Lanier Document

Document Unique ID	Status	Transcribed on	Type
1060529	CHANGED	2019-12-13	Consultation

Dictating Physician	Attending RAD Oncologist	Patient Referred By
Hamm, Caroline M.	Hamm, Caroline M.	Rieder, Scott
Primary Care Physician	Attending MED Oncologist	
Chand, Pavanjeet	Hamm, Caroline M.	

NAME: [redacted] Patient MRN: [redacted]
DOB: J[redacted] Encounter: [redacted]
Sex: F
Healthcard: [redacted]
Phone Number: [redacted]
Attending RAD ONC: Caroline M. Hamm, M.D., F.R.C.P.(C.)
Attending MED ONC: Caroline M. Hamm, M.D., F.R.C.P.(C.)
Family Physician: Pavanjeet Chand, M.D., C.C.F.P.
NPR Physician: Scott Rieder, M.D.

DICTATED BY: Caroline M. Hamm, M.D., F.R.C.P.(C.)
COPY TO: Scott Rieder, M.D.
Pavanjeet Chand, M.D., C.C.F.P.

DATE OF VISIT: December 13, 2019

CONSULTATION
REVISED December 18, 2019 08:54 pm

Clarissa is a very pleasant 55 year old female seen today in clinic with a diagnosis of estrogen receptor positive breast cancer. She is here for consideration of neoadjuvant chemotherapy. Her disease was identified on screening mammogram that she has been getting routinely. On September 23, 2019 there were enlarged lymph nodes in the right breast as right axilla. No new lesion was demonstrated in the right breast, but further thickening around the nipple was identified compared to previous. No left breast or left axillary adenopathy. A biopsy of the right axillary lymph nodes were done first and these were compatible with metastatic adenocarcinoma. The tumor was found to be strongly estrogen receptor positive at 90%, progesterone receptor positive at 5%, and HER2 was not done.

A biopsy of the breast was done on October 30, 2019 and this revealed intra lymphatic carcinoma only with a tumor emboli in the lymphatic channel. No defined mass was identified on biopsy despite multiple cores performed. Left axillary lymph node was biopsied and that was negative.

She does have staging booked. She has a CT scan booked for tonight, bone scan booked for December 23, 2019, and MUGA booked for Tuesday.

PAST MEDICAL HISTORY

Positive for only diabetes mellitus. She is on Synjardy for that 12.5/100 mg daily, Citalopram 20 mg daily, and Ativan 0.5 mg p.o b.i.d.

ALLERGIES
She has an allergy to sulfa that causes a rash and hives and shell fish.

She goes to Shoppers' Drug Mart in Amherstburg and has Green Shield insurance.

She did see Dr. Scott Rieder who has recommended neoadjuvant chemotherapy.

PAST MEDICAL HISTORY
1. Diabetes mellitus.
2. Prior TAH/BSO in 2008.
3. Seasonal affective disorder. Has not been using her lamp.
4. She has no MI, angina, stroke, seizure, or hypertension and no colitis.

Menopausal history: Oophorectomy 12 years ago.

SOCIAL HISTORY
She has been married nine years. She has one seven year old son and they are considering adoption. She is a non-smoker and drinks alcohol occasionally.

REVIEW OF SYSTEMS
She has hot flashes. She has been having diarrhea for the last five days, but it has been getting better after the last couple of days. No other GI, GU, respiratory or neurological complaints.

FAMILY HISTORY
Non-contributory.

WORK HISTORY
She is a homemaker and worked in ECE.

PHYSICAL EXAMINATION
On examination height is 1.71 meters, weight is 80.3 kg, blood pressure is 121/81, O2 saturation is 98% on room air. Pulse is 84 and temperature is 36.3. Lungs are clear, heart sounds normal. Abdominal examination is unremarkable. I cannot palpate the right axillary adenopathy. I can palpate a mass at 9 o'clock in the right breast that measures 4 x 3 cm that is at the same location of her biopsy, I am not sure if it is a hematoma or cancer.

