



Fax Cover

Sheet

To: [REDACTED]
Company: [REDACTED]
Fax: [REDACTED] 8
Phone: [REDACTED]

From: [REDACTED] Y
Fax: [REDACTED] 0
Phone: [REDACTED] 4

NOTES:

REF# [REDACTED] 2

PT: [REDACTED]

DOB:09/10/1974

SX DOS:4/29/2024

[REDACTED]

DX CODE: C50.511

CPT: 19303 38525

[REDACTED] 4

PLEASE SEE ATTACHED CLINICALS

THANK YOU,

[REDACTED] Y

[REDACTED] 4

[REDACTED] 9

This message and the accompanying document or attachments may contain information which is privileged and/or confidential. If you are not the intended recipient, you may not review, discuss, disclose, copy, or distribute the contents of this message. If you have received this information in error, please immediately contact the [REDACTED] representative whose number is listed on the message and destroy all evidence of this correspondence.

4/2/24, 1:10 PM

Office Visit 3/27/2024

Provider: [REDACTED] MD (Hematology and Oncology)

Cancer Care Clinic [REDACTED]

Primary diagnosis: Infiltrating ductal carcinoma of right breast (HCC)

Reason for Visit: Consult; Referred by [REDACTED]

Progress Notes

[REDACTED] • Hematology and Oncology • Encounter Date: 3/27/2024 • Signed [REDACTED]

Name: [REDACTED]
MRN: [REDACTED]
Primary Care Physician: [REDACTED], DO

Date of encounter: 3/28/2024
Oncologist [REDACTED]
DOB: 9/10/1974 AGE: 49 y.o.

Breast cancer consult

The patient is a 49 yo perimenopausal F seen in consultation for newly diagnosed right breast cancer. She underwent bilateral screening mammogram in July of 2023 and further diagnostic imaging was recommended of the right breast due to an area of focal asymmetry. She denies any breast symptoms at the time including palpable masses, breast pain, nipple discharge, skin changes. She underwent diagnostic imaging which revealed a hypoechoic mass approximately 1.2 x 0.3 x 0.7 cm at the 7 o'clock position and a 1 cm benign-appearing cyst at the 9 o'clock position. Biopsy of the 7:00 mass was recommended and completed which revealed benign breast tissue. Follow up imaging was completed in 6 months and at that time the mass had increased in size, 1.4 x 0.7 x 1.2cm and biopsy was again recommended, in addition a lymph node with mild cortical thickening was also recommended for biopsy. Biopsy of the breast mass at this time revealed invasive ductal carcinoma, grade 1, ER positive PR positive and HER2 negative. At time of biopsy there were no enlarged or suspicious axillary lymph nodes, so no lymph node biopsy was completed.

She has been seen in surgical consultation with Dr. [REDACTED] and plans on bilateral mastectomies and sentinel node biopsy on the right. Surgery is scheduled for next month. She is here today accompanied by her significant other.

Melanoma status post wide local excision by Dr. [REDACTED], history of cervical cancer status post partial hysterectomy.

Father with bladder and lung cancer, paternal grandfather with prostate cancer, and paternal grandmother with possible breast cancer

Menarche age 12

G1, P1

Menopause s/p hysterectomy in 2016. Her ovaries were not removed.

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OCP 27 years

MSH3 heterozygous mutation on Myriad Myrisk

Past Medical History:

Diagnosis	Date
• Abnormal Pap smear	
• Activity involving cardiorespiratory exercise <i>FC/able to climb 2 flights of stairs with no sob or cp</i>	
• Cervical dysplasia	1998
• Chicken pox	
• ESBL (extended spectrum beta-lactamase) producing bacteria infection <i>Urine</i>	03/17/2023
• History of chicken pox	
• Hypertension	
• Malignant melanoma (HCC) <i>left calf/removed</i>	2010
• Sleep apnea <i>oral appliance</i>	
• Thyroid disease	

Past Surgical History:

Procedure	Laterality	Date
• BUNIONECTOMY		1992
• HERNIA REPAIR <i>abdominal repair 2016</i>	N/A	2016
• HYSTERECTOMY <i>DAVH-Dr. Drollinger</i>		2016
• LEEP <i>mild dysplasia</i>		2000
• LEG SURGERY <i>melanoma removal</i>	Left	2010
• PR COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD <i>COLONOSCOPY to cecum at 0822 with photo documentation of appendiceal orifice and ileocecal valve. performed by Paul Michael Levy, DO at DO GI</i>	N/A	12/27/2023
• SHOULDER ARTHROSCOPY <i>RCD/LCR</i>	Right	12/20/2018
• SHOULDER SURGERY	Right	2008

Medication list available in EMR was thoroughly reviewed during this visit.

Allergies

Allergen	Reactions
• Adhesive	
• Macrobid [Nitrofurantoin] <i>Felt foggy when taking</i>	

4/2/24, 1:10 PM

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Social History**Socioeconomic History**

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Never
- Passive exposure: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping status: Never Used

Alcohol and Sexual Activity

- Alcohol use: Yes
- Alcohol/week: 0.0 standard drinks of alcohol
- Comment: a few times per week one glass
- Drug use: No
- Sexual activity: Yes
- Partners: Male
- Comment: hysterectomy-DAVH

Other Topics

- Daily Caffeine Intake ? No
- Do you exercise regularly ? No

Social History Narrative

- Not on file

Social Determinants of Health**Financial Resource Strain:** Not on file**Food Insecurity:** Not on file**Transportation Needs:** Not on file**Physical Activity:** Not on file**Stress:** Not on file**Social Connections:** Not on file**Intimate Partner Violence:** Not on file**Housing Stability:** Not on file**Family History**

Problem	Relation	Age of Onset
• Arthritis	Mother	
• Depression	Mother	
• Hypertension	Mother	
• Elevated lipids	Mother	
• Alcohol abuse	Father	
• Bladder Cancer	Father	56
• Lung cancer	Father	
• COPD	Maternal Grandfather	
• Cancer unsure of type	Paternal Grandmother	
• High blood pressure	Paternal Grandmother	
• Prostate cancer	Paternal Grandfather	
• Stroke	Other	
• BRCA 1/2	Neg Hx	

• Breast cancer	Neg Hx
• Colon cancer	Neg Hx
• Cowden syndrome	Neg Hx
• DES usage	Neg Hx
• Endometrial cancer	Neg Hx
• Li-Fraumeni syndrome	Neg Hx
• Ovarian cancer	Neg Hx

REVIEW OF SYSTEMS

GENERAL: Denies fever, chills, weight loss or weakness.

EYES: Denies photophobia or conjunctival discharge.

NOSE and THROAT: Denies sore throat or ear pain.

CARDIOVASCULAR: No chest pain, orthopnea, palpitations or lower extremity edema.

RESPIRATORY: Denies cough, pleuritic chest pain or shortness of breath

GI: Denies abdominal pain, nausea, vomiting, constipation or diarrhea

MUSCULOSKELETAL: Denies myalgias, arthralgia or back pain

SKIN: No rash, pruritus or dry skin

NEUROLOGIC: Denies headache, focal weakness or sensory changes

ENDOCRINE: Denies polyuria or polydypsia, denies intolerance to heat or cold

LYMPHATIC: Denies swollen glands

PHYSICAL EXAM:
BP (I) 150/97 | Pulse 76 | Temp 97.1 °F (36.2 °C) (Temporal) | Resp 16 | Ht 5' 9" (1.753 m) | Wt 244 lb (110.7 kg) | LMP 02/26/2016 | SpO2 100% | BMI 36.03 kg/m²

CONSTITUTIONAL: Alert and oriented ×3.

HEENT: Pupils equal no icterus no LAD

NECK: Normal range of motion, no tenderness, supple, no thyromegaly.

CARDIOVASCULAR: Normal heart rate and rhythm, no murmurs, gallops or rubs.

CHEST: Normal breath sounds, no wheezing or rhonchi

ABDOMEN: Soft, no tenderness or masses, abdomen not distended, bowel sounds normal, no hepatomegaly or splenomegaly.

SKIN: Warm, no erythema, rash, nodules, I did not see ecchymosis or petechiae.

EXTREMITIES: No edema, cyanosis or clubbing.

LYMPHATICS/BREASTS: No masses, no palpable adenopathy in the neck, supraclavicular

LABORATORY STUDIES:
Laboratory studies and available imaging studies were reviewed and discussed with the patient.

Bilateral mammogram 7/14/23

BREAST COMPOSITION:

The breast tissue is heterogeneously dense, this may lower the sensitivity of mammography.

FINDINGS:

Right breast: There is a focal asymmetry in the posterior lower outer quadrant at 7:00 to 8:00 position (CC 22 and MLO 23).

Left breast: There is no suspicious mass, architectural distortion or calcifications to suggest malignancy. There is no significant change in comparison to the prior mammogram(s).

ASSESSMENT:

BI-RADS CATEGORY (0) INCOMPLETE: needs additional imaging evaluation.

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R diagnostic mammogram/US:7/21/23**AMMOGRAM**

TECHNIQUE: Right 2-D and 3-D tomosynthesis images were obtained. Computer aided detection (CAD) was used to assist in the interpretation.

BREAST COMPOSITION:

The breast tissue is heterogeneously dense, this may lower the sensitivity of mammography.

FINDINGS:

Mass in the posterior lateral breast with indistinct/irregular margins is again seen on spot CC 27, likely correlated on spot MLO 20 in the lower outer quadrant.

ULTRASOUND

TECHNIQUE: Real-time grayscale and color images were obtained and are reviewed. This study is limited to the region of interest.

FINDINGS: In the 7:00 position 5 cm from the nipple there is a hypoechoic mass with irregular margins measuring 1.2 x 0.3 x 0.7 cm without internal flow on Doppler. This corresponds to the mammographic finding and is suspicious.

In the 9:00 position 6 cm from the nipple a benign-appearing 7 x 5 x 10 mm cyst is seen.

No abnormal axillary lymph nodes are identified.

ASSESSMENT:

BI-RADS CATEGORY (4) suspicious. Biopsy should be considered.

RECOMMENDATIONS:

Right Ultrasound-guided breast biopsy for mass in the 7:00 position 5 cm from the nipple

MA-MAMMO DIAGNOSTIC 3D TOMO RT**DATE OF SERVICE: 8/10/2023 3:58 PM**

INDICATION FOR EXAMINATION: R92.8: Other abnormal and inconclusive findings on diagnostic imaging of breast. Scheduled stereotactic biopsy of a previously identified asymmetry within the right breast.

HISTORY: This is a 48 years-old Female with no reported family history of breast cancer.

COMPARISONS: 7/28/2023 through 5/27/2022

TECHNIQUE: 2-D and 3-D tomosynthesis images of the right breast were obtained in the CC, ML, and MLO projections in attempts to identify the previous mammographic mass of concern.

Computer aided detection (CAD) was used to assist in the interpretation of the 2D mammogram.

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[REDACTED] DOB: 09/10/1974 Encounter Date: 03/27/2024

BREAST COMPOSITION:

The breast tissue is heterogeneously dense, this may lower the sensitivity of mammography.

FINDINGS:

There are no masses, architectural distortions, or calcifications to suggest malignancy.

The previously described irregular mass could not be reproduced on today's targeting images. This may be secondary to the far posterior location of the finding. Multiple attempts were made for full inclusion of the breast in both CC, ML and MLO projections.

In the absence of a discrete target, the scheduled procedure was canceled. Plan for mammographic follow-up in 6 months. This was reviewed with the patient at the end of the examination.

ASSESSMENT:

BI-RADS CATEGORY (3) Probably Benign.

RECOMMENDATIONS:

Right Follow-up diagnostic 3D mammogram (Tomosynthesis) in 6 months
Right Diagnostic breast ultrasound if needed

DIAGNOSTIC MAMMOGRAM R/US 2/16/24

TECHNIQUE: 2-D and 3-D tomosynthesis images were obtained of the right breast. Computer aided detection (CAD) was used to assist in the interpretation of the 2D mammogram.

BREAST COMPOSITION:

The breast tissue is heterogeneously dense, this may lower the sensitivity of mammography.

FINDINGS:

Butterfly clip is noted in the 6:00 breast. There is a proximally 1.5 cm x 1.3 cm focal asymmetry in the posterior third of the lower outer quadrant as seen on CC 25, MLO 27. On the spot tomographic CC image 22, there is a persistent 1 cm x 0.8 cm asymmetry with question of architectural distortion, possibly associated calcification. However, this is not definitely seen on the MLO spot tomo view..

LIMITED RIGHT BREAST ULTRASOUND: Multiple, sonographic images were obtained of the right breast in the area of mammographic interest. At 8:00 8 cm from the nipple there is a heterogeneous hypoechoic mass with indistinct margins which measures 1.4 cm x 0.7 cm x 1.2 cm. Internal flow is demonstrated, and ultrasound-guided biopsy is recommended. This likely corresponds to the mammographic area of interest. Recommend clip correlation. If not, further evaluation with reattempted and stereo biopsy or MRI is recommended.

There is a lymph node with mild cortical thickening measuring 0.4 cm. Recommend ultrasound-guided biopsy.

ASSESSMENT:

BI-RADS CATEGORY (4) suspicious. Biopsy should be considered.

RECOMMENDATIONS:

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Right Ultrasound-guided breast biopsy , 2 sites, at 8:00 and axilla.
Right Stereotactic breast biopsy should be reattempted if the area of interest does not correspond to the spot CC finding.

Breast MRI 3/22/24

IMPRESSION:

1. Enhancing mass measuring up to 2 cm in the lower outer right breast at posterior depth compatible with known malignancy. Biopsy clip in appropriate position. Continued surgical management.
2. 1.1 cm of linear non mass enhancement in the upper central right breast. MRI guided biopsy is recommended particularly in the setting of known malignancy.
3. Prominent low right conglomerate axillary nodes, level 1. This was not appreciated on the day of the biopsy on February 23rd however sentinel lymph node sampling can be performed as clinically indicated. Please see image 51 of series 100.
4. No abnormal findings are seen within the left breast or axilla.

Applicable pathology and laboratory studies were reviewed and discussed with the patient.

Tissue Exam: KS23-07759

Order: [REDACTED]

Collected 7/28/2023 14:29

Status: Final result

Visible to patient: Yes (not seen)

Dx: Abnormal mammogram of right breast

1 Result Note

1 Patient Communication

Component.....

Clinical

Diagnosis.....

Diagnosis: Abnormal mammogram of right breast.

FINAL DIAGNOSIS

BREAST, RIGHT, 7:00, 5 CM FN, CORE BIOPSIES: BENIGN BREAST TISSUE, NO TUMOR PRESENT.

Tissue Exam: KS24-02024

Order: 557961636

Collected 2/23/2024 15:33

Status: Edited Result - FINAL

Visible to patient: Yes (seen)

Dx: Abnormal mammogram

4 Result Notes

1 Patient Communication

4/2/24, 1:10 PM

DOB: 09/10/1974 Encounter Date: 03/27/2024

1 Follow-up Encounter

Component

Clinical

Diagnosis

Diagnosis:

R92.8 - Abnormal mammogram [ICD-10-CM]

Order Comment: right breast 8:00 8cmfn 3 passes

FINAL DIAGNOSIS

RIGHT BREAST, 8:00, 8 CM FROM NIPPLE, BIOPSY:

- INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 1 (OF THREE GRADES), MEASURING UP TO 9 MM
- ASSOCIATED DUCTAL CARCINOMA IN SITU (DCIS), CRIBRIFORM AND MICROPAPILLARY TYPE, NUCLEAR GRADE 1.

