Astera Cancer Care
Monroe
9 Centre Drive, Suite 100
Monroe Township NJ 08831
P: (609) 395-5577
F: (609) 395-7955

Patient Name: **Malagrino, James**
Patient Number: **443449**

Date: **8/28/2025**
Date Of Birth: **6/9/1942**

CHIEF COMPLAINT
Evaluation and management of:

1. History of stage IIIA squamous cell lung cancer right lung 2018
2. New diagnosis of extensive stage small cell lung cancer 2025

DISEASE HISTORY
1. Right-sided thoracotomy, RUL apicoposterior segmentectomy, RLL extended superior segmentectomy for two synchronous lung primary squamous cell cancers of the right lung (pT4N1M0; stage IIIA) with right lower lobe lesion with evidence of malignancy at the bronchial margin in the adventitial soft tissue adjacent to the bronchus. 6/13/2018
2. Adjuvant cisplatin and vinorelbine; changed cisplatin to carboplatin due to nausea and fatigue for cycles 3, 4. 7/13/2018 through 11/07/18.
3. Adjuvant radiation therapy completed 4/24/2019.
4. Routine PET scan 6/19/25 reveals new RLL mass like density with multiple new large FDG avid LN mets, osseos mets.
5. Right supraclavicular LN biospy 7/31/25 positive for malignant cells consistent with small cell carcinoma

INTERIM HISTORY
08/28/25: James presents for follow-up to discuss treatment options for his newly diagnosed extensive stage small cell lung cancer. He underwent evaluation for the clinical trial Ideate Lung 03 clinical trial but has decided he wants to proceed with standard of care treatment.

PRIMARY DIAGNOSIS:

Date	Type	ICD-9	ICD-10	Description	Disease Status	Status Date
7/8/2019	Primary	162.3	C34.11	Non-Small Cell Lung Cancer (Thorax) - Pathologic Stage IIIA (AJCC v8) TNM: pT1c, pN2, cM0	No Evidence of Disease/Remission	8/23/2019
9/28/2021	Secondary	280.9	D50.9	Iron deficiency anemia, unspecified		
5/6/2022	Secondary	785.6	R59.0	Localized enlarged lymph nodes		
7/31/2025	Primary	162.5	C34.31	Small Cell Lung Cancer (Thorax) - Clinical Stage IVB (AJCC v9) TNM: cT2, cN3, cM1c1	Initial Diagnosis	8/7/2025

Active Problems Assessed
- C34.11 - Malignant neoplasm of upper lobe, right bronchus or lung

SECONDARY DIAGNOSIS/COMORBIDITIES

PAST MEDICAL HISTORY
Hypertension
Hyperlipidemia
Hypothyroidism
Arthritis
Anxiety

PAST SURGICAL HISTORY
Partial gastrectomy
Cholecystectomy
Lithotripsy

SOCIAL HISTORY
Former Smoker. Patient discontinued use in 50 years ago. Patient has a pack year history of:5. Patient smoked/smokes: also cigars, long term, 1 per day Denies any prior alcohol use. Denies any illicit drug use.

FAMILY HISTORY

Mother: no history of hematologic or oncologic illness. Father: no history of hematologic or oncologic illness.
Patient has a family history of Father - cardiac disease..

ALLERGIES

Allergy	Reaction (Severity)
Sulfa (Sulfonamide Antibiotics)	

MEDICATIONS
Continued medications: alprazolam 0.5 mg tablet, amlodipine 5 mg tablet, aspirin 81 mg tabletdelayed release, Bystolic 10 mg tablet, clonidine HCl 0.1 mg tablet, Imfinzi 50 mg/mL intravenous solution, Nexium 40 mg capsuledelayed release, Plavix 75 mg tablet, Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation, Udenyca Autoinjector 6 mg/0.6 mL subcutaneous auto-injector.

REVIEW OF SYSTEMS
No fevers, chills or night sweats.
No chest pain or palpitations.
No mouth sores or trouble swallowing.
No nausea, vomiting, diarrhea or constipation.
No cough or shortness of breath.
Rest of a 10 point review of systems is negative except as per HPI.

Patient Reported Level of Pain
Pain Scale 0 No Pain

Treatment Recommendations for Pain

Reassess at next visit

Depression Screening

Name	07/17/25	02/13/25	06/27/24	10/30/23	04/08/23
PHQ-9	<5	<5	<5	<5	<5

Treatment Recommendations for Depression
Score <10, No Action Needed

Vitals
Vitals on 8/28/2025 3:40:00 PM: Height=65in, Weight=133.2lb, Temp=98.1f, Pulse=88, Resp=18, SystolicBP=110, DiastolicBP=69, O2 Sat=91%

PHYSICAL EXAM
Gen: Well developed well nourished. HEENT:PERRLA,EOMI, sclera anicteric, oropharynx clear. Nodes: No peripheral adenopathy. Chest: Clear bilaterally. Heart: S1 S2 no murmurs, regular heartbeat. Abd: Soft, +BS, non tender and non distended, no masses, no organomegaly. Ext: No edema.
ECOG Performance: 0: Fully active, able to carry on all pre-disease performance without restriction

LABS
Lab results on 8/18/2025: WBC=6.95 x10(3)/uL, RBC=4.57 x10(6)/uL, Hgb=14.2 g/dL, HCT=43.6 %, MCV=95.4 fL, MCH=31.1 pg, MCHC=32.6 g/dL, RDW Ratio=13.0 %, Plat=217 x10(3)/uL, MPV=9.6 fL, Lymph#=**0.65** x10(3)/uL, MONO#=0.74 x10(3)/uL, BASO#=0.06 x10(3)/uL, EOS#=0.35 x10(3)/uL, Lymph%=**9.4** %, MONO%=10.6 %, BASO%=0.9 %, EOS%=5.0 %, Segs=73.4 %, Segs#=5.10 x10(3)/uL, Sodium=139 mmol/L, Potassium=4.3 mmol/L, Chloride=103 mmol/L, CO2=23 mmol/L, Glucose=87 mg/dL, BUN=13 mg/dL, Creat=0.80 mg/dL, BUN Creat Ratio=16.3 Ratio, Calcium=9.0 mg/dL, Magnesium=2.2 mg/dL, Total Protein=6.8 g/dL, Albumin=4.2 g/dL, A/G=1.6 Ratio, Globulin=2.6 g/dL, Total Bili=0.3 mg/dL, Alk Phos=91 U/L, AST=20 U/L, ALT=15 U/L, T3=111 ng/dL, T4=8.5 ug/dL, T3 Uptake=31.2 %, TSH=2.030 u[IU]/mL, TSH=2.010 u[IU]/mL, Hep B Surface Ab=Non-Reactive

Other Lab studies:
Specimen A Interpretation
A. LYMPH NODE, SUPRACLAVICULAR, RIGHT, US-GUIDED CORE BIOPSIES WITH TOUCHPREP:

POSITIVE FOR MALIGNANCY

CONSISTENT WITH SMALL CELL CARCINOMA. SEE NOTE.

