

F A X

Hyrum Medical Clinic



HYRUM
MEDICAL CLINIC

To:

Fax number: +18662200168

From: Hyrum Clinic

Fax number: 4352453637

Date: Friday, November 18, 2022 1:13 PM, MST

Regarding:

Phone number for follow-up: +14352456248

Comments:

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CANCER & BLOOD
SPECIALTY CLINIC

Remit Payment to:
Cancer & Blood Specialty Clinic
P.O. Box 743752
Los Angeles CA 90074-3752
Phone # 562-725-4367

Cancer & Blood Specialty Clinic - Lakewood
3650 E. South St. #101 Lakewood, CA 90712
PHONE 562-200-0203
FAX 562-725-4371

Cancer & Blood Specialty Clinic - Torrance
23600 Telo Ave. Ste 260 Torrance, CA 90505
PHONE 424-435-1037
FAX 424-435-1038

Cancer & Blood Specialty Clinic - Fountain Valley
9940 Talbert Ave #204, Fountain Valley, CA 92708
PHONE 714-783-1838
FAX 714-410-4013

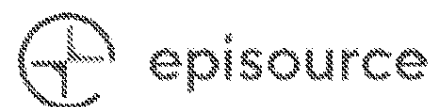
Cancer & Blood Specialty Clinic - Long Beach
2653 Elm, Avenue Suite 300 Long Beach, CA 90806
PHONE 562-340-0606
FAX 562-340-0607

Cancer & Blood Specialty Clinic - Los Alamitos
3851 Katella Ave #125 Los Alamitos, CA 90720
PHONE 562-735-0602
FAX 562-725-4370

Invoice # 38

Qty	Description	Amount	Extended Amount
116	Medical Records	\$1,740.00	

Total due: \$1,740.00



Epi Reference ID: L-02964649

Episource, LLC on behalf of Optum

Address: 500 W. 190th Street, 4th Floor, Gardena CA 90248

Phone: 1-855-874-1852 or 1-855-216-9420

Fax: 1-866-220-0168

Email: epidocuments@episource.com

**Medical Records Request
Medicare Risk Adjustment Review**

Attention To: Medical Records

Phone: (562) 735-0602

Fax: (562) 725-4370

Request Date: 11/02/2022

Epi Reference ID: L-02964649

Requested patient list, dates of service, and submission options attached.

If you have received this in error, please contact epidocuments@episource.com.

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Epi Reference ID: L-02964649

**Epi Reference ID: L-02964649****Date:** 11/02/2022**To:** IPA PCPs and Specialists**From:** Angela Nossett, M.D. San Gabriel Valley Region IPA Medical Director

Rajesh Gade, M.D. - LA/Downtown Region IPA Medical Director

Sean Rogers, M.D. South Bay Region IPA Medical Director

Madhavi Koka, M.D. Long Beach Region IPA Medical Director

George Christides, M.D. Applecare IPA Medical Director

Hany Farid, M.D. / Madhuri Desai, M.D. San Fernando Valley Region IPA Medical Directors

Archana Shah, M.D. Orange County and Monarch IPA Medical Director

Subject: 2022 Retrospective Chart Review Program

This letter is to inform you that Optum is now beginning our annual risk adjustment chart scanning process as part of our commitment to quality patient care and provider support. As you know, risk adjustment is the Centers for Medicare and Medicaid Services (CMS) payment methodology to health plans. This payment methodology is dependent on accurate diagnosis coding and the review of the medical chart documentation will enable Optum to identify conditions that may exist for our plan members but may not have been coded or captured by CMS.

The process to submit medical records requested by Optum will be as unobtrusive as possible. Optum has enlisted the services of Episource, LLC to retrieve the medical records. **You will be contacted by an Episource, LLC representative to make arrangements convenient for your practice. We will work with you to minimize disruption in patient care activities.**

Optum has executed a confidentiality agreement with Episource, LLC and their employees. Any information shared during this retrieval and chart review will be kept in the strictest of confidence in accordance with all applicable state and federal laws regarding confidentiality and HIPAA requirements. The Medical Records provided by your office, as requested are true and accurate copies of the records kept in the usual course of business reflecting the medical care provided to patients on the dates indicated in the Medical Records.

Epi Reference ID: L-02964649

Epi Reference ID: L-02964649

Please provide all possible assistance with the medical record retrieval efforts; the timeframe for Medicare Risk Adjustment Review reporting is very short, so we ask that you treat Episource request for records with urgency. Should you have any questions regarding this project, please contact the **Episource Outreach Services/Support at 1-855-874-1852 or 1-855-216-9420**. If you have any questions in regard to Optum's risk adjustment process, please contact Dane Navarro at <dane.navarro@optum.com>.

Thank you for your cooperation with this important Medicare Advantage Risk Adjustment initiative.

Epi Reference ID: L-02964649

2022 Retrospective Chart Review Program

Frequently Asked Questions

General Questions

1. What is the retrospective chart review program?

Our retrospective chart review program allows us to identify appropriate conditions that were documented in the medical record but that might not have been coded and/or were not coded to the highest degree of specificity. Appropriately documenting all conditions is a critical component of Optum's strategy to promptly identify and effectively manage chronic conditions. In addition, Optum will be able to respond more quickly to CMS and health plan medical record requests and audits by having a majority of records readily available in electronic format.

2. What safety measures does Optum put in place to ensure office personnel are safe during retrieval process?

As you are aware, the COVID-19 health crisis has greatly impeded the healthcare industry's ability to conduct any/all national programs requiring the collection of medical records due to imposed travel bans, quarantines and risk to staff. The Center for Disease Control (CDC) strongly suggests using extreme caution to ensure the safety of our employees and business partners, stating *wherever possible, organizations are to use medical record procurement processes that do not require travel, including virtual/online reviews, fax/mail options and, most highly recommended, remote access to in-office electronic medical record (EMR) systems*.

It is for these reasons that we are encouraging remote access into your EMR system for the 2022 Retrospective Chart Review process. We have collaborated with vendors that follow a high level of cybersecurity to maintain PHI and follow HIPPA regulations, or we have staff at Optum that can retrieve the records remotely as well. We are happy to attend any training needed to complete this process or provide any additional information to help complete remote EMR access.

3. I have already submitted medical records last year or recently. Why do you need additional records?

We conduct several different reviews each year. The request might be for different patients or for the same patients but for different dates of service.

4. What dates of service are included for the 2022 initiative?

The scope includes 2021 dates through current.

5. When should providers submit the requested medical records?

Providers should submit the records within a month following the receipt of the request. If the request has a high volume of charts, the provider can schedule multiple appointments with Episource until all charts are retrieved.

6. What should providers do if they did not see the member during the requested date(s) of service?

Please return the request to Episource and indicate this in the comments column.

7. What chart documents will I need to submit?

Please submit progress notes for a face-to-face office visit, consult notes, hospital records, history and physical reports, pathology reports, diagnostics, Signature log for paper charts, medications and problem lists, Admit & Discharge Summary, Demographic sheet, and past medical history logs.

8. My office uses a copy service vendor for all medical record requests. Will Optum reimburse the vendor?

Episource will reach out to your copy service vendor and reimburse them for charts received.

Medical Record Scanning**9. When and how will I be contacted?**

Episource will contact your office via Fax and/or phone call. They will provide you with the information necessary to either Fax, Mail, Upload or Scan the requested charts.

The Center for Disease Control (CDC) strongly suggests using extreme caution to ensure the safety of our employees and business partners, stating *wherever possible, organizations are to use medical record procurement processes that do not require travel, including virtual/online reviews, fax/mail options and, most highly recommended, remote access to in-office electronic medical record (EMR) systems*.

It is for these reasons that we are encouraging remote access into your EMR system for the 2022 Retrospective Chart Review process. We have collaborated with vendors that follow a high level of cybersecurity to maintain PHI and follow HIPAA regulations, or we have staff at Optum that can retrieve the records remotely as well. We are happy to attend any training needed to complete this process or provide any additional information to help complete remote EMR access.

10. Is the scanning process HIPAA compliant?

Yes! The scanning process follows all HIPAA privacy and security guidelines.

12. What security features are enabled to keep scanned information secure?

Physical and electronic secure access points prevent unauthorized access to Personal Health Information. Upon completion of the review, access codes are immediately disabled to prevent unauthorized access. All access to PHI is controlled by Episource compliance policy.

13. What are the Medical Records Scanning Technicians' security policies?

Medical Records Scanning Technicians scan specific member charts at provider offices. They do not remove the physical charts from the office location. At the completion of each office visit, Medical Records Scanning Technicians are required to upload scanned data to the secure data site. Once an upload has been completed, all records are purged from the laptops and Medical Records Scanning Technicians no longer have access to scanned records.

14. Who has access to member chart information?

Episource Medical Records Scanning Technicians have access to charts only at the time of imaging. Once a Medical Records Scanning Technician uploads the files to the secured data site, he/she no longer has authorization to access those charts. Scanned documents are housed in HIPAA-compliant secured electronic medical records maintained by Optum and are made accessible to employees and physicians engaged in the delivery and improvement of the patient's care.

15. Has the Medical Records Scanning Technician signed a HIPAA privacy and security agreement?

Yes, the Medical Records Scanning Technicians, as well as all other Episource staff, sign HIPAA privacy and security agreements.

16. How can I schedule an appointment for the retrieval of my medical records?

Please call Episource at 1-855-874-1852 or 1-855-216-9420.

Patient Report



Optum Willow

Raj Vicky



Patient Details

DOB: 05/12/1945
Age(y/m/d): 075/09/11
Gender: M

Specimen Details

Date collected: 02/23/2021 0911 Local
Date received: 02/23/2021
Date entered: 02/23/2021
Date reported: 02/24/2021 1806 ET

Physician Details

Ordering: P Ramesh
Referring:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

CMP14+eGFR; CBC With Differential/Platelet; Lipid Panel; Hemoglobin A1c; Vitamin D, 25-Hydroxy; Albumin, Random Urine; Venipuncture

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CMP14+eGFR					
Glucose	136	High	mg/dL	65-99	01
BUN	26		mg/dL	8-27	01
Creatinine	1.61	High	mg/dL	0.76-1.27	01
eGFR If NonAfricn Am	41	Low	mL/min/1.73	>59	
eGFR If Africn Am	48	Low	mL/min/1.73	>59	
BUN/Creatinine Ratio	16			10-24	
Sodium	139		mmol/L	134-144	01
Potassium	4.6		mmol/L	3.5-5.2	01
Chloride	104		mmol/L	96-106	01
Carbon Dioxide, Total	20		mmol/L	20-29	01
Calcium	9.2		mg/dL	8.6-10.2	01
Protein, Total	6.3		g/dL	6.0-8.5	01
Albumin	4.0		g/dL	3.7-4.7	01
Globulin, Total	2.3		g/dL	1.5-4.5	
A/G Ratio	1.7			1.2-2.2	
Bilirubin, Total	0.5		mg/dL	0.0-1.2	01
Alkaline Phosphatase	72		IU/L	39-117	01
AST (SGOT)	18		IU/L	0-40	01
ALT (SGPT)	8		IU/L	0-44	01
CBC With Differential/Platelet					
WBC	5.8		x10E3/uL	3.4-10.8	01
RBC	3.62	Low	x10E6/uL	4.14-5.80	01
Hemoglobin	11.4	Low	g/dL	13.0-17.7	01
Hematocrit	33.4	Low	%	37.5-51.0	01
MCV	92		fL	79-97	01
MCH	31.5		pg	26.6-33.0	01
MCHC	34.1		g/dL	31.5-35.7	01

Date Issued: 12/13/21 1444 ET

FINAL REPORT

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Patient Report



Patient: **Raj Vicky.**
DOB: 05/12/1945

Date collected: 02/23/2021 0911 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
RDW	13.1		%	11.6-15.4	01
Platelets	251		x10E3/uL	150-450	01
Neutrophils	60		%	Not Estab.	01
Lymphs	22		%	Not Estab.	01
Monocytes	13		%	Not Estab.	01
Eos	4		%	Not Estab.	01
Basos	1		%	Not Estab.	01
Neutrophils (Absolute)	3.5		x10E3/uL	1.4-7.0	01
Lymphs (Absolute)	1.3		x10E3/uL	0.7-3.1	01
Monocytes (Absolute)	0.8		x10E3/uL	0.1-0.9	01
Eos (Absolute)	0.2		x10E3/uL	0.0-0.4	01
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2	01
Immature Granulocytes	0		%	Not Estab.	01
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1	01

Lipid Panel

Cholesterol, Total	128		mg/dL	100-199	01
Triglycerides	202	High	mg/dL	0-149	01
HDL Cholesterol	45		mg/dL	>39	01
VLDL Cholesterol Cal	33		mg/dL	5-40	
LDL Chol Calc (NIH)	50		mg/dL	0-99	

Hemoglobin A1c

Hemoglobin A1c	5.7	High	%	4.8-5.6	01
Please Note:					01

Prediabetes: 5.7 - 6.4

Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Vitamin D, 25-Hydroxy	33.4		ng/mL	30.0-100.0	01
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Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

1. IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

Albumin, Random Urine

Albumin, Urine	12.7		ug/mL	Not Estab.	01
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Patient Report



Patient: Raj Vicky.
DOB: 05/12/1945

Date collected: 02/23/2021 0911 Local

01

Patient Report



Acct #:

Raj Vicky.



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Referring:

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Patient Report



Patient: Raj Vicky.
DOB: 05/12/1945

Date collected: 02/23/2021 0911 Local

01	SO	LabCorp San Diego
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For inquiries, the physician may contact **Branch:**

Raj Vicky

DOB: **05/12/1945**

Age: **76**

Sex: **Male**

Patient Report

Ordering Physician: **P Ramesh**



Patient Details

Raj Vicky

,

Date of Birth: **05/12/1945**

Age: **76**

Sex: **Male**

Physician Details

P Ramesh

Specimen Details

Alternate Control Number:

Date Collected: **11/04/2021 0937 Local**

Date Received: **11/04/2021 0000 ET**

Date Entered: **11/04/2021 1233 ET**

Date Reported: **11/05/2021 1006 ET**

Rte: **00**

Dr. Guna Ram Hematology & Oncology

Progress Note: 12/14/2021 at 2:45 pm

Visit Reason: Consult

**CANCER AND BLOOD SPECIALTY CLINIC
HEMATOLOGY/ONCOLOGY CONSULTATION
HISTORY OF PRESENTING ILLNESS:**

This is a 76-year-old male referred for normocytic anemia

Patient has a past medical history significant for hyperlipidemia, diabetes, vitamin D deficiency, chronic fatigue, hypogonadism, chronic kidney disease, hypertension, glaucoma, neuropathy, rheumatoid arthritis

Labs from September 30, 2021 W BC 3.8 hemoglobin 10.9 MCV 91 platelets 225 creatinine 1.65 CRP 6

Labs from November 4, 2021 creatinine 1.5W BC 6.8 hemoglobin 10.7 MCV 90 platelets 252

Patient has chronic fatigue and sleeps for 11 hours per night and wakes up exhausted

He is here with his wife

He wakes up twice a night to urinate. He does not snore according to his wife

Patient is here to establish care.

PAST MEDICAL HISTORY:

Per HPI

PAST SURGICAL HISTORY:

None

ALLERGIES:

NKDA

MEDICATIONS:

See med list.

SOCIAL HISTORY:

Negative for tobacco, alcohol, illicit drug use

FAMILY HISTORY:

Non-contributory for hematologic and oncologic problems

REVIEW OF SYSTEMS: 14-point review of systems performed all which were negative except for that mentioned above in the HPI.

PHYSICAL EXAMINATION:

Vital Signs:

Weight 185 lbs Height 5' 8", BSA 1.98 m sq, BMI 28.12 kg/m sq, Category Overweight, Temp 97.60 F, Pulse 65 b/m, Respiration 18 b/m, BP 150/85 mm/Hg Taken on Dec 14, 2021 at 2:51 PM by Mr Ceja, Alexis

General: no apparent distress, well nourished, well groomed, elderly with kyphosis
Eyes: no conjunctival pallor; external inspection of conjunctiva, lids, pupils, irises
Oral: no thrush, moist mucus membranes; external mouth inspected
Neck: supple, no masses, thyroid noted; visually examined
Lymphatics: no palpable adenopathy to neck, axillae
Lungs: clear to auscultation, no wheeze, no crackles or rhonchi; no difficulties in assessment of respiratory effort
CVS: regular rate and rhythm, no murmurs or rubs; carotid arteries evaluated; extremities without edema
Abdomen: soft, non tender, non distended, no ascites, no hepatosplenomegaly
Extremities: no clubbing, no edema bilaterally
Neuro: Alert and oriented x 4, no focal motor or sensory deficits
Skin: no rashes, no petechia or purpura, inspection and palpation of skin and subcutaneous tissue performed
Psychiatric: patient appears to have intact judgment, patient alert and oriented to time/place/person; memory intact; stable mood and appropriate affect

LABORATORY DATA: Relevant data reviewed personally in EMR, pertinent findings mentioned in HPI.

RADIOLOGY DATA: Relevant data reviewed personally in EMR, pertinent findings mentioned in HPI.

ASSESSMENT

1. Normocytic anemia

The differential for normocytic anemia includes chronic illnesses related to the kidneys, liver, and endocrine system, chronic infections, chronic inflammation, pure red cell aplasia, sideroblastic anemia, and other marrow dyscrasias such as myelodysplastic syndrome.

Patient has chronic kidney disease, rheumatoid arthritis
Workup submitted
We will assess a peripheral smear and test for the above disorders.

Further recommendations to follow

PLAN

1. CBC, CMP, pathologist review peripheral smear, testosterone, PSA, anemia panel
2. Return to clinic in 1 month

Case discussed with wife
ECOG 0

All data (labs, radiology) personally reviewed and discussed in depth with patient.

Thank you for your kind referral, I will keep you informed of patient's evaluation and progress. If you have any questions or need clarification, please do not hesitate to contact me.

Time spent in patient care 45 minutes.

Greater than 50% of the visit was spent in counseling the patient with diagnosis, results, further studies, prognosis, treatment recommendations, risks/benefits of options and coordinating care. Compliance with treatment options discussed.

Guna Ram, DO

Diplomate, American Board of Internal Medicine
Subspecialty Certification in Medical Oncology
Subspecialty Certification in Hematology

Electronically signed by Mr. Guna Ram on Tuesday, December 14, 2021 at 03:09 PM

Addendum Text

NOTE FAXED TO PCP

Appended By: Mrs. Veronica Mora on Tuesday, December 14, 2021 at 3:16PM

Dr. Guna Ram Hematology & Oncology

Progress Note: 01/31/2022 at 4:45 pm

Visit Reason: Follow up

CANCER AND BLOOD SPECIALTY CLINIC
HEMATOLOGY/ONCOLOGY PROGRESS NOTE
HISTORY OF PRESENTING ILLNESS:

This is a 76-year-old male referred for normocytic anemia in setting of renal failure and hypogonadism

Patient has a past medical history significant for hyperlipidemia, diabetes, vitamin D deficiency, chronic fatigue, hypogonadism, chronic kidney disease, hypertension, glaucoma, neuropathy, rheumatoid arthritis

Labs from September 30, 2021 W BC 3.8 hemoglobin 10.9 MCV 91 platelets 225 creatinine 1.65 CRP 6

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Patient has chronic fatigue and sleeps for 11 hours per night and wakes up exhausted

He is here with his wife

He wakes up twice a night to urinate. He does not snore according to his wife

He was on androgel previously but self discontinued

Patient is here for first followup visit

Lab Result

Specimen collected on 01/20/2022 11:35AM

01/27/2022 005300 - Hematopath Consultation, Smear

WBC

No morphologic abnormality was detected on the Wright stained smear.

RBC

Normochromic, normocytic anemia without significant morphologic abnormality. Diagnostic possibilities include early iron deficiency, decreased red cell production due to drug/medication, chronic disease, neoplasm, and inflammatory processes. Acute blood loss could also be considered.

PLTs

No morphologic abnormality was detected on the Wright stained smear.

Pathologist

Reviewed by: Jenny R Galloway, MD, Pathologist

WBC $6.7 \times 10^3/\mu\text{L}$ Range 3.4-10.8

RBC $3.72 \times 10^6/\mu\text{L}$ Range 4.14-5.80

Hemoglobin11.0 g/dLRange 13.0-17.7

Hematocrit33.6 %Range 37.5-51.0

MCV90 fLRange 79-97

MCH29.6 pgRange 26.6-33.0

MCHC32.7 g/dLRange 31.5-35.7

RDW12.9 %Range 11.6-15.4

Platelets 340 x10E3/uL Range 150-450
 Neutrophils 72 %Range Not Estab.
 Lymphs 14 %Range Not Estab.
 Monocytes 9 %Range Not Estab.
 Eos 3 %Range Not Estab.
 Basos 1 %Range Not Estab.
 Neutrophils (Absolute) 4.9 x10E3/uL Range 1.4-7.0
 Lymphs (Absolute) 0.9 x10E3/uL Range 0.7-3.1
 Monocytes (Absolute) 0.6 x10E3/uL Range 0.1-0.9
 Eos (Absolute) 0.2 x10E3/uL Range 0.0-0.4
 Baso (Absolute) 0.0 x10E3/uL Range 0.0-0.2
 Immature Granulocytes 1 %Range Not Estab.
 Immature Grans (Abs) 0.0 x10E3/uL Range 0.0-0.1

Specimen collected on 01/20/2022 11:35AM
01/27/2022 322000 - Comp. Metabolic Panel (14)

Glucose 121 mg/dL Range 65-99
 BUN 47 mg/dL Range 8-27
 Creatinine 1.99 mg/dL Range 0.76-1.27
 eGFR If NonAfricn Am 32 mL/min/1.73 Range >59
 eGFR If Africn Am 37 mL/min/1.73 Range >59
 In accordance with recommendations from the NKF-ASN Task force,
 Labcorp is in the process of updating its eGFR calculation to the
 2021 CKD-EPI creatinine equation that estimates kidney function
 without a race variable.

BUN/Creatinine Ratio 24 Range 10-24
 Sodium 140 mmol/L Range 134-144
 Potassium 5.2 mmol/L Range 3.5-5.2
 Chloride 104 mmol/L Range 96-106
 Carbon Dioxide, Total 18 mmol/L Range 20-29
 Calcium 9.7 mg/dL Range 8.6-10.2
 Protein, Total 7.2 g/dL Range 6.0-8.5
 Albumin 4.0 g/dL Range 3.7-4.7
 Globulin, Total 3.2 g/dL Range 1.5-4.5
 A/G Ratio 1.3 Range 1.2-2.2
 Bilirubin, Total 0.5 mg/dL Range 0.0-1.2
 Alkaline Phosphatase 112 IU/L Range 44-121
 AST (SGOT) 17 IU/L Range 0-40
 ALT (SGPT) 9 IU/L Range 0-44

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01/27/2022 001487 - Protein Electro.,S

Albumin 3.8 g/dL Range 2.9-4.4
 Alpha-1-Globulin 0.3 g/dL Range 0.0-0.4
 Alpha-2-Globulin 0.9 g/dL Range 0.4-1.0
 Beta Globulin 1.0 g/dL Range 0.7-1.3
 Gamma Globulin 1.1 g/dL Range 0.4-1.8
 M-Spike Not Observed g/dL Range Not Observed
 Globulin, Total 3.4 g/dL Range 2.2-3.9
 A/G Ratio 1.1 Range 0.7-1.7

Please note:

Protein electrophoresis scan will follow via computer, mail, or courier delivery.

PDF.

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01/27/2022 001842 - LD Isoenzymes

LDH 229 IU/L Range 121-224
 (LD) Fraction 121 %Range 17-32
 (LD) Fraction 237 %Range 25-40
 (LD) Fraction 322 %Range 17-27
 (LD) Fraction 411 %Range 5-13
 (LD) Fraction 59 %Range 4-20

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01/27/2022 001321 - Iron and TIBC

Iron Bind.Cap.(TIBC) 232 ug/dL Range 250-450

UIBC183 ug/dLRange 111-343
Iron49 ug/dLRange 38-169
Iron Saturation21 %Range 15-55

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01/27/2022 501920 - Free + Total PSA

Prostate Specific Antigen0.045 ng/mL
This PSA result was determined using the Beckman chemiluminometric immunoassay and values obtained cannot be evaluated interchangeably with different assay methods or kits. This PSA result alone cannot be interpreted as absolute evidence of the presence or absence of disease.
Reference Range:
>=40y: 97% of controls are <4.0. PSA levels have been reported to correlate with prostate size. Values >4.0 are common in patients with prostatic hyperplasia.

% Free PSAN/A %
Free PSA0.014 ng/mL
Reference Range:
Probability of prostate cancer based on Total PSA and Percent Free PSA results.
Tot.PSA % Free PSA Probability
of Cancer
<2.0 N/A 1
2.0-4.0 N/A 15
4.1-10.0 0.0-10.0 56
10.1-15.0 28
15.1-20.0 20
20.1-25.0 16
>25.0 8
>10.0 N/A >50

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01/27/2022 000810 - Vitamin B12 and Folate

Vitamin B12393 pg/mLRange 232-1245
Folate (Folic Acid), Serum15.1 ng/mLRange >3.0
A serum folate concentration of less than 3.1 ng/mL is considered to represent clinical deficiency.

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01/27/2022 004226 - Testosterone

Testosterone<3 ng/dLRange 264-916
Adult male reference interval is based on a population of healthy nonobese males (BMI <30) between 19 and 39 years old.
Travisson, et.al. JCEM 2017,102;1161-1173. PMID: 28324103.

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01/27/2022 004259 - TSH

TSH1.450 uIU/mLRange 0.450-4.500

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01/27/2022 140277 - Erythropoietin (EPO), Serum

Erythropoietin5.9 mIU/mLRange 2.6-18.5
Beckman Coulter UniCel Dxl 800 Immunoassay System

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease.

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01/27/2022 005215 - Sedimentation Rate-Westergren

Sedimentation Rate-Westergren19 mm/hrRange 0-30

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01/27/2022 004598 - Ferritin

Ferritin305 ng/mLRange 30-400

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01/27/2022 005280 - Reticulocyte Count

Reticulocyte Count 2.4 % Range 0.6-2.6

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01/27/2022 006627 - C-Reactive Protein, Quant

C-Reactive Protein, Quant 2 mg/L Range 0-10

Specimen collected on 01/20/2022 11:35AM

01/27/2022 PDFReport1 - PDF Report

PDF Report1 PDF File

PAST MEDICAL HISTORY:

Per HPI

PAST SURGICAL HISTORY:

None

ALLERGIES:

NKDA

MEDICATIONS:

See med list.

SOCIAL HISTORY:

Negative for tobacco, alcohol, illicit drug use

FAMILY HISTORY:

Non-contributory for hematologic and oncologic problems

REVIEW OF SYSTEMS: 14-point review of systems performed all which were negative except for that mentioned above in the HPI.

PHYSICAL EXAMINATION:

Vital Signs

Weight 185 lbs Height 5' 8", BSA 1.98 m sq, BMI 28.12 kg/m sq, Category Overweight, Temp 97.60 F, Pulse 65 b/m, Respiration 18 b/m, BP 150/85 mm/Hg Taken on Jan 31, 2022 at 4:45 PM by Mr Guna, Ram

General: no apparent distress, well nourished, well groomed, elderly with kyphosis

Eyes: no conjunctival pallor; external inspection of conjunctiva, lids, pupils, irises

Oral: no thrush, moist mucus membranes; external mouth inspected

Neck: supple, no masses, thyroid noted; visually examined

Lymphatics: no palpable adenopathy to neck, axillae

Lungs: clear to auscultation, no wheeze, no crackles or rhonchi; no difficulties in assessment of respiratory effort

CVS: regular rate and rhythm, no murmurs or rubs; carotid arteries evaluated; extremities without edema

Abdomen: soft, non tender, non distended, no ascites, no hepatosplenomegaly

Extremities: no clubbing, no edema bilaterally

Neuro: Alert and oriented x 4, no focal motor or sensory deficits

Skin: no rashes, no petechia or purpura, inspection and palpation of skin and subcutaneous tissue performed

Psychiatric: patient appears to have intact judgment, patient alert and oriented to time/place/person; memory intact; stable mood and appropriate affect

LABORATORY DATA: Relevant data reviewed personally in EMR, pertinent findings mentioned in

HPI.

RADIOLOGY DATA: Relevant data reviewed personally in EMR, pertinent findings mentioned in HPI.

ASSESSMENT

1. Normocytic anemia due to CKD and hypogonadism

The differential for normocytic anemia includes chronic illnesses related to the kidneys, liver, and endocrine system, chronic infections, chronic inflammation, pure red cell aplasia, sideroblastic anemia, and other marrow dyscrasias such as myelodysplastic syndrome.

Patient has chronic kidney disease, rheumatoid arthritis

Workup reviewed with pt

If his Hgb is <10, then he would qualify for EPO given his ferritin is >100

He is at goal

Continue to monitor for now

Recommend he restart testosterone replacement with PCP

We will monitor labs

PLAN

1. CBC, CMP, ferritin, testosterone, PSA
2. Return to clinic in 3 months

Case discussed with wife

ECOG 0

All data (labs, radiology) personally reviewed and discussed in depth with patient.

Thank you for your kind referral, I will keep you informed of patient's evaluation and progress. If you have any questions or need clarification, please do not hesitate to contact me.

Time spent in patient care 45 minutes.

Greater than 50% of the visit was spent in counseling the patient with diagnosis, results, further studies, prognosis, treatment recommendations, risks/benefits of options and coordinating care. Compliance with treatment options discussed.

Guna Ram, DO

Diplomate, American Board of Internal Medicine

Subspecialty Certification in Medical Oncology

Subspecialty Certification in Hematology

Electronically signed by Mr. Guna Ram on Monday, January 31, 2022 at 05:17 PM

