

Christenson, Alan

MRN: 16743072

Loo, Billy Wiseman, MDPhysician
Radiation OncologyProgress Notes
Signed

Encounter Date: 11/2/2017

Signed

**Stanford** | Department of
MEDICINE | Radiation Oncology

Follow Up Visit

Name: Alan Christenson**DOB:** 7/21/1936**MRN:** 16743072**Address:**197 Via Lantana
Aptos CA 95003-5834**Phone:**

408-219-2454 (home) 408-219-2454 (work)

Date: 11/2/2017**Attending Physician:** Billy Wiseman Loo, MDWilliam Nain-Cheng Chu, MD
Internal Medical Group of Palo Alto
805 El Camino Real Ste B
Palo Alto, CA 94301

Mark Francis Berry, MD

Dear Doctors,

We had the pleasure of seeing our mutual patient, Mr. Alan Christenson, in routine follow up today, 11/2/2017, in the Department of Radiation Oncology at Stanford Hospital & Clinics.

Identification: Mr. Alan Christenson is a 81 Year-old male with Atrial fibrillation on Xarelto and stage IIB (T2b N1 M0) squamous cell carcinoma of the right lung s/p RML and RLL bilobectomy and LND with 1/51 nodes involved by direct extension and a positive margin at the right inferior pulmonary vein followed by PORT to 60 Gy in 20 fractions, (declined chemotherapy), completed 6/29/16. He is here today for follow up.

Interval Since Completion of Radiation Therapy: ~16 months**Last Clinic Visit:** 04/27/17**Interval History:**

11/01/17, CT chest reported, Scattered solid and groundglass nodules include the following index nodules:

-Left upper lobe, part solid, 9 mm with a 2 mm solid component (93); grossly unchanged dating back to 2/25/2016.

-**Left upper lobe, part solid, 6 mm with a 3 mm solid component (106); interval enlargement of the solid component over time as compared with a 1 to 2 mm solid component on 2/25/2016.**

-**Left upper lobe, solid, 3 mm (125), unchanged from 7/26/2017, though new from 2/25/2016.**

-**Right upper lobe, clustered nodular opacity, with the largest nodular component measuring up to 5 mm (106); interval enlarged, previously 3 mm on 7/26/2017 and new from 1/26/2017.**

Airways: Persistent **soft tissue nodule in the right lateral aspect of the trachea just proximal to the mainstem bifurcation**, which has minimally **enlarged in the interval, now measuring approximately 6 x 3 mm (7/145), previously 4 x 2 mm on 7/26/2017 (4/120).**

11/01/17, evaluation with pulmonologist (Dr. Ramsey) who will performed a biopsy of the trachea nodule as it has been increasing in size on 11/14/17.

Today, he reports doing well. He is able to exercise including using a stationary bike but is unable to go up a flight of stair without significant dyspnea. He denies any cough, chest pain.

Review of Systems: As per chronological history of present illness. Otherwise, a comprehensive 14-point review of systems was negative.

Allergies:

Allergies

Allergen

- Tetracycline

Reactions

Rash

Current Medications:

Current Outpatient Prescriptions

Medication	Sig
• ADVAIR HFA 115-21 mcg/actuation HFAA	
• atorvastatin (LIPITOR) 10 mg tablet	take 10 mg by mouth daily
• azithromycin (ZITHROMAX) 250 mg tablet	Take 2 tablets first day then take 1 tablet for 4 days prior to CT scan
• CALCIUM CARBONATE (TUMS PO)	take by mouth as needed
• CYANOCOBALAMIN, VITAMIN B-12, (VITAMIN B-12 PO)	take by mouth
• DEXILANT 60 mg CpDM	take 60 mg by mouth Every Day
• gabapentin (NEURONTIN) 300 mg capsule	take 1 Cap by mouth 3 times a day Titrate up as directed
• IRON PO	take by mouth daily in the morning with food
• ivermectin (SOOLANTRA) 1 % CREA	by Topical route every day
• MELATONIN PO	take 3 mg by mouth
• minocycline (MINOCIN) 100 mg capsule	take 100 mg by mouth 2 times a day
• mometasone (ELOCON) 0.1 % cream	by Topical route daily
• NASONEX 50 mcg/actuation Spry	
• other drug	
• other drug	B12 injection
• oxyCODONE (OXYCONTIN) 30 mg TR12	take 30 mg by mouth 2 times a day Pain for headache
• rivaroxaban (XARELTO) 20 mg TABS	
• SPIRIVA WITH HANDIHALER 18 mcg CpDv	

Social History:
Social History

Social History

- Marital status: Widowed
- Spouse name: N/A
- Number of children: N/A
- Years of education: N/A