Note: The specimen is cellular and consists of poorly cohesive atypical cells with high nuclear/cytoplasmic ratio, granular chromatin, nuclear molding and crush artifact, in a background of necrotic debris. Immunohistochemical stains were performed on the cell block with adequate positive and negative controls. The malignant cells are positive for AE1/AE3 (dot like), CD56, TTF-1, CK7 (focal) and synaptophysin (weak). The malignant cells are negative for chromogranin, CK20, CD45 and Sox-10. Ki-67 proliferation index is approximately 80%. The findings are consistent with small cell carcinoma. Clinical pathological correlation is recommended.

Dr. S. Desai notified of the findings on 8/5/2025 via epic chat at 10:24 AM.

IMAGING RESULTS
EXAM: PET/CT FDG SKULL BASE TO MID THIGH INITIAL STAGING 7/15/2025

CLINICAL INDICATION: C34.90; Malignant neoplasm of unspecified part of unspecified bronchus or lung (CMS/HCC);

Prior Studies: PET/CT on November 27, 2023

Protocol:
Patient's data:
83-year-old man
height: 5 ft and 8 in
weight: 135 lb.

After overnight fast the patient was administered intravenously in the right wrist with 12.48 mCi of F18-fluorodeoxyglucose (FDG). The patient's blood sugar was 98 mg/dL. After one hour uptake phase, the patient underwent PET/non contrast CT with PET/CT scanner. Images were acquired at 4 minutes per bed from the base of the skull to the mid thigh. Iterative reconstruction (2i8S) and attenuation correction were applied and the images were display in multiple formats and projection. CT is primarily for anatomic correlation rather than a diagnostic procedure. Standardized uptake value (SUV) will be reported as maximum value.

FDG administration time: 8:08 AM
Imaging time: 9:08 AM

Findings:

Quality of the images is satisfactory for interpretation.

Reference SUVs (weight and height corrected):
Mediastinal blood pool SUV 2.1;
Liver SUV 2.6.

Head/Neck:

There are no abnormal foci of altered metabolic activity or discrete mass in the visualized brain parenchyma. The ventricles and sulci appear within normal limits for the patient's age.

The orbits are grossly unremarkable.

The visualized tympanomastoid cavities are free of mucosal abnormality.

Paranasal sinuses are clear.

There is physiologic distribution of radiotracer in the salivary glands.

There is physiologic distribution of radiotracer in the nasopharyngeal, oropharyngeal, and laryngeal structures.

The thyroid gland is unremarkable.

There are new clusters of the right supraclavicular lymph nodes with intense uptake, the largest measuring about 2.0 cm with SUV 13.5. Findings are consistent with new nodal metastasis.

Chest:

There is no axillary lymphadenopathy.

There are multiple new bilateral mediastinal and hilar lymph nodes with intense uptake, the largest measuring about 2.0 cm with SUV 10.4 in the right paratracheal region. Findings are consistent with new nodal metastases as well.

There is new masslike subpleural nodular density with moderate uptake (SUV 5.4) in the posterior right lower lobe, representing either recurrent neoplasm or inflammatory/infectious process.

There is another 1.0 cm subpleural pulmonary nodule with moderate uptake (SUV 3.1) in the posterolateral left lower lobe, suspicious for neoplasm or metastatic disease as well.

There are multiple additional subpleural nodular densities or opacities with mild uptake in the right lung, likely inflammatory.

There is marked atelectasis in the right lower lobe. There is diffuse emphysema.

Postsurgical changes with multiple clips in the right lung and mediastinum.

There are multiple right retropleural nodules with moderate uptake on the right sided lower thoracic and upper lumbar spine, the largest measuring about 1.3 cm with SUV 6.5. Findings are consistent with retropleural metastases as well.

There is no pericardial effusion.

The heart size is normal. There is physiologic uptake in the left ventricular myocardium.

A small hiatal hernia.

Abdomen and pelvis:

There is no ascites.

Patient is status post partial gastrectomy with gastrojejunostomy.

Uptake of the liver is heterogeneous without focal abnormality. There is no discrete hepatic lesion.

Post cholecystectomy.

The spleen, pancreas, and adrenal glands appear unremarkable.

The kidneys are symmetric with no hydronephrosis.

There is physiologic bowel uptake. There is colonic diverticulosis.

The abdominal aorta is normal in caliber.

Prostate markedly enlarged without suspicious uptake.

The urinary bladder is unremarkable.

There are new retroperitoneal lymph nodes with intense uptake in the retrocrural, periportal and aortocaval regions, the largest measuring about 1.8 cm with SUV 12.8. Findings are consistent with retroperitoneal nodal metastasis.

Prominent inguinal lymph nodes with mild uptake are nonspecific.

Musculoskeletal system:

The current images demonstrate new vague sclerotic lesions with moderate to intense uptake in the left anterolateral fifth rib, L1, L5, right posterior ilium and greater trochanter of the left proximal femur. Findings are consistent with osseous metastases.

IMPRESSION:

1. Multiple new large FDG avid lymphadenopathy consistent with nodal metastases in the right supraclavicular, bilateral mediastinal/hilar and retroperitoneal regions as described above.

2. Multiple new right retropleural nodules with moderate uptake on the right sided lower thoracic and upper lumbar spine, consistent with retropleural metastases as well.

3. Multiple new osseous metastases as described above.

4. New masslike subpleural nodular density with moderate uptake (SUV 5.4) in the posterior right lower lobe, representing either recurrent neoplasm or inflammatory/infectious process. Another 1.0 cm subpleural pulmonary nodule with moderate uptake (SUV 3.1) in the posterolateral left lower lobe, suspicious for neoplasm or metastatic disease as well.

5. Multiple additional subpleural nodular densities or opacities with mild uptake in the right lung, likely inflammatory.

Electronically Signed By: Yiyan Liu, on 7/15/2025 10:05 AM
Workstation:CHRRAVDIC22

ASSESSMENT
1. Squamous cell carcinoma of the lung, stage IIIA 2018: Status post-surgery, chemotherapy, and radiotherapy.
2. New diagnosis of small cell lung cancer with bone metastasis: Biopsy confirmed small cell histology. Given bone mets, extensive stage. Long discussion about treatment plan with combination chemotherapy (carboplatin/etoposide) and immunotherapy with durvalumab. He declines at clinical trial at this time.
3. History of partial gastrectomy for ulcer disease.

Demographic ACP
No Living Will, No Durable Power of Attorney, No DNR, Last verified 12/7/2023

PLAN

1. Schedule Mediport placement.
2. Initiate chemotherapy immunotherapy in the near future.
3. He has undergone chemotherapy teaching. Side effects reviewed in detail.
4. Call prior to next visit with any interim questions or concerns
5. Discussed potential side effects of chemotherapy and supportive care measures.

Patient has given prior verbal consent to have the conversation recorded and summarized by the Knowtex software.

Signed 

Sameer Desai, MD, NPI: 1487776373
This document was electronically signed on 8/28/2025 at 5:16 PM

Astera Cancer Care
East Brunswick
629 Cranbury Rd., FL 2
East Brunswick, NJ 08816
P: (732) 390-7750
F: (732) 390-7725

Patient Name: **Malagrino, James**
Patient Number: **443449**

Date: **8/18/2025**
Date Of Birth: **6/9/1942**

CHIEF COMPLAINT
Evaluation and management of:

1. History of stage IIIA squamous cell lung cancer right lung 2018
2. New diagnosis of extensive stage small cell lung cancer 2025
3. Interest in Ideate Lung 03 study.