..... Electronically signed by [REDACTED] MD on 3/27/2024 at 1045

NOTE

Microscopic slides were examined.

Properly controlled immunohistochemical stains for smooth muscle myosin and p63 were performed and shows loss of basal myoepithelial staining associated with invasive tumor. Areas of DCIS show preserved basal myoepithelial staining. E-cadherin and p120 show strong membranous positivity, consistent with a ductal phenotype.

BREAST CANCER BIOMARKER RESULTS (Invasive)

Estrogen Receptor (ER): Positive (greater than 90% nuclear positivity with strong staining intensity)

Progesterone Receptor (PR): Positive (greater than 90% nuclear positivity with strong staining intensity)

Ki-67: Approximately 10-20%

HER-2 by IHC: Negative (score 1+)

HER-2 by FISH: Pending.

Cold ischemia and fixation times meet requirements specified in the latest version of ASCO/CAP guidelines, unless otherwise specified. Estrogen receptor (ER), progesterone receptor (PR) and HER-2 IHC studies are performed on formalin-fixed, paraffin-embedded tissue by immunohistochemistry, using antibody clone SP1 for ER, 1E2 for PR and 4B5 for HER-2 IHC by an FDA-cleared vendor (Ventana). Detection is by a biotin-free, multimer-based system. The intensity of staining is graded as weak, moderate or strong, and percent of positive tumor nuclei is estimated. Estrogen and progesterone receptor status are interpreted as positive (at least weak staining in 1% of tumor nuclei) or negative (<1% of tumor nuclei). HER2 IHC is graded as negative (0 and 1+ staining), equivocal (2+ staining) and positive (3+ staining). This assay has not been validated on decalcified tissues. Results should be interpreted with caution given the likelihood of false negativity on decalcified specimens.

Wolff, AC, Hammond ME, Hicks DG, et al. Recommendations for human epidermal growth factor receptor 2 testing in breast cancer; American Society of Clinical Oncology/College of American Pathologists. Arch Pathol Lab Med 2014; 138(2):241-256.

This case was peer reviewed with a second pathologist for intradepartmental consultation.

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ADDENDUM

Block A1 was sent to NeoGenomics for HER2 by FISH (Fluorescent In-situ Hybridization).

RESULTS: Negative**INTERPRETATION:**

Average HER2 signals/nucleus: 4.32

HER2/CEN 17 signal ratio: 1.25

For complete details, see the attached NeoGenomics FISH Analysis HER2 Breast, Case [REDACTED] dated 03/07/2024.

JM/mcf

Addendum electronically signed by [REDACTED] on 3/28/2024 at 1530

[REDACTED]

1. Invasive ductal carcinoma, right breast. Peri/post-menopausal female.

G1, ER+/PR+ and her2 negative, ki 67 10-20%.

Clinically T1cN0, stage IA.

She is planning on bilateral mastectomies and sentinel node biopsy on right.

Reviewed with patient her pathology in detail. Low grade IDC, strongly HR positive with low ki67 all prognostically favorable. Given clinical size, recommend oncotype dx testing post-operatively to guide decision making regarding adjuvant chemotherapy.

I do recommend adjuvant endocrine therapy adjuntively. Per gynecology last note appears early menopause. Reasonable to start with tamoxifen and then transition to once post-menopausal. Decision will ultimately also depend on results of oncotype dx testing, other consideration is ovarian suppression and AI.

I will see her back post-operatively to review Oncotype DX results and formalized adjuvant therapy plan. All of her questions were addressed.

2. Additional 1.1cm linear non mass enhancement area on right breast MRI. Order placed for additional biopsy. As patient is planning on mastectomy, I am not sure this is necessary but will defer to surgeon.

3. MSH3 heterozygous mutation.

Recessive/cARRIER status.

Referred to [REDACTED] Genetics for formal consultation.

4. History of melanoma

5. History of cervical cancer

Comorbid condisitions: DMII, HTN, hypothyroidism, recurrent UTI.

Thank you for trusting me to participate in the care of your patient, feel free to contact me if you have any questions about this evaluation, I will keep you posted on future visits and treatment plans.

Sincerely,

[REDACTED] MD 3/28/2024 6:52 AM

[REDACTED]

MEDICAL NECESSITY G2211: today's visit was a complex E/M encounter associated with medical care services that are the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to the patient's single, serious condition or a complex condition.

4/2/24, 1:10 PM

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Disclaimer: This progress note was created with voice recognition software. While attempts have been made to review the dictation as it is transcribed, on occasion the spoken word can be misinterpreted by the technology leading to omissions or inappropriate words, phrases or sentences. Do not hesitate to contact me if you have any questions or concerns about this note.

Additional Documentation

Vitals: BP 150/97 ↓ (Abnormal) Pulse 76 Temp 97.1 °F (36.2 °C) (Temporal) Resp 16 Ht 5' 9" (1.753 m)
Wt 244 lb (110.7 kg) UNP 02/26/2016 SpO2 100% BMI 36.03 kg/m² BSA 2.32 m²
Pain Sc 0 - No pain (Edu: No)

Flowsheets: Functional/Cognitive Status, Distress/Nutrition/Rehab Screen, Facility Charges, Vital Signs Complex, RT Ventilator, Reassess Vitals, Anthropometrics, APACHE IV Non-CABG, Default File Custom Formula FS, Nutrition Assessment, RT Therapy, Oncology Scheduling, ECOG Performance Status, Pain plan of care

Communications

Media

From this encounter

Electronic signature on 3/20/2024 12:16 PM - E-signed

Orders Placed

None

Medication Changes

As of 3/27/2024 11:24 AM

None

Medication List at End of Visit

As of 3/27/2024 11:24 AM

	Refills	Start Date	End Date
cholecalciferol, Vitamin D3, (VITAMIN D-3) 50 mcg (2,000 unit) Tab	—	—	—
Take 1 tablet (2,000 Units total) by mouth daily - Oral Patient-reported medication	—	—	—
cyanocobalamin (B-12) 1,000 mcg tablet	—	—	—
Take 1 tablet (1,000 mcg total) by mouth daily - Oral Patient-reported medication	—	—	—
docosahexanoic acid/epa (FISH OIL PO)	—	—	—
Take 1,200 mg by mouth. - Oral Patient-reported medication	—	—	—
fluorouracil (EFUDEX) 5 % cream	—	11/10/2023	—
Patient-reported medication	—	—	—
levothyroxine (SYNTHROID) 125 mcg tablet	3	4/28/2023	4/27/2024
Take 1 tablet (125 mcg total) by mouth every morning (before breakfast). - Oral	—	—	—
Magnesium Oxide-Mg AA Chelate (MAGNESIUM) 300 mg Cap	—	—	—
Take 325 mg by mouth. - Oral	—	—	—

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	Refills	Start Date	End Date
Patient-reported medication			
metFORMIN (GLUCOPHAGE-XR) 500 mg 24 hr tablet	2	3/18/2024	—
TAKE 1 TABLET BY MOUTH DAILY - Oral			
metoprolol succinate (TOPROL XL) 50 mg 24 hr tablet	3	3/6/2024	—
Take 1 tablet (50 mg total) by mouth daily. - Oral			
multivitamin (THERAGRAN) tablet	—		—
Take 1 tablet by mouth daily - Oral			
Patient-reported medication			
RED YEAST RICE PO	—	—	—
Take by mouth. - Oral			
Patient-reported medication			
silver sulfADIAZINE (SILVADENE) 1 % cream	1	3/1/2024	—
Apply topically 2 times a day. - Topical			
trimethoprim (TRIMPEX) 100 mg tablet	3	3/15/2024	—
Take 1 tablet (100 mg total) by mouth at bedtime Indications: urinary tract infection prevention - Oral			
UNABLE TO FIND	—	—	—
Take by mouth daily. Milk of Thisle - Oral			
Patient-reported medication			
venlafaxine (EFFEXOR-XR) 37.5 mg 24 hr capsule	1	3/6/2024	—
TAKE ONE CAPSULE BY MOUTH DAILY FOR 2 WEEKS THEN GO TO TAKE TWO CAPSULES BY MOUTH DAILY IF TOLERATED			
No prior authorization was found for this prescription.			
Found prior authorization for another prescription for the same medication: Approved			

Visit Diagnoses

Primary: Infiltrating ductal carcinoma of right breast (HCC) C50.911

4/2/24, 1:11 PM

DOB: 09/10/1974 Encounter Date: 03/12/2024

Office Visit 3/12/2024

Provider: [REDACTED] MD (Surgical Oncology)

Surgical Oncology

Primary diagnosis: Malignant neoplasm of lower-outer quadrant of right breast of female, estrogen receptor positive (HCC)

Reason for Visit: Consult; Referred by [REDACTED] MD

Progress Notes

[REDACTED] MD (Physician) • Surgical Oncology • Encounter Date: 3/12/2024 • Addendum

SURGICAL ONCOLOGY CONSULT NOTE**Patient Name:** [REDACTED]**DOB:** 9/10/1974 **Medical Record:** [REDACTED]**History:****Reason For Consultation:**

Chief Complaint:

Patient presents with:

- Consult

NEW PATIENT. INFILTRATING DUCTAL CARCINOMA OF RIGHT BREAST. REFERRED BY DR. BHAIKAVI BRITTAI

HPI: [REDACTED] is a 49 y.o. female who presents today for discussion of newly diagnosed right breast cancer.

Last bilateral screening mammogram was in 7/14/2023. At that time there was a focal asymmetry noted in the posterior lower outer quadrant of the right breast. There were no concerning findings on the left. Right breast additional views and ultrasound were performed on 7/21/2023. Mass persisted on spot compression. Ultrasound at the 7 o'clock position 5 cm from the nipple showed a hypoechoic mass with irregular margins measuring 1.2 x 0.3 x 0.7 cm. There is no evidence of axillary adenopathy. Ultrasound-guided right breast biopsy was performed on 7/28/2023. Pathology showed benign breast tissue. Pathology was not performed. When patient presented for biopsy, the mass could not be reproduced. She then underwent repeat right breast diagnostic mammogram and ultrasound on 2/16/2024. Mammogram showed the butterfly clip. There is a 1.5 x 1.3 cm focal asymmetry in the posterior third of the lower outer quadrant of the right breast. Ultrasound at the 8 o'clock position 8 cm from the nipple showed a heterogeneous hypoechoic mass with indistinct margins measuring 1.4 x 0.7 x 1.2 cm. There was a lymph node with mild cortical thickening measuring up to 4 mm. Biopsy was recommended and performed on 2/23/2024. Repeat imaging of the axilla at the time of biopsy was negative for any abnormal lymph nodes. Pathology of the right breast at the 8 o'clock position 8 cm from the nipple showed grade 1 invasive ductal carcinoma with associated grade 1 ductal carcinoma in situ - ER+, PR+, Her2-, Ki67 10-20%. Pathology was concordant. Bilateral breast MRI was recommended and is scheduled for 3/22/2024.

Her past medical history is significant for well-controlled hypertension, history of melanoma status post wide local excision by Dr. [REDACTED] history of cervical cancer status post partial hysterectomy.

Her past surgical history significant for bunionectomy, partial hysterectomy, LEEP, hernia repair, and melanoma excision.

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Family history is significant for biologic father with bladder and lung cancer, paternal grandfather with prostate cancer, and paternal grandmother with possible breast cancer -she is uncertain.

She is G1, P1, age of first child 30. She did breast-feed. Menarche was at age 12. Menopause was at the time of her hysterectomy in 2016. Her ovaries were not removed. She took oral contraceptives for approximately 27 years. She used progesterone cream for short time. She currently is using vaginal estrogen cream for atrophic vaginitis. She is not using it routinely.

She is a never smoker. She reports moderate alcohol use drinking 2 glasses of wine per day. She denies illicit drug use.

She works as a registered dental hygienist.

Past Medical History:

Past Medical History:

Diagnosis	Date
• Abnormal Pap smear	
• Activity involving cardiorespiratory exercise <i>FC/able to climb 2 flights of stairs with no sob or cp</i>	
• Cervical dysplasia	1998
• Chicken pox	
• ESBL (extended spectrum beta-lactamase) producing bacteria infection <i>Urine</i>	03/17/2023
• History of chicken pox	
• Hypertension	
• Malignant melanoma (HCC) <i>left calf/removed</i>	2010
• Sleep apnea <i>oral appliance</i>	
• Thyroid disease	

Past Surgical History:

Past Surgical History:

Procedure	Laterality	Date
• BUNIONECTOMY		1992
• HERNIA REPAIR <i>abdominal repair 2016</i>	N/A	2016
• HYSTERECTOMY <i>DAVH-Dr. Drollinger</i>		2016
• LEEP <i>mild dysplasia</i>		2000
• LEG SURGERY <i>melanoma removal</i>	Left	2010
• PR COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD <i>COLONOSCOPY to cecum at 0822 with photo documentation of appendiceal orifice and ileocecal valve. performed by Paul Michael Levy, DO at DO GI</i>	N/A	12/27/2023
• SHOULDER ARTHROSCOPY <i>RCD/LCR</i>	Right	12/20/2018
• SHOULDER SURGERY	Right	2008

Meds: REVIEWED

Current Medications: she has a current medication list which includes the following prescription(s): cholecalciferol (vitamin d3), cyanocobalamin, docosahexaenoic acid/epa, estradiol, fluorouracil, levothyroxine, magnesium, metformin, metoprolol succinate, multivitamin, red yeast rice, silver sulfadiazine, trimethoprim, UNABLE TO FIND, and venlafaxine.

Allergies:

Allergies

Allergen

Reactions

4/2/24, 1:11 PM

DOB: 09/10/1974 Encounter Date: 03/12/2024

- Adhesive
- Macrobid [Nitrofurantoin]
Felt foggy when taking

Social History:

Social History

Socioeconomic History

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Substance Use

- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use

- Vaping status: Never Used

Substance and Sexual Activity

- Alcohol use: Yes
Alcohol/week: 0.0 standard drinks of alcohol
Comment: a few times per week one glass
- Drug use: No
- Sexual activity: Yes
Partners: Male
Comment: hysterectomy-DAVH

Other Topics

Comment

- Daily Caffeine Intake ? No
- Do you exercise regularly ? No

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Not on file

Intimate Partner Violence: Not on file

Housing Stability: Not on file

Family History:

Family History

Problem	Relation	Age of Onset
• Arthritis	Mother	
• Depression	Mother	
• Hypertension	Mother	
• Elevated lipids	Mother	
• Alcohol abuse	Father	
• Bladder Cancer	Father	56
• Lung cancer	Father	
• COPD	Maternal Grandfather	
• Cancer <i>unsure of type</i>	Paternal Grandmother	
• High blood pressure	Paternal Grandmother	

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• Prostate cancer	Paternal Grandfather
• Stroke	Other
• BRCA 1/2	Neg Hx
• Breast cancer	Neg Hx
• Colon cancer	Neg Hx
• Cowden syndrome	Neg Hx
• DES usage	Neg Hx
• Endometrial cancer	Neg Hx
• Li-Fraumeni syndrome	Neg Hx
• Ovarian cancer	Neg Hx

Oncology History:**Oncology History****Malignant neoplasm of lower-outer quadrant of right breast of female, estrogen receptor positive (HCC)**

3/11/2024	Initial Diagnosis Malignant neoplasm of lower-outer quadrant of right breast of female, estrogen receptor positive (HCC)
3/11/2024	Cancer Staged - Clinical Staging form: Breast, AJCC 8th Edition - Clinical: Stage IA (cT1c, cN0, cM0, G1, ER+, PR+, HER2-)

ROS:**Review of Systems**

Constitutional: Negative.