Occupational History

- HR consultant
works 25 hours per week

Social History Main Topics

- Smoking status: Former Smoker
 - Packs/day: 3.00
 - Years: 30.00
 - Quit date: 3/23/1984
- Smokeless tobacco: Never Used
- Alcohol use 8.4 oz/week
 - 14 Glasses of wine per week
 - Comment: reports no wine since 4/14-8/5/16*
- Drug use: No
- Sexual activity: Not on file

Other Topics

Concern

- Military Service No
- Blood Transfusions No
- Caffeine Concern No
- Occupational Exposure No
- Hobby Hazards No
- Sleep Concern No
- Stress Concern No
- Weight Concern No
- Special Diet No
- Back Care No
- Exercise No
- Bike Helmet No
- Seat Belt Yes
- Self-Exams No

Social History Narrative

Lives alone, support from friends. Sister on east coast who can come out to support patient.

Physical Examination:

VITAL SIGNS:

Visit Vitals

BP 123/60
Pulse 96
Temp 36.6 °C (97.9 °F) (Oral)
Resp 16
Ht 1.88 m (6' 2.02")
Wt 88.4 kg (194 lb 14.2 oz)

SpO2 97%
BMI 25.01 kg/m²

GENERAL: Well-appearing, well-developed, in no acute distress. ECOG Performance Status 1: Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work.

HEENT: Normocephalic/Atraumatic. Sclera anicteric. Moist mucous membranes.

LYMPH NODES: There is no palpable cervical, supraclavicular lymphadenopathy.

BACK: Spine non-tender to palpation.

PULMONARY: Normal respiratory effort. Clear to auscultation bilaterally.

CARDIOVASCULAR: Heart is regular rate and rhythm with no murmurs, rubs, or gallops.

SKIN: Clear with no rashes or other visible lesions.

NEUROLOGICAL: Cranial nerves II-XII intact. Sensation to light touch is preserved throughout. Strength is 5/5 throughout. Gait is grossly normal.

PSYCH: Appropriate mood and affect. Speech with regular rate, rhythm and tone.

Laboratory:

Lab Results

Basename	Value	Date
WBC	7.2	04/23/2016
HGB	10.2 (L)	04/23/2016
HCT	32.7 (L)	04/23/2016
PLT	428 (H)	04/23/2016

Lab Results

Basename	Value	Date
NA	142	09/12/2016
K	4.0	09/12/2016
CL	106	09/12/2016
CO2	29	09/12/2016
BUN	14	09/12/2016
CR	0.7	04/26/2017
GLU	129	10/13/2016
CA	9.1	09/12/2016

Imaging: We personally reviewed the imaging. A soft tissue nodule in the right lateral aspect of the trachea just proximal to the mainstem bifurcation which has been present since January has slightly increase in size. There are also multiple other lung nodules noted throughout the lung, however, 2 RUL nodules have demonstrated a slight increased in size and will be monitored closely.

Impression and Plan:

In summary, Mr. Alan Christenson is a 81 Year-old male with Atrial fibrillation on Xarelto and stage IIB (T2b N1 M0) squamous cell carcinoma of the right lung s/p RML and RLL bilobectomy and LND with 1/51 nodes involved by direct extension and a positive margin at the right inferior pulmonary vein followed by PORT to 60 Gy in 20 fractions, (declined chemotherapy), completed 6/29/16. He is here today for follow up.

His latest CT revealed a slight interval increase in LUL and RUL nodules and a right lateral trachea soft tissue nodule which is scheduled to be biopsied on 11/14/17.

Mr. Alan Christenson asked appropriate questions, which were answered completely to his satisfaction. He knows he can contact us at any point with any additional questions or concerns.

Plan

- Follow up the biopsy of the right tracheal soft tissue
- We will reevaluate the 2 RUL nodules in 3 months with imaging

Thank you for allowing us the privilege of participating in the care of Mr. Alan Christenson. Please feel free to contact us with any questions or concerns.

Sincerely,

Quaovi Hemeka Sodji, MD
Department of Radiation Oncology, Resident

Teaching Physician Attestation

I saw and examined the patient and discussed the management with the resident physician/fellow.

I reviewed the resident/fellow's note, made the appropriate edits, and agree with the documented findings and plan of care.

Billy W. Loo, Jr., M.D., Ph.D.
Associate Professor and Thoracic Radiation Oncology Program Leader
Department of Radiation Oncology & Stanford Cancer Institute, Stanford University School of Medicine

Electronically signed by Loo, Billy Wiseman, MD at 11/8/2017 10:37 AM

Office Visit
on 11/2/2017

This note has not been shared with the patient via Myhealth Shared Notes.