DISEASE HISTORY
1. Right-sided thoracotomy, RUL apicoposterior segmentectomy, RLL extended superior segmentectomy for two synchronous lung primary squamous cell cancers of the right lung (pT4N1M0; stage IIIA) with right lower lobe lesion with evidence of malignancy at the bronchial margin in the adventitial soft tissue adjacent to the bronchus. 6/13/2018
2. Adjuvant cisplatin and vinorelbine; changed cisplatin to carboplatin due to nausea and fatigue for cycles 3, 4. 7/13/2018 through 11/07/18.
3. Adjuvant radiation therapy completed 4/24/2019.
4. Routine PET scan 6/19/25 reveals new RLL mass like density with multiple new large FDG avid LN mets, osseos mets.
5. Right supraclavicular LN biospy 7/31/25 positive for malignant cells consistent with small cell carcinoma

08/14/2025;
WBC: 5.94 (4.00–10.10)
Hemoglobin: 13.2 (11.0–15.5)
Hematocrit: 41.3 (31.5–44.8)
MCV: 95.6 (78.0–98.0)
RDW: 12.8 (12.0–15.5)
Platelets: 218 (140–425)

INTERIM HISTORY
08/18/25: Patient presents for follow-up of extensive stage small cell lung cancer. Patient has a history of NSCLC initially diagnosed in 2018, for which he underwent surgical resection at Fox Chase Cancer Center. Recent surveillance imaging revealed new small cell lung cancer. He reports no symptoms at the time of disease recurrence detection. A PET scan identified disease in the shoulder region involving lymph nodes. Biopsy was performed to confirm the diagnosis. Patient denies any current symptoms related to SCLC.

PRIMARY DIAGNOSIS:

Date	Type	ICD-9	ICD-10	Description	Disease Status	Status Date
7/8/2019	Primary	162.3	C34.11	Non-Small Cell Lung Cancer (Thorax) - Pathologic Stage IIIA (AJCC v8) TNM: pT1c, pN2, cM0	No Evidence of Disease/Remission	8/23/2019
9/28/2021	Secondary	280.9	D50.9	Iron deficiency anemia, unspecified		
5/6/2022	Secondary	785.6	R59.0	Localized enlarged lymph nodes		
7/31/2025	Primary	162.5	C34.31	Small Cell Lung Cancer	Initial Diagnosis	8/7/2025

				(Thorax) - Clinical Stage IVB (AJCC v9) TNM: cT2, cN3, cM1c1		

Active Problems Assessed

- C34.11 - Malignant neoplasm of upper lobe, right bronchus or lung
- C34.31 - Malignant neoplasm of lower lobe, right bronchus or lung

SECONDARY DIAGNOSIS/COMORBIDITIES

PAST MEDICAL HISTORY
Hypertension
Hyperlipidemia
Hypothyroidism
Arthritis
Anxiety

PAST SURGICAL HISTORY
Partial gastrectomy
Cholecystectomy
Lithotripsy

SOCIAL HISTORY
Former Smoker. Patient discontinued use in 50 years ago. Patient has a pack year history of:5. Patient smoked/smokes: also cigars, long term, 1 per day Denies any prior alcohol use. Denies any illicit drug use.

FAMILY HISTORY

Mother: no history of hematologic or oncologic illness. Father: no history of hematologic or oncologic illness.
Patient has a family history of Father - cardiac disease..

ALLERGIES

Allergy	Reaction (Severity)
Sulfa (Sulfonamide Antibiotics)	

MEDICATIONS
Continued medications: alprazolam 0.5 mg tablet, amlodipine 5 mg tablet, aspirin 81 mg tabletdelayed release, Bystolic 10 mg tablet, clonidine HCl 0.1 mg tablet, Imfinzi 50 mg/mL intravenous solution, Nexium 40 mg capsuledelayed release, Plavix 75 mg tablet, Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation, Udenyca Autoinjector 6 mg/0.6 mL subcutaneous auto-injector.

REVIEW OF SYSTEMS
The ROS is negative in 12 point detail except for the pertinent positives and negatives listed in HPI and below

Patient Reported Level of Pain
Pain Scale 0 No Pain

Treatment Recommendations for Pain

Reassess at next visit

Depression Screening

Name	07/17/25	02/13/25	06/27/24	10/30/23	04/08/23
PHQ-9	<5	<5	<5	<5	<5

Treatment Recommendations for Depression
Score <10, No Action Needed

Vitals
Vitals on 8/18/2025 1:52:00 PM: Height=65in, Weight=136.2lb, Temp=97.7f, Pulse=78, Resp=18, SystolicBP=145, DiastolicBP=75, O2 Sat=91%

PHYSICAL EXAM
General Appearance: No signs of distress or discomfort. No evidence of malnutrition or dehydration. Normal posture and gait.
Head and Neck: No signs of trauma or deformities. No lymphadenopathy.
Eyes: No conjunctival injection or discharge. Sclera clear (no jaundice or pallor).
Ears: Hearing normal.
Chest and Lungs: No abnormal breath sounds (no wheezing, rales, or rhonchi). No respiratory distress. Chest wall normal (no deformities or tenderness).
Cardiovascular: No murmurs, rubs, or gallops. No jugular venous distention. No peripheral edema or cyanosis.
Abdomen: No tenderness, masses, or organomegaly. No abdominal distension or ascites. Bowel sounds normal (no hypoactive or hyperactive sounds).
Musculoskeletal: No joint swelling, redness, or deformities.
Neurological: MAE x 4. No tremors or involuntary movements.
Skin: No rashes, lesions, or discoloration. No signs of infection or inflammation.
Psychiatric: No signs of anxiety, depression, or agitation. No hallucinations or delusions. Patient alert and oriented to person, place, and time.

LABS
Lab results on 8/14/2025: WBC=5.94 x10(3)/uL, RBC=4.32 x10(6)/uL, Hgb=13.2 g/dL, HCT=41.3 %, MCV=95.6 fL, MCH=30.6 pg, MCHC=32.0 g/dL, RDW Ratio=12.8 %, Plat=218 x10(3)/uL, MPV=9.6 fL, Lymph#=0.89 x10(3)/uL, MONO#=0.61 x10(3)/uL, BASO#=0.04 x10(3)/uL, EOS#=0.32 x10(3)/uL, Lymph%=15.0 %, MONO%=10.3 %, BASO%=0.7 %, EOS%=**5.4** %, Segs=68.1 %, Segs#=4.05 x10(3)/uL, ProTime=10.6 sec, INR=1.0 , aPTT (Plasma)=29.6 sec, Sodium=139 mmol/L, Potassium=4.3 mmol/L, Chloride=102 mmol/L, CO2=21 mmol/L, Glucose=85 mg/dL, BUN=12 mg/dL, Creat=0.85 mg/dL, BUN Creat Ratio=14.1 Ratio, Calcium=9.4 mg/dL, Total Protein=6.7 g/dL, Albumin=4.4 g/dL, A/G=1.9 Ratio, Globulin=2.3 g/dL, Total Bili=0.4 mg/dL, Alk Phos=84 U/L, AST=20 U/L, ALT=11 U/L, CEA=1.9 ng/mL

Other Lab studies:
Specimen A Interpretation
A. LYMPH NODE, SUPRACLAVICULAR, RIGHT, US-GUIDED CORE BIOPSIES WITH TOUCHPREP:

POSITIVE FOR MALIGNANCY

CONSISTENT WITH SMALL CELL CARCINOMA. SEE NOTE.