IMPRESSION
[redacted]a has at least stage 2 breast cancer with lymph node positive disease. Dr. Allevato is running the HER2 status on it right now. Since we do not have that we will move ahead with dose dense AC followed by weekly Taxol chemotherapy and that plan will change based on if the HER2 is positive.

We discussed the adverse events associated with chemotherapy that include alopecia, mucositis, nausea and vomiting as well as

cardiomyopathy, neuropathy, and febrile neutropenia. She has written consent to move ahead with chemotherapy. I will see her back in clinic two weeks after her first chemotherapy to discuss the next steps. We did give her prescriptions today as well. I have given her Aprepitant for three days to take 2 mg on the day of chemotherapy and Dexamethasone to take 12 mg on the day of chemotherapy and then 8 mg daily for two days after that. She is diabetic and so we will have to warn her that steroids can increase her sugars and she will have to watch for signs and symptoms of hyperglycemia. We have also given her scripts for wigs and Grastofil and Dulcolax and Lactulose for constipation. She signed consent and is willing to move ahead and will start her first chemotherapy on Thursday December 18, 2019.

ELECTRONICALLY AUTHENTICATED
Caroline M. Hamm, M.D., F.R.C.P.(C.)

CMH/tes/tes
DD: December 13, 2019 TD: 03:24 pm
DT: December 13, 2019 TT: 07:54 pm
Job: 199158
Doc ID: 1060529

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wag/12/13/2019

WINDSOR REGIONAL HOSPITAL - METROPOLITAN CAMPUS
1995 Lens Ave.
Windsor, ON, N8W 1L9
Phone: 519-254-5577

FINAL PATHOLOGY REPORT

Case #: [redacted]
Accession #: [redacted]

NAME: [redacted]
DOB: 1964-Jun-11
Gender: F

Surgical Date: 2020-May-25
Result Dt/Tm: 2020-May-28 16:14
Performed @ WRH
Patient MRN: 000233078
Account #: 40841698
Healthcard #: 1317511796

Location: SURGERY MISC UNIT
Attending: 30366 GYETVAI, KRISTEN
Primary Care: 31009 CHAND, PAVANJEET
Ordering: 30366 GYETVAI, KRISTEN
Referring:

Admission Date: 2020-May-25
Discharge Date: 2020-May-25

FINAL REPORT - SURGICAL PATHOLOGY

Case #: WS20-54585
Physician: KRISTEN GYETVAI
Date of Procedure: 2020/05/25 Date Received: 2020/05/25
PATHOLOGICAL DIAGNOSIS

Lesion, right breast, modified radical mastectomy:
- Invasive ductal carcinoma.
- Tumour is estimated at 3.0 cm in greatest dimension.
- Grade 1/well differentiated.
- All surgical margins are negative for malignancy.
- Evidence of lymphovascular invasion.
- Changes consistent with treatment effect.
- Metastatic carcinoma to four lymph nodes, out of nine lymph nodes identified (4/9).
- See synoptic report.

CONSULTATION: Not Indicated.

Electronically signed by: Dr. Mohamed El-Fakharany, Pathologist
Electronically signed on: 2020/05/28

SPECIMEN

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FINAL PATHOLOGY REPORT

Case #: WS20-54585
Accession #: 20-338525

Surgical Date: 2020-May-25
Result Dt/Tm: 2020-May-28 16:14
Performed @ WRH

NAME: [redacted]
DOB: 1964-Jun-11
Gender: F

Patient MRN: [redacted]
Account #: [redacted]
Healthcard #: [redacted]

Time specimen placed in formalin: 1052
A) right breast and axillary nodes

CLINICAL INFORMATION

CLINICAL Impression as provided -
Previous Breast CA: No.
Previous Therapy: Chemotherapy.
Inflammatory Carcinoma: No.
Distant Metastasis: No.
Indication for Surgery: Invasive carcinoma.
Site: Right.
Procedure: Modified Radical Mastectomy.
Specimen Orientation: Short suture superior, long suture lateral.

