Patient Lumpectomy Discharge

Patient Information:

- Name: Claire Thompson
- Age: 52
- Gender: Female
- Date of Birth: May 12, 1972
- Address: 123 Oak Street, Springfield, IL
- Contact Number: (555) 123-4567
- Insurance Provider: BlueCross BlueShield

Medical History:

- Hypertension
- Family history of breast cancer (mother diagnosed at age 60)
- No history of tobacco or alcohol use
- Regular mammogram screenings every two years

Presenting Complaint: Claire Thompson presented to the clinic with a lump in her right breast that she noticed two months ago. She reports occasional mild discomfort in the area but no other symptoms. She denies any recent weight loss, fever, or nipple discharge.

Physical Examination:

- Vital Signs: Stable
- Breast Examination: A 3 cm firm, non-tender lump palpated in the upper outer quadrant of the right breast. No axillary lymphadenopathy detected.

Diagnostic Workup:

1. Mammography: Revealed a suspicious mass in the right breast, BI-RADS category 4.
2. Breast Ultrasound: Confirmed a solid mass with irregular borders in the same location.
3. Core Needle Biopsy: Histopathological examination confirmed invasive ductal carcinoma, estrogen receptor-positive, HER2-negative.

Diagnosis:

1. Primary Diagnosis: Invasive Ductal Carcinoma, Stage II
2. Differential Diagnosis: Fibroadenoma, Phyllodes Tumor

Treatment Plan:

1. Surgery: Scheduled for a right breast lumpectomy with sentinel lymph node biopsy.
2. Adjuvant Therapy:
    - Chemotherapy: TAC regimen (docetaxel, doxorubicin, cyclophosphamide) for 6 cycles.
    - Radiation Therapy: External beam radiation to the right breast post-surgery.
    - Hormonal Therapy: Tamoxifen 20 mg daily for 5 years.

Hospitalization Summary: Claire Thompson underwent a successful right breast lumpectomy with sentinel lymph node biopsy without complications. Post-operative recovery was uneventful, and she was discharged home on postoperative day 1 with instructions for wound care and pain management.

Medications on Discharge:

1. Acetaminophen 500 mg, take 1-2 tablets every 6 hours as needed for pain.
2. Oxycodone 5 mg, take 1 tablet every 4-6 hours as needed for severe pain.
3. Calcium carbonate 500 mg with vitamin D, take 1 tablet daily.
4. Ondansetron 4 mg, take 1 tablet every 8 hours as needed for nausea.

Follow-up Plan:

1. Surgical Follow-up: Weekly wound check for the first month post-surgery, then monthly for the next 3 months.
2. Medical Oncology Follow-up: Start chemotherapy within two weeks post-surgery.
3. Radiation Oncology Follow-up: Begin radiation therapy within four weeks post-surgery.
4. Regular Clinical Follow-up: Every 3 months for the first year, then every 6 months thereafter for clinical examination and surveillance mammography.

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Biopsy Report

Patient Information:

- Name: Claire Thompson
- Age: 52
- Gender: Female
- Date of Birth: May 12, 1972
- Medical Record Number: 123456789

Specimen Received:

- Date of Procedure: March 5, 2024
- Specimen Type: Core needle biopsy of the right breast mass

Macroscopic Description: Received in formalin, labeled with the patient's name and medical record number. The specimen consists of four core biopsies, each approximately 1.5 cm in length and 0.2 cm in diameter. The tissue appears firm and whitish-gray in color.

Microscopic Description: Sections of the core biopsies reveal clusters of atypical ductal cells infiltrating the fibrous stroma. The cells exhibit marked pleomorphism, irregular nuclear contours, and increased nuclear-to-cytoplasmic ratio. Mitotic figures are readily identified. Areas of central necrosis are noted within some clusters. The surrounding stroma shows evidence of desmoplastic reaction.

Immunohistochemistry:

1. Estrogen Receptor (ER): Positive staining observed in approximately 80% of tumor cells.
2. Progesterone Receptor (PR): Positive staining observed in approximately 70% of tumor cells.
3. Human Epidermal Growth Factor Receptor 2 (HER2): Negative staining observed, indicating HER2 negativity.

