



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: 2009330254
Location: HOPE
Admit: 7/14/2023
Disch: 7/14/2023
Admitting: Hightower,Olivia MD
Attending: Hightower,Olivia MD

Document Type: Oncology Telemedicine Visit Note
Service Date/Time: 7/14/2023 21:54 CDT
Result Status: Auth (Verified)
Perform Information: Hightower,Olivia MD (7/14/2023 22:13 CDT)
Sign Information: Hightower,Olivia MD (7/28/2023 16:00 CDT); URS,Shwetha (7/14/2023 22:13 CDT)

Chief Complaint

Follow-up for HER2 positive 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

No active medications

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:.

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This visit:

Ms. Paula Helwick is a 69-year-old female who presents today via telehealth for follow-up of HER2 positive breast cancer and to must review recent restaging scans. CT scan showed progression of disease. The patient has deferred treatment up to this point including chemotherapy and radiation. She is accompanied today by an adult male.

The patient states that she is doing well. She feels some pain on her breast when it is breaking the mass down. She has been putting Medihoney, coconut oil, CBD oil mixing it in and putting clothes over to clean it. The mass has shrunk by about 20 percent. It is painful to break it down. She has made a new bandage for her, and it is working very well. She felt something underneath her right arm, but she felt good. Her energy has been good.

Telehealth (Audio only)

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 23minutes spent.

Result:

The patient completed a CT scan of the chest, abdomen, and pelvis. This showed a right breast mass that is approximately 10.1 x 4.2 cm. The right axillary lymph nodes were larger in size from 2.6 to 4.3 cm. The subpectoral lymph nodes were enlarged. The left axillary lymph nodes were enlarged. The right perihilar lymph node was new at 2.1 cm. There was a new smaller nodule in the upper right lobe that was approximately 6 mm. There is an increase in the size of the lung nodules involving the skin measuring approximately 6 mm. There is an increase in size of 6 liver masses, the largest was 3.3 cm and previously was about 1.8 cm.

The patient completed blood work recently. This showed that her WBC level was mildly low.

Review of Systems

Constitutional: No fever, no chills. No 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.

Neurologic: Alert and oriented X4. No focal deficits.

Lymphatics: No lymphadenopathy.

Skin: No rash or lesions.

Psych: No depression or anxiety.

Breast: +Breast pain.

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: **3.36 x10(3)/mCL** Low (06/22/23)

RBC: 4.26 x10(6)/mCL (06/22/23)

Hgb: 12.6 gm/dL (06/22/23)

Hct: 40.2 % (06/22/23)

RDW-CV: 13.6 % (06/22/23)

RDW-SD: 45 fL (06/22/23)

Lymphocyte %: 23.2 % (06/22/23)

Lymphocyte Ct: **0.78 x10(3)/mCL** Low (06/22/23)

Neutrophil Ct: 2.14 x10(3)/mCL (06/22/23)

MCV: 94.4 fL (06/22/23)

MCH: 29.6 pg (06/22/23)

MCHC: **31.3 gm/dL** Low (06/22/23)

MPV: **10.8 fL** High (06/22/23)

Platelet: 187 x10(3)/mCL (06/22/23)

Glucose Lvl: **112 mg/dL** High (06/22/23)

BUN: 12 mg/dL (06/22/23)

Creatinine Lvl: 0.6 mg/dL (06/22/23)

BUN/Crea: 20 ratio (06/22/23)

Sodium Lvl: 138 mmol/L (06/22/23)

Potassium Level: 4 mmol/L (06/22/23)

Chloride: 102 mmol/L (06/22/23)

CO2: 27 mmol/L (06/22/23)

AGAP: 9 mmol/L (06/22/23)

Calcium Lvl: 10.2 mg/dL (06/22/23)

ALT: 46 unit/L (06/22/23)

AST: **37 unit/L** High (06/22/23)

Alk Phos: 88 unit/L (06/22/23)

Bili Total: 0.4 mg/dL (06/22/23)

Total Protein: 7.2 gm/dL (06/22/23)

Albumin: 4.1 gm/dL (06/22/23)

A/G Ratio: 1 ratio (06/22/23)

Diagnostic Results

(07/13/2023 14:43 CDT 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 7/13/2023
14:04

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Proven COVID-19? NO

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

Physical Exam

Vitals & Measurements

Metric Conversions

Conversion Kg to Pounds: 123.68 (06/22/23 14:23:00)

Conversion cm to Inches: 66.54 (06/22/23 14:23:00)

Conversion C to F: 97.16 (06/22/23 14:23:00)

Telehealth visit, no exam.

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:

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

Assessment/Plan/Goals

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

CT scan showed progression of disease. Patient has deferred treatment up to this point including chemotherapy and radiation. The Patient considered options but has deferred previous treatment. Her white count is mildly low, but stable. We will continue to monitor. Strongly encouraged her to start treatment due to overall growth.

2. Leukopenia (Decreased white blood cell count, unspecified, D72.819) .

The recent labs showed that the WBC count was mildly low. Continue to monitor.

Follow up in 1 month or sooner if patient decides whether she wants to start treatment.

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.

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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.

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

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(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
Transcribed by: RW

[1] CT Abdomen/Pelvis Routine w/ Contrast; Wetzel, Raun MD 07/13/2023 14:43 CDT

Electronically Signed on 07/28/2023 04:00 PM CDT

Hightower, Olivia MD

Electronically Signed on 07/14/2023 10:13 PM CDT

URS, Shwetha