HENT: Negative.

Eyes: Negative.

Respiratory: Negative.

Cardiovascular: Negative.

Gastrointestinal: Negative.

Genitourinary: Negative.

Musculoskeletal: Negative.

Skin: Negative.

Neurological: Negative.

Endo/Heme/Allergies: Bruises/bleeds easily.

Psychiatric/Behavioral: The patient is nervous/anxious.

Physical Exam:

Vitals:

BP:	163/87
Pulse:	76
Resp:	16
Temp:	97.4 °F (36.3 °C)

Last Filled Weights

Weight:	240 lb 6.4 oz (109 kg)
---------	------------------------

Physical Exam

Vitals reviewed.

Constitutional:

Appearance: Normal appearance.

HENT:

4/2/24, 1:11 PM

DOB: 09/10/1974 Encounter Date: 03/12/2024

Head: Normocephalic.
Nose: Nose normal.

Eyes:

General: No scleral icterus.
Conjunctiva/sclera: Conjunctivae normal.
Pupils: Pupils are equal, round, and reactive to light.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Chest:

Comments: **Expected bruising. No concerning palpable mass, skin change, or nipple discharge.**

Abdominal:

General: Abdomen is flat.

Musculoskeletal:

General: No swelling. Normal range of motion.
Cervical back: Normal range of motion. No rigidity.

Lymphadenopathy:

Cervical: No cervical adenopathy.

Upper Body:

Right upper body: No supraclavicular or axillary adenopathy.
Left upper body: No supraclavicular or axillary adenopathy.

Comments: **No palpable adenopathy.**

Skin:

General: Skin is warm and dry.

Neurological:

General: No focal deficit present.

Mental Status: She is alert and oriented to person, place, and time.

Psychiatric:

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Pathology:**Clinical Diagnosis****Diagnosis:**

R92.8 - Abnormal mammogram [ICD-10-CM]

Order Comment: right breast 8:00 8cmfn 3 passes

FINAL DIAGNOSIS

RIGHT BREAST, 8:00, 8 CM FROM NIPPLE, BIOPSY:

- INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 1 (OF THREE GRADES), MEASURING UP TO 9 MM
- ASSOCIATED DUCTAL CARCINOMA IN SITU (DCIS), CRIBRIFORM AND MICROPAPILLARY TYPE, NUCLEAR GRADE 1.

Electronically signed by [redacted] MD on 3/27/2024 at 1045

NOTE

Microscopic slides were examined.

Properly controlled immunohistochemical stains for smooth muscle myosin and p63 were performed and shows loss of basal myoepithelial staining associated with invasive tumor. Areas of DCIS show preserved basal myoepithelial staining. E-cadherin and p120 show strong membranous positivity, consistent with a ductal phenotype.

BREAST CANCER BIOMARKER RESULTS

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(Invasive)

Estrogen Receptor (ER): Positive (greater than 90% nuclear positivity with strong staining intensity)

Progesterone Receptor (PR): Positive (greater than 90% nuclear positivity with strong staining intensity)

Ki-67: Approximately 10-20%

HER-2 by IHC: Negative (score 1+)

HER-2 by FISH: Pending.

Cold ischemia and fixation times meet requirements specified in the latest version of ASCO/CAP guidelines, unless otherwise specified. Estrogen receptor (ER), progesterone receptor (PR) and HER-2 IHC studies are performed on formalin-fixed, paraffin-embedded tissue by immunohistochemistry, using antibody clone SP1 for ER, 1E2 for PR and 4B5 for HER-2 IHC by an FDA-cleared vendor (Ventana). Detection is by a biotin-free, multimer-based system. The intensity of staining is graded as weak, moderate or strong, and percent of positive tumor nuclei is estimated. Estrogen and progesterone receptor status are interpreted as positive (at least weak staining in 1% of tumor nuclei) or negative (<1% of tumor nuclei). HER2 IHC is graded as negative (0 and 1+ staining), equivocal (2+ staining) and positive (3+ staining). This assay has not been validated on decalcified tissues. Results should be interpreted with caution given the likelihood of false negativity on decalcified specimens.

Wolff, AC, Hammond ME, Hicks DG, et al. Recommendations for human epidermal growth factor receptor 2 testing in breast cancer; American Society of Clinical Oncology/College of American Pathologists. Arch Pathol Lab Med 2014; 138(2):241-256.

This case was peer reviewed with a second pathologist for intradepartmental consultation.

ADDENDUM

Block A1 was sent to NeoGenomics for HER2 by FISH (Fluorescent In-situ Hybridization).

RESULTS: Negative

INTERPRETATION:

Average HER2 signals/nucleus: 4.32
HER2/CEN 17 signal ratio: 1.25

Labs:

Pertinent labs have been reviewed and discussed with patient. The results are located in the patient's EMR.

Imaging:

I personally reviewed the pertinent radiographic studies whose images were available to me, as described in the HPI.

Assessment

Assessment/Plan:

1. Malignant neoplasm of lower-outer quadrant of right breast of female, estrogen receptor positive (HCC)

[REDACTED] presents with a 1.5 cm (via mammogram) right breast grade 1 invasive ductal carcinoma with associated grade 1 ductal carcinoma in situ - ER+, PR+, Her2-, Ki67 10-20%. Clinical staging: T1cN0M0, Stage IA.

We discussed the role of genetic testing. I explained the implications of both a positive and negative test result. Genetic counseling completed. Sample collected today.

Bilateral breast MRI scheduled for 3/22/2024.

4/2/24, 1:11 PM

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She has an appointment scheduled with medical oncology. I discussed her case directly with Dr. [REDACTED]

We discussed the diagnosis of invasive ductal carcinoma at length. We discussed the potential treatment options of surgery, radiation, chemotherapy and hormonal therapy. Surgical options discussed were lumpectomy to be followed by adjuvant radiation or mastectomy, both to include sentinel lymph node mapping and biopsy and possible axillary lymph node dissection. We discussed the role of bilateral mastectomy and plastic surgery reconstruction.

After considering her options, she is interested in bilateral simple mastectomy, right axillary sentinel lymph node biopsy, possible right axillary lymph node dissection, and immediate reconstruction per plastic surgery. Risks of surgery discussed include, but are not limited to, bleeding, infection, seroma, numbness, scarring, injury to surrounding structures, need for additional procedures, poor cosmetic outcome, lymphedema, or cardiopulmonary risks of anesthesia. She expressed understanding of these risks and agrees to proceed with surgery.

Referral to plastic surgery has been placed.

2. History of melanoma

Treated with wide local excision alone by Dr. [REDACTED]. No nodal sampling was performed. No adjuvant treatment.

3. History of cervical cancer

Identified incidentally at the time of partial hysterectomy. No further treatment pursued.

4. Hypertension

On metoprolol, managed per PCP.

5. Moderate alcohol use

Drinks 2 glasses of wine per day.

6. Hormone replacement therapy

Intermittently uses topical estrogen cream for atrophic vaginitis with frequent UTIs. Not currently using.

All pertinent side effects, risks, benefits and precautions of above treatment plan(s) were discussed in detail with patient/or family. [REDACTED] or representative understands and agrees with above treatment plan.

Electronically signed by: [REDACTED] MD, 3/12/2024

This note is electronically signed in the electronic medical record.

Other Notes

All notes

 Progress Notes from [REDACTED] CMA

Instructions

Thank you for choosing [REDACTED] for your health care needs.

4/2/24, 1:11 PM

DOB: 09/10/1974 Encounter Date: 03/12/2024

Please call the office should you have questions regarding your healthcare needs by calling [REDACTED]

Monday	7:30 am - 800pm
Tuesday	7:30 am - 800pm
Wednesday	7:30 am - 800pm
Thursday	7:30 am - 800pm
Friday	7:30 am - 800pm
Saturday/Sunday	Closed

For any needs outside our normal business hours, please call [REDACTED] and you will be directed how to contact the physician on call. Please call 911 for emergencies.

Call Us First if you are experiencing the following symptoms:

- Fatigue, shortness of breath, dizziness
- Bleeding/easy bruising
- Unable to eat or drink or incisions
- Nausea or vomiting warmth
- Diarrhea or constipation
- Urinary: fever, burning, incontinence frequency
- Fever greater than 100.5 fahrenheit
- Cough
- Problems with treatment-related wounds
- Infection: drainage, redness, swelling,
- Cancer - related pain
- Sores in the mouth/throat

All calls are answered by a Certified medical assistant with a registered nurse readily available.

To Schedule Imaging please call Central Scheduling at [REDACTED]

Additional Documentation

Vitals: BP 165/87 ? (Abnormal) Pulse 76 Temp 97.4 °F (36.3 °C) (Temporal) Resp 16 Ht 5' 9" (1.753 m)
 Wt 240 lb 6.4 oz (109 kg) LMP 02/26/2016 SpO2 98% BMI 35.50 kg/m² ASA 2.3 m² Pain Sc 0 - No pain
 Flowsheets: Patient Health Questionnaire, Distress/Nutrition/Rehab Screen, Vital Signs Complex, RT Ventilator, Reassess Vitals, Anthropometrics, APACHE IV Non-CABG, Default File Custom Formula FS, Nutrition Assessment, RT Therapy, ECOG Performance Status, Pain plan of care

Communications

✉ Summary of care document sent to [REDACTED]
 ✉ Continuity of Care (Extr) sent to [REDACTED] MD

Orders Placed

AMB REFERRAL TO PLASTIC SURGERY Authorized
 AMB REFERRAL TO [REDACTED] CANCER ALLIANCE Authorized

4/2/24, 1:11 PM

DOB: 09/10/1974 Encounter Date: 03/12/2024

Medication Changes

As of 3/12/2024 9:35 AM

None

Medication List at End of Visit

As of 3/12/2024 9:35 AM

	Refills	Start Date	End Date
cholecalciferol, Vitamin D3, (VITAMIN D-3) 50 mcg (2,000 unit) Tab	—	—	—
Take 1 tablet (2,000 Units total) by mouth daily - Oral Patient-reported medication			
cyanocobalamin (B-12) 1,000 mcg tablet	—	—	—
Take 1 tablet (1,000 mcg total) by mouth daily - Oral Patient-reported medication			
docosahexanoic acid/epa (FISH OIL PO)	—	—	—
Take 1,200 mg by mouth. - Oral Patient-reported medication			
estradiol (ESTRACE) 0.01 % (0.1 mg/gram) vaginal cream	6	3/20/2023	3/15/2024
Apply 2 g daily intravaginally and around urethra for 2 weeks, followed by a maintenance dose of 1 g two times per week Indications: postmenopausal urethral atrophy			
fluorouracil (EFUDEX) 5 % cream	—	11/10/2023	—
Patient-reported medication			
levothyroxine (SYNTHROID) 125 mcg tablet	3	4/28/2023	4/27/2024
Take 1 tablet (125 mcg total) by mouth every morning (before breakfast). - Oral			
Magnesium Oxide-Mg AA Chelate (MAGNESIUM) 300 mg Cap	—	—	—
Take 325 mg by mouth. - Oral Patient-reported medication			
metFORMIN (GLUCOPHAGE-XR) 500 mg 24 hr tablet	2	12/12/2023	3/18/2024
Take 1 tablet (500 mg total) by mouth daily. - Oral			
metoprolol succinate (TOPROL XL) 50 mg 24 hr tablet	3	3/6/2024	—
Take 1 tablet (50 mg total) by mouth daily. - Oral			
multivitamin (THERAGRAN) tablet	—	—	—
Take 1 tablet by mouth daily - Oral Patient-reported medication			
RED YEAST RICE PO	—	—	—
Take by mouth. - Oral Patient-reported medication			
silver sulfADIAZINE (SILVADENE) 1 % cream	1	3/1/2024	—
Apply topically 2 times a day. - Topical			
trimethoprim (TRIMPEX) 100 mg tablet	3	3/20/2023	3/15/2024
Take 1 tablet (100 mg total) by mouth at bedtime. Indications: urinary tract infection prevention - Oral			
UNABLE TO FIND	—	—	—
Take by mouth daily. Milk of Thisle - Oral Patient-reported medication			
venlafaxine (EFFEXOR-XR) 37.5 mg 24 hr capsule	1	3/6/2024	—
TAKE ONE CAPSULE BY MOUTH DAILY FOR 2 WEEKS THEN GO TO TAKE TWO CAPSULES BY MOUTH DAILY IF TOLERATED			
No prior authorization was found for this prescription.			

4/2/24, 1:11 PM

DOB: 09/10/1974 Encounter Date: 03/12/2024

Refills

Start Date

End Date

Found prior authorization for another prescription for the same medication Approved

Visit Diagnoses

Primary: Malignant neoplasm of lower-outer quadrant of right breast of female, estrogen receptor positive (HCC)
CS0511, Z17.0

4/2/24, 1:12 PM

DOB: 9/10/1974

3/25/2024 2:22 PM Documentation Only

Description: Female DOB: 9/10/1974 Provider: [REDACTED], MD Department: [REDACTED] SURG ONC PAV

Reason for Visit

Reason for Visit History

Allergies

Low Adhesive; Macrobid [Nitrofurantoin]

Vital Signs - Last Recorded

LMP	OB Status
02/26/2016	Hysterectomy

History

Not marked as reviewed during this visit.

Medical History

Diagnosis	Date	Comment	Source
Abnormal Pap smear			
Activity involving cardiorespiratory exercise		FC/able to climb 2 flights of stairs with no sob or cp	
Cervical dysplasia	1998		
Chicken pox			
ESBL (extended spectrum beta-lactamase) producing bacteria infection	03/17/2023	Urine	
History of chicken pox			
Hypertension			
Malignant melanoma (HCC)	2010	left calf/removed	
Sleep apnea		oral appliance	
Thyroid disease			

Surgical History

Procedure	Laterality	Date	Comment	Source
BUNIONECTOMY		1992		
HERNIA REPAIR	N/A	2016	abdominal repair 2016	
HYSTERECTOMY		2016	DAVH-Dr. Drollinger	
LEEP		2000	mild dysplasia	
LEG SURGERY	Left	2010	melanoma removal	
PR COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD	N/A	12/27/2023	COLONOSCOPY to cecum at 0822 with photo documentation of appendiceal orifice and ileocecal valve. performed by [REDACTED] DO at [REDACTED] GI	
SHOULDER ARTHROSCOPY	Right	12/20/2018	RCD/LCR	
SHOULDER SURGERY	Right	2008		

Family History

Problem	Relation	Age of Onset	Comments
Alcohol abuse	Father		
Arthritis	Mother		
Bladder Cancer	Father	56	
COPD	Maternal Grandfather		

4/2/24, 1:12 PM

DOB: 9/10/1974

Problem	Relation	Age of Onset	Comments
Cancer	Paternal Grandmother		unsure of type
Depression	Mother		
Elevated lipids	Mother		
High blood pressure	Paternal Grandmother		
Hypertension	Mother		
Lung cancer	Father		
Prostate cancer	Paternal Grandfather		
Stroke	Other		

¶ Social History

Tobacco History

Smoking Status

Never

Passive Exposure

Never

Smokeless Tobacco Use

Never

Alcohol History

Alcohol Use Status

Yes

Drinks/Week

0 Standard drinks or equivalent per week

Amount

0.0 standard drinks of alcohol/wk

Comment

a few times per week one glass

Drug Use

Drug Use Status

No

Sexual Activity

Sexually Active

Partners

Comment

Yes**Male****hysterectomy-DAVH**

Activities of Daily Living

ADL (NO):

Daily Caffeine Intake ?, Do you exercise regularly ?