Final Diagnosis: Invasive Ductal Carcinoma, Grade 3

- Estrogen Receptor Positive (ER+)
- Progesterone Receptor Positive (PR+)
- Human Epidermal Growth Factor Receptor 2 Negative (HER2-)

Comment: The histological and immunohistochemical findings are consistent with invasive ductal carcinoma of the breast, grade 3. The tumor demonstrates hormone receptor positivity, suggesting potential responsiveness to hormonal therapy. HER2 negativity indicates a lower risk for aggressive behavior. Further correlation with clinical and radiological findings is recommended for appropriate management planning.

Pathologist's Name: Dr. Sarah Thompson, MD Board-Certified Pathologist

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Mammography Report

Patient Information:

- **Name:** Claire Thompson
- **Age:** 52
- **Gender:** Female
- **Date of Birth:** May 12, 1972

Clinical Indication: Evaluation of a suspicious mass detected on physical examination.

Findings: Bilateral digital mammography was performed. Findings are as follows:

1. **Right Breast:** Identified a spiculated mass measuring approximately 3 cm in the upper outer quadrant, corresponding to the palpable lump detected clinically. Highly suggestive of malignancy.
2. **Left Breast:** No significant abnormalities detected. Breast density appears heterogeneously dense.

Impression: Suspicious mass identified in the right breast, highly concerning for malignancy. Recommend further diagnostic evaluation and correlation with histopathological findings from core needle biopsy.

Recommendations:

1. Prompt review of findings with referring physician for coordination of further diagnostic workup.
2. Consideration of additional imaging modalities or biopsy to confirm diagnosis and guide treatment planning.

Signed By:
Dr. Rachel Lee, MD
Radiologist

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Chemotherapy Treatment Medical Report

Patient Information:

- Name: Claire Thompson
- Age: 52
- Gender: Female
- Date of Birth: May 12, 1972
- Medical Record Number: 123456789

Chemotherapy Regimen:

- TAC Regimen
- Docetaxel: 75 mg/m² IV infusion on Day 1 of each cycle
- Doxorubicin: 50 mg/m² IV infusion on Day 1 of each cycle
- Cyclophosphamide: 500 mg/m² IV infusion on Day 1 of each cycle

Treatment Course:

- Cycle 1: Started on March 20, 2024
- Docetaxel: 75 mg/m² IV infusion administered over 1 hour
- Doxorubicin: 50 mg/m² IV infusion administered as a rapid push
- Cyclophosphamide: 500 mg/m² IV infusion administered over 1 hour
- Cycle 2-6: Subsequent cycles repeated every 3 weeks

Adverse Events and Management:

1. **Neutropenia:**
    - Grade 3 neutropenia observed after Cycle 1.
    - Granulocyte colony-stimulating factor (G-CSF) prophylaxis initiated for subsequent cycles.
    - Neutropenic precautions advised, including regular monitoring of absolute neutrophil count (ANC).
2. **Anemia:**
    - Mild anemia noted after Cycle 1, managed conservatively with iron supplementation.
    - Hemoglobin levels monitored prior to each cycle.
3. **Nausea and Vomiting:**
    - Grade 2 nausea and vomiting reported after Cycle 1.
    - Ondansetron 8 mg administered orally 30 minutes before chemotherapy and continued every 8 hours as needed for 2 days post-chemotherapy.

4. **Fatigue:**
    - Grade 2 fatigue reported intermittently throughout treatment.
    - Symptomatic management with adequate rest and supportive care.
5. **Alopecia:**
    - Significant hair loss observed after Cycle 2.
    - Supportive measures provided, including counseling and provision of head covering options.

Response to Treatment:

- Clinical response assessed after completion of Cycle 3.
- Partial response noted with reduction in tumor size on clinical examination and imaging studies.
- Adherence to treatment regimen was satisfactory with minimal treatment delays or dose modifications.

Follow-up Plan:

- Regular follow-up appointments scheduled every 3 weeks for chemotherapy administration.
- Ongoing monitoring of hematological parameters, renal and hepatic function, and cardiac status.
- Coordination with surgical and radiation oncology teams for comprehensive cancer care.

Signed By: Dr. Rebecca Carter, MD Medical Oncologist

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Follow-up Consultation Doctor's Note

Patient Name: Claire Thompson
Date of Birth: May 12, 1972
Medical Record Number: 123456789
Date of Consultation: June 15, 2024

Chief Complaint:
Ms. Thompson presented for her follow-up consultation post-completion of chemotherapy treatment.