Note: The specimen is cellular and consists of poorly cohesive atypical cells with high nuclear/cytoplasmic ratio, granular chromatin, nuclear molding and crush artifact, in a background of necrotic debris. Immunohistochemical stains were performed on the cell block with adequate positive and negative controls. The malignant cells are positive for AE1/AE3 (dot like), CD56, TTF-1, CK7 (focal) and synaptophysin (weak). The malignant cells are negative for chromogranin, CK20, CD45 and Sox-10. Ki-67 proliferation index is approximately 80%. The findings are consistent with small cell carcinoma. Clinical pathological correlation is recommended.

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IMAGING RESULTS
EXAM: PET/CT FDG SKULL BASE TO MID THIGH INITIAL STAGING 7/15/2025

CLINICAL INDICATION: C34.90; Malignant neoplasm of unspecified part of unspecified bronchus or lung (CMS/HCC);

Prior Studies: PET/CT on November 27, 2023

Protocol:
Patient's data:
83-year-old man
height: 5 ft and 8 in
weight: 135 lb.

After overnight fast the patient was administered intravenously in the right wrist with 12.48 mCi of F18-fluorodeoxyglucose (FDG). The patient's blood sugar was 98 mg/dL. After one hour uptake phase, the patient underwent PET/non contrast CT with PET/CT scanner. Images were acquired at 4 minutes per bed from the base of the skull to the mid thigh. Iterative reconstruction (2i8S) and attenuation correction were applied and the images were display in multiple formats and projection. CT is primarily for anatomic correlation rather than a diagnostic procedure. Standardized uptake value (SUV) will be reported as maximum value.

FDG administration time: 8:08 AM
Imaging time: 9:08 AM

Findings:

Quality of the images is satisfactory for interpretation.

Reference SUVs (weight and height corrected):
Mediastinal blood pool SUV 2.1;
Liver SUV 2.6.

Head/Neck:

There are no abnormal foci of altered metabolic activity or discrete mass in the visualized brain parenchyma. The ventricles and sulci appear within normal limits for the patient's age.

The orbits are grossly unremarkable.

The visualized tympanomastoid cavities are free of mucosal abnormality.

Paranasal sinuses are clear.

There is physiologic distribution of radiotracer in the salivary glands.

There is physiologic distribution of radiotracer in the nasopharyngeal, oropharyngeal, and laryngeal structures.

The thyroid gland is unremarkable.

There are new clusters of the right supraclavicular lymph nodes with intense uptake, the largest measuring about 2.0 cm with SUV 13.5. Findings are consistent with new nodal metastasis.

Chest:

There is no axillary lymphadenopathy.

There are multiple new bilateral mediastinal and hilar lymph nodes with intense uptake, the largest measuring about 2.0 cm with SUV 10.4 in the right paratracheal region. Findings are consistent with new nodal metastases as well.

There is new masslike subpleural nodular density with moderate uptake (SUV 5.4) in the posterior right lower lobe, representing either recurrent neoplasm or inflammatory/infectious process.

There is another 1.0 cm subpleural pulmonary nodule with moderate uptake (SUV 3.1) in the posterolateral left lower lobe, suspicious for neoplasm or metastatic disease as well.

There are multiple additional subpleural nodular densities or opacities with mild uptake in the right lung, likely inflammatory.

There is marked atelectasis in the right lower lobe. There is diffuse emphysema.

Postsurgical changes with multiple clips in the right lung and mediastinum.

There are multiple right retropleural nodules with moderate uptake on the right sided lower thoracic and upper lumbar spine, the largest measuring about 1.3 cm with SUV 6.5. Findings are consistent with retropleural metastases as well.

There is no pericardial effusion.

The heart size is normal. There is physiologic uptake in the left ventricular myocardium.

A small hiatal hernia.

Abdomen and pelvis:

There is no ascites.

Patient is status post partial gastrectomy with gastrojejunostomy.

Uptake of the liver is heterogeneous without focal abnormality. There is no discrete hepatic lesion.

Post cholecystectomy.

The spleen, pancreas, and adrenal glands appear unremarkable.

The kidneys are symmetric with no hydronephrosis.

There is physiologic bowel uptake. There is colonic diverticulosis.

The abdominal aorta is normal in caliber.

Prostate markedly enlarged without suspicious uptake.

The urinary bladder is unremarkable.

There are new retroperitoneal lymph nodes with intense uptake in the retrocrural, periportal and aortocaval regions, the largest measuring about 1.8 cm with SUV 12.8. Findings are consistent with retroperitoneal nodal metastasis.

Prominent inguinal lymph nodes with mild uptake are nonspecific.

Musculoskeletal system:

The current images demonstrate new vague sclerotic lesions with moderate to intense uptake in the left anterolateral fifth rib, L1, L5, right posterior ilium and greater trochanter of the left proximal femur. Findings are consistent with osseous metastases.

IMPRESSION:

1. Multiple new large FDG avid lymphadenopathy consistent with nodal metastases in the right supraclavicular, bilateral mediastinal/hilar and retroperitoneal regions as described above.

2. Multiple new right retropleural nodules with moderate uptake on the right sided lower thoracic and upper lumbar spine, consistent with retropleural metastases as well.

3. Multiple new osseous metastases as described above.

4. New masslike subpleural nodular density with moderate uptake (SUV 5.4) in the posterior right lower lobe, representing either recurrent neoplasm or inflammatory/infectious process. Another 1.0 cm subpleural pulmonary nodule with moderate uptake (SUV 3.1) in the posterolateral left lower lobe, suspicious for neoplasm or metastatic disease as well.

5. Multiple additional subpleural nodular densities or opacities with mild uptake in the right lung, likely inflammatory.

Electronically Signed By: Yiyan Liu, on 7/15/2025 10:05 AM
Workstation:CHRRAVDIC22

ASSESSMENT
1. Squamous cell carcinoma of the lung, stage IIIA 2018: Status post-surgery, chemotherapy, and radiotherapy.
2. New diagnosis of small cell lung cancer with bone metastasis: Biopsy confirmed small cell histology. Given bone mets, extensive stage. Long discussion about treatment plan with combination chemotherapy (carboplatin/etoposide) and immunotherapy with durvalumab.
3. History of partial gastrectomy for ulcer disease.

