Dr. Ramadevi Medavarapu Hematology & Oncology Progress Note: 06/28/2023 at 1:00 pm

Visit Reason: Follow up

Rio Grande Hematology & Oncology

4391 E. Lohman Ave, Las Cruces, NM, 88011 P: (575) 522-2633 F:(575) 522-2311

Patient Name: Holguin,Irene Patient DOB: 01/08/1962

Patient Age:61 Y
Patient Sex: female

Diagnoses

<u>Encounter for antineoplastic chemotherapy</u> - Z51.11 <u>Carcinoma of cervix</u> - C53.9

Reason for consultation: cervical cancer.

Date of consultation/initial visit: 05/12/2023.

HPI:

61-year-old female is referred to Medical Oncology for management of cervical cancer.

Pap smear in January showed no abnormal cells were positive high-risk HPV. Subsequent colposcopic exam showed no obvious lesion and endocervical curettage was negative. A week laetr she had an episode of vaginal bleeding. Because of the bleeding, MRI was performed which showed a suspected neoplastic lesion in the cervix with left adnexal lesion which could have been the pathologic lymph node versus ovarian deposit. Mildly prominent bilateral inguinal lymph nodes and left obturator lymph node which were not enlarged by size criteria. PET-CT scan revealed hypermetabolic activity in the region of the left aspect of the cervix, pelvic lymphadenopathy, hypermetabolic focus corresponding to soft tissue nodule in the region of the left adnexa, likely a lymph node. Initiated on chemoradiation therapy on 06/07/2023.

Pateint had abnormal PAP smear in the past , 10 years ago and underwent possible colposcopy. Patient used to get PAP semar regularly up until 2019.

Paternal grand mother with breast cancer and father with prostate cancer.

Oncologic History:

Imaging:

ultrasound of the pelvis, transvaginal on 02/28/2023-uterus measures $5.8 \times 3.3 \times 3$ cm. Endometrium is 0.3 cm in thickness. $2.4 \times 1.4 \times 2$ cm subtle heterogeneous hypoechoic cervical mass with internal vascularity on Doppler. No evidence of acute pelvic pathology. Cervical mass is indeterminate and further evaluation with contrast enhanced MRI is recommended. MRI of the pelvis without and with contrast on 03/20/2023- uterus is anteverted measures $6.7 \times 2.9 \times 4$ cm. T2 hyperintense cervical mass in the lower endocervical region expanding the cervix and extending into the anterior as well as the posterior vaginal fornix. Lesion shows restriction on diffusion in the lesion measures $2.5 \times 2 \times 2.4$ cm. Intact low signal of the vaginal wall. Peritoneal reflection is maintained. No suggestion of parametrial fat invasion. 1.4×1.1 cm enhancing soft tissue signal intensity nodule in the left adnexa which also shows restricted diffusion, likely a pathologic lymph node versus a deposit within the left ovary. PET-CT scan is recommended.

Mildly prominent bilateral inguinal lymph nodes and left obturator lymph nodes. Not enlarged by size criteria. Distended bladder.

PET-CT scan on 05/31/2023- hypermetabolic left para-aortic lymphadenopathy extending from the level of L3-L4 disc level distally. Enlarged hypermetabolic left common iliac lymph nodes measuring approximately 1.3 cm in diameter SUV of 4.5. Hypermetabolic focus is seen corresponding to the soft tissue nodule in the region of the left adnexa measuring approximately 1.9 x 1.3 cm SUV of 7.4. Hypermetabolic activity in the region of the left aspect of the cervix likely corresponds to patient's known primary cervical neoplasm.

Pathology:

Cervical biopsy on 04/19/2023-invasive squamous cell carcinoma, moderately to poorly differentiated. invasive tumor extends to multiple deep and lateral margins of the biopsy. The tumor in not start the med is 7 mm. Lymphovascular invasion is not seen. Tumor cells stained positive for CK 5, P 40, P 16. PDL1 80-89%.

Labs:

Procedures:

Loop excision of the cervical lesion on 04/19/2023.

Staging:

T1b2N1a- stage IIIC1.

Treatment:

initiated on concurrent chemoRT on 06/07/2023.

Interval History:

Patient is here with her daugher. She reports fatigue. No new medications. Patient ishere for lab results. No ER or hospital visits.

Allergy

NKDA

Current Medications

Ondansetron 8 MG Oral Tablet Disintegrating: 2 Tablet(s) every 8 hours as needed Oral, Start 06/07/2023, End 10/05/2023, Qty 30 Tablet(s) For 30 Day(s) Refill 3 Lisinopril-hydroCHLOROthiazide 20-12.5 MG Oral Tablet: 1 Tablet(s) daily Oral

Past Medications

Ambien CR 6.25 MG Oral Tablet Extended Release: 1 Tablet(s) daily Oral, Start 06/20/2023, End 07/20/2023, Qty 30 Tablet(s) For 30 Day(s), - Completed by Huerta, Anabel on 06/28/2023

Medical History

Hypertension

Cervical cancer.

Surgical History

Tonsillectomy
Cesarean Section

Family History

Hypertension

Father

Breast Cancer

• Paternal Grand Mother (over 60)

Systemic lupus erythematosus

· Paternal Grand Mother

prostate cancer

• Father (50s)

Social History

Tobacco: Never smoker

Alcohol: Stopped at the end of 2023. Used to drink 2-3 beers a week for a long time..

Drug: Denies Usage

Ob/Gyn History

Menarche: 12 years Postmenopausal:Yes

OB Summary: Total Preg: 2, Full Term 2, C-Section 1, Living 2

Review of Systems

Constitutional:

Admits Fatique

Denies Recent chills, Fever, Weight change and Change in appetite

Eyes:

Denies New Vision Problems , Eye Irritation , Eye Pain and Yellowing of eyes

Ears, nose, mouth, throat:

Denies Nosebleeds, New cold symptoms, New voice changes and New hearing problems

Cardiovascular:

Denies Chest pain, Palpitations and Swelling in extremities

Respiratory:

Denies Cough, Wheezing and Shortness of breath

Gastrointestinal:

Denies Difficulty swallowing , Nausea , Vomiting , Heartburn , Diarrhea , Constipation , Blood in stools , Clay colored stools , Oily stools and Abdominal pain

Genitourinary:

Denies Difficulty urinating and Blood in urine

Musculoskeletal:

Denies New joint pain, Joint swelling, Neck pain and Low back pain

Dermatology:

Denies New skin rash and Skin lesions

Neurologic:

Denies Headaches, Headaches, Loss of consciousness, Dizziness and Seizures

Psychiatric:

Denies Psychiatric problems

Endocrine:

Denies Appetite Changes , Asthenia , Cold Intolerance , Growth , Hair Changes , Heat Intolerance , Hormone Therapy , Libido Change , Polydipsia , Secondary Sexual Development and Sexual Dysfunction

Immunology:

Denies Previous Transfusions, Rh Incompatibility and Transfusion Reaction

Vital Signs

Weight 169 lbs 5 oz, Height 63", BMI 29.99 kg/m sq, Category Overweight, Temp 98.80 F - Temporal, Pulse 82 b/m - Regular - Sitting, Respiration 19 b/m - Normal, BP 100/62 mm/Hg - Sitting - Left Arm - Standard Cuff Size SAO2 94% - Resting - Room Air, - Automatic Recording, Severity of Pain 0

Comments: down by 2 lbs sine last visit

ECOG PS 1

Taken on Jun 28, 2023 at 1:14 PM by Ms Gomez, Belen

Physical Exam

General

Findings: Alert, Oriented to self, Oriented to place, Oriented to date, No acute distress

Head

Findings: Normocephalic

Eyes

Findings: Pupils equal **Ears, Nose, Mouth, Throat**

Findings: Normal external appearance to ears

Neck

Findings: Supple Lymphatics

Findings: No cervical lymphadenopathy noted

Cardiovascular

Findings: Regular rate, Regular rhythm, No murmurs appreciated

Pulmonary

Findings: Clear to auscultation in both lung fields

Abdomen

Findings: Soft, Non-tender, Non-distended

Back

Findings: No pain along spine

Extremities

Findings: No swelling in lower extremities

Neurologic

Findings: Alert and oriented to self, Date and location

Lab Result

Specimen collected on 06/27/2023 3:41PM 06/27/2023 CBCD - CBC + Differential

WBC4.9 x10E3/uLRange 4.0-11.0 RBC3.92 x10E6/uLRange 4.01-5.47

Hgb11.8 gm/dLRange 12.0-16.0

Hct34 %Range 36-48

MCV87 fLRange 81-101

MCHC34.5 gm/dLRange 31.1-35.5

RDW13.0 %Range 11.0-14.5

Platelets166 x10E3/uLRange 150-400

Diff TypeAuto Diff Neutrophils67 % Lymphocytes10 % Monocytes11 %

Eosinophils12 % Basophils0 %

Abs. Neutrophil3.3 x10E3/uLRange 1.8-7.0 Abs. Lymphocyte0.5 x10E3/uLRange 1.0-3.4 Abs. Monocyte0.5 x10E3/uLRange 0.2-0.8

Abs. Eosinophil0.6 x10E3/uLRange 0.0-0.3

Abs. Basophil0.0 x10E3/uLRange 0.0-0.1

TRL Tricore Reference Laboratories, 1001 Woodward PI NE, Albuquerque, NM 87102

Specimen collected on 06/27/2023 3:41PM

06/27/2023 CMP - Comp Metabolic Panel Sodium139 mmol/LRange 134-144

Potassium3.6 mmol/LRange 3.5-5.1

Chloride100 mmol/LRange 98-111

CO228 mmol/LRange 20-30

Anion Gap11 mmol/LRange < 18

Glucose107 mg/dLRange 60-100

Impaired fasting glucose (IFG) is defined as a fasting glucose level of 100-126 mg/dl.(ADA Guidelines Diabetes Care 26: (3160-3167)2003)

BUN13 mg/dLRange 7-31

Creatinine 0.90 mg/dLRange 0.50-1.40

eGFR non-African Am73 mL/min/1.73m2Range >60

The eGFR is calculated using the 2021 CKD-EPI creatinine equation that does not use a race coefficient.

