**MEDICAL RECORD REVIEW**

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| **TO:** | Litigation Team |
| **FROM:** | Aperio Solutions |
| **DATE:** | 04/25/2025 |
| **TRACK 1 DISEASE:** | NHL |
| **PLAINTIFF:** | **Sample** |

1. **Summary of Medical History**

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| --- | --- |
| **Description** | **Details** |
| **Date of Birth** | 12/16/1959 |
| **Date of Diagnosis** | 11/17/2021 |
| **Age at Diagnosis** | 61 |
| **T1 Injury + Other Related Secondary Diagnoses** | **NHL - Morphologically low grade, mature B-Cell lymphoma, stage IV marginal zone**  **Chemotherapy Treatments (6x):**   * 02/10/2022-06/02/2022 R-CVP x 6   10/20/2021 CT Thorax w/ & w/o Contrast revealed right upper lobe medial airspace disease consistent with atelectasis and/or infiltrate associated with associated with multiple bilateral spiculated nodules and masses. It could be infectious, inflammatory process or neoplastic disease.  10/27/2021 Initial Pulmo Consultation with Dr. David Bruton referred by VA for Pulmonary Nodule for evaluation of multiple lung masses. Symptoms include SOB at night when getting up to use the rest room and worse in getting back to bed, cough only at night after he eats, 4-6 months random dots on chest that come and go and apparently radicular leg pain. The radiographic appearance obviously worrisome for underlying carcinoma but also infectious possibilities. Percutaneous needle biopsy, PET Scan and RTC 3 weeks.  11/11/2021 CT Biopsy Lung/Mediastinum done successfully with CT-guided biopsy of the masslike consolidation in the right upper lobe. Surgical Pathology was initially noted as lymphoid and lung tissue. External consultation done.  11/17/2021 Surgical Pathology showed **Morphologically low-grade, mature B-cell lymphoma, favor marginal zone**  12/16/2021 Returned to Dr. Bruton. Diagnosed Acute Lymphoma involving the lung. Referred to SMOC for treatment.  01/20/2022 Initial Oncology Consultation with Dr. Nagesh Jayaram referred by VA Medical Center for **Stage IV Marginal Zone Lymphoma** and discussed the use of R-CVP.  02/04/2022 Follow up visit with Dr. Nagesh Jayaram CT/PET with very mild uptake in the lung lesions. Ready to start therapy. R-CVP consent set-up  02/10/2022 R-CVP (#1)  03/03/2022 R-CVP (#2)  03/24/2022 R-CVP (#3)  04/18/2022 CT Chest Abd/pelvis showed decreased in size of multifocal multilobar mass like consolidative opacities  04/21/2022 R-CVP (#4)  05/12/2022 R-CVP (#5)  06/02/2022 R-CVP (#6)  03/09/2023 Immunofixation Result, Serum with decreased immunoglobulins. Pattern suggestive of hypogammaglobulinemia   * Immunoglobulin A, QN, Serum: 19 Low * Immunoglobulin M, QN, Serum: 10 Low   03/20/23 Immunofixation Result, Serum with decreased immunoglobulins. Pattern suggestive of hypogammaglobulinemia. Immunofixation reveals the presence of monoclonal free Kappa light chain   * Immunoglobulin A, QN, Serum: 19 Low * Immunoglobulin M, QN, Serum: 10 Low   07/05/2022 PET CT Skull/Thigh revealed stable non hypermetabolic lung lesions.  07/08/2022 Follow up visit with Dr. Jayaram status post 6 cycles of R-CVP. For monitoring every 3 months for the first 2 years and every 6 months for 3-5 years, Non-contrasted CT chest every 6 months for first 2 years to keep track of the lung nodules.  Evusheld started.  01/09/2023 CT Chest with the impression of decreased size and density of bilateral consolidative opacities throughout both lungs.  01/12/2023 Follow up visit with Dr. Nagesh Jayaram c/o sinus congestion.  03/09/2023 Immunofixation results suggested hypogammaglobulinemia  03/20/2023 Immunofixation results suggested hypogammaglobulinemia and revealed the presence of monoclonal free Kappa light chain  04/06/2023 Follow up visit with Lauren Vazquez PA-C referred to neurologist c/o fatigue and peripheral neuropathy with extensive testing done and was notable for kappa free light chain level >1200 (3.3-19.4). Elevation in free light chains was concerning for myeloma. Bone marrow biopsy and bone survey was ordered.  04/13/2023 Bone Survey impression showed indeterminate lesions in the right and left lateral aspect of the skull as described  04/27/2023 Bone Marrow, Biopsy and Aspiration noted with Concurrent flow cytometric immunophenotyping abnormal/monotypic plasma cells, presence of rare kappa staining plasma cells.   * Bone Marrow Morphology noted with the following: presence of all three hematopoietic cell lines with predominance of segmented neutrophils. Rare kappa staining plasma cells noted * Flow Cytometry: Bone Marrow revealed **Abnormal monotypic plasma cell population.**   05/11/2023 Follow up visit with Dr. Nagesh Jayaram. **Diagnosed with Monoclonal gammopathy** and to monitor closely and watch his light chains. If there would be major changes, then repeat bone marrow biopsy and skeletal survey. Continue surveillance on Marginal zone lymphoma  08/28/2023 CT Needle Placement on Bone Marrow Biopsy and aspiration was successfully performed. Bone Marrow Biopsy showed low level monoclonal plasma cell Infiltrate (-10%) with no abnormal B-cell population  09/01/2023 Follow up visit with Dr. Jayaram who spoke with Dr. Gasperreta Duke University myeloma program. Mr. SAMPLE’s bone marrow plasma cell burden increased to 10%. PET CT, skeletal survey and CT to reevaluate the previous lytic lesions in the skull.  09/07/2023 Bone Survey showed no new definitive lytic lesions.  09/19/2023 PET Scan: lung consolidation decreased.  09/21/2023 Follow up visit with Dr. Jayaram did further workup with repeat skeletal survey and CT of the head indicated for lytic lesion in the skull and revealed normal. Recommended 24-hour urine for any significant Bence Jones protein for consideration of treatment. But if none, continued monitoring.  10/30/2023 Follow up visit with Dr. Jayaram with a 24-hour Bence Jones protein of 156: risk 10% progression of myeloma. For monitoring  12/29/2023 Follow up visit with Dr. Jayaram for continued monitoring of MGUS and lymphoma  02/23/2024 Last myeloma labs indicated some decrease in light chain protein. Continue to watch lymphoma and monoclonal gammopathy.  04/19/2024 Lymphoma and monoclonal gammopathy f/u - labs stable. Continue ot monitor.  06/20/2024 Follow up - discussion on next steps of care, revisited long-standing peripheral neuropathy, grade 2 peripheral neuropathy r/t pre-existing conditions and chemo. Most recently stable overall.  09/12/2024 Continues to have peripheral neuropathy. Went over his previous myeloma workup and there was some increase in his protein levels, specifically his urine protein increased to 186. Marginal Zone Lymphoma is stable, no evidence of progression  01/10/2025 Serum light chain had gone up slightly, but his urinary protein electrophoresis indicated that the total protein level did go over 200 milligrams per 24 hours. Recommended to initiate standard RVD protocol  01/31/2025 Multiple myeloma: Plan for RVD x 8 cycles. Proceeded to receive RVD C1D1 today.  Sufferings:   * Experienced cough with productive sputum for 4-5 months before he was officially diagnosed with NHL * More fatigue and worsening peripheral neuropathy * Developed Monoclonal gammopathy |
| **Other medical history** | **Prior to T1:**  History not on Disease List:   * ED * HLD * Sleep Apnea (10/07/2016) * Lumbar radiculopathy * Head/brain injury * Est 2011 Numbness tingling * Dermatitis (03/2016) * Subtalar arthritis (06/2017)   Surgery:   * Hernia Repair (11/1978) * bilateral wrist surgery * Colonoscopy * Tonsillectomy * Left ankle fracture   Disease List:  Cardio:   * HTN * cardiac murmur * Irregular heart beat/palpitations   Prior to T1  After T1   * 05/2022- small fiber sensory poly neuropathy * 05/11/2023 Monoclonal gammopathy * 2023 EMG with moderately severe sensorimotor mixed axonal and demyelinating polyneuropathy, restless leg |
| **Risk Factors** | * One sister – died of cancer |
| **Additional Information** | Family Hx   * Both parents are deceased * Father – alcohol related issues * Mother – died of complications from hip surgery * One sister – died of cancer   Social Hx   * Never smoker * Has no history of drinking   Work:   * Marine corp x 20 years; retired combat tours x2 18mo total Persian gulf and Beirut (06/26/1978-06/30/1998) * Police officer x 29 years in Jacksonville |
| **Missing records** |  |

1. **Chronological Medical Record Review**

| **Date** | **Medical Provider/ Medical Facility** | **Summary** | **Bates #** |
