

Dec 7, 2020

Jason Lo
202-3000 Highway 7E
Markham, ON
L3R 6E1

Dear Jason Lo:

Re: Andrew On Too Kwong Jul 7, 1968 Age: 52 yr
647-217-1306 (B) 416-706-4089 (M preferred)

This 52 year old male was seen in follow up for thyroid nodule. He was last seen on Jan 7, 2020
Visit via phone assessment due to current COVID status. Pt consents. Time: 9:20-9:32 am

Past Medical History

Thyroid nodule

Left submandibular gland cyst - saw Dr. Lui 2019, FNA oncocytic neoplasm, 1% malignant
conversion risk, pt opted for surveillance.

Medications

no current medications

Allergies

No known allergies Oct 26, 2017

Interim History

Since the last visit, thyroid ultrasound was done
Compressive symptoms: no dysphagia, dysphonia, stridor

Tests

Sep 1/17 TSH 1.07 fT4 12, anti-TPO neg, anti-TG neg

Thyroid US June 29/17 - left hypoechoic nodule 1.2 x 0.7 x 0.7 cm (previously 0.7 x 0.7 x 0.6 cm).
Left parotid gland 0.4 x 0.3 x 0.3 cm cystic/hypoechoic solid lesion. No vascularity noted
(decreased in size).

Thyroid US Nov 17/17 (MSH) - left hypoechoic nodule, 12 x 6 x 8 mm. Wider than tall and well
marginated. No microcalcifications. Previously 10 x 6 x 7 mm. No abnormal cervical
lymphadenopathy. Left submandibular gland cyst 1.4 x 1.0 x 0.7 cm. Given small size, follow-up
study in 12-18 months is appropriate to reassess this nodule.

Thyroid US Nov 30/18 - left lower hypoechoic nodule 1.1 cm, stable.

1.8 x 1.1 x 0.9 cm left submandibular gland cystic lesion has slightly increased in size (previously
1.4 x 1 x 0.7 cm) and demonstrates a few internal septations with vascularity. No
lymphadenopathy. This may represent a lymphoepithelial cyst, but benign lesions such as
a pleomorphic adenoma or Warthin's tumor may have similar appearances. Further evaluation with
MRI can be considered.

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FNA L submandibular gland cyst Jan 14/19 - Numerous groups of uniform oncocytic cells present consistent with an oncocytic neoplasm

Thyroid US Nov 1/19 (MSH) - Left lower pole solid hypoechoic nodule, 12 x 7 x 6 mm. No calcifications. No abnormal lymphadenopathy.

Intimate to the left submandibular gland, mildly complex cystic lesion 9 x 7 x 6 mm, decreased in size. Previously, 18 x 11 x 9 mm.

Thyroid US Dec 4/20 (MSH) - Left lower pole hypoechoic nodule 1.2 x 0.7 x 0.8 cm, unchanged from prior. Tiny colloid cyst in the upper pole. Left submandibular gland complex cystic focus with septations within, nonvascular, 9 x 8 x 7 mm, unchanged.

ASSESSMENT AND RECOMMENDATIONS

This 52 year old M has a thyroid nodule. We discussed the following,

Thyroid nodule: **stable** at 1.2 cm. Continue US surveillance. Ordered **repeat US for Dec 2021**

Submandibular gland cyst: **stable** at 9 mm. Pt saw ENT previously, opted for US surveillance.

Discussed will help monitor since doing thyroid US but if enlarges would refer back to Dr. Lui for discussion.

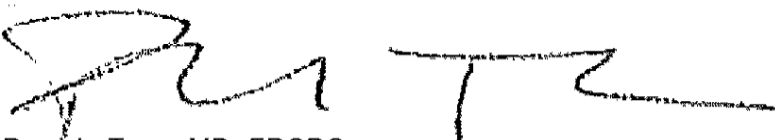
I have informed pt that as of Jan 11, 2021, I will be on maternity leave for 1 year. Unfortunately, I have not been able to find another endocrinologist to cover my practice between January and July 2021. I have asked the patient to see you in follow-up during this time if he has any new symptoms. Otherwise, he will be booked back in my office upon my return in January 2022. If you have any questions or require any additional reports, please do not hesitate to contact me before January 2021. I thank you for your assistance and understanding

****Important note: my new fax number is 289-469-5899. Please update your records****

Follow up will be arranged: Jan 2022 with neck US

Thank you for involving me in the care of your patient.

Regards,

A handwritten signature in black ink, appearing to be 'P. Tsao', written in a cursive, stylized manner.

Dr. Pamela Tsao, MD, FRCPC