



*Urgent Care \* Primary Care \* Specialty Medicine*

**Patient Information:**

Account #: "Patient Account Number"

Patient Name: Barbara A Nicastro

Gender: Female

Mailing Address: 29 SCOTT YOUNG LN WESTTOWN NY 10998-3405

Phone: 845-726-3018

Cell Phone: 845-742-1779

Date of Birth: 02/28/1962

Age: 57 Y

Marital Status: Married

Email: barbara\_nicastro@me.com

**Emergency Contact:**

Name: Phone:

Relationship: Self - patient is the insured

**PCP:**

JENNIFER L SAMPLES PA

Address: 111 MALTESE DRIVE MIDDLETOWN, NY 109402115 Phone: 845-342-4774 Fax:

**Pharmacy:**

NEIGHBORX PHARMACY 845-343-6666

**Insurance Information**

Primary Insurance: EMBLEM HIP

Phone Number: 866-447-9717

PO Box 2845, New York, NY, 10116

Guarantor/Responsible Party:

Subscriber Name: Nicastro, Barbara A

Date of Birth : 02/28/1962

Subscriber ID: K1008167802

Group Number:

Secondary Insurance:

Phone Number:

Guarantor/Responsible Party:

Subscriber Name:

Date of Birth:

Subscriber ID:

Group Number:

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**Progress Notes**

**Patient:** Nicastro, Barbara A  
**Account Number:** 127311  
**DOB:** 02/28/1962 **Age:** 57 Y **Sex:** Female  
**Phone:** 845-726-3018  
**Address:** 29 SCOTT YOUNG LN, WESTTOWN, NY-10998-3405  
**Pcp:** JENNIFER L SAMPLES

**Provider:** ANGELA MARCELINO, DO**Date:** 12/11/2019**Subjective:****Chief Complaints:**

1. Hospital follow up DLBCL.

**HPI:**-Today's Visit:-

57 yo female with HLD, GERD, and migraines presented for evaluation of retroperitoneal LAD. She had a CT A/P 2/2019 for evaluation of persistent flank pain and imaging showed subcentimeter, non-specific retroperitoneal LNs and some other pelvic LNs measuring up to 1.7cm. She also has biliary ductal dilatation since at least 2015 that is stable. She had a colonoscopy with Dr. Podaszwa on 4/16/2019 which reported diverticular disease, a sigmoid spasm and internal hemorrhoids. CT imaging was repeated one month later with improvement in LAD.

She had complaints of a left groin fullness and repeat CT imaging 10/2019 showed worsening retroperitoneal and para-aortic LAD, uterine thickening, new LLQ conglomerate of nodes measuring 12.5 cm and encasing the vasculature, with suspicion of LLE DVT confirmed on US. She has been having loose BMs.

Biopsy of left groin mass was consistent with DLBCL, non-GCB, no c-myc translocation but triple expressor, bulky stage II. She was given first cycle of R-CHOP 11/5/19, complicated by worsening diarrhea and neutropenia. CT imaging showed colitis with edema but no evidence of typhlitis, also noted resolution of PE and significant response of left groin mass.

She comes in for follow up. She was again admitted with diarrhea and candida esophagitis. She is now much more improved. Has been taking cholestyramine, has constipation rather than diarrhea. She denies fevers or chills.

**ROS:**General/Constitutional:

Patient denies fever, persistent night sweats, chills.

HEENT:

Patient denies decreased hearing. Comments nasal congestion.

Respiratory:

Patient denies cough, wheezing. Comments shortness of breath intermittently.

Cardiovascular:

Patient denies chest pain, palpitations, leg edema.

Gastrointestinal:

Patient denies nausea, vomiting, heartburn, rectal bleeding, diarrhea. Comments constipation, abdominal pain, indigestion.

Hematology/Lymphatic:

Patient denies swollen glands, unintentional weight loss, easy bruising.

Genitourinary:

Patient denies frequent urination, painful urination, urinary incontinence, blood in the urine.

Musculoskeletal:

Comments painful joints, myalgias, L>R CVA tenderness.

Dermatology:

Patient denies skin lesion(s). Comments bullous pemphigoid-on prednisone for many years.

Neurologic:

Comments headache, dizziness, tingling/numbness in hands bilaterally.

**Medical History:** Lumbago with sciatica, unspecified side, Anxiety disorder, unspecified, Pure hypercholesterolemia, Gastro-esophageal reflux disease without esophagitis, Cervicalgia, Headache, Bullous