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| 10/12/1988 | VA  Naval Hospital, Camp Lejeune NC | Asbestos Medical Surveillance Program Questionnaire   * Prior to your military/civil service career: No * During your military/civil service career: No * Total Exposure to Asbestos in years: None * Years in rating/job: 10 yrs | 00043\_SAMPLE\_VBA\_0000002837 |
| 09/23/2021 | Star Medical Clinic PLLC | Chest X-ray  Clinical data:   * Mucus in lung but no shortness of breath or coughing.   Impression:   * Right hilar fullness concerning for lymphadenopathy versus a mass. Post obstructive right upper lung atelectasis with partial loss of the right upper lung volume. Underlying right upper lung infiltrate not excluded. Left upper lung rounded mass-like opacity. Neoplastic process requires exclusion. * Recommend CT chest wwo contrast | 00043\_SAMPLE\_VBA\_0000000282 |
| 09/24/2021 | Star Medical Clinic PLLC | PCP Visit – Frank Lovato, PA   * Pt is here for Xray results from yesterday.   A/P:   * Lung mass: x-ray impression shows a right hilar fullness concerning for adenopathy versus a mass. Post obstructive right upper lung atelectasis with partial loss of right upper lung volume. Upper lung infiltrate not excluded, Left upper lung, round mass like opacity. * Recommend CT chest wwo contrast | 00043\_SAMPLE\_SM\_0000000060-000062 |
| 10/07/2021 | Star Medical Clinic PLLC | PCP Visit – Frank Lovato, PA   * Seen following x-ray findings 09/24/2021. Patient had some fluid in his lungs and a mass was found   A/P:   * Lung mass: Currently awaiting CT to be done by VA d/t insurance | 00043\_SAMPLE\_SM\_0000000057-000058 |
| 10/20/2021 | Lawrence Cheng, MD | Radiology Report – Lawrence Cheng, MD  Procedure: CT THORAX WITH AND WITHOUT CONTRAST  Impression:   * Right upper lobe medial airspace disease consistent with atelectasis and/or infiltrate. * This is associated with multiple bilateral spiculated nodules and masses. * This could be due to infectious or inflammatory process. * Neoplastic disease must also be considered. * Further evaluation with pulmonary medicine consultation and consideration for bronchoscopy is recommended. | 0000000710 - 0000000714 |
| 10/22/2021 | Fayetteville NC VA Coastal Health Care System | PCP Telephone Encounter – Christi Ray, DO   * CT showed multiple spiculated masses. * He has had mucous at night but denies any shortness of breath. * Some fatigue when doing some things but nothing he has noticed in a consistent manner. Has never been a smoker. * Thinks he may have had some asbestos exposure while in the marine corps, but otherwise no known exposures to anything including fungal exposures.   A/P:   * Multiple spiculated masses on CT scan: he is asymptomatic. Pulmonary referral placed. * BPH: increased tamsulosin for improved symptom control. | 00043\_SAMPLE\_VHA\_0000000209-000212 |
| 10/27/2021 | H. David Bruton MD | Initial Consultation- H. David Bruton MD  CC: referred by VA for Pulmonary Nodule   * Gets SOB at night mainly like when he gets up to use the rest room, & gets back to bed is when he feels SOB the worse * States he only cough at night after he eats * 4-6 mos, will get random red dots on his chest that comes and go   ROS:   * Fatigue without effort angina- like chest pain, irregular heartbeat, edema, orthopnea * Back pain, joint pain, joint swelling * Balance problems, numbness   Exam:   * BMI 29.44   Assessment:  Lung Mass -   * for evaluation normal CT scan showing multiple lung masses, * No symptoms at this time * Apparently he was having radicular leg pain which led to a CT scan which showed the lower portions of both lungs which revealed several lung masses and ultimately had a CT scan with contrast * Denies any occupational exposure   Plan:   * CT Scan 10/2021 (+) reveals multiple spiculated lung masses * Interestingly some or the masses follow pulmonary architecture and did not completely * obliterate tissue lines. The radiographic appearance is obviously worrisome for underlying carcinoma but also infectious possibilities could be represented by the radiographic appearance * percutaneous needle biopsy Is the appropriate next step * For PET Scan * RTC 3 wks | 0000000799-0000000801 |
| 11/11/2021 | Eidetico Radiology Solutions | Radiology Report – Rodriguez, Enrique MD  Procedure: CT Biopsy Lung/Mediastinum  Impression:   * Successful CT-guided biopsy of the masslike consolidation in the right upper lobe. | 0000000708 - 0000000709 |
