

**Dr. Allen Greenwald**  
Respirologist



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2020/12/10

Dr. LO  
3000 Highway 7 E., Suite 202  
MARKHAM, ON L3R 6E1

**Patient:** Mr. Tom Pavlidis  
**PHN:** 4624 050 078HE  
**Birthdate:** 1946/12/08

Dear Dr. LO,

Thank you for referring Mr. Tom Pavlidis for assessment regarding abnormal chest imaging. The appointment is being carried out remotely via telephone after verbal consent was obtained. Although you are familiar with the medical history, I will review it for my records. Mr. Pavlidis is a 74 year old male with the following past medical history:

**Past Medical History:** Benign left adrenal nodule  
Osteoporosis  
HTN:

**External Medications:** atenolol 50 mg Oral Tablet:

**Lifestyle Notes**

Born in Greece. Came to Canada in 1957. No Hx of TB.

**Smoking:** Quit 25 years ago. Previous 20 pack year history.

**EtOH:** Occasionally

**Occupation:** Worked for Scarborough board of education as caretaker.

**Home Environment:** Lives in a condo with wife. No pets. No Mold. Has no carpet.

**Allergies:** Drugs: NKDA. Seasonal/Environmental Allergies: None.

**HPI:**

Tom was previously complaining of some discomfort in his back and right shoulder. He had a chest x-ray done that described a soft tissue density in the lateral left lung base. Based on this a CT thorax was completed on November 30. This does not show any abnormality in the left lung base but showed several tiny nodular densities in the right upper lobe adjacent to the fissure and a small 4 mm nodule in the right middle lobe. There was a 1 mm nodule in the lingula. There was a 1.2 cm left adrenal nodule that was unchanged. The CT report also describes a vague increased sclerosis involving the right 10th rib that is questionably more prominent compared to 2008.

Tom is actually feeling well and his back and shoulder pain has improved and almost resolved. He is quite active with no significant dyspnea or exercise limitation. He denies any chest pain, cough or wheezing. He does not have any constitutional symptoms. He does not have any known underlying lung disease and has never had a severe respiratory exacerbation. He denies any nasal congestion or rhinitis and is not complaining of any reflux.

**Investigations:**

CT thorax is as reported above. I also detect very mild emphysematous changes in the upper lobes that was not reported.

**Impression/Plan:**

Tom is a 74-year-old male with incidental pulmonary nodularity that is likely benign. He is asymptomatic but just to ensure there is no progression I will repeat a CT thorax in 6 months. I will follow-up with him after this to discuss the results.

It was a pleasure to partake in this patient's care. I look forward to collaborating on their ongoing management with you.

Sincerely,

A handwritten signature in black ink, appearing to read "A. Greenwald". The signature is fluid and cursive, with the first name "Allen" and last name "Greenwald" clearly distinguishable.

Allen Greenwald, MD, FRCPC (Billing #033053)