Demographic ACP
No Living Will, No Durable Power of Attorney, No DNR, Last verified 12/7/2023

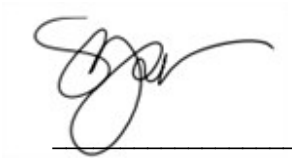
PLAN
Small Cell Lung Cancer

- We reviewed the design and potential risks and benefits of participation in the Ideate Lung 03 Phase 1b/2 study iwith ifinatamab deruxtecan (I-DXd), an antibody-drug conjugate, in combination with atezolizumab and carboplatin as first-line induction therapy for patients with extensive-stage small cell lung cancer.
- We reviewed the mechanism of action as well as earlier clinical experience with the drug.
- Major adverse events observed with ifinatamab deruxtecan (I-DXd) in previous studies included nausea, anemia, decreased appetite, fatigue, vomiting, infusion-related reactions, constipation, diarrhea, pyrexia, neutrophil count decreased, asthenia, hyponatremia, white blood cell count decreased, lymphopenia, pneumonia, interstitial lung disease/pneumonitis, pulmonary embolism, thrombocytopenia, dyspnea, atrial fibrillation, and hepatotoxicity
- We also went over study logistics and how patient will need help with transportation.
- Patient, wife and 2 sons were interested in proceeding with the study and we proceeded with consent today.

Dr. Patnaik and Desai: Thank you for the opportunity to participate in the care of your patient.

Patient has given prior verbal consent to have the conversation recorded and summarized by the Knowtex software.

FAX TO:
Asit Patnaik, MD~(609)581-5779;

Signed 

SiuLong Yao, M.D., NPI: 1902029309
This document was electronically signed on 8/18/2025 at 2:44 PM

Astera Cancer Care
RobbinsVille
1 Washington Blvd, Suite 209
Robbinsville, NJ 08691
P: (732) 390-7750
F: (732) 390-7725

Patient Name: **Malagrino, James**
Patient Number: **443449**
Date: **7/17/2025**
Date Of Birth: **6/9/1942**

CHIEF COMPLAINT
Evaluation and management of stage IIIA squamous cell lung cancer.

DISEASE HISTORY
1. Right-sided thoracotomy, RUL apicoposterior segmentectomy, RLL extended superior segmentectomy for two synchronous lung primary squamous cell cancers of the right lung (pT4N1M0; stage IIIA) with right lower lobe lesion with evidence of malignancy at the bronchial margin in the adventitial soft tissue adjacent to the bronchus. 6/13/2018
2. Adjuvant cisplatin and vinorelbine; changed cisplatin to carboplatin due to nausea and fatigue for cycles 3, 4. 7/13/2018 through 11/07/18.
3. Adjuvant radiation therapy completed 4/24/2019.

INTERIM HISTORY
7/17/25: Patient presents for follow-up of stage IIIA squamous cell lung cancer. He reports feeling well with no weight loss, breathing difficulties, or pain. He maintains good energy levels, walks his dog three to four times daily, and continues painting activities. He takes Trelegy as prescribed by his pulmonologist. Recent PET scan shows concerning findings with multiple new lymph nodes with high SUV uptake (values of 13, 10, and 5) in supraclavicular region, mediastinum, and subpleural area suggesting LN recurrence.

PRIMARY DIAGNOSIS:

Active Problems Assessed
- C34.90 - Malignant neoplasm of unspecified part of unspecified bronchus or lung

SECONDARY DIAGNOSIS/COMORBIDITIES

PAST MEDICAL HISTORY
Hypertension
Hyperlipidemia
Hypothyroidism
Arthritis
Anxiety

PAST SURGICAL HISTORY
Partial gastrectomy
Cholecystectomy
Lithotripsy

SOCIAL HISTORY
Former Smoker. Patient discontinued use in 50 years ago. Patient has a pack year history of:5. Patient smoked/smokes: also cigars, long term, 1 per day Denies any prior alcohol use. Denies any illicit drug use.

FAMILY HISTORY

Mother: no history of hematologic or oncologic illness. Father: no history of hematologic or oncologic illness.

Patient has a family history of Father - cardiac disease..

ALLERGIES

Allergy	Reaction (Severity)
Sulfa (Sulfonamide Antibiotics)	

MEDICATIONS

Continued medications: alprazolam 0.5 mg tablet, amlodipine 5 mg tablet, aspirin 81 mg tabletdelayed release, Bystolic 10 mg tablet, clonidine HCl 0.1 mg tablet, Nexium 40 mg capsuledelayed release, Plavix 75 mg tablet, Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation.

REVIEW OF SYSTEMS

No fevers, chills or night sweats.
No chest pain or palpitations.
No mouth sores or trouble swallowing.
No nausea, vomiting, diarrhea or constipation.
No cough or shortness of breath.
Rest of a 10 point review of systems is negative except as per HPI.

Patient Reported Level of Pain

Pain Scale 0 No Pain

Treatment Recommendations for Pain

Reassess at next visit

Depression Screening

Name	07/17/25	02/13/25	06/27/24	10/30/23	04/08/23
PHQ-9	<5	<5	<5	<5	<5

Treatment Recommendations for Depression

Score <10, No Action Needed

Vitals

Vitals on 7/17/2025 11:34:00 AM: Height=65in, Weight=134.8lb, Temp=98.5f, Pulse=77, Resp=18, SystolicBP=**151**, DiastolicBP=87, O2 Sat=93%

PHYSICAL EXAM

Gen: Well developed well nourished. HEENT:PERRLA,EOMI, sclera anicteric, oropharynx clear. Nodes: No peripheral adenopathy. Chest: Clear bilaterally. Heart: S1 S2 no murmurs, regular heartbeat. Abd: Soft, +BS, non tender and non distended, no masses, no organomegaly. Ext: No edema.
ECOG Performance: 0: Fully active, able to carry on all pre-disease performance without restriction

LABS

Lab results on 2/13/2025: WBC=5.72 x10(3)/uL, RBC=4.49 x10(6)/uL, Hgb=13.6 g/dL, HCT=42.5 %, MCV=94.7 fL, MCH=30.3 pg, MCHC=32.0 g/dL, RDW Ratio=12.4 %, Plat=207 x10(3)/uL, MPV=9.8 fL, Lymph#=**0.73** x10(3)/uL, MONO#=0.70 x10(3)/uL, BASO#=0.06 x10(3)/uL, EOS#=0.32 x10(3)/uL, Lymph%=**12.8** %, MONO%=**12.2** %, BASO%=1.0 %, EOS%=**5.6** %, Segs=68.2 %, Segs#=3.90 x10(3)/uL, Sodium=140 mmol/L, Potassium=4.5 mmol/L, Chloride=104 mmol/L, CO2=24 mmol/L, Glucose=77 mg/dL, BUN=12 mg/dL, Creat=0.87 mg/dL, BUN Creat Ratio=13.8 Ratio, Calcium=8.9 mg/dL, Total Protein=6.1 g/dL, Albumin=3.9 g/dL, A/G=1.8 Ratio, Globulin=2.2 g/dL, Total Bili=0.5 mg/dL, Alk Phos=82 U/L, AST=14 U/L, ALT=13 U/L, CEA=1.8 ng/mL

IMAGING RESULTS
EXAM: PET/CT FDG SKULL BASE TO MID THIGH INITIAL STAGING 7/15/2025

CLINICAL INDICATION: C34.90; Malignant neoplasm of unspecified part of unspecified bronchus or lung (CMS/HCC);

Prior Studies: PET/CT on November 27, 2023

Protocol:
Patient's data:
83-year-old man
height: 5 ft and 8 in
weight: 135 lb.