History of Present Illness:

Ms. Thompson completed her course of TAC chemotherapy regimen for invasive ductal carcinoma of the right breast. She tolerated the treatment reasonably well, experiencing expected adverse effects including neutropenia, mild anemia, nausea, vomiting, fatigue, and alopecia. There were no significant complications noted during the treatment course.

Review of Systems:

- General: No fever, chills, or unintentional weight loss reported.
- Respiratory: No cough, dyspnea, or chest pain.
- Gastrointestinal: Occasional nausea reported, otherwise no abdominal discomfort or changes in bowel habits.
- Constitutional: Mild fatigue reported, improving gradually.
- Dermatological: Alopecia noted with stable pattern.

Physical Examination:

- Vital Signs: Stable
- General: Alert and oriented, in no acute distress.
- Cardiovascular: Regular rate and rhythm, no murmurs appreciated.
- Respiratory: Clear breath sounds bilaterally.
- Abdomen: Soft, non-tender, non-distended.
- Breast Examination: Surgical site healing well, no signs of infection or wound dehiscence. No palpable masses or lymphadenopathy appreciated in the axillary region.

Assessment:

1. Completed course of TAC chemotherapy regimen for invasive ductal carcinoma of the right breast.
2. Tolerated treatment reasonably well with expected adverse effects.
3. Clinical examination reveals satisfactory response to therapy with no evidence of disease recurrence.

Plan:

1. Schedule surveillance mammography and clinical examination in 3 months for ongoing monitoring.
2. Continue adjuvant hormonal therapy with tamoxifen as previously prescribed.
3. Educate patient regarding signs and symptoms of recurrence and importance of regular follow-up appointments.

4. Encourage healthy lifestyle practices including regular exercise, balanced diet, and smoking cessation if applicable.
5. Referral to supportive care services for psychosocial support and survivorship resources.

Follow-up:
Ms. Thompson to return for surveillance appointment on September 15, 2024. She is instructed to contact the clinic sooner if any concerning symptoms arise.

Signed By:
Dr. Sarah Thompson, MD
Medical Oncologist

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Hypertension Treatment Medical Report

Patient Information:

- **Name:** Claire Thompson
- **Age:** 52
- **Gender:** Female
- **Date of Birth:** May 12, 1972
- **Medical Record Number:** 123456789

Date of Consultation: June 15, 2024

Chief Complaint: Ms. Thompson presented for a follow-up consultation regarding her hypertension management.

History of Present Illness: Ms. Thompson has a history of hypertension for which she has been under treatment for the past five years. She reports occasional episodes of elevated blood pressure readings, particularly during times of stress. She denies any associated symptoms such as headache, dizziness, or visual disturbances. Compliance with prescribed medications and lifestyle modifications has been fair.

Review of Systems:

- **Cardiovascular:** No chest pain, palpitations, or shortness of breath reported.
- **Neurological:** No headache, dizziness, or focal neurological deficits noted.
- **Renal:** No changes in urinary frequency, urgency, or appearance.

- **General:** No fever, chills, or unintended weight changes.

Current Medications:

1. Amlodipine 5 mg daily
2. Hydrochlorothiazide 25 mg daily

Physical Examination:

- **Vital Signs:** Blood pressure 130/80 mmHg, Pulse 72 bpm, Respiratory rate 16/min, Temperature 98.6°F (37°C)
- **General:** Well-nourished, no acute distress
- **Cardiovascular:** Regular rate and rhythm, no murmurs or extra sounds
- **Abdomen:** Soft, non-tender, non-distended
- **Extremities:** No edema noted bilaterally

Assessment:

1. Controlled hypertension on current medication regimen.
2. Patient demonstrates stable blood pressure readings without significant fluctuations.
3. Adherence to prescribed medications and lifestyle modifications remains important for long-term management.

Plan:

1. Continue current antihypertensive regimen of amlodipine and hydrochlorothiazide.
2. Reinforce importance of medication adherence and lifestyle modifications including dietary sodium restriction, regular exercise, and stress reduction techniques.
3. Educate patient regarding potential adverse effects of medications and signs of uncontrolled hypertension.
4. Schedule regular follow-up appointments every 3 months for blood pressure monitoring and medication review.

Follow-up: Ms. Thompson to return for a follow-up appointment on September 15, 2024, for further evaluation and management of hypertension.

Signed By:
Dr. Rebecca Carter, MD
Primary Care Physician