GROSS EXAMINATION

Patient Identification Verified

A) Specimen: right breast and axillary nodes

The specimen is designated as right breast and axillary nodes and consists of a right oriented modified radical mastectomy specimen where a long suture denotes the lateral and a short suture denotes the superior. The specimen is 26.0 cm from medial to lateral, 22.0 cm from superior to inferior and 4.5 cm from anterior to posterior. Partially surfacing the specimen on the anterior is a 24.0 x 10.0 cm ellipse of skin with a 1.0 cm unremarkable nipple. The specimen also has an attached 8.0 x 5.0 x 3.0 cm axillary tail. The specimen is serially sectioned from medial to lateral revealing a 3.0 x 3.0 x 2.0 cm tan-grey, firm, rubbery, indurated, diffuse fibrous area that is located somewhat retroareolar in

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Accession #: 20-338525

Surgical Date: 2020-May-25
Result Dt/Tm: 2020-May-28 16:14
Performed @ WRH

NAME: [redacted]
DOB: 1964-Jun-11
Gender: F

Patient MRN: [redacted]
Account #: 40841698
Healthcard #: [redacted]

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the upper outer quadrant. This area comes to within 3.5 cm of the closest posterior margin and 2.0 cm from the anterior skin. The dense fibrous area/possible tumour bed is submitted in total (as per the diagram on the back of the requisition). The cut surface is comprised of approximately 65% yellow, lobulated adipose tissue interspersed with 35% grey-tan, rubbery, fibrous tissue. In the upper outer quadrant there is a 0.3 cm intramammary lymph node. The axillary tail is dissected and palpated to reveal seven possible lymph nodes that range from 0.3 cm up to 1.5 cm.
Cassette Summary - Representative sections are embedded in thirty-four cassettes.
A1-2: Bisected nipple.
A3-20: Blocked fibrous tumour bed (A3 and A4 most firm area).
A21: Closest posterior margin.
A22-23: Upper inner quadrant.
A24: Upper outer quadrant intramammary node.
A25: Upper outer quadrant.
A26-27: Lower outer quadrant.
A28-29: Lower inner quadrant.
A30: Additional section of the upper inner quadrant.
A31: Three possible lymph nodes.
A32: Two possible lymph nodes.
A33-34: One node each, bisected.
Ischemic Time: 1 hour.
Fixation Time: 32 hours.
Bio-markers may be affected where ischemic time exceeds one hour.
IM/ei

MICROSCOPIC EXAMINATION

Patient Identification Verified

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FINAL PATHOLOGY REPORT

Case #: [redacted]
Accession #: [redacted]

Surgical Date: 2020-May-25
Result Dt/Tm: 2020-May-28 16:14
Performed @ WRH

NA[redacted]
DOB: 1964-Jun-11
Gender: F

Patient MRN: 000233078
Account #: 40841698
Healthcare #: [redacted]

Slides reviewed.
ME/ei

Breast Invasive Carcinoma

Specimen	
Procedure:	Total mastectomy
Specimen Laterality:	Right
Tumour	
Histologic Type:	Invasive carcinoma of no special type (ductal, not otherwise specified)
Histologic Grade (Nottingham Histologic Score)	
Glandular (Acinar) / Tubular Differentiation:	Score 1
Nuclear Pleomorphism:	Score 2
Mitotic Rate:	Score 1 (<=3 mitoses per mm2)
Overall Grade:	Grade 1 (scores of 3, 4 or 5)
Tumour Size:	30 Millimeters (mm)
Ductal Carcinoma In Situ (DCIS):	Not identified
Accessory Findings	
Treatment Effect in the Breast:	Probable or definite response to presurgical therapy in the invasive carcinoma
Treatment Effect in the Lymph Nodes:	Probable or definite response to presurgical therapy in metastatic carcinoma
Margins	
Invasive Carcinoma Margins:	Uninvolved by invasive carcinoma
Distance from Closest Margin in Millimeters (mm):	Distance is > 10 Millimeters (mm)
Closest Margin:	Posterior
Lymph Nodes	

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FINAL PATHOLOGY REPORT

Case #: WS20-54585
Accession #: 20-338525

NAME: [redacted]
DOB: 1964-Jun-11
Gender: F

Surgical Date: 2020-May-25
Result Dt/Tm: 2020-May-28 16:14
Performed @ WRH
Patient MRN: 000233078
Account #: 40841698
Healthcard #: [redacted]