After overnight fast the patient was administered intravenously in the right wrist with 12.48 mCi of F18-fluorodeoxyglucose (FDG). The patient's blood sugar was 98 mg/dL. After one hour uptake phase, the patient underwent PET/non contrast CT with PET/CT scanner. Images were acquired at 4 minutes per bed from the base of the skull to the mid thigh. Iterative reconstruction (2i8S) and attenuation correction were applied and the images were display in multiple formats and projection. CT is primarily for anatomic correlation rather than a diagnostic procedure. Standardized uptake value (SUV) will be reported as maximum value.

FDG administration time: 8:08 AM
Imaging time: 9:08 AM

Findings:

Quality of the images is satisfactory for interpretation.

Reference SUVs (weight and height corrected):
Mediastinal blood pool SUV 2.1;
Liver SUV 2.6.

Head/Neck:

There are no abnormal foci of altered metabolic activity or discrete mass in the visualized brain parenchyma. The ventricles and sulci appear within normal limits for the patient's age.

The orbits are grossly unremarkable.

The visualized tympanomastoid cavities are free of mucosal abnormality.

Paranasal sinuses are clear.

There is physiologic distribution of radiotracer in the salivary glands.

There is physiologic distribution of radiotracer in the nasopharyngeal, oropharyngeal, and laryngeal structures.

The thyroid gland is unremarkable.

There are new clusters of the right supraclavicular lymph nodes with intense uptake, the largest measuring about 2.0 cm with SUV 13.5. Findings are consistent with new nodal metastasis.

Chest:

There is no axillary lymphadenopathy.

There are multiple new bilateral mediastinal and hilar lymph nodes with intense uptake, the largest measuring about 2.0 cm with SUV 10.4 in the right paratracheal region. Findings are consistent with new nodal metastases as well.

There is new masslike subpleural nodular density with moderate uptake (SUV 5.4) in the posterior right lower lobe, representing either recurrent neoplasm or inflammatory/infectious process.

There is another 1.0 cm subpleural pulmonary nodule with moderate uptake (SUV 3.1) in the posterolateral left lower lobe, suspicious for neoplasm or metastatic disease as well.

There are multiple additional subpleural nodular densities or opacities with mild uptake in the right lung, likely inflammatory.

There is marked atelectasis in the right lower lobe. There is diffuse emphysema.

Postsurgical changes with multiple clips in the right lung and mediastinum.

There are multiple right retropleural nodules with moderate uptake on the right sided lower thoracic and upper lumbar spine, the largest measuring about 1.3 cm with SUV 6.5. Findings are consistent with retropleural metastases as well.

There is no pericardial effusion.

The heart size is normal. There is physiologic uptake in the left ventricular myocardium.

A small hiatal hernia.

Abdomen and pelvis:

There is no ascites.

Patient is status post partial gastrectomy with gastrojejunostomy.

Uptake of the liver is heterogeneous without focal abnormality. There is no discrete hepatic lesion.

Post cholecystectomy.

The spleen, pancreas, and adrenal glands appear unremarkable.

The kidneys are symmetric with no hydronephrosis.

There is physiologic bowel uptake. There is colonic diverticulosis.

The abdominal aorta is normal in caliber.

Prostate markedly enlarged without suspicious uptake.

The urinary bladder is unremarkable.

There are new retroperitoneal lymph nodes with intense uptake in the retrocrural, periportal and aortocaval regions, the largest measuring about 1.8 cm with SUV 12.8. Findings are consistent with retroperitoneal nodal metastasis.

Prominent inguinal lymph nodes with mild uptake are nonspecific.

Musculoskeletal system:

The current images demonstrate new vague sclerotic lesions with moderate to intense uptake in the left anterolateral fifth rib, L1, L5, right posterior ilium and greater trochanter of the left proximal femur. Findings are consistent with osseous metastases.

IMPRESSION:

1. Multiple new large FDG avid lymphadenopathy consistent with nodal metastases in the right supraclavicular, bilateral mediastinal/hilar and retroperitoneal regions as described above.

2. Multiple new right retropleural nodules with moderate uptake on the right sided lower thoracic and upper lumbar spine, consistent with retropleural metastases as well.

3. Multiple new osseous metastases as described above.

4. New masslike subpleural nodular density with moderate uptake (SUV 5.4) in the posterior right lower lobe, representing either recurrent neoplasm or inflammatory/infectious process. Another 1.0 cm subpleural pulmonary nodule with moderate uptake (SUV 3.1) in the posterolateral left lower lobe, suspicious for neoplasm or metastatic disease as well.

5. Multiple additional subpleural nodular densities or opacities with mild uptake in the right lung, likely inflammatory.

Electronically Signed By: Yiyan Liu, on 7/15/2025 10:05 AM
Workstation:CHRRAVDIC22

ASSESSMENT
1. Squamous cell carcinoma of the lung, stage IIIA: Status post-surgery, chemotherapy, and radiotherapy. Despite approaching six years post-treatment, recent PET scan concerning new lymph nodes in supraclavicular region, mediastinum, and subpleural area with high SUV uptake (13, 10, and 5) suspicious for recurrent disease.
2. History of partial gastrectomy for ulcer disease.

Demographic ACP
No Living Will, No Durable Power of Attorney, No DNR, Last verified 12/7/2023

PLAN

1. Schedule lymph node biopsy at Robert Wood Johnson.
2. Discontinue Plavix until after biopsy, resume the day following procedure.
3. Obtain blood work today including guardant 360
4. Schedule follow-up appointment 3-4 days after biopsy to review results.
5. If biopsy confirms malignancy, will order brain MRI and molecular testing to determine best treatment
6. Call prior to next visit with any interim questions or concerns
7. Maintain current follow-up appointment on 08/14/25.

Patient has given prior verbal consent to have the conversation recorded and summarized by the Knowtex software.

FAX TO:
Marc Seelagy, MD~(609)585-5234;Asit Patnaik, MD~(609)581-5779;

Signed 

Sameer Desai, MD, NPI: 1487776373
This document was electronically signed on 7/17/2025 at 1:19 PM

Astera Cancer Care
RobbinsVille
1 Washington Blvd, Suite 209
Robbinsville, NJ 08691
P: (732) 390-7750
F: (732) 390-7725

Patient Name: **Malagrino, James**
Patient Number: **443449**
Date: **2/13/2025**
Date Of Birth: **6/9/1942**

CHIEF COMPLAINT
Evaluation and management of stage IIIA squamous cell lung cancer.

DISEASE HISTORY
1. Right-sided thoracotomy, RUL apicoposterior segmentectomy, RLL extended superior segmentectomy for two synchronous lung primary squamous cell cancers of the right lung (pT4N1M0; stage IIIA) with right lower lobe lesion with evidence of malignancy at the bronchial margin in the adventitial soft tissue adjacent to the bronchus. 6/13/2018
2. Adjuvant cisplatin and vinorelbine; changed cisplatin to carboplatin due to nausea and fatigue for cycles 3, 4. 7/13/2018 through 11/07/18.
3. Adjuvant radiation therapy completed 4/24/2019.

