

Patient Name: **Mott, Elizabeth**  
Patient Number: **12345678**Date: **06/18/2018**  
Date Of Birth: **08/29/1960****FOLLOW UP VISIT****Chief Complaint**

Mrs. Mott is a 57 year old woman who was diagnosed with breast cancer in April 2018. She was found to have extensive bone metastases, adenopathy and hepatic lesions. Tumor was biopsied showing ER positive, PR positive, Her2 amplified breast cancer. Systemic treatment was initiated 5/8/18 with paclitaxel, trastuzumab and pertuzumab. She has tolerated therapy well. Modest fatigue and mild diarrhea/loose bowel movements. She has not had fever or clinical signs of infection. She returns today for consideration of cycle 3.

**On-going Treatment Events**

Date		Details	Outcome	Comment
5/1/2018	Other Therapies	Synthroid 175 mcg tablet	Active	
5/1/2018	Other Therapies	Zoloft 50 mg tablet	Active	

**Allergies**

No known allergies have been entered for this patient.

**Medical and Surgical History**

Hypothyroidism. Mild anxiety.

Date	Type	ICD-9	ICD-10	Problem	Comment	Status
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Date	Type	Details	Outcome	Comment
	Surgery	Tonsillectomy		1960s

**Social History**

Patient is married. No history of tobacco use. Mrs. Mott reports the following support system: lives with family. Her diet consists of regular meals. She indicates her daily activity level as: daily activities.

**Alcohol Use** Yes, Weekly.

**Family History**

Reviewed and unchanged.

**Gyn History**

Menarche at the age of 12. LMP more than 10 years ago.

**Review Of Systems**

**Constitutional Symptoms:** Patient reports: mild fatigue, no weakness, no weight loss, no fevers, no chills, no diaphoresis, no night sweats, no hot flashes. exertional dyspnea, no cough

**Eyes:** Patient offers no eye complaints.

**Gastrointestinal:** no nausea, no vomiting, no dysphagia, no abdominal pain, diarrhea, no constipation

**Musculoskeletal:** bone pain, no back pain, no arthralgia

**Integumentary:** Patient reports: no rash, no pruritis, no skin lesions, no dry skin

**Neurological:** Patient reports: no headache, no peripheral neuropathy, no focal weakness, no tremor, no altered consciousness, no seizures, no speech impairment, no dizziness. [no paralysis, nervousness](#)

### Vital Signs

Vitals on 6/18/18 12:59:00 PM: Height=66in, Weight=155lb, Pulse=74, SystolicBP=122, DiastolicBP=68

### Physical

**General:** Patient appears: well developed and well nourished, No alopecia noted.

**Eyes:** No scleral icterus, and/or pallor. Conjunctiva clear. EOMs intact. Pupils equal and reactive to light.

**Cardiovascular:** Heart with regular rate and rhythm. Normal S1 and S2. S3, S4 No gallop. No rubs or clicks. No bruits. Pedal pulses present.

**Chest:** Clear no rales/rhonchi. No dullness to percussion. No wheezing. Chest wall expansion normal. No chest wall tenderness. No stridor.

**Abdomen:** Soft. Non-tender. Non-distended. No palpable masses. No ascites. No hepatosplenomegaly. Bowel sounds present in all quadrants. No hernia.

### Hematologic/

**Lymphatic:** No cervical lymphadenopathy. No supraclavicular lymphadenopathy. No axillary lymphadenopathy. No inguinal lymphadenopathy. No petechiae. No ecchymosis.

**Skin:** No rashes. No lesions. [Extremities appear normal. No evidence of cyanosis. No edema. No clubbing present.](#)

**Neurologic:** Alert and oriented. Normal speech. Cranial nerves in tact.

**Genitourinary:** Examination deferred.

**Rectal:** Examination deferred.

**Gynecological:** Examination deferred.

### Laboratory Results

Lab results on 6/18/2018: Sodium=135 mmol/L, Potassium=4.2 mmol/L, CO2=31 mmol/L, Chloride=99 mmol/L, Glucose=84 mg/dL, Calcium=9.0 mg/dL, BUN=14 mg/dL, Creat=1.1 mg/dL, Alk Phos=45 U/L, ALT=21 U/L, AST=23 U/L, Total Bili=0.9 mg/dL, Albumin=3.7g dL, Total Protein=7.5 g/dL. WBC=4.1 x10E3/uL, RBC=4.63 x10E6/uL, HGB=9.9 g/dL, HCT=31.4%, MCV=68 fL, MCH=21.4 pg, MCHC=31.5 g/dL, RDW=16.1 %, Plat=179 x10E3/uL, ANC=2.8 x10E3/uL, Lymph#=1.0 x10E3/uL, MONO#=0.2 x10E3/uL, BASO#=0.1 x10E3/uL, EOS#=0.1 x10E3/uL, MONO%=5 %, BASO%=1 %, EOS%=1 %, Neut%=68 %

### Imaging Results

Radiology results were reviewed and discussed with the patient, including 4/2018- MRI Brain no metastasis deep white matter changes suggestive of inflammatory process. PET/CT - left breast mass; diffuse bone metastases; liver lesions suspicious for metastatic breast cancer.

### Primary Dx

198.5 - Secondary malignant neoplasm of bone and bone marrow, Diagnosed Apr 2018

174.9 - Malignant neoplasm of breast (female), unspecified site, Diagnosed Apr 2018

### Assessment

Stage 4 ER HER2 positive breast cancer with bone and liver metastases. Patient had a negative brain MRI. Testing of tumor demonstrates ER+ PR+. HER2neu equivocal on IHC. FISH positive. Diagnostic data reviewed. CBC results from today reviewed and compared to 5/8/18 and 5/29/18. Normal white count, hemoglobin, platelet count. Kidney function normal as well. Proceed today with cycle 3 TH plus pertuzumab.

Patient seen by dentist last week. Begin Zoledronic acid with plans to administer treatment every three months. Immodium for treatment of diarrhea. Husband present with patient for support.

### Recommendation/Plan

**Time spent with patient was 30 minutes. Over half the time was spent counseling and coordinating care, which included the following:**

Reviewed with patient treatment side effects.

Supportive measures reviewed.

Taxol, Herceptin and Perjeta. ZA

All questions answered

Electronically signed: *S. Wu MD*

DATE Jun 18, 2018  
TIME 1:34PM  
Shannon Wu, M.D.