Regional Lymph Nodes: Involved by tumour cells
Number of Lymph Nodes with Macrometastases: 3
Number of Lymph Nodes with Micrometastases: 1
Number of Lymph Nodes Examined: 9
Pathologic Stage Classification (pTNM, AJCC 8th Edition)
Primary Tumour (Invasive Carcinoma) (pT): pT2
Regional Lymph Nodes (pN)
Category (pN): pN2a

Dictation number: 479665

END OF REPORT

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1030 Ouellette Ave.
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Phone: 519-973-4411

FINAL COMPUTED TOMOGRAPHY (CT) REPORT

Accession #: CT-20-00290300 Exam Date/Time: 2020-May-08 19:55

NAME: [redacted]
DOB: 1957-Jan-26
Gender: M

Patient MRN: 000251659
Account #: 76539008
Healthcard #: [redacted]

Location: EMERGENCY
Attending: ERM-PHYSICIAN, WRHC
Primary Care: HILL, VALERIE
Ordering: THAMILVAANAN, PARAMANATHAN
Referring:

Admission Date: 2020-May-08
Discharge Date:

Exam CT Abd/Pelvis w

Reason For Exam
assess fluid collection

Report
History: assess fluid collection

Comparison: Ultrasound obtained earlier the same day.

TECHNIQUE: Axial 5 mm images were obtained from the diaphragms through the symphysis pubis following oral and intravenous contrast administration.

Findings:

Small left pleural effusion with adjacent left lower lobe atelectasis or consolidation. Mild subsegmental atelectasis in the right lower lobe.

The liver is mildly nodular in contour suggesting mild cirrhosis. Subcentimeter low-density hepatic lesions, too small to characterize. The gallbladder, spleen, pancreas and adrenal glands are unremarkable.

The kidneys enhance symmetrically without hydronephrosis. Multiple renal cysts are noted. 3 mm calculus is noted in the right proximal ureter. Mild fullness of the right ureter is noted. There are a few small nonobstructing calculi in the left kidney. The urinary bladder is unremarkable. Prostate gland is heterogeneous attenuation. No dilated loops of bowel. Small duodenal diverticulum.

There are soft tissue lesions in the left upper quadrant of the abdomen with central areas of necrosis. These measure up to 4.8 x 5.5 cm in axial oblique dimension superior to the stomach (series 1 image 20. There is an additional lesion along the gastrohepatic ligament measuring approximately 7.9 cm x 7.2 cm in axial oblique dimension

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Phone: 519-973-4411

FINAL COMPUTED TOMOGRAPHY (CT) REPORT

Accession #: CT-20-0029030 Exam Date/Time: 2020-May-08 19:55

NAME: [redacted]
DOB: [redacted]
Gender: M

Patient MRN: 0002251659
Account #: 76539006
Healthcard #: [redacted]

(series 1 image 37).

There is free fluid within the abdomen and pelvis along the paracolic gutters which is high attenuation suggesting hemoperitoneum.

IMPRESSION:

Multiple soft tissue nodules in the left upper quadrant of the abdomen, several which demonstrate central areas of necrosis.. These findings are highly suggestive of neoplasm such as metastases in the setting of melanoma. There is evidence of hemoperitoneum likely originating from these lesions in the left upper quadrant. No definite evidence of active arterial bleeding on this examination, however evaluation is limited by the phase of the examination. Correlation with serum hemoglobin levels recommended. If concern for active bleeding then a CT angiogram may be performed for further evaluation.

Small left pleural effusion with adjacent left lower lobe atelectasis or consolidation.
Dictated by: Thomas, Prashant Jaco
Dictated DT/TM: 05/08/2020 8:26 pm

Signed (Electronic Signature): 05/08/2020 8:44 pm
Transcribed by: PST

********FINAL********

This report was generated using Voice Recognition software. All reasonable efforts were made to ensure accuracy, however to assist in our continuous quality improvement, if you require further clarification or feel there has been an error in this report please contact the DI Department.