| 11/11/2021 | Onslow Memorial Hospital | Surgical Pathology  Final Diagnosis:   * Lung Mass, Biopsy: Lymphoid and Lung Tissue noted, see comment   Comment:   * This case was discussed with Dr. Bruton on November 12, 2021 at 1229. He stated that there is no known history of carcinoma. Imaging studies were inconclusive. * An external consultation is pending and an addendum with results will follow. | 0000000802, 0000000807 |
| 11/11/2021 | Onslow Memorial Hospital | MYD88 Mutation Detection by PCR Analysis  Interpretation:   * Negative for MYD88 L2G5P mutation | 0000000805 |
| 11/17/2021 | Unch Mclendon Laboratory Chapel Hill | Surgical Pathology Report – Jonathan P. Galeotti, MD  Final Dx:   * **Morphologically low-grade, mature B-cell lymphoma, favor marginal zone** | 0000000730- 0000000731 |
| 12/16/2021 | Onslow Pulmonary Ambulatory Services | Pulmo Visit- David Bruton MD  CC: follow up on underlying nodular pulmonary infiltrates following a percutaneous needle biopsy.  HPI:   * With associated symptoms of chest pain and chest tightness   Assessment and Plan:   * Acute Lymphoma involving lung   + pathology was sent to UNC for further evaluation   + have a low-grade, mature B-cell lymphoma, favor marginal zone that is consistent with radiographic appearance   + Refer to Smoc for further evaluation and treatment   + He states the interim he has no new complaints. | 0000001031- 0000001033 |
| 01/04/2022 | Fayetteville NC VA Coastal Health Care System | Community Care Consult Note – Tammy Sharil Bryant, RN/Christi Ray, DO  A/P:   * Lymphoma involving lung: Pathology was sent to UNC for further eval. He is felt to have a low-grade, mature B-cell lymphoma, favor marginal zone. This is consistent with this patient's radiographic appearance. Referred to SMOC. * Seen in follow-up for underlying nodular pulmonary infiltrates following a percutaneous needle biopsy. No new complaints. | 00043\_ SAMPLE\_VHA\_0000000190 |
| 01/20/2022 | Southeastern Medical Oncology Center | Initial Oncology visit – Nagesh Jayaram, MD  CC: New patient consultation requested by VA Medical Center  HPI:   * 62-year-old male with stage IV marginal zone lymphoma. * Has been experiencing cough with productive sputum for 4-5 months. * CT revealed multiple bilateral lung masses, with atelectasis and some post obstructive component, left upper lobe nodule 3.9 cm, left upper lobe nodule 2.2 cm, left lower lobe nodule 2.4 cm, right lower lobe nodule 2.2 cm, right hilar adenopathy. * There was an atypical lymphoid infiltrate when he had a needle biopsy of his left lung. * It was sent to UNC Chapel Hill with the following result:   + CD5 negative, cyclin 01 negative, CD20 positive, consistent with marginal zone lymphoma. * Pathology at OMH were asked to send for this marker to rule out lymphoplasmacytic lymphoma   Social Hx:   * Has never smoked * Has no history of drinking   Family Hx:   * Both parents are deceased   Impression:   * **Stage IV marginal zone lymphoma**   Plan:   * Discussed the use of R-CVP * Alternatively considered bendamustine and Rituxan but R-CVP would be more tolerable and just as efficacious. * We will do PET/CT, peripheral blood analysis, testing for Waldenstrom's today, and see back thereafter. | 0000000698 - 0000000701 |
| 01/20/2022 | Southeastern Medical Oncology Center | Laboratory Results:  CBC:   * RBC 5.53 x 10 E6/uL (HIGH) * HCT 48.3 ¾ (HIGH) * Lymphocytes 1.1 x 10 E3/uL (LOW) * Neutrophils % 70.6% (HIGH) | 0000000700 |
| 01/20/2022 | LabCorp | Flow Cytometry Report  Specimen: peripheral blood  Interpretation   * No significant immunophenotypic abnormality detected | 0000000728  0000000729 |
| 01/27/2022 | Fayetteville NC VA Coastal Health Care System | Community Care Consult Note – Tammy Sharil Bryant, RN/Christi Ray, DO  Dx:   * Other specified types of non-hodgkin lymphoma,extranodal and solid organ sites * Other specified types of non-hodgkin lymphoma,extranodal and solid organ sites   Plan:   * He is symptomatic of this and as well there is some post obstructive component. It is probably because of the nodular component on the mainstem bronchus. * Discussed R-CVP. Alternatively Bendamustine and Rituxan could be considered. * Will do PET/CT, peripheral blood analysis, testing for Waldenstrom’s today. | 00043\_ SAMPLE\_VHA\_0000000184 |