GFR CommentAn eGFR based on creatinine concentration is only useful when renal function is stable. It is not su

Calcium8.6 mg/dLRange 8.4-10.4

Total Protein6.8 gm/dLRange 6.1-8.2

Albumin3.4 gm/dLRange 3.4-4.7

Globulin3.4 gm/dLRange 2.4-4.2

Bilirubin, total0.7 mg/dLRange 0.3-1.2

Alk Phos93 U/LRange 38-150

AST(SGOT)13 U/LRange 6-58

ALT(SGPT)22 U/LRange 14-67

TRL Tricore Reference Laboratories, 1001 Woodward PI NE, Albuquerque, NM 87102

Specimen collected on 06/27/2023 3:41PM

06/27/2023 MG - Magnesium

Magnesium1.9 mg/dLRange 1.4-2.6

TRL Tricore Reference Laboratories, 1001 Woodward PI NE, Albuquerque, NM 87102

Impression:

- 1. Stage IIIC1 moderately to poorly differentiated cervical cancer. Initiated on chemoRT on 06/07/2023. Week 4 treatment today. Toxicity- grade 1 anemia, grade 2 lymphocytopenia.
- 2. Mild eosinophilia- will monitor.

Discussion:

Reviewed the findings with the patient and her daughter. Discussed the lab results with the patient. Notified the patient that she will be receiving week for treatment today and will be receiving 2 more treatments. Told the patient that I would see her in 8 weeks for follow-up.

Recommendation:

- 1. Initiated on concurrent chemoradiation therapy on 06/07/2023. Week 4 treatment today.
- 2. RTC weekly for the treatment.
- 3. Follow up wihth me in 8 weeks.
- 4. Will send antiemetic prescriptions to the pharmacy.
- 5. Obtain the records from radiation Oncology.
- 7. Will cut down on the dose of dexamethasone to 4mg.
- 8. MRI pelvis on 07/03/2023.

Follow Up

Recall on 08/23/2023 with Oncology, RGHO

Lab Order

07/03/2023

CBC + Differential(Lab-CBCD) [No Specimen Selected]
Comp Metabolic Panel(Lab-CMP) [No Specimen Selected]
Magnesium(Lab-MG) [No Specimen Selected]

Electronically signed by Dr. Medavarapu, Ramadevi on Sunday, July 2, 2023 at 04:40 PM

Rio Grande Hematology and Oncology 4391 E. Lohman Ave Las Cruces, NM 88011

575.522.2633 Fax: 575.522.2311

Rio Grande Hematology and Oncology

4391 E. Lohman Ave Las Cruces NM 88011 Phone: (575) 522-2633 Fax: (575) 522-2311

Irene Holguin

Female DOB: 01/08/1962 -Account: 3409 720 W Chestnut Ave LAS CRUCES, NM 88005 C: 575 680 8987, H: 575 680 8109

Lab Requisition

TriCore Labs

Insurance	Insured Party	Policy #	
BCBS-NM MCO (Primary)	Self	YIR837806421	
Order # 37051 Client ID: 33126	Orde	ring Provider: Medavarapu, Ramadevi 7/3/20	
Tests		Diagnoses	
CBCD CBC + Differential		C53.9 Carcinoma of cervix	
Specimen: No Specimen Selected, Volume: 0.00, Date: Diet: Regular, Urgency: Normal CMP Comp Metabolic Panel	7/3/2023 1:00:00PM,	C53.9 Carcinoma of cervix	
Specimen: No Specimen Selected, Volume: 0.00, Date: Diet: Regular, Urgency: Normal MG Magnesium	7/3/2023 1:00:00PM,	C53.9 Carcinoma of cervix	

Please Bill to Insured Party

Diet: Regular, Urgency: Normal

Electronically signed by Dr. Ramadevi Medavarapu on Sunday, July 2, 2023 at 4:39 pm

Specimen: No Specimen Selected, Volume: 0.00, Date: 7/3/2023 1:00:00PM,

Date	Time AM PM	Prescriber's Signature	Prescriber's Name Printed	Beeper Number
Date	Time AM PM	Nurse's Signature	Faxed By	Time Faxed

Follow Up Reminder

Dr. Ramadevi Medavarapu

Rio Grande Hematology and Oncology 4391 E. Lohman Ave Las Cruces NM 88011 575.522.2633, Fax: 575.522.2311

Subject: Follow Up Visit

Follow Up On: 08/23/2023

Follow Up In: 0

Created By: Oncology, RGHO

Holguin, Irene

61 Y, Female- DOB:01/08/1962 Account #: 3409 Account #: 3409 720 W Chestnut Ave LAS CRUCES, NM 88005 H: 575.680.8109, C: 575.680.8987