INTERIM HISTORY
2/13/25: James presents for follow-up of his non-small cell lung cancer. Overall he is doing well but 2 weeks ago he was ill with influenza despite having received influenza vaccination. Symptoms were mild and have since resolved. Denies any other significant symptoms or concerns.

PRIMARY DIAGNOSIS:

Active Problems Assessed
- C34.90 - Malignant neoplasm of unspecified part of unspecified bronchus or lung

SECONDARY DIAGNOSIS/COMORBIDITIES

PAST MEDICAL HISTORY
Hypertension
Hyperlipidemia
Hypothyroidism
Arthritis
Anxiety

PAST SURGICAL HISTORY
Partial gastrectomy
Cholecystectomy
Lithotripsy

SOCIAL HISTORY
Former Smoker. Patient discontinued use in 50 years ago. Patient has a pack year history of:5. Patient smoked/smokes: also cigars, long term, 1 per day Denies any prior alcohol use. Denies any illicit drug use.

FAMILY HISTORY

Mother: no history of hematologic or oncologic illness. Father: no history of hematologic or oncologic illness.
Patient has a family history of Father - cardiac disease..

ALLERGIES

Allergy	Reaction (Severity)
Sulfa (Sulfonamide Antibiotics)	

MEDICATIONS
Continued medications: alprazolam 0.5 mg tablet, amlodipine 5 mg tablet, aspirin 81 mg tabletdelayed release, Bystolic 10 mg tablet, clonidine HCl 0.1 mg tablet, Nexium 40 mg capsuledelayed release, Plavix 75 mg tablet, Trelegy Ellipta 100 mcg-62.5 mcg-25 mcg powder for inhalation.

REVIEW OF SYSTEMS
No fevers, chills or night sweats.
No chest pain or palpitations.
No mouth sores or trouble swallowing.
No nausea, vomiting, diarrhea or constipation.
No cough or shortness of breath.
Rest of a 10 point review of systems is negative except as per HPI.

Treatment Recommendations for Pain
Reassess at next visit

Depression Screening

Name	02/13/25	06/27/24	10/30/23	04/08/23	10/04/22
PHQ-9	<5	<5	<5	<5	<5

Vitals
Vitals on 2/13/2025 9:57:00 AM: Height=65in, Weight=135lb, Temp=98.4f, Pulse=70, Resp=18, SystolicBP=128, DiastolicBP=72, O2 Sat=96%

PHYSICAL EXAM
Gen: Well developed, well-nourished. HEENT: PERRLA, EOMI, sclera anicteric, oropharynx clear. Nodes: No peripheral adenopathy. Chest: Clear bilaterally. Heart: S1 S2 no murmurs, regular heartbeat. Abd: Soft, +BS, non-tender and non-distended, no masses, no organomegaly. Ext: No edema.
ECOG Performance: 0: Fully active, able to carry on all pre-disease performance without restriction

LABS
Lab results on 6/27/2024: WBC=8.63 x10(3)/uL, RBC=4.33 x10(6)/uL, Hgb=13.3 g/dL, HCT=40.9 %, MCV=94.5 fL, MCH=30.7 pg, MCHC=32.5 g/dL, RDW Ratio=12.6 %, Plat=204 x10(3)/uL, MPV=9.4 fL, Lymph%=**10.2** %, MONO%=9.2 %, BASO%=0.5 %, EOS%=4.4 %, Segs=75.4 %, Sodium=140 mmol/L, Potassium=4.6 mmol/L, Chloride=102 mmol/L, CO2=22 mmol/L, Glucose=**100** mg/dL, BUN=16 mg/dL, Creat=**1.04** mg/dL, BUN Creat Ratio=15.4 Ratio, Calcium=8.9 mg/dL, Total Protein=6.7 g/dL, Albumin=4.2 g/dL, A/G=1.7 Ratio, Globulin=2.5 g/dL, Total Bili=0.6 mg/dL, Alk Phos=82 U/L, AST=21 U/L, ALT=16 U/L, CEA=1.8 ng/mL

IMAGING RESULTS
EXAM: PET CT scan 11/27/23

HISTORY: Lung cancer. Radiation 3 years ago.

COMPARISON: CT chest 10/23/2023. PET scan 5/19/2022.

FINDINGS: PET/CT scan from skull base to upper thighs with 13.2 mCi F-18 FDG. Blood glucose level 97 mg/dL before the examination.

NECK:

Nonspecific superficial needle activity/involving what appears to be the skin surface.

No definite abnormal or suspicious neck activity. Some low-level relatively symmetric palatine tonsillar activity is nonspecific. Prior more focal right palatine tonsil region activity is less apparent.

Suspect fatty atrophy/infiltration of the salivary glands.

CHEST:

Some nonspecific mid to lower esophageal activity. Postoperative changes right lung/perihilar and subcarinal area.

Some low-level right hilar region activity with no gross masslike change, SUV around SUV 2.4 and compared to 2.2.

Anteriorly in the right lung subpleural nonmasslike opacity, mild activity, SUV 1.8, compared to 1.8. In this area patchy generally consolidative-like opacity measuring on the order of 3.4 x 1.5 cm is roughly stable.

In the posterior left midlung some minor peripheral opacity image 78 with some slight activity, SUV 1.2 and question some subtle infectious related nodularity in the area. Consider follow-up as indicated.

Calcified coronary atherosclerosis.

Some probable scarlike right lung base opacity.

In the left midlung towards his peers segment left lower lobe regional to the previously described activity there is also some additional subtle nodularity for example image 73 of series 4 measuring about 4 mm and there is also some mild tree-in-bud nodularity in the regional lingula, findings all of which may reflect subtle inflammatory or infectious pathology.

On recent CT 10/23/2023 there is some patchy left upper lobe opacity which appears to have improved. On a prior study there was a relatively masslike right lung base opacity which is much less apparent.

Abdomen and pelvis:

No definite abnormal activity.

Cholecystectomy. Gastric region surgery. Clinically correlate. There may been a Billroth II type of procedure. Scarring and some mild nonspecific mineralization of the left kidney. A nonobstructing left renal calculus. Diverticulosis colon, without active inflammatory change.

Enlarged prostate.

MUSCULOSKELETAL:

No destructive bony lesion is seen.

IMPRESSION:

Stable iatrogenic appearing changes of the right lung.

Prior masslike right lung base opacity recent CT is no longer seen and there also has been improvement in a left upper lobe patchy opacity previously present, findings which may have been infectious. In the left lung there is currently some patchy nodular opacity with some low level activity and similar to recent CT, findings which might reflect some infectious/inflammatory related pathology however please ensure appropriate surveillance of this patient as considered indicated.

Electronically signed by: Erik Gellella MD 11/27/2023 12:34 PM EST Workstation: RAIWRS64ZFP

CT CHEST W/O IVC 10/23/2023

CLINICAL INDICATION: Male, 81 years old, LUNG CANCER FOLLOW UP FOLLOW UP, LUNG CANCER, S/P CHEMORADIATION. RAI PRIORS.
TECHNIQUE: CT of the chest was performed as per department protocol. Reconstructions were obtained. This exam was performed according to the departmental dose-optimization program which includes automated exposure control, adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.
COMPARISON: CT 4/5/2023. Older exams as relevant.
FINDINGS:
Lungs/pleura/airways: Extensive right perihilar region treatment related change including postoperative changes and

probable right perihilar and right upper paramediastinal radiation fibrosis related change, all similar.
Small right lung with rightward mediastinal shift.
Some roughly stable right upper lung subpleural coarse opacity, potentially treatment related.
In the anterior right midlung some patchy nonmasslike pleural-parenchymal opacity around image 56 of series 5, similar to prior and potentially treatment related. Also roughly similar to a CT 9/25/2020.
In the right lung base however findings of some concern. Image 98 series 5 new relatively masslike irregular opacity measuring about 15 x 15 x 10 mm requires extremely close follow-up/further evaluation. Otherwise more inferiorly in the posterior right lung base what might be some chronic scarlike change.
Posteriorly in the left lower lobe some patchy subpleural opacity around image 100 may be slightly increased. More superiorly patchy probable tree-in-bud like nodularity for example around image 96, appearing new/increased. More superiorly left lower lobe image 85 of series 5 new centrally lucent irregular nodular finding measuring 5 mm with some mild regional groundglass like change.
In the lingula/left upper lobe images 71-74 patchy new somewhat nodular opacity measuring roughly around 27 x 19 mm, most suggestive of an infectious pathology.
Cardiovascular/mediastinum: Rightward mediastinal shift. Extensive right-sided/right perihilar postsurgical clips and changes. Calcified coronary atherosclerosis.
Lymph nodes: Within normal limits
Lower neck and chest wall: Within normal limits
Upper abdomen: Postsurgical changes. Findings include cholecystectomy and nonspecific perigastric region postoperative changes. Nonspecific roughly stable prominence of the biliary tree. In the left kidney a roughly 4 mm nonobstructing calculus.
Increased stool in the visible colon.
Musculoskeletal: Degenerative changes of the thoracic spine. Some chronic healed rib fracture deformities.
IMPRESSION:
In the right lung base new masslike 15 x 15 x 10 mm finding is concerning however nonspecific. Neoplasm is certainly possible. Masslike infection or unusual nodular atelectasis are possible. Extremely close follow-up/further evaluation is recommended. Consider PET scan. Consider extremely short-term follow-up CT chest perhaps in one month after any appropriate treatment, if there is suspicion of infection.
Throughout the left lung increased/new findings at least some of which are probably infectious. With regard to other findings for example a small centrally lucent 5 mm finding this could be infectious or potentially neoplastic. Close attention on follow-up.
Treatment related changes right chest/lung.
Physician extender will contact clinician.
Electronically signed by: Erik Gellella MD 10/30/2023 09:41 AM EDT Workstation: RAIWRS64ZFP

CT Chest 4/05/23:
IMPRESSION:
1. Several small clustered tree-in-bud nodules in the left upper and left lower lobe which are new from the previous examination though the clustered morphology favors a small airway infectious/inflammatory etiology. Follow-up CT examination in 6 months is recommended to document stability or clearing.
2. Stable findings in the right hemithorax.

CT Chest 6/17/22:
IMPRESSION:
1. Stable postsurgical changes in the right hemithorax with unchanged areas of probable scarring and mild bronchiectasis in the right lung. A few sub-mm bilateral pulmonary nodules are similar to the prior study.
2. Stable soft tissue density in the right hilar region adjacent to surgical suture material, which was mildly metabolically active on the prior PET/CT.
3. Increased sclerosis in the right sixth and seventh ribs compared to the prior PET/CT, most likely reflecting healing rib fractures. Hypermetabolic activity was present in these regions on PET. No definite underlying bone lesion to suggest pathologic fracture.

CT Chest with IV Contrast 3/26/21:
Impression:
1. Stable postoperative changes in the right lung.
2. Stable nonspecific subcentimeter hypodensity in the inferior spleen.

CT Chest with Contrast 9/25/20:
IMPRESSION:
Stable postoperative changes of the right lung. No new airspace opacity or bulky lymphadenopathy.
Indeterminate 8mm splenic hypodensity, not demonstrated on prior. Attention on follow-up imaging.

CT Chest with IV Contrast 3/12/20:
IMPRESSION:
1. Stable postoperative changes within the right hemithorax due to previous right upper lobectomy.
No evidence for residual or recurrent pulmonary mass or developing metastatic intrathoracic lymphadenopathy.
2. No other significant acute interval change.

CT Chest, Abdomen with IV Contrast 9/25/19:
IMPRESSION:
Scattered subpleural reticulation in the right lung may reflect scarring or posttreatment change. No consolidation. Post-surgical changes suggesting prior right upper lobectomy.
Atherosclerosis and coronary artery disease.
Status post cholecystectomy. Mildly dilated common bile duct measuring 10mm, stable since prior.
Stable mild left adrenal gland thickening.
Stable 6mm nonspecific sclerotic focus in the right clavicle.

CT Chest and Abdomen w/ Contrast 5/28/19:
IMPRESSION:
Overall, grossly stable appearing CT scan of the chest and abdomen in this patient with history of lung cancer. No significant interval change from examination 12/06/18.
Based upon Hounsfield unit attenuation there appears to be a small cyst left kidney as described. Also, better seen on current examination there is a subcentimeter hypodensity of the spleen too small to adequately characterize and can be re-evaluated on follow-up imaging.
CT Chest, Abdomen w/ Contrast 12/06/18:
IMPRESSION:
1. Status post segmentectomies in the right upper and right lower lobes. Bilateral groundglass opacification has resolved. There has been almost complete resolution of airspace disease in the right lung, with mild residual consolidation persisting in the right lower lobe. The findings are probably due to resolving posttreatment changes. Alternatively, this could represent resolving pulmonary hemorrhage. No new suspicious nodules are seen.
2. Incidentally noted, there is a 1.1cm complex cyst in the lateral cortex of the left lower renal pole. The differential diagnosis includes a proteinaceous or hemorrhagic cyst, and a small cystic renal neoplasm. Given the smallest size, it would be reasonable to follow this prospectively on surveillance imaging.

ASSESSMENT
1. Squamous cell carcinoma of the lung, stage IIIA: Status post-surgery, chemotherapy, and radiotherapy. Approaching six years post-treatment.
2. Iron-deficiency anemia: s/p Injectafer x 2 doses in Oct 2021, with resolution of anemia.
3. Dysphagia: described as mild, likely secondary to historical radiation for lung cancer, saw GI.
4. Abnormal CT chest. PET scan shows near resolution. CT chest after that shows resolution.

Demographic ACP
No Living Will, No Durable Power of Attorney, No DNR, Last verified 12/7/2023

PLAN

1. CT chest abdomen pelvis with contrast ordered.
2. Await labs.
3. Age appropriate cancer screening and vaccines as per PMD
4. Call prior to next visit with any interim questions or concerns
5. If CT scan is negative he can see me on an as-needed basis.

FAX TO:
Marc Seelagy, MD~(609)585-5234;Asit Patnaik, MD~(609)581-5779;

Signed 

Sameer Desai, MD, NPI: 1487776373
This document was electronically signed on 2/13/2025 at 10:34 AM