| 02/01/2022 | ONSLOW MEMORIAL HOSPITAL | PET SCAN  IMPRESSION   * Non hypermetabolic lung lesions. No evidence of metastatic disease | 0000000737 |
| 02/04/2022 | ONSLOW MEMORIAL HOSPITAL | Follow up Oncology visit – Nagesh Jayaram, M.D  CC: Stage IV marginal zone lymphoma  HPI:   * peripheral blood analysis and PET/CT last visit was negative * only very mild uptake in the lung lesions but no other uptake anywhere * Ready to start therapy   Plan:   * will initiate R-CVP and consent will be set-up * labs in treatment initiation next week | SMOC 0000000043- 0000000045 |
| 02/10/2022 | Southeastern Medical Oncology Center | Follow up Oncology visit – Lauren Canada-Smith, PA-C  CC: Stage IV marginal zone lymphoma  HPI:   * Here for chemotherapy consent. * R-CVP has been recommended and we discussed potential side effects at length including but not limited to:   + hair loss, nausea, vomiting, diarrhea, constipation, peripheral neuropathy, hearing loss.   Plan:   * He consents to proceeding with R-CVP. * Follow up next cycle with repeat labs. | 0000000692  0000000694 |
| 02/10/2022 | Southeastern Medical Oncology Center | Laboratory Results:  CBC:   * RBC 5.06 x 10 E6/uL(HIGH) * HCT 44.1 %(HIGH) * Lymphocytes 1.0 x 10 E3/uL(LOW) * Neutrophils % 71.7%(HIGH) | 0000000694 |
| 03/03/2022 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, MD  CC: Stage IV marginal zone lymphoma  HPI:   * Here for cycle #2 of R-CVP. * Cycle #1 was very well-tolerated. * The patient has lost a few pounds but notes that his diet has changed. * Even before this diagnosis he was planning on changing diet and exercising more, which he has.   Plan:   * Proceed with cycle #2 of R-CVP. * Follow up next cycle with repeat labs. * Restage after cycle #3. | 0000000688  0000000691 |
| 03/03/2022 | Southeastern Medical Oncology Center | Laboratory Results:  CBC:   * RBC: 5.00 x 10 E6/uL(HIGH) * Lymphocytes 0.9 x 10 E3/uL(LOW) * Neutrophils % 79.7%(HIGH) | 0000000690 |
| 03/24/2022 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, MD  CC: Stage IV marginal zone lymphoma  HPI:   * Here for cycle #3 of R-CVP. * Cycle #2 was again very well-tolerated.   Plan:   * Proceed with cycle #3 of R-CVP. * Follow up next cycle with repeat labs. * We ordered restaging CT chest abdomen and pelvis today. | 0000000684  0000000686 |
| 04/08/2022 | Southeastern Medical Oncology Center | Oncology Letter - Nagesh Jayaram, MD   * I’m currently caring for the above patient with known history of stage IV marginal zone lymphoma, non-Hodgkin's lymphoma. His come to our attention that patient has been applying for service connection, VA Benefits in conjunction with the non-Hodgkin's lymphoma diagnosis. We fully support this. He does have an incurable condition although treatable. But we discussed even after treatment is completed, he will need to be monitored long-term for this condition as it can recur sometimes 10-15 years later. Please take this into consideration. | 00043\_SAMPLE\_VBA\_0000000056 |
| 04/18/2022 | ONSLOW MEMORIAL HOSPITAL | Radiology Report - Rodriguez, Enrique  Exam: CT CHEST WITH; CT ABD/PELVIS WITH IV ONLY  Impression:   * The multifocal multilobar masslike consolidative opacities have decreased in size compared to the PET from 2/1/2022. * No acute intra-abdominal abnormality. | 0000000705 - 0000000707 |
| 04/21/2022 | Southeastern Medical Oncology Center | Follow up Oncology visit – Lauren Vazquez, PA-C  CC: Stage IV marginal zone lymphoma  HPI:   * Here for cycle #4 of R-CVP. * He had restaging CT which demonstrated good response with decrease in size of lung lesions. * Cycle #3 was again very well tolerated.   Plan:   * Proceed with cycle #4 of R-CVP. * Follow up next cycle with repeat labs. * We ordered restaging with PET/CT after cycle #6. | 0000000680  0000000682 |
| 04/21/2022 | Southeastern Medical Oncology Center | Laboratory Results:   * Protein 5.7 g/dl(LOW)   CBC:   * Lymphocytes 0.8 x 10 E3/uL(LOW) * Neutrophils % 80.0%(HIGH) * Lymphocytes % 15.7 %(LOW) | 0000000682 |
| 05/09/2022 | Fayetteville NC VAMC  MidAtlantic Neurology PA | Neurology Visit - Khaled F Jreisat, MD   * Seen for possible neuropathy. Started 11 or 12 yrs ago with numbness, tingling sometimes burning in his feet over the years, go up to the ankle and above almost reaching gastrocnemius. * H/o of low back pain with MRIs. It was felt that his sx are r/t the small fiber sensory neuropathy.   A/P:   * Small fiber sensory polyneuropathy. | 00043\_SAMPLE\_VHA\_0000001133-001134 |
| 05/12/2022 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D  CC: Stage IV marginal zone lymphoma  HPI:   * Here for cycle #5 of R-CVP. * He may have significant residual disease after cycle #6 and may benefit from maintenance Rituxan.   Plan:   * Proceed with cycle #5 of R-CVP. * Follow up next cycle with repeat labs. * Restaging imaging should be done after cycle #6 with PET/CT. | 0000000676 |
| 05/12/2022 | Southeastern Medical Oncology Center | Laboratory Results:  CBC:   * Lymphocytes 0.7 x 10 E3/uL(LOW) * Neutrophils % 81.3%(HIGH) * Lymphocytes % 14.3 %(LOW) | 0000000678 |
| 06/02/2022 | Southeastern Medical Oncology Center | Follow up Oncology visit – Lauren Vazquez, PA-C  CC: Stage IV marginal zone lymphoma  HPI:   * Here for cycle #6 of R-CVP. * We discussed Evusheld and he is willing to take this after PET/CT has been completed. * No reported side effects beyond mild fatigue.   Plan:   * Proceed with cycle #6 of R-CVP. * Follow up next cycle with repeat labs. * Restaging imaging should be done in four weeks, will schedule today, plan for Evusheld after PET/CT | 0000000672 |
| 06/02/2022 | Southeastern Medical Oncology Center | Laboratory Results:   * Protein, Total 5.3 g/dl(LOW)   CBC:   * RBC 3.69 x 10 E6/uL(LOW) * HGB 10.6 g/dl(LOW) * Lymphocytes 0.7 x 10 E3/uL(LOW) * Lymphocytes % 16.8 %(LOW) | 0000000674 |
| 07/05/2022 | ONSLOW MEMORIAL HOSPITAL | Radiology Report - Sloan, Timothy MD  Exam: PET CT SKULL/THIGH  Impression:   * No significant change. Stable non hypermetabolic lung lesions. | 0000000735 - 0000000736 |
| 07/08/2022 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D  CC: Stage IV marginal zone lymphoma  HPI:   * Status post 6 cycles of R-CVP. * PET/CT indicates stable to improved size of lung lesions, non-hypermetabolic. * He is doing well clinically.   Plan:   * We will now initiate monitoring. * We will see him every 3 months for the first 2 years and every 6 months years 3 through 5. * Every 6 months for the first 2 years we'll do non-contrasted CT chest to keep track of the lung nodules. * Proceed with Evusheld now. | 0000000668  000000670 |
| 08/02/2022 | Fayetteville NC VA Coastal Health Care System | PCP Visit – Christi Ray, DO  A/P:   * Low-grade, mature B-cell lymphoma: cont to f/u with oncology. states he is stable at this time and doing well. * Sleep apnea: cont cpap nightly. * BPH/ED: cont tamsulosin. cont tadalafil for ED, however caution with using together * Neuropathy/ restless legs: cont gabapentin 900mg nightly. cont to f/u with neurology. stable. | 00043\_ SAMPLE\_VHA\_0000000147-000151 |
| 08/17/2022 | Mid Atlantic Neurology & Sleep Medicine | Electromyography (EMG)  IMPRESSION:   * This is an abnormal study. * A polyradiculoneuropathic process affecting the left and right lumbar spinal root levels * Electrophysiologic evidence is consistent with pathology that demonstrates a demyelinating, sensory motor axon loss, acute and chronic axonal denervation and is preganglionic in nature * Given the lack of acute findings in the upper extremities, a strong consideration should be given to inflammatory demyelinating chronic polyneuropathy | 0000000766 |
| 09/01/2022 | Wilmington Health  Midatlantic Neurology PA | Neurology Visit – Khaled Jreisat, MD   * 62 y/o seen for small fiber bilateral sensory neuropathy no h/o of diabetes or alcohol use. * Some bilateral radiculopathy predominantly has mild pain, I do not believe it is related to the current sx as day clearly not radicular. * Checked for heavy metal screen which was normal except elevated arsenic level at 16 toxic considered around 20, he was exposed to the water at Camp Lejeune not sure what that water contains.   A/P:   * Small fiber sensory neuropathy lower extremities * Elevated arsenic level on blood work * Bilateral lumbosacral mild radiculopathy does not explain the problems in his feet | 00043\_SAMPLE\_MEDRECS\_0000000061-000062 |
| 10/04/2022 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D  CC: follow-up, no concerns today  Plan:   * No changes since last visit | 0000000664  0000000666 |
| 10/04/2022 | Southeastern Medical Oncology Center | Laboratory Results:  CBC:   * RBC 5.28 x 10 E6/uL(HIGH) * HCT 45.4 %(HIGH) * Lymphocytes 0.7 x 10 E3/uL(LOW) * Neutrophils % 78.3%(HIGH) * Lymphocytes % 15.9 %(LOW) | 0000000666 |
| 10/31/2022 | Fayetteville NC VA Coastal Health Care System | Neurology Visit – Timothy Oster, MD   * Reported numbness, tingling and sometimes burning in his feet for 11 or 12 yrs. Sx reportedly reached the level of the ankle and above, almost reaching “gastrocnemius”. * Reported pain isolated to the feet and also said that his feet felt hot at night. * H/o of low back pain with MRIs.   A/P:   * Has a working dx of small fiber sensory neuropathy per his community neurologist, Dr. Khaled Jreisat. * Recommend f/u with Dr, Jreisat for further recommendation and eva. | 00043\_SAMPLE\_VHA\_0000000122-000124 |
| 01/09/2023 | ONSLOW MEMORIAL HOSPITAL | Radiology Report - Vanmiddlesworth, Kyle DO  Exam: CT CHEST  Impression:   * Decreased size and density of previously seen bilateral consolidative opacities throughout both lungs as detailed above. No new discrete nodules or masses. * No other acute cardiopulmonary findings | 0000000703 - 0000000704 |
| 01/12/2023 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D  CC: Stage IV marginal zone lymphoma  HPI:   * He continues to do very well. * No new complaints except some sinus congestion and we discussed the rationale behind that after chemotherapy. * CT of the chest indicated continued decrease in size of nodules.   A/P:   * No evidence of recurrent disease. * We will see him every 3 months for the first 2 years and every 6 months years 3 through 5. * Every 6 months for the first 2 years we'll do noncontrasted CT chest to keep track of the lung nodules. * Will order this at next visit in three months. | 0000000660  0000000662 |
| 02/15/2023 | Fayetteville NC VA Coastal Health Care System | Community Care Consult Note – Kelly Johnson, RN  Community provider dx:   * Paresthesia of skin; cervical radiculopathy; lumber   Recommendations:   * Recommend MRI cervical and lumbar * Per notes, Veteran reports having nerve testing recently-will have to request results of this to see if there is any abnormalities there. The possibility of small fiber neuropathy has been raised, this could be autoimmune induced if he does not have rheumatoid arthritis | 00043\_SAMPLE\_VHA\_0000000106 |
| 03/08/2023 | UNC Health | Neurology Visit   * Sensory disturbance. Still with paresthesias of his legs, no new weakness   A/P:   * Chronic inflammatory demyelinating polyneuropathy: MRI cervical spine and MRI lumbar spine reviewed. No severe stenosis. Nerve testing performed by an outside provider showed features that suggest CIDP. Refer to Chapel Hill Neuromuscular Center | 00043\_SAMPLE\_VC\_0000000436-000439 |
| 03/09/2023 | Labcorp | Immunofixation Result, Serum   * All immunoglobulins appear decreased * Pattern suggestive of hypogammaglobulinemia   Immunoglobulin A, QN, Serum: 19 Low (61-437)  Immunoglobulin M, QN, Serum: 10 Low (20-172) | 0000000760- 0000000761 |
| 03/20/2023 | Wilmington Health | Immunofixation Result, Serum   * All immunoglobulins appear decreased * Pattern suggestive of hypogammaglobulinemia * Immunofixation reveals the presence of monoclonal free Kappa light chain   Immunoglobulin A, QN, Serum: 19 Low (61-437)  Immunoglobulin M, QN, Serum: 10 Low (20-172) | 0000000787- 0000000790 |
| 03/30/2023 | UNC Health | Neurology Consult Note – Vinay Chaudhry, MD  HPI:   * Numbness, tingling, and burning in his feet for the last 10 years or so. He also complains of mild similar feeling in the fingertips. He feels that the symptoms gradually progressing up to the knee level. Symptoms have been gradually progressive over the years. He feels that his balance is off sometimes in the morning * He takes gabapentin 600 mg once daily which helps some with his pins-and-needles sensation * He was diagnosed to be having non-Hodgkin's lymphoma in December 2020 incidental x-ray for back issues. He has been on chemotherapy. Been told that this is stage IV primarily because the lymphoma is in his lungs. This has been attributed to water contamination in Camp Lejeune with 100% disability. He is still undergoing chemotherapy.   A/P:   * 63-year-old man with several years of numbness and paresthesias in his feet. Examination shows distal, predominantly sensory length dependent sensory loss (both small fiber and large fiber function). Reflexes are diffusely hypoactive. He appears to have predominantly sensory length dependent neuropathy. Diabetes/glucose intolerance, toxic (was told that he has have high arsenic levels), paraproteinemic (high kappa light chains), and paraneoplastic (history of Hodgkin's lymphoma), and inherited causes are all among the differential. * Recommend proceeding with nerve conduction and EMG studies along with the following blood studies. Take Gabapentin TID. | 00043\_SAMPLE\_VC\_0000000248-252 |
| 03/30/2023 | UNC Health | Electromyography  Reason for referral:   * This 63-year-old man is being evaluated for long history of peripheral neuropathy. He has a recent diagnosis of Hodgkin's lymphoma, currently undergoing chemotherapy   Conclusion:   * This study shows the presence of moderately severe sensorimotor mixed axonal and demyelinating polyneuropathy. Superimposed bilateral median neuropathies at the wrist, left ulnar neuropathy at the elbow, and left common fibular neuropathy at the fibular head are also noted. Given the multiple entrapments, HNPP is in the differential. Superimposed chemotherapy induced neuropathy and paraproteinemic neuropathy may need to be considered as well. | 00043\_ SAMPLE\_VC\_0000000187-190 |
| 03/30/2023 | UNC Health | Gene Analysis  Result: Positive   * One Pathogenic variant identified in PMP22. PMP22 is associated with autosomal dominant Charcot-Marie-Tooth disease and hereditary neuropathy with liability to pressure palsies | 00043\_SAMPLE\_VC\_0000000216-221 |
| 04/06/2023 | Southeastern Medical Oncology Center | Follow up Oncology visit – Lauren Vazquez, PA-C  CC: Stage IV marginal zone lymphoma  HPI:   * He states recently that he has had more fatigue and also worsening peripheral neuropathy * He was evaluated by neurology who ordered extensive testing to be done and that battery of tests was notable for kappa free light chain level >1200. * No end organ damage noted on most recent labs from here   Plan:   * Repeat labs today. * Elevation in free light chains concerning myeloma. * Will order bone marrow biopsy. * No evidence of end organ damage on most recent labs. * Will order bone survey, as well. | 0000000657  0000000659 |
| 04/13/2023 | ONSLOW MEMORIAL HOSPITAL | Radiology Report - STEPHEN SIDES, MD  Exam: Bone Survey Complete  Impression:   * Indeterminate lesions in the right and left lateral aspect of the skull as described. No other significant findings. | 0000000741 |
| 04/27/2023 | ONSLOW MEMORIAL HOSPITAL | CT Guided Bone Marrow Biopsy  IMPRESSION:   * Successful CT-guided bone marrow biopsy | 0000000905- 0000000906 |
| 04/27/2023 | Integrated Oncology | Hematopathology Report - Patricia Uherova, M.D.  Exam: Bone Marrow, Biopsy and Aspiration  Dx:   * Paucicellular aspirate smears, hemodilution artifacts, all three hematopoietic cell lines are present with predominance of segmented neutrophils. * Fragmented core biopsy with completely disrupted marrow space, rare hematopoietic cells present; clot sections with blood clot only. * Rare kappa staining plasma cells noted. See comments. * Reticulin fibrosis and storage iron cannot be assessed.   Comments:   * Concurrent flow cytometric immunophenotyping reveals 0.8%. abnormal/monotypic plasma cells. * Morphologic evaluation is severely hampered by the paucicellularity of the aspirate smears as well as the absence of Intact marrow in the tissue sample. * There are rare kappa staining plasma cells noted; however, the extent of the marrow involvement cannot be evaluated in this study. * Clonal B-cells are not detected. The submitted sample Is essentially Insufficient for evaluation of marrow involvement by residual/recurrent marginal zone lymphoma and/or plasma cell neoplasm. * Correlation with clinical and other laboratory findings is essential for final interpretation. * Repeat marrow study may be considered, if clinically indicated. | 0000000721 |
| 04/27/2023 | LabCorp Oncology | Pathology Report – