



Fax Cover

Sheet

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

NOTES:

REF# [REDACTED] 2

PT: [REDACTED]

DOB:09/10/1974

SX DOS:4/29/2024

[REDACTED] 4

DX CODE: C50.511

CPT: 19303 38525

[REDACTED] 4

PLEASE SEE ATTACHED CLINICALS

THANK YOU,

[REDACTED] 7

[REDACTED] 4

[REDACTED] 9

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Date and time of transmission: 4/2/2024 1:21:56 PM

Number of pages including this cover sheet: 60

4/2/24, 1:14 PM

DOB: 09/10/1974

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

Order

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

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

Patient Information

Patient Name	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: DO, 2/27/2024 4:41 PM
Added 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.

4/2/24, 1:11 PM

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

Office Visit 3/12/2024

Surgical Oncology

Provider: MD (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 MD

Progress Notes MD (Physician) • Surgical Oncology • Encounter Date: 3/12/2024 • Addendum

SURGICAL ONCOLOGY CONSULT NOTE

Patient Name DOB: 9/10/1974 Medical Record:

History:

Reason For Consultation:

Chief Complaint

Patient presents with

- Consult
NEW PATIENT. INFILTRATING DUCTAL CARCINOMA OF RIGHT BREAST. REFERRED BY DR. BHAIRAVI BRITTAIN

HPI: 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 history of cervical cancer status post partial hysterectomy.

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

4/2/24, 1:11 PM

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

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 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 Urine	03/17/2023
• History of chicken pox	
• Hypertension	
• Malignant melanoma (HCC) left calf/removed	2010
• Sleep apnea oral appliance	
• Thyroid disease	

Past Surgical History:

Past Surgical History:

Procedure	Laterality	Date
• BUNIONECTOMY		1992
• HERNIA REPAIR abdominal repair 2016	N/A	2016
• HYSTERECTOMY DAVH-Dr. Drollinger		2016
• LEEP mild dysplasia		2000
• LEG SURGERY melanoma removal	Left	2010
• PR COLONOSCOPY FLX DX W/COLLJ SPEC WHEN PFRMD COLONOSCOPY to cecum at 0822 with photo documentation of appendiceal orifice and ileocecal valve. performed by [REDACTED]	N/A	12/27/2023
• SHOULDER ARTHROSCOPY RCD/LCR	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
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4/2/24, 1:11 PM

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

- Adhesive
- Macrobid [Nitrofurantoin]
Felt foggy when taking

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
• 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	
• 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	Paternal Grandmother	
unsure of type		
• High blood pressure	Paternal Grandmother	

4/2/24, 1:10 PM

Office Visit 3/27/2024

Cancer Care Clinic

Provider: MD (Hematology and Oncology)

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

Reason for Visit: Consult; Referred by

Progress Notes

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

NEW CONSULT

Name:

Date of encounter: 3/28/2024

MRN:

Oncologist

Primary Care Physician:

DOB: 9/10/1974 AGE:49 y.o.

DO

REASON FOR EVALUATION

Breast cancer consult

HISTORY OF PRESENT ILLNESS

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. 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. 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.

4/2/24, 1:10 PM [REDACTED] DOB: 09/10/1974 Encounter Date: 03/27/2024

OCP 27 years

MSH3 heterozygous mutation on Myriad Myrisk

PAST MEDICAL HISTORY

Past Medical History:		
Diagnosis		Date
• 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 Urine		03/17/2023
• History of chicken pox		
• Hypertension		
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PAST SURGICAL HISTORY

Past Surgical History:		
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• SHOULDER ARTHROSCOPY RCD/LCR	Right	12/20/2018
• SHOULDER SURGERY	Right	2008

MEDICATIONS

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

ALLERGIES

Allergies	
Allergen	Reactions
• 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

Tobacco Use

- Smoking status: Never
- Passive exposure: 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

Concern

- 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	Paternal Grandmother	
• unsure of type		
• High blood pressure	Paternal Grandmother	
• Prostate cancer	Paternal Grandfather	
• Stroke	Other	
• BRCA 1/2	Neg Hx	