium Lvl: 140 mmol/L (01/10/24)
Potassium Level: 4.3 mmol/L (01/10/24)
Chloride: 99 mmol/L Low (01/10/24)
CO2: 29 mmol/L (01/10/24)
AGAP: 12 mmol/L (01/10/24)
Calcium Lvl: 10.5 mg/dL High (01/10/24)
ALT: 117 unit/L High (01/10/24)
AST: 140 unit/L High (01/10/24)
Alk Phos: 466 unit/L High (01/10/24)
Bili Total: 0.7 mg/dL (01/10/24)
Total Protein: 6.8 gm/dL (01/10/24)
Albumin: 3.5 gm/dL (01/10/24)
A/G Ratio: 1.1 ratio (01/10/24)

Diagnostic Results
(01/10/2024 02:03 CST XR Chest PA/AP Portable)

Reason For Exam
sob;Other (please specify)

Report

Patient Name: **Helwick, Paula** FIN: 2010010767
DOB: 3/29/1954 MRN: 0000857597

Physical Exam

Vitals & Measurements
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)
Telehealth visit, no exam.

Assessment/Plan/Goals
1. Breast cancer (Malignant neoplasm of upper-outer quadrant of right female breast, C50.411) .
The patient deferred treatment so far. She is agreeable to an informational hospice visit. Discussed that her life expectancy is less than 6 months. Will send a referral to Karen Home Hospice. Hospice will assist with wound care of her breast. CT scans in 11/23 revealed progression of disease and performance status worsening.

2. Lymphedema (Lymphedema, not elsewhere classified, I89.0) .
Will send a referral to Karen Home Hospice. They will continue to monitor the patient.

3. Tumor metastatic to bone (Secondary malignant neoplasm of bone, C79.51) .
She completed a CT scan in 11/2023 that showed worsening disease with enlarging axillary lymph node of the right breast masses, worsening pulmonary masses, lymphangitic carcinomatosis, worsening hepatic disease, and developing bony metastases. Plan informational hospice visit.

4. Neoplasm related pain (Neoplasm related pain (acute) (chronic), G89.3) .
Continue Norco as prescribed.

Follow up as needed if she transitions to hospice.

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.

PORTABLE CHEST X-RAY, 01:58:

HISTORY: Dyspnea.

COMPARISON: None.

FINDINGS: The lungs are moderately expanded. Small left pleural effusion with adjacent airspace disease. Right lower lung field scattered alveolar opacities and probable small right pleural effusion. The cardiac silhouette is normal size. Right glenohumeral degenerative changes.

IMPRESSION:

BILATERAL LOWER LUNG FIELD OPACITIES WITH PLEURAL EFFUSIONS AS NOTED ABOVE, LIMITED EVALUATION ON THIS SINGLE-VIEW CHEST EXAM. PLEASE CORRELATE CLINICALLY.

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

Signature Line
***** Final *****

Dictated by: Lawson, Eric D MD
Dictated DT/TM: 01/10/2024 7:02 am
Signed by: Lawson, Eric D MD
Signed (Electronic Signature): 01/10/2024 12:12 pm
Transcribed by: JJ

(01/09/2024 23:57 CST XR Humerus Right)

Reason For Exam
Injury, shoulder scapula & upper arm

Report
2 VIEW RIGHT HUMERUS RADIOGRAPHIC EXAM, 1/9/2024 23:32:

CLINICAL INFORMATION: Right humerus and shoulder pain, recent fall injury.

COMPARISON: Right shoulder exam November 22, 2023

FINDINGS: Intact alignment. No evidence for acute right humerus fracture. Moderate right glenohumeral osteoarthritis. Included soft tissues are unremarkable.

Signature Line
***** Final *****

Dictated by: Lawson, Eric D MD
Dictated DT/TM: 01/10/2024 7:04 am
Signed by: Lawson, Eric D MD
Signed (Electronic Signature): 01/10/2024 7:05 am
Transcribed by: EDL

(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

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

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

Electronically Signed on 01/11/2024 03:42 PM CST

Hightower, Olivia MD

Electronically Signed on 01/11/2024 08:27 AM CST

URS, Shwetha