Encounter Notes



Progress Notes from

CMA

Patient Education

Patient Education Report

② Questionnaires

No completed forms available for this encounter.

□ Documents — Encounter Level:

Documents: None found at the encounter level.

Created by

CMA on 03/25/2024 02:22 PM

Communication Routing History

None

Addendum Routing History

4/2/24, 1:12 PM

DOB: 9/10/1974

None

Chart Review Routing History

No routing history on file.

Encounter Status

Signed by [REDACTED] CMA on 3/25/24 at 14:22

4/2/24, 1:13 PM

DOB: 09/10/1974

MRI-BREAST BIL W/WO CON [IMG1143] (Accession MR-24-0645670) (Order [REDACTED])

Date: 3/22/2024 Department: [REDACTED] MRI Released By: [REDACTED]
Authorizing: [REDACTED] MD Order

(Link Unavailable) Show images for MRI-BREAST BIL W/WO CON

Patient Information

Patient Name [REDACTED]	Gender Identity	DOB
	Female	9/10/1974

External Results Report

There is an external results report available.

② MRI-BREAST BIL W/WO CON: Result Notes

[REDACTED] RN
3/25/2024 2:12 PM EDT

Orders were placed via OTII protocol

[REDACTED] RN
3/25/2024 2:12 PM EDT

Patient is scheduled for breast biopsy on 04/25/24, ordered per OTII protocol

[REDACTED], MD
3/25/2024 2:05 PM EDT

Please send order for radiology recommendations

Study Result

Narrative & Impression

MRI-BREAST BIL W/WO CON

INDICATION: Recent diagnosis of invasive ductal carcinoma in the right breast.
Multiple priors.

TECHNIQUE: MRI-BREAST BIL W/WO CON. Multiplanar T1 and T2 weighted images were obtained prior to and post intravenous injection of Clariscan. The color-flow dynamics, maximum intensity projection and time intensity curves are reviewed. The images were obtained using a dedicated breast coil on a 1.5 Tesla or greater magnet.

FINDINGS:

There is mild background enhancement bilaterally.

BREAST COMPOSITION:

Scattered fibroglandular tissue.

RIGHT BREAST:

In the lower outer right breast at posterior depth there is an enhancing mass measuring 2 x 0.7 x 1.5 cm (image 84 of series 200 and image 223 of series 7). Biopsy

4/2/24, 1:13 PM

DOB: 09/10/1974

clip is in appropriate position.

Linear nonmass enhancement measuring 1.1 cm seen on series 603 image 64 and series 7 image 192.

Prominent low level 1 axillary lymph node conglomerate on image 51, measuring about 1.3 cm in total. Cortical thickness difficult to measure.

LEFT BREAST:

No suspicious findings of left breast. Left axillary nodes within normal limits.

OTHER: No significant abnormality.

IMPRESSION:

1. Enhancing mass measuring up to 2 cm in the lower outer right breast at posterior depth compatible with known malignancy. Biopsy clip in appropriate position. Continued surgical management.
2. 1.1 cm of linear non mass enhancement in the upper central right breast. MRI guided biopsy is recommended particularly in the setting of known malignancy.
3. Prominent low right conglomerate axillary nodes, level 1. This was not appreciated on the day of the biopsy on February 23rd however sentinel lymph node sampling can be performed as clinically indicated. Please see image 51 of series 100.
4. No abnormal findings are seen within the left breast or axilla.

ASSESSMENT:

BI-RADS CATEGORY (4) suspicious. Biopsy should be considered.

RECOMMENDATIONS:

Right MRI guided breast biopsy

Right Follow up with your physician for surgical consultation

Electronically Signed by: [REDACTED], MD, 3/22/2024 5:10 PM

Imaging

MRI-BREAST BIL W/WO CON (Order: [REDACTED] - 3/22/2024

Result History

MRI-BREAST BIL W/WO CON (Order [REDACTED] on 3/22/2024 - Order Result History Report

3/22/2024 5:11 PM - Edi, External Ris In

* MRI-BREAST BIL W/WO CON: Patient Communication

4/2/24, 1:13 PM

DOB: 09/10/1974

Your imaging demonstrates an area that needs evaluation with a biopsy. Please do not make any assumptions until we have completed the testing. We have sent the orders to radiology to schedule your biopsy. If you need assistance please call our office.

Do not assume the worst~ you can do this!

MD 3/25/2024 2:05 PM

Written by [REDACTED] MD on 3/25/2024 2:05 PM EDT

Signed by

Signed

Date/Time

Phone

Pager

3/22/2024 17:10

[REDACTED]

Procedure Log Information

MRI-BREAST BIL W/WO CON (Order # [REDACTED]) on 3/22/24

MRI-BREAST BIL W/WO CON [REDACTED]

Electronically signed by: [REDACTED]

MD on 02/27/24 1542

Status: Completed

Mode: Ordering in Verbal with Readback mode

Communicated by: [REDACTED] RN

Ordering user: [REDACTED] RN 02/27/24 1521

Ordering provider: [REDACTED] MD

Authorized by: [REDACTED] MD

Frequency: Routine 03/22/24 1058 - 1 occurrence

indications comment: RIGHT BREAST, 8:00, 8 CM FROM NIPPLE, BIOPSY: -- INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 1 (OF THREE GRADES), MEASURING UP TO 9 MM -- ASSOCIATED DUCTAL CARCINOMA IN SITU (DCIS), CIBRIFORM AND MICROPAPILLARY TYPE, NUCLEAR GRADE 1.

Diagnoses

Infiltrating ductal carcinoma of right breast (HCC) [C50.911]

Exam Information

Status

Exam Begun

Exam Ended

Final [99]

3/22/2024 11:01

3/22/2024 11:15

Reason For Exam

Priority: Routine

Dx: Infiltrating ductal carcinoma of right breast (HCC) [C50.911 (ICD-10-CM)]

RIGHT BREAST, 8:00, 8 CM FROM NIPPLE, BIOPSY: -- INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 1 (OF THREE GRADES), MEASURING UP TO 9 MM -- ASSOCIATED DUCTAL CARCINOMA IN SITU (DCIS), CIBRIFORM AND MICROPAPILLARY TYPE, NUCLEAR GRADE 1.

Decision Support

Appropriateness

Score

Ordering Provider

[REDACTED]
MD

Session ID

Source

CDSM Identifier

Adherence

[REDACTED]

[REDACTED]

Date/Time

Consulted

Comment

02/27/24 15:21:04 Technical Issue; EHR or qCDSM (MC)

□ Encounter-Level Documents on 03/22/2024:

4/2/24, 1:13 PM

DOB: 09/10/1974

Electronic signature on 3/15/2024 8:44 AM - E-signed

☐ Order-Level Documents on 02/23/2024:

Scan on 3/8/2024 12:34 PM by [REDACTED] NeoGenomics FISH Analysis HER2 Breast - A1

☐ Patient-Level Documents:

Electronic signature on 3/27/2024 11:10 AM - E-signed

Scan on 3/21/2024 3:43 PM by [REDACTED] CMA: Myriad results 03/20/2024

Scan on 3/14/2024 10:09 AM by [REDACTED] sx orders 4/29/24

Scan on 3/12/2024 11:32 AM by [REDACTED] RN: myriad test request form 3/12/2024

Scan on 3/11/2024 8:25 AM by [REDACTED] LPN: new patient paperwork 3/12/2024

Scan on 3/8/2024 9:48 AM by [REDACTED]

Scan on 12/28/2023 8:11 AM by [REDACTED] LPN: FSC- ENDO Case Request 12/27/2023

Scan on 9/15/2023 10:09 AM by [REDACTED], CMA: 09/10/2031

Scan on 8/23/2023 10:04 AM by [REDACTED] CCMA: PA submitted wegovy 08/22/2023

Electronic signature on 8/11/2023 8:32 AM - E-signed

Electronic signature on 8/10/2023 2:27 PM - E-signed

Electronic signature on 8/4/2023 8:41 AM - E-signed

Scan on 7/18/2023 3:49 PM by [REDACTED], CCMA: KBEC order 07/18/2023

Scan on 7/14/2023 12:59 PM by [REDACTED]

Scan on 3/20/2023 3:53 PM by [REDACTED] Outside recs bulk scan - Dr. [REDACTED] /paper chart

Scan on 3/20/2023 3:51 PM by [REDACTED] Annual Exam 6/25/21 - Dr. [REDACTED] /paper chart

Scan on 3/20/2023 3:51 PM by [REDACTED] Annual Exam 7/8/22 - Dr. [REDACTED] /paper chart

Scan on 2/20/2023 10:46 AM by [REDACTED]

Scan on 2/20/2023 10:45 AM by [REDACTED]

Scan on 2/20/2023 10:45 AM by [REDACTED] EBMC (back)

Scan on 2/20/2023 10:45 AM by [REDACTED] EBMC (front)

Scan on 2/20/2023 10:43 AM by [REDACTED] Special Services (back)

Scan on 2/20/2023 10:43 AM by [REDACTED] Special Services (front)

Scan on 2/9/2023 1:28 PM by [REDACTED], CCMA: PA submitted wegovy 02/09/2023

Scan on 1/20/2023 8:25 AM by [REDACTED]

Scan on 8/30/2022 8:17 AM by [REDACTED], CCMA: PA submitted Venlafaxine 08/30/2022

Electronic signature on 7/29/2022 10:21 AM - E-signed

Electronic signature on 7/29/2022 10:21 AM - E-signed

Scan on 7/29/2022 10:20 AM by [REDACTED]

Scan on 1/7/2022 9:07 AM by [REDACTED]

Electronic signature on 7/9/2021 10:25 AM - E-signed

Electronic signature on 7/9/2021 10:25 AM - E-signed

Scan on 7/9/2021 10:25 AM by [REDACTED]

Scan on 4/7/2021 7:46 AM by [REDACTED] LPN: Fax confirmation for work note 4.7.2021

Scan on 4/6/2021 1:16 PM by [REDACTED] LPN: Work note 3.30.2021

Scan on 12/11/2020 7:51 AM by [REDACTED]

Electronic signature on 7/17/2020 10:13 AM - E-signed

Electronic signature on 7/17/2020 10:11 AM - E-signed

Scan on 5/22/2020 12:44 PM by [REDACTED]

Electronic signature on 5/22/2020 12:44 PM - E-signed

Scan on 2/29/2020 9:18 AM by [REDACTED]

Scan on 2/29/2020 9:16 AM by [REDACTED] 9/2023

Scan on 6/7/2019 7:14 AM by [REDACTED] Certified

Scan on 3/15/2019 2:10 PM by [REDACTED] Expires 3-15-19

Electronic signature on 3/15/2019 2:03 PM: EXP: 03-15-2020 - E-signed

Electronic signature on 3/15/2019 1:33 PM: EXP: 03-15-2020 - 1 of 2 e-signatures recorded

Scan on 3/15/2019 1:32 PM by [REDACTED] OH DL Expires 9-10-2019

Scan on 3/15/2019 1:32 PM by [REDACTED]

Scan on 7/3/2018 8:21 AM by [REDACTED] LPN: pulmomology referral confirmation

Scan on 7/2/2018 9:30 AM by [REDACTED] IMAGING 06/22/18

4/2/24, 1:13 PM

DOB: 09/10/1974

Scan on 6/13/2018 12:59 PM by [REDACTED] 2018
 Scan on 4/13/2018 1:31 PM by [REDACTED] NO SHOW POLICY
 Scan on 3/9/2018 2:15 PM by [REDACTED] Expires 3-9-2019
 Electronic signature on 3/9/2018 1:31 PM: [REDACTED] expires 3-9-2019 - E-signed
 Scan on 3/2/2018 11:19 AM by [REDACTED]
 Electronic signature on 3/2/2018 11:19 AM - E-signed
 Scan on 3/2/2018 11:18 AM by [REDACTED]
 Scan on 5/12/2017 12:57 PM by [REDACTED], CMA: Controlled Subs Agreement 5/12/17
 Scan on 2/3/2017 2:07 PM by [REDACTED] Expires 2-3-2018
 Electronic signature on 2/3/2017 2:00 PM: [REDACTED] expires 2-3-2017 - E-signed
 Electronic signature on 1/13/2017 9:00 AM - E-signed
 Scan on 1/13/2017 8:53 AM by [REDACTED]
 Scan on 1/13/2017 8:52 AM by [REDACTED]
 Scan on 1/13/2017 8:52 AM by [REDACTED] OH DL expires 9-10-2019
 Scan on 4/7/2016 2:32 PM by [REDACTED] PCP
 Scan on 4/7/2016 10:20 AM by [REDACTED] OH DL expires 9/10/2019
 Electronic signature on 4/7/2016 10:20 AM - E-signed
 Scan on 3/24/2016 5:53 AM by [REDACTED]
 Scan on 12/31/2015 11:21 AM by [REDACTED]
 Scan on 12/31/2015 10:44 AM by [REDACTED] LPN: New Patient Info 12/31/2015
 Scan on 12/12/2011 1:21 PM by [REDACTED]
 Scan on 12/12/2011 1:19 PM by [REDACTED]

Priority and Order Details

Priority	Order Status	Class
Routine	Completed	Ancillary Performed

Associated Diagnoses

Infiltrating ductal carcinoma of right breast (HCC) [C50.911]

Order Information

Order Date	Service	Start Date	Start Time	End Date
03/22/24	(none)	03/22/24	1058	03/22/24

Provider Information

Ordering User	Ordering Provider	Authorizing Provider
[REDACTED] RN	[REDACTED] MD	[REDACTED] MD
Attending Provider(s)	PCP	Billing Provider
[REDACTED] MD	[REDACTED] DO	[REDACTED] MD

Indications

Infiltrating ductal carcinoma of right breast (HCC) [C50.911 (ICD-10-CM)]

All Reviewers List

[REDACTED]	RN on 3/25/2024 14:12
[REDACTED]	MD on 3/25/2024 14:05

Routing History

Priority	Sent On	From	To	Message Type
I	3/25/2024 2:05 PM	[REDACTED] MD	[REDACTED]	Triage Pool
I	3/22/2024 5:11 PM	[REDACTED]	[REDACTED] MD	Result Notes

CPT CODE FOR ORDER

CPT CODE

4/2/24, 1:13 PM

DOB: 09/10/1974

77049

PACS Images

(Link Unavailable) Show images for this procedure

Protocols

None

4/2/24, 1:14 PM

DOB: 09/10/1974

US-BIOPSY BREAST PERC RT [IMG3073] (Accession US-[REDACTED]) (Order [REDACTED])**MA-POST PROCEDURE MAMMO RIGHT [IMG8806]****(Accession [REDACTED] (Order [REDACTED]))**

Order

Date: 2/23/2024 Department: [REDACTED] Breast Center at [REDACTED]
Released by [REDACTED] Authorizing: [REDACTED] MD

(Link Unavailable) Show images for MA-POST PROCEDURE MAMMO RIGHT

Patient Information

Patient Name [REDACTED]	Gender Identity	DOB
	Female	9/10/1974

External Results Report

There is an external results report available.

Addendum

**** ADDENDUM: #1 ****

PATHOLOGY REPORT:**FINAL DIAGNOSIS**

RIGHT BREAST, 8:00, 8 CM FROM NIPPLE, BIOPSY:

-- INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 1 (OF THREE GRADES), MEASURING UP TO 9 MM
-- ASSOCIATED DUCTAL CARCINOMA IN SITU (DCIS), CRIBRIFORM AND MICROPAPILLARY TYPE, NUCLEAR GRADE 1.

IMPRESSION:

The above pathology findings are concordant with imaging findings and malignant.

RECOMMENDATION:

Right Follow up with your physician for surgical consultation.

Bilateral Diagnostic breast MRI may be considered for further evaluation.

If wire/seed localization is desired, this can be performed under ultrasound guidance.

Electronically Signed by: [REDACTED] DO, 2/27/2024 4:41 PM
Added by [REDACTED] DO on 2/27/2024 4:41 PM

Study Result**Narrative & Impression**

**** ORIGINAL REPORT ****

US-BIOPSY BREAST PERC RT, MA-POST PROCEDURE MAMMO RIGHT

The procedure was performed by R92.8: Other abnormal and inconclusive findings on diagnostic imaging of breast.

Review was made of the patient's pertinent images.

4/2/24, 1:14 PM

DOB: 09/10/1974

PREPROCEDURE DIAGNOSIS: R92.8: Other abnormal and inconclusive findings on diagnostic imaging of breast

POSTPROCEDURE DIAGNOSIS: Same pending radiographic pathologic correlation

INDICATION FOR EXAMINATION: Mass

LESION LOCATION: Right breast at the 8:00 at 8 cm.

The procedure was explained to the patient including risk and possible complications. Informed consent was obtained.

PROCEDURE: The procedure site was marked and a timeout procedure was performed. The patient was prepped and draped in a sterile fashion. Local anesthesia was provided (lidocaine 1% without epinephrine). A 14-gauge coaxial spring-loaded core biopsy needle was used. Under direct ultrasound guidance, the needle was guided into the area of concern. Multiple core biopsies were obtained. A T3 coil biopsy clip was placed at the site. The needles were removed. Hemostasis was achieved. The skin was closed and dressed in usual fashion. The patient tolerated the procedure well. Home instructions were given.

Previous ultrasound study also indicated possible large lymph node in the axilla. Prebiopsy repeat imaging through the axillary region failed to identify any cortical thickening or hilar effacement. Axillary biopsy was not performed.

SPECIMEN:

Specimen was sent to pathology

POSTPROCEDURAL MAMMOGRAM: The postprocedural mammogram showed satisfactory clip placement and postprocedural changes. Images were annotated. Comparison to previous mammogram 2/16/2024 shows biopsy marker consistent with previous area identified in the posterior third of the right breast.

CONCLUSION: Successful ultrasound-guided core needle biopsy procedure right breast.

ASSESSMENT:

Waiting for Pathology.

Electronically Signed by: [REDACTED], DO, 2/23/2024 4:15 PM

Scans on Order

Scan on 2/23/2024 4:23 PM by [REDACTED] biopsy consent and clip package

Imaging

MA-POST PROCEDURE MAMMO RIGHT (Order: [REDACTED]) - 2/23/2024

Result History

MA-POST PROCEDURE MAMMO RIGHT (Order: [REDACTED]) on 2/27/2024 - Order Result History Report - Result Edited

2/28/2024 9:03 AM - [REDACTED]

MA-POST PROCEDURE MAMMO RIGHT: Patient Communication

4/2/24, 1:14 PM

DOB: 09/10/1974

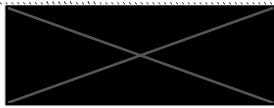
 Released Seen**Signed by**

Signed

Date/Time

Phone

Pager

2/23/2024 16:15
2/27/2024 16:41**Procedure Log Information**

MA-POST PROCEDURE MAMMO RIGHT (Order [REDACTED] on 2/23/24

MA-POST PROCEDURE MAMMO RIGHT

Electronically signed by: [REDACTED] ARRT on 02/16/24 0859

Status: Completed

Ordering user: [REDACTED] ARRT 02/16/24 0859

Ordering provider: [REDACTED]

MD

Authorized by: [REDACTED] MD

Frequency: Routine 02/23/24 1434 - 1 occurrence

Diagnoses:

Abnormal mammogram [R92.8]

Order comments: OTII

Exam Information

Status

Exam Begun

Exam Ended

Final [99]

2/23/2024 16:11

2/23/2024 16:24

Reason For Exam: US-BIOPSY BREAST PERC RT

Priority: Routine

Dx: Abnormal mammogram [R92.8 (ICD-10-CM)]

Comments: OTII

Reason For Exam: MA-POST PROCEDURE MAMMO RIGHT

Priority: Routine

Dx: Abnormal mammogram [R92.8 (ICD-10-CM)]

Comments: OTII

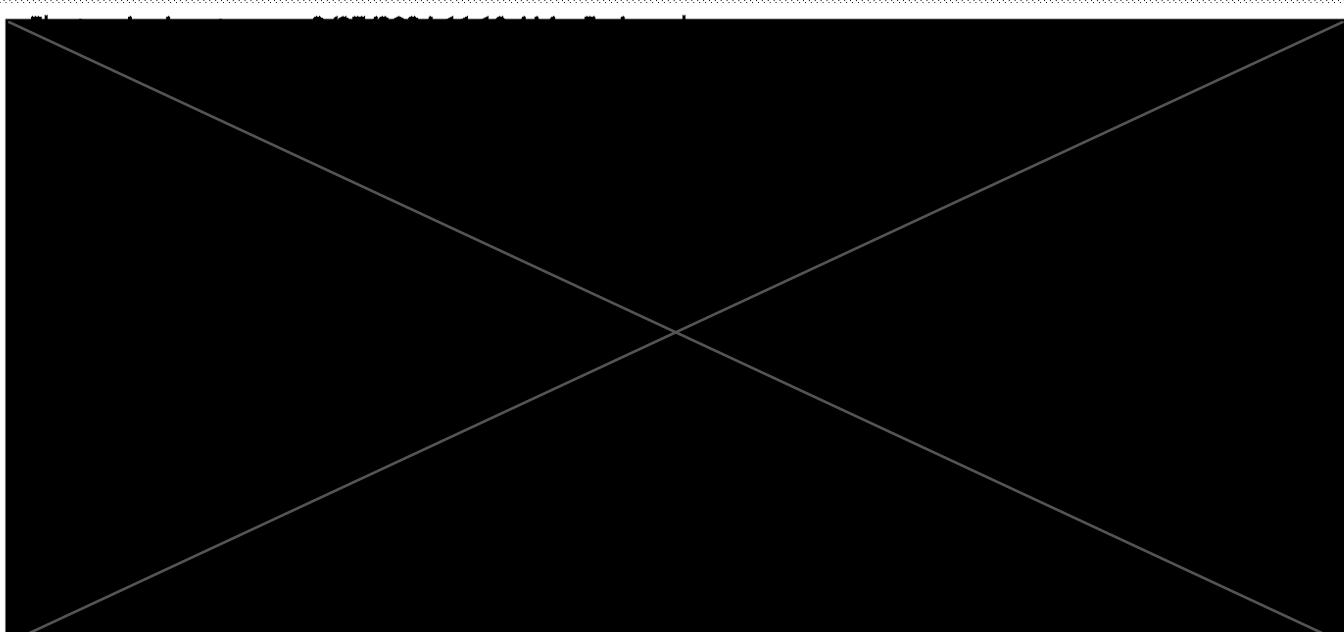
□ Encounter-Level Documents on 02/23/2024:

Electronic signature on 2/23/2024 2:34 PM - E-signed

Scan on 2/20/2024 2:46 PM by [REDACTED]

□ Order-Level Documents on 02/23/2024:

Scan on 3/8/2024 12:34 PM by [REDACTED]: NeoGenomics FISH Analysis HER2 Breast - A1

□ Patient-Level Documents:

4/2/24, 1:14 PM

DOB: 09/10/1974

4/2/24, 1:14 PM

DOB: 09/10/1974

Priority and Order Details

Priority	Order Status	Class
Routine	Completed	Ancillary Performed

Associated Diagnoses

Abnormal mammogram [R92.8]

Comments

OTII

Order Information

Order Date	Service	Start Date	Start Time	End Date
02/23/24	(none)	02/23/24	1434	02/23/24

Provider Information

Ordering User	Ordering Provider	Authenticating Provider
[REDACTED] ARRT	[REDACTED] MD	[REDACTED] MD
Attending Provider(s)	PCP	Billing Provider

Indications

Abnormal mammogram [R92.8 (ICD-10-CM)]

CPT CODE FOR ORDER**CPT CODE**

77065

PACS Images

(Link Unavailable) Show images for this procedure

Protocols

None

4/2/24, 1:15 PM

DOB: 09/10/1974

US-BIOPSY BREAST PERC RT [IMG3073] (Accession US-[REDACTED]) (Order [REDACTED])

MA-POST PROCEDURE MAMMO RIGHT [IMG8806]

(Accession [REDACTED]) (Order [REDACTED])

Order

Date: 2/23/2024 Department: [REDACTED] Breast Center at [REDACTED]
Released By [REDACTED] Authorizing [REDACTED] MD

(Link Unavailable) Show images for US-BIOPSY BREAST PERC RT

Patient Information

Patient Name [REDACTED]	Gender Identity Female	DOB 9/10/1974
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External Results Report

There is an external results report available.

US-BIOPSY BREAST PERC RT: Result Notes

[REDACTED] RN
2/28/2024 9:12 AM EST

Results have been processed

[REDACTED] RN
2/28/2024 9:11 AM EST

[REDACTED] RN

PB
2/27/24 3:19 PM

Note

Called patient, no answer, left message to call back.

Order sent to KBEC and referrals sent.

[REDACTED] MD
2/27/2024 5:03 PM EST

Please verify breast MRI bilateral, consult with Dr. [REDACTED] and Dr. [REDACTED] have been ordered

[REDACTED]
Sustained information I sent before hand we have already initiated the orders for the breast MRI, consult with the oncologist and breast surgeon

[REDACTED] MD 2/27/2024 5:08 PM

Addendum

** ADDENDUM: #1 **

PATHOLOGY REPORT:

4/2/24, 1:15 PM

DOB: 09/10/1974

FINAL DIAGNOSIS**RIGHT BREAST, 8:00, 8 CM FROM NIPPLE, BIOPSY:****-- INVASIVE DUCTAL CARCINOMA, NOTTINGHAM GRADE 1 (OF THREE GRADES), MEASURING UP TO 9 MM****-- ASSOCIATED DUCTAL CARCINOMA IN SITU (DCIS), CRIBRIFORM AND MICROPAPILLARY TYPE, NUCLEAR GRADE 1.****IMPRESSION:****The above pathology findings are concordant with imaging findings and malignant.****RECOMMENDATION:****Right Follow up with your physician for surgical consultation.****Bilateral Diagnostic breast MRI may be considered for further evaluation.**

If wire/seed localization is desired, this can be performed under ultrasound guidance.

Electronically Signed by:  DO, 2/27/2024 4:41 PMAddended by  DO on 2/27/2024 4:41 PM**Study Result**

Narrative & Impression

**** ORIGINAL REPORT ******US-BIOPSY BREAST PERC RT, MA-POST PROCEDURE MAMMO RIGHT**

The procedure was performed by R92.8: Other abnormal and inconclusive findings on diagnostic imaging of breast.

Review was made of the patient's pertinent images.

PREPROCEDURE DIAGNOSIS: R92.8: Other abnormal and inconclusive findings on diagnostic imaging of breast

POSTPROCEDURE DIAGNOSIS: Same pending radiographic pathologic correlation

INDICATION FOR EXAMINATION: Mass

LESION LOCATION: Right breast at the 8:00 at 8 cm.

The procedure was explained to the patient including risk and possible complications. Informed consent was obtained.

PROCEDURE: The procedure site was marked and a timeout procedure was performed. The patient was prepped and draped in a sterile fashion. Local anesthesia was provided (lidocaine 1% without epinephrine). A 14-gauge coaxial spring-loaded core biopsy needle was used. Under direct ultrasound guidance, the needle was guided into the area of concern. Multiple core biopsies were obtained. A T3 coil biopsy clip was placed at the site. The needles were removed. Hemostasis was achieved. The skin was closed and dressed in usual fashion. The patient tolerated the procedure well. Home instructions were given.

Previous ultrasound study also indicated possible large lymph node in the axilla. Prebiopsy repeat imaging through the axillary region failed to identify any cortical thickening or hilar effacement. Axillary biopsy was not performed.

4/2/24, 1:15 PM

DOB: 09/10/1974

SPECIMEN:

Specimen was sent to pathology

POSTPROCEDURAL MAMMOGRAM: The postprocedural mammogram showed satisfactory clip placement and postprocedural changes. Images were annotated. Comparison to previous mammogram 2/16/2024 shows biopsy marker consistent with previous area identified in the posterior third of the right breast.

CONCLUSION: Successful ultrasound-guided core needle biopsy procedure right breast.

ASSESSMENT:

Waiting for Pathology.

Electronically Signed by: [REDACTED] DO, 2/23/2024 4:15 PM

Scans on Order

Scan on 2/23/2024 4:23 PM by [REDACTED] biopsy consent and clip package

Imaging

US-BIOPSY BREAST PERC RT (Order: [REDACTED] - 2/23/2024

Result History

US-BIOPSY BREAST PERC RT (Order: [REDACTED] on 2/27/2024 - Order Result History Report - Result Edited

2/28/2024 9:03 AM - [REDACTED]

US-BIOPSY BREAST PERC RT: Patient Communication

Released

Seen



Sustained information I sent before hand we have already initiated the orders for the breast MRI, consult with the oncologist and breast surgeon

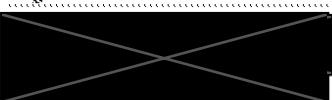
[REDACTED] MD 2/27/2024 5:08 PM

Written by [REDACTED] MD on 2/27/2024 5:09 PM EST

Seen by patient [REDACTED] on 3/12/2024 9:33 AM

Signed by

Signed



Date/Time

2/23/2024 16:15

2/27/2024 16:41

Phone



Pager

Procedure Log Information

US-BIOPSY BREAST PERC RT (Order #: [REDACTED]) on 2/23/24

US-BIOPSY BREAST PERC RT

Electronically signed by: [REDACTED] ARRT on 02/16/24 0859

Status: Completed

Ordering user: [REDACTED] ARRT 02/16/24 0859

Ordering provider: [REDACTED]

MD

Authorized by: [REDACTED], MD

Frequency: Routine 02/23/24 1433 - 1 occurrence

4/2/24, 1:15 PM

DOB: 09/10/1974

Diagnoses

Abnormal mammogram [R92.8]

Questionnaire

Question

Answer

Release to patient

Immediate

Order comments: OTII

Exam Information

Status

Exam Begun

Exam Ended

Final [99]

2/23/2024 14:46

2/23/2024 16:12

Reason For Exam: US-BIOPSY BREAST PERC RT

Priority: Routine

Dx: Abnormal mammogram [R92.8 (ICD-10-CM)]

Comments: OTII

Reason For Exam: MA-POST PROCEDURE MAMMO RIGHT

Priority: Routine

Dx: Abnormal mammogram [R92.8 (ICD-10-CM)]

Comments: OTII

□ Encounter-Level Documents on 02/23/2024:

Electronic signature on 2/23/2024 2:33 PM - E-signed

□ Order-Level Documents on 02/23/2024:

Scan on 2/23/2024 4:23 PM by [REDACTED] biopsy consent and clip package

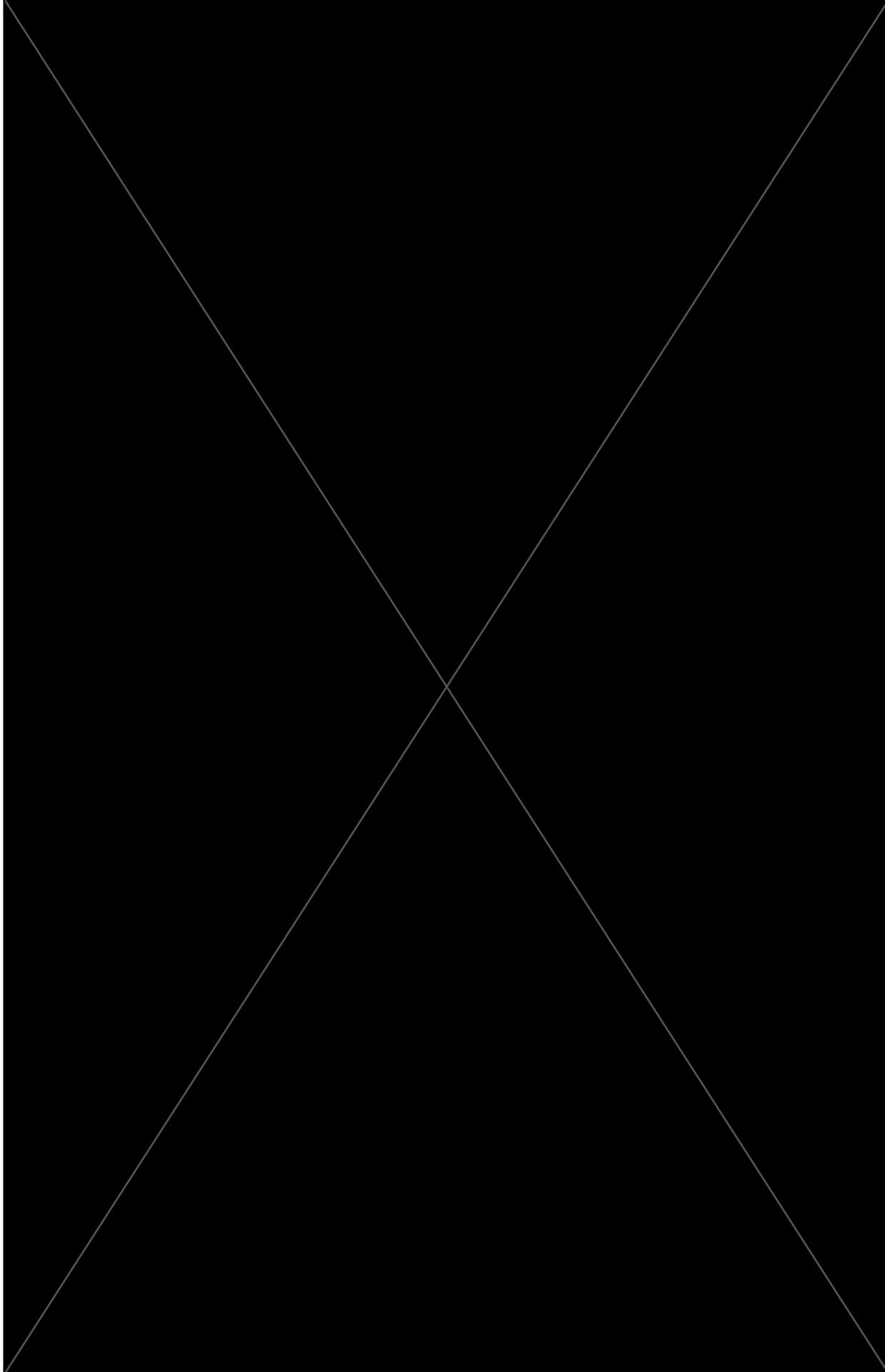
Document on 3/8/2024 3:30 PM by [REDACTED], MD

Scan on 3/8/2024 12:34 PM by [REDACTED] NeoGenomics FISH Analysis HER2 Breast - A1

□ Patient-Level Documents:

4/2/24, 1:15 PM

DOB: 09/10/1974

**Priority and Order Details**

Priority	Order Status	Class
Routine	Completed	Ancillary Performed

Associated Diagnoses

Abnormal mammogram [R92.8]

Order Questions

Question	Answer
Release to patient	Immediate

4/2/24, 1:15 PM

DOB: 09/10/1974

Comments

OTII

Order Information

Order Date	Service	Start Date	Start Time	End Date
02/23/24	(none)	02/23/24	1433	02/23/24

Provider Information

Ordering User	Ordering Provider	Authorizing Provider
██████████ ARRT	██████████ MD	██████████ MD
Attending Provider(s) ██████████ MD	PCP ██████████ DO	Billing Provider ██████████ DO

Indications

Abnormal mammogram [R92.8 (ICD-10-CM)]

All Reviewers List

██████████ RN on 2/28/2024 09:12

Routing History

Priority	Sent On	From	To	Message Type
	3/11/2024 12:34 PM	██████████ MD	██████████ Triage Pool	Result Notes
	2/27/2024 5:09 PM	██████████ MD	██████████ Triage Pool	Result Notes
	2/27/2024 12:48 PM	██████████ MD	██████████ Triage Pool	Result Notes
	2/27/2024 10:45 AM	Background User Lab	██████████ MD	Results
	2/23/2024 4:23 PM	██████████	██████████ MD	Results
	2/23/2024 4:23 PM	██████████	██████████ DO	Results

CPT CODE FOR ORDER**CPT CODE**

19083

PACS Images

(Link Unavailable) Show images for this procedure

Protocols

None

4/2/24, 1:16 PM

DOB: 09/10/1974

MA-MAMMO DIAGNOSTIC 3D TOMO RT [IMG8652]

(Accession [REDACTED] Order [REDACTED])

US-BREAST RT [IMG8597] (Accession [REDACTED])

(Order [REDACTED])

Order

Date: 2/16/2024 Department: [REDACTED] Breast Center at [REDACTED] Released By: [REDACTED]
Authorizing [REDACTED] MD[\(Link Unavailable\)](#) Show images for US-BREAST RT**Patient Information**

Patient Name [REDACTED]	Gender Identity Female	DOB 9/10/1974
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External Results Report

There is an external results report available.

① MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED]
US-BREAST RT (Order [REDACTED] - Reflex for Order [REDACTED])

① MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED]
US-BREAST RT (Order [REDACTED] - Reflex for Order [REDACTED])

MA-MAMMO DIAGNOSTIC 3D TOMO RT: Result Notes

[REDACTED] RN
2/19/2024 8:15 AM EST

Results processed. Patient notified through MyChart

[REDACTED] RN
2/19/2024 8:14 AM EST

MyChart message read by patient on 2/18/24 from ACF, scheduled per OTII 2/23/24.

[REDACTED] DO
2/16/2024 3:41 PM EST

Please send order for radiology recommendations for biopsy. Thank you.

RECOMMENDATIONS:

Right Ultrasound-guided breast biopsy , 2 sites, at 8:00 and axilla.

Right Stereotactic breast biopsy should be reattempted if the area of interest does not correspond to the spot CC finding.

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED])

MA-MAMMO DIAGNOSTIC 3D TOMO RT: Result Notes

4/2/24, 1:16 PM

DOB: 09/10/1974

RN
8/11/2023 8:11 AM EDT

Results Processed. Patient notified through My Chart.

MD
8/10/2023 4:31 PM EDT

Good News! Your testing was reassuring but further imaging is needed to verify stability in the upcoming months. We have sent those orders to radiology. If you have further concerns or changes please let us know. Here is your schedule for testing:

Right Follow-up diagnostic 3D mammogram (Tomosynthesis) in 6 months
Right Diagnostic breast ultrasound if needed

MD 8/10/2023 4:31 PM

① MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order #
US-BREAST RT (Order #
Reflex for Order #)

Study Result

Narrative & Impression

MA-MAMMO DIAGNOSTIC 3D TOMO RT, US-BREAST RT

INDICATION FOR EXAMINATION: N63.10: Unspecified lump in the right breast, unspecified quadrant. Follow-up previously recommended.

DATE OF SERVICE: 2/16/2024 7:44 AM

COMPARISONS: December 11, 2020 through August to, 2023.

MAMMOGRAM

TECHNIQUE: 2-D and 3-D tomosynthesis images were obtained of the right breast. Computer aided detection (CAD) was used to assist in the interpretation of the 2D mammogram.

BREAST COMPOSITION:

The breast tissue is heterogeneously dense, this may lower the sensitivity of mammography.

FINDINGS:

Butterfly clip is noted in the 6:00 breast. There is a proximally 1.5 cm x 1.3 cm focal asymmetry in the posterior third of the lower outer quadrant as seen on CC 25, MLO 27. On the spot tomographic CC image 22, there is a persistent 1 cm x 0.8 cm asymmetry with question of architectural distortion, possibly associated calcification. However, this is not definitely seen on the MLO spot tomo view..

LIMITED RIGHT BREAST ULTRASOUND: Multiple, sonographic images were obtained of the right breast in the area of mammographic interest. At 8:00 8 cm from the nipple there is a heterogeneous hypoechoic mass with indistinct margins which measures 1.4 cm x 0.7 cm x 1.2 cm. Internal flow is demonstrated, and ultrasound-guided biopsy is recommended. This likely corresponds to the mammographic area of interest. Recommend clip correlation. If not, further evaluation with reattempted and stereo biopsy or

4/2/24, 1:16 PM

DOB: 09/10/1974

MRI is recommended.

There is a lymph node with mild cortical thickening measuring 0.4 cm. Recommend ultrasound-guided biopsy.

ASSESSMENT:

BI-RADS CATEGORY (4) suspicious. Biopsy should be considered.

RECOMMENDATIONS:

Right Ultrasound-guided breast biopsy , 2 sites, at 8:00 and axilla.

Right Stereotactic breast biopsy should be reattempted if the area of interest does not correspond to the spot CC finding.

A result letter will be sent to the patient. Findings and recommendations were discussed with the patient.

Electronically Signed by: [REDACTED] MD, 2/16/2024 9:38 AM

Imaging

US-BREAST RT (Order [REDACTED]) - 2/16/2024

Result History

US-BREAST RT (Order [REDACTED]) on 2/16/2024 - Order Result History Report

① MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED])
US-BREAST RT (Order [REDACTED]) - Reflex for Order [REDACTED]

Study Result

Narrative & Impression

MA-MAMMO DIAGNOSTIC 3D TOMO RT, US-BREAST RT

INDICATION FOR EXAMINATION: N63.10: Unspecified lump in the right breast, unspecified quadrant. Follow-up previously recommended.

DATE OF SERVICE: 2/16/2024 7:44 AM

COMPARISONS: December 11, 2020 through August to, 2023.

MAMMOGRAM

TECHNIQUE: 2-D and 3-D tomosynthesis images were obtained of the right breast. Computer aided detection (CAD) was used to assist in the interpretation of the 2D mammogram.

BREAST COMPOSITION:

The breast tissue is heterogeneously dense, this may lower the sensitivity of mammography.

4/2/24, 1:16 PM

DOB: 09/10/1974

FINDINGS:

Butterfly clip is noted in the 6:00 breast. There is a proximally 1.5 cm x 1.3 cm focal asymmetry in the posterior third of the lower outer quadrant as seen on CC 25, MLO 27. On the spot tomographic CC image 22, there is a persistent 1 cm x 0.8 cm asymmetry with question of architectural distortion, possibly associated calcification. However, this is not definitely seen on the MLO spot tomo view..

LIMITED RIGHT BREAST ULTRASOUND: Multiple, sonographic images were obtained of the right breast in the area of mammographic interest. At 8:00 8 cm from the nipple there is a heterogeneous hypoechoic mass with indistinct margins which measures 1.4 cm x 0.7 cm x 1.2 cm. Internal flow is demonstrated, and ultrasound-guided biopsy is recommended. This likely corresponds to the mammographic area of interest. Recommend clip correlation. If not, further evaluation with reattempted and stereo biopsy or MRI is recommended.

There is a lymph node with mild cortical thickening measuring 0.4 cm. Recommend ultrasound-guided biopsy.

ASSESSMENT:

BI-RADS CATEGORY (4) suspicious. Biopsy should be considered.

RECOMMENDATIONS:

Right Ultrasound-guided breast biopsy , 2 sites, at 8:00 and axilla.

Right Stereotactic breast biopsy should be reattempted if the area of interest does not correspond to the spot CC finding.

A result letter will be sent to the patient. Findings and recommendations were discussed with the patient.

Electronically Signed by [REDACTED] MD, 2/16/2024 9:38 AM

Imaging

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order: [REDACTED] - 2/16/2024

Result History

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order: [REDACTED] on 2/16/2024 - Order Result History Report

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order: [REDACTED]

Study Result

Narrative & Impression

MA-MAMMO DIAGNOSTIC 3D TOMO RT

DATE OF SERVICE: 8/10/2023 3:58 PM

INDICATION FOR EXAMINATION: R92.8: Other abnormal and inconclusive findings on diagnostic imaging of breast. Scheduled stereotactic biopsy of a previously

4/2/24, 1:16 PM

DOB: 09/10/1974

identified asymmetry within the right breast.

HISTORY: This is a 48 years-old Female with no reported family history of breast cancer.

COMPARISONS: 7/28/2023 through 5/27/2022

TECHNIQUE: 2-D and 3-D tomosynthesis images of the right breast were obtained in the CC, ML, and MLO projections in attempts to identify the previous mammographic mass of concern.

Computer aided detection (CAD) was used to assist in the interpretation of the 2D mammogram.

BREAST COMPOSITION:

The breast tissue is heterogeneously dense, this may lower the sensitivity of mammography.

FINDINGS:

There are no masses, architectural distortions, or calcifications to suggest malignancy.

The previously described irregular mass could not be reproduced on today's targeting images. This may be secondary to the far posterior location of the finding. Multiple attempts were made for full inclusion of the breast in both CC, ML and MLO projections.

In the absence of a discrete target, the scheduled procedure was canceled. Plan for mammographic follow-up in 6 months. This was reviewed with the patient at the end of the examination.

ASSESSMENT:

BI-RADS CATEGORY (3) Probably Benign.

RECOMMENDATIONS:

Right Follow-up diagnostic 3D mammogram (Tomosynthesis) in 6 months

Right Diagnostic breast ultrasound if needed

The findings and recommendations were discussed with the patient at the time of the examination by Dr. [REDACTED]

A result letter will be sent to the patient.

Electronically Signed by: [REDACTED] MD, 8/10/2023 4:11 PM

Imaging

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order: [REDACTED] - 8/10/2023)

Result History

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order: [REDACTED] on 8/10/2023 - Order Result History Report - Result Edited

2/16/2024 9:39 AM - [REDACTED]

US-BREAST RT: Patient Communication

4/2/24, 1:16 PM

DOB: 09/10/1974

 Released Seen**Signed by**

Signed

Date/Time

Phone

Pager

2/16/2024 09:38

Procedure Log Information

US-BREAST RT (Order [REDACTED] on 2/16/24

US-BREAST RT [REDACTED]

Electronically signed by: [REDACTED] MD on 08/11/23 1027 Status: Completed

Mode: Ordering in Verbal with Readback mode

Communicated by: [REDACTED] RN

Order placed as a reflex to MA-MAMMO DIAGNOSTIC 3D TOMO RT [REDACTED] ordered on 07/28/23 at 1515

Ordering user: [REDACTED], RN 08/11/23 0811

Ordering provider: [REDACTED] MD

Authorized by: [REDACTED], MD

Frequency: Routine 02/16/24 0732 - 1 occurrence

Diagnosis:

Mass of right breast, unspecified quadrant [N63.10]

Questionnaire

Question

Answer

The following listed procedures may be offered to be performed if recommended by the radiologist, or per protocol:

US Breast

US Breast Biopsy

Stereotactic Breast Biopsy

Diagnostic Mammogram

Automated Breast Ultrasound Bilateral Screening Only

MRI Breast

MRI Guided Biopsy

Exam Information

Status

Exam Begun

Exam Ended

Final [99]

2/16/2024 08:29

2/16/2024 09:09

Reason For Exam: MA-MAMMO DIAGNOSTIC 3D TOMO RT

Priority: Routine

Dx: Mass of right breast, unspecified quadrant [N63.10 (ICD-10-CM)]

Reason For Exam: US-BREAST RT

Priority: Routine

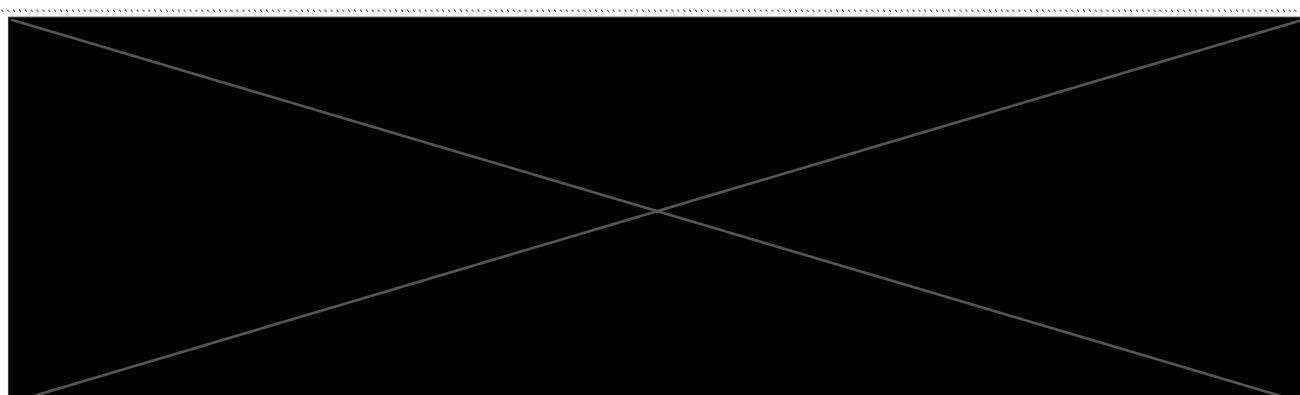
Dx: Mass of right breast, unspecified quadrant [N63.10 (ICD-10-CM)]

 Encounter-Level Documents:

There are no encounter-level documents.

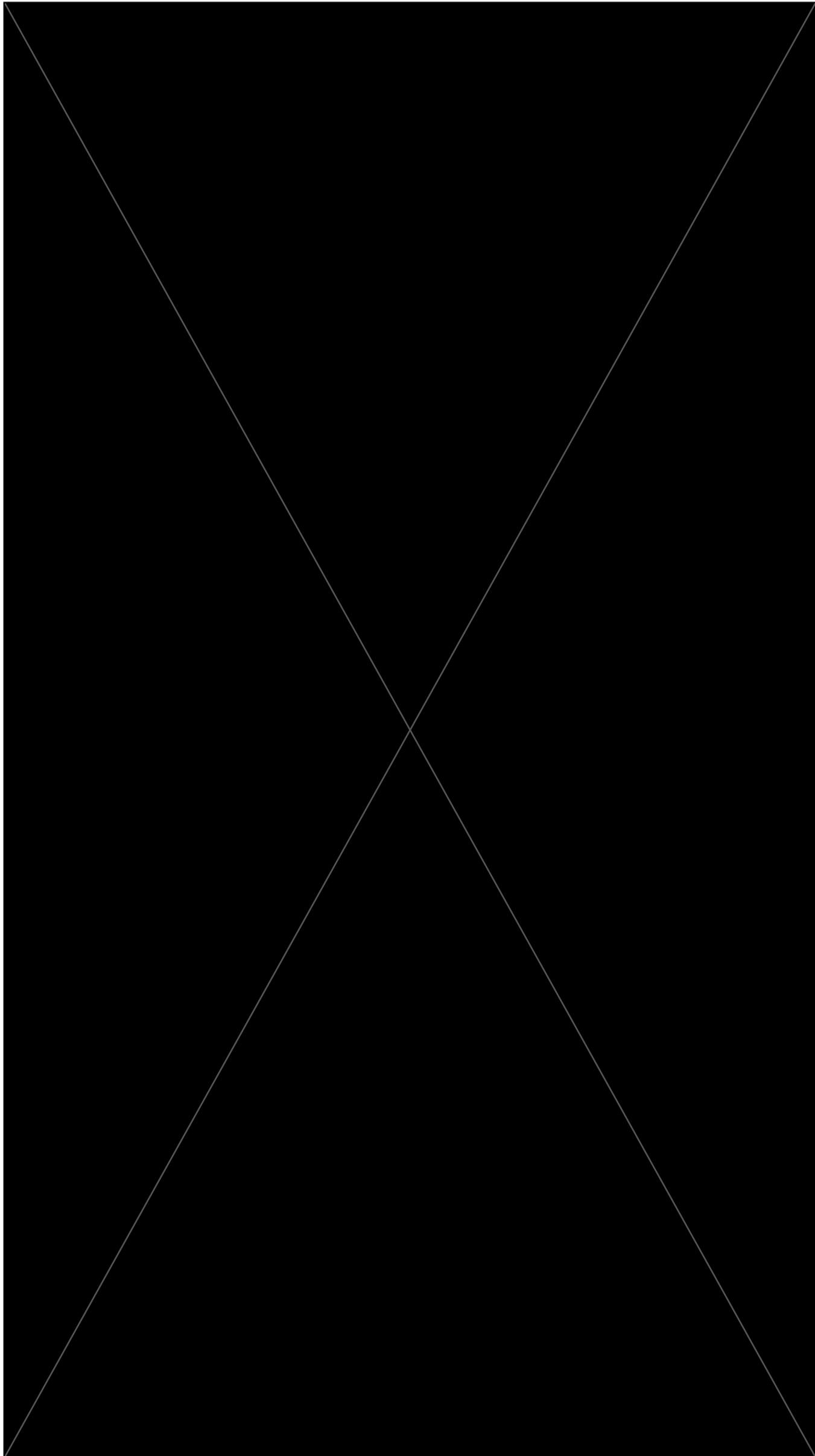
 Order-Level Documents on 02/23/2024:

Scan on 3/8/2024 12:34 PM by [REDACTED] NeoGenomics FISH Analysis HER2 Breast - A1

 Patient-Level Documents:

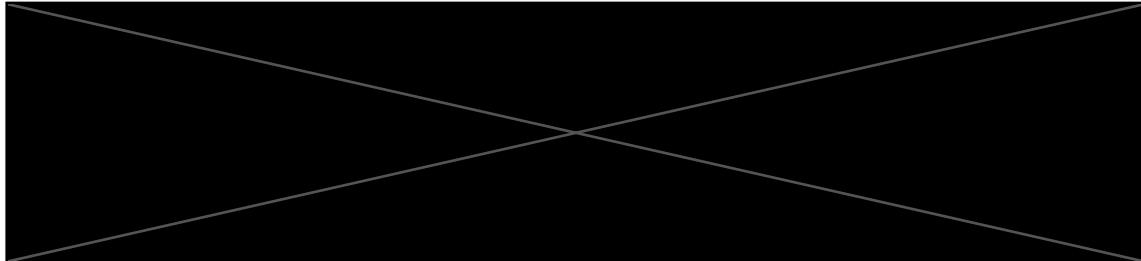
4/2/24, 1:16 PM

DOB: 09/10/1974



4/2/24, 1:16 PM

DOB: 09/10/1974



Priority and Order Details

Priority	Order Status	Class	Modifier
Routine	Completed	Ancillary Performed	RIGHT SIDE

Associated Diagnoses

Mass of right breast, unspecified quadrant [N63.10]

Order Questions

Question	Answer
The following listed procedures may be offered to be performed if recommended by the radiologist, or per protocol:	US Breast
	US Breast Biopsy
	Stereotactic Breast Biopsy
	Diagnostic Mammogram
	Automated Breast Ultrasound Bilateral Screening Only
	MRI Breast
	MRI Guided Biopsy

Order Information

Order Date	Service	Start Date	Start Time	End Date
02/16/24	(none)	02/16/24	0732	02/16/24

Provider Information

Ordering User	Ordering Provider	Authorizing Provider
RN	, MD	MD
Attending Provider(s)	PCP	Billing Provider
MD	DO	MD

Indications

Mass of right breast, unspecified quadrant [N63.10 (ICD-10-CM)]

① MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order US-BREAST RT (Order [REDACTED] - Reflex for Orders [REDACTED]))

① MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order US-BREAST RT (Order [REDACTED] - Reflex for Orders [REDACTED]))

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED])

CPT CODE FOR ORDER

CPT CODE

76642

PACS Images

4/2/24, 1:16 PM

DOB: 09/10/1974

(Link Unavailable) Show images for this procedure

Protocols

None

4/2/24, 1:17 PM

DOB: 09/10/1974

MA-MAMMO DIAGNOSTIC 3D TOMO RT [IMG8652]

(Accession [REDACTED] Order [REDACTED])

US-BREAST RT [IMG8597] (Accession [REDACTED]**(Order [REDACTED])**

Order

Date: 2/16/2024 Department: [REDACTED] Breast Center at [REDACTED] released by: [REDACTED]

Authorizing: [REDACTED] MD

[\(Link Unavailable\)](#) Show images for MA-MAMMO DIAGNOSTIC 3D TOMO RT**Patient Information**

Patient Name

Gender Identity

DOB

Female

9/10/1974

External Results Report

There is an external results report available.

 MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED]
US-BREAST RT (Order [REDACTED] - Reflex for Order [REDACTED]**MA-MAMMO DIAGNOSTIC 3D TOMO RT: Result Notes**

RN

2/19/2024 8:15 AM EST

Results processed. Patient notified through MyChart



RN

2/19/2024 8:14 AM EST

MyChart message read by patient on 2/18/24 from ACF, scheduled per OTII 2/23/24.



DO

2/16/2024 3:41 PM EST

Please send order for radiology recommendations for biopsy. Thank you.

RECOMMENDATIONS:

Right Ultrasound-guided breast biopsy , 2 sites, at 8:00 and axilla.

Right Stereotactic breast biopsy should be reattempted if the area of interest does not correspond to the spot CC finding.

 MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED]
US-BREAST RT (Order [REDACTED] - Reflex for Order [REDACTED]

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED]

MA-MAMMO DIAGNOSTIC 3D TOMO RT: Result Notes

4/2/24, 1:17 PM

DOB: 09/10/1974

RN

8/11/2023 8:11 AM EDT

Results Processed. Patient notified through My Chart.

MD

8/10/2023 4:31 PM EDT

Good News! Your testing was reassuring but further imaging is needed to verify stability in the upcoming months. We have sent those orders to radiology. If you have further concerns or changes please let us know. Here is your schedule for testing:

Right Follow-up diagnostic 3D mammogram (Tomosynthesis) in 6 months

Right Diagnostic breast ultrasound if needed

MD 8/10/2023 4:31 PM

① MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order US-BREAST RT (Order [REDACTED] - Reflex for Order [REDACTED]

Study Result

Narrative & Impression

MA-MAMMO DIAGNOSTIC 3D TOMO RT, US-BREAST RT

INDICATION FOR EXAMINATION: N63.10: Unspecified lump in the right breast, unspecified quadrant. Follow-up previously recommended.

DATE OF SERVICE: 2/16/2024 7:44 AM

COMPARISONS: December 11, 2020 through August to, 2023.

MAMMOGRAM

TECHNIQUE: 2-D and 3-D tomosynthesis images were obtained of the right breast. Computer aided detection (CAD) was used to assist in the interpretation of the 2D mammogram.

BREAST COMPOSITION:

The breast tissue is heterogeneously dense, this may lower the sensitivity of mammography.

FINDINGS:

Butterfly clip is noted in the 6:00 breast. There is a proximally 1.5 cm x 1.3 cm focal asymmetry in the posterior third of the lower outer quadrant as seen on CC 25, MLO 27. On the spot tomographic CC image 22, there is a persistent 1 cm x 0.8 cm asymmetry with question of architectural distortion, possibly associated calcification. However, this is not definitely seen on the MLO spot tomo view..

LIMITED RIGHT BREAST ULTRASOUND: Multiple, sonographic images were obtained of the right breast in the area of mammographic interest. At 8:00 8 cm from the nipple there is a heterogeneous hypoechoic mass with indistinct margins which measures 1.4 cm x 0.7 cm x 1.2 cm. Internal flow is demonstrated, and ultrasound-guided biopsy is recommended. This likely corresponds to the mammographic area of interest. Recommend clip correlation. If not, further evaluation with reattempted and stereo biopsy or

4/2/24, 1:17 PM

DOB: 09/10/1974

MRI is recommended.

There is a lymph node with mild cortical thickening measuring 0.4 cm. Recommend ultrasound-guided biopsy.

ASSESSMENT:

BI-RADS CATEGORY (4) suspicious. Biopsy should be considered.

RECOMMENDATIONS:

Right Ultrasound-guided breast biopsy , 2 sites, at 8:00 and axilla.

Right Stereotactic breast biopsy should be reattempted if the area of interest does not correspond to the spot CC finding.

A result letter will be sent to the patient. Findings and recommendations were discussed with the patient.

Electronically Signed by: [REDACTED], MD, 2/16/2024 9:38 AM

Imaging

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order: [REDACTED] - 2/16/2024)

Result History

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order: [REDACTED]) on 2/16/2024 - Order Result History Report

① MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order: [REDACTED] - 2/16/2024)
US-BREAST RT (Order: [REDACTED] - Reflex for Order: [REDACTED])

Study Result

Narrative & Impression

MA-MAMMO DIAGNOSTIC 3D TOMO RT, US-BREAST RT

INDICATION FOR EXAMINATION: N63.10: Unspecified lump in the right breast, unspecified quadrant. Follow-up previously recommended.

DATE OF SERVICE: 2/16/2024 7:44 AM

COMPARISONS: December 11, 2020 through August to, 2023.

MAMMOGRAM

TECHNIQUE: 2-D and 3-D tomosynthesis images were obtained of the right breast. Computer aided detection (CAD) was used to assist in the interpretation of the 2D mammogram.

BREAST COMPOSITION:

The breast tissue is heterogeneously dense, this may lower the sensitivity of mammography.

4/2/24, 1:17 PM

DOB: 09/10/1974

FINDINGS:

Butterfly clip is noted in the 6:00 breast. There is a proximally 1.5 cm x 1.3 cm focal asymmetry in the posterior third of the lower outer quadrant as seen on CC 25, MLO 27. On the spot tomographic CC image 22, there is a persistent 1 cm x 0.8 cm asymmetry with question of architectural distortion, possibly associated calcification. However, this is not definitely seen on the MLO spot tomo view..

LIMITED RIGHT BREAST ULTRASOUND: Multiple, sonographic images were obtained of the right breast in the area of mammographic interest. At 8:00 8 cm from the nipple there is a heterogeneous hypoechoic mass with indistinct margins which measures 1.4 cm x 0.7 cm x 1.2 cm. Internal flow is demonstrated, and ultrasound-guided biopsy is recommended. This likely corresponds to the mammographic area of interest. Recommend clip correlation. If not, further evaluation with reattempted and stereo biopsy or MRI is recommended.

There is a lymph node with mild cortical thickening measuring 0.4 cm. Recommend ultrasound-guided biopsy.

ASSESSMENT:

BI-RADS CATEGORY (4) suspicious. Biopsy should be considered.

RECOMMENDATIONS:

Right Ultrasound-guided breast biopsy , 2 sites, at 8:00 and axilla.

Right Stereotactic breast biopsy should be reattempted if the area of interest does not correspond to the spot CC finding.

A result letter will be sent to the patient. Findings and recommendations were discussed with the patient.

Electronically Signed by: [REDACTED] MD, 2/16/2024 9:38 AM

Imaging

US-BREAST RT (Order: [REDACTED] - 2/16/2024

Result History

US-BREAST RT (Order [REDACTED] on 2/16/2024 - Order Result History Report

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED]

Study Result

Narrative & Impression

MA-MAMMO DIAGNOSTIC 3D TOMO RT

DATE OF SERVICE: 8/10/2023 3:58 PM

INDICATION FOR EXAMINATION: R92.8: Other abnormal and inconclusive findings on diagnostic imaging of breast. Scheduled stereotactic biopsy of a previously

4/2/24, 1:17 PM

DOB: 09/10/1974

identified asymmetry within the right breast.

HISTORY: This is a 48 years-old Female with no reported family history of breast cancer.

COMPARISONS: 7/28/2023 through 5/27/2022

TECHNIQUE: 2-D and 3-D tomosynthesis images of the right breast were obtained in the CC, ML, and MLO projections in attempts to identify the previous mammographic mass of concern.

Computer aided detection (CAD) was used to assist in the interpretation of the 2D mammogram.

BREAST COMPOSITION:

The breast tissue is heterogeneously dense, this may lower the sensitivity of mammography.

FINDINGS:

There are no masses, architectural distortions, or calcifications to suggest malignancy.

The previously described irregular mass could not be reproduced on today's targeting images. This may be secondary to the far posterior location of the finding. Multiple attempts were made for full inclusion of the breast in both CC, ML and MLO projections.

In the absence of a discrete target, the scheduled procedure was canceled. Plan for mammographic follow-up in 6 months. This was reviewed with the patient at the end of the examination.

ASSESSMENT:

BI-RADS CATEGORY (3) Probably Benign.

RECOMMENDATIONS:

Right Follow-up diagnostic 3D mammogram (Tomosynthesis) in 6 months

Right Diagnostic breast ultrasound if needed

The findings and recommendations were discussed with the patient at the time of the examination by Dr. [REDACTED]

A result letter will be sent to the patient.

Electronically Signed by: [REDACTED] MD, 8/10/2023 4:11 PM

Imaging

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order: [REDACTED] - 8/10/2023)

Result History

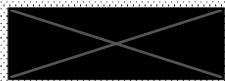
MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order: [REDACTED] on 8/10/2023 - Order Result History Report - Result Edited

2/16/2024 9:39 AM - [REDACTED]

✉ MA-MAMMO DIAGNOSTIC 3D TOMO RT: Patient Communication

4/2/24, 1:17 PM

DOB: 09/10/1974

 Released Seen

Your imaging demonstrates an area that needs evaluation with a biopsy. We have sent the orders to radiology to schedule your biopsy. If you need assistance please call our office.

RECOMMENDATIONS:

Right Ultrasound-guided breast biopsy , 2 sites, at 8:00 and axilla.

Right Stereotactic breast biopsy should be reattempted if the area of interest does not correspond to the spot CC finding.

Written by [REDACTED] DO on 2/16/2024 3:41 PM EST
Seen by patient [REDACTED] on 2/18/2024 2:51 PM

Signed by

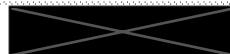
Signed

Date/Time

Phone

Pager

2/16/2024 09:38

**Procedure Log Information**

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED] on 2/16/24

MA-MAMMO DIAGNOSTIC 3D TOMO RT

Electronically signed by [REDACTED] MD on 08/11/23 1027 Status: Completed

Mode: Ordering in Verbal with Readback mode

Communicated by [REDACTED] RN

Order placed as a reflex to MA-MAMMO DIAGNOSTIC 3D TOMO RT [REDACTED] ordered on 07/28/23 at 1515

Ordering user: [REDACTED] RN 08/11/23 0811

Ordering provider: [REDACTED] MD

Authorized by [REDACTED] MD

Frequency: Routine 02/16/24 0731 - 1 occurrence

Diagnoses

Mass of right breast, unspecified quadrant [N63.10]

Questionnaire

Question

Answer

The following listed procedures may be offered to be performed if recommended by the radiologist, or per protocol:

Diagnostic Mammogram

US Breast

US Breast Biopsy

Stereotactic Breast Biopsy

Automated Breast Ultrasound Bilateral Screening Only

MRI Breast

MRI Guided Biopsy

Exam Information

Status

Exam Begun

Exam Ended

Final [99]

2/16/2024 07:44

2/16/2024 08:34

Reason For Exam: MA-MAMMO DIAGNOSTIC 3D TOMO RT

Priority: Routine

Dx: Mass of right breast, unspecified quadrant [N63.10 (ICD-10-CM)]

Reason For Exam: US-BREAST RT

Priority: Routine

Dx: Mass of right breast, unspecified quadrant [N63.10 (ICD-10-CM)]

□ Encounter-Level Documents on 02/16/2024:

Electronic signature on 2/2/2024 8:59 AM - E-signed

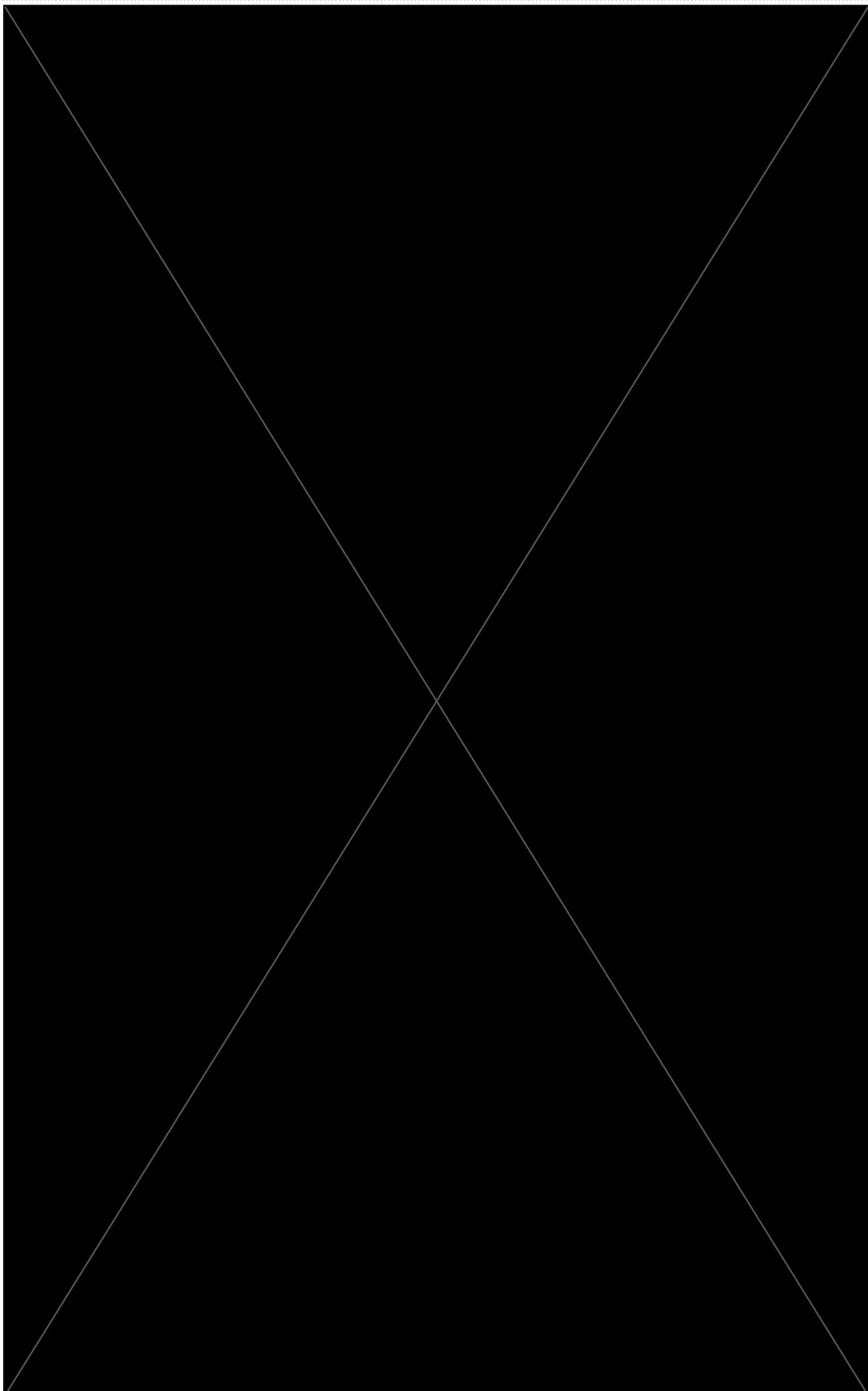
4/2/24, 1:17 PM

DOB: 09/10/1974

Order-Level Documents on 02/23/2024:

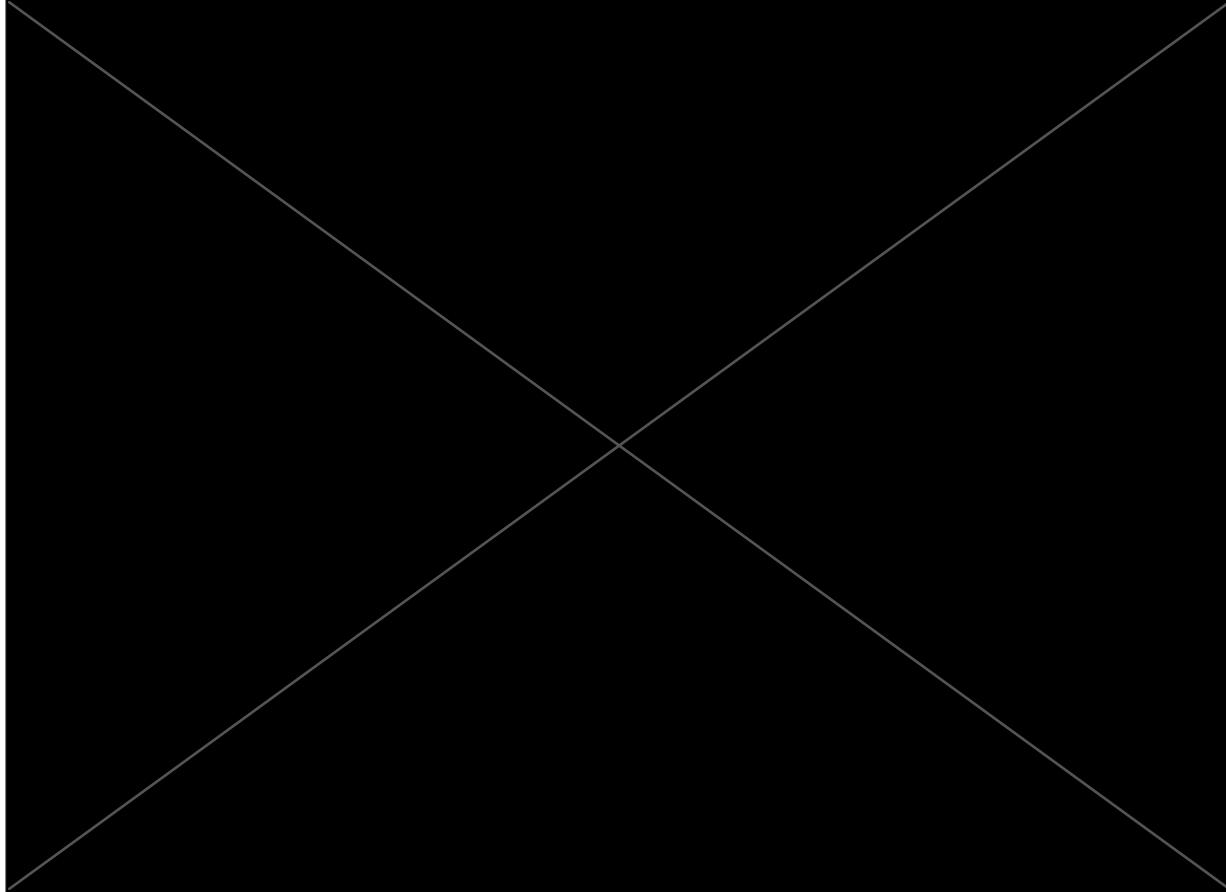
Scan on 3/8/2024 12:34 PM by [REDACTED] NeoGenomics FISH Analysis HER2 Breast - A1

Patient-Level Documents:



4/2/24, 1:17 PM

DOB: 09/10/1974



Priority and Order Details

Priority	Order Status	Class
Routine	Completed	Ancillary Performed

Associated Diagnoses

Mass of right breast, unspecified quadrant [N63.10]

Order Questions

Question	Answer
The following listed procedures may be offered to be performed if recommended by the radiologist, or per protocol:	Diagnostic Mammogram
	US Breast
	US Breast Biopsy
	Stereotactic Breast Biopsy
	Automated Breast Ultrasound Bilateral Screening Only
	MRI Breast
	MRI Guided Biopsy

Order Information

Order Date	Service	Start Date	Start Time	End Date
02/16/24	(none)	02/16/24	0731	02/16/24

Provider Information

Ordering User	Ordering Provider	Authorizing Provider
RN	MD	MD
Attending Provider(s)	PCP	Billing Provider
MD	DO	MD

Indications

Mass of right breast, unspecified quadrant [N63.10 (ICD-10-CM)]

All Reviewers List

4/2/24, 1:17 PM

DOB: 09/10/1974

RN on 2/19/2024 08:15

DO on 2/16/2024 15:41

Routing History

Priority	Sent On	From	To	Message Type
↑	2/16/2024 3:41 PM	[REDACTED] DO	[REDACTED]	Triage Pool Result Notes
↑	2/16/2024 9:39 AM	[REDACTED]	[REDACTED]	MD Results

① MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order US-BREAST RT (Order [REDACTED] - Reflex for Order [REDACTED])

① MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order US-BREAST RT (Order [REDACTED] - Reflex for Order [REDACTED])

MA-MAMMO DIAGNOSTIC 3D TOMO RT (Order [REDACTED])

CPT CODE FOR ORDER

CPT CODE

G0279

PACS Images

(Link Unavailable) Show images for this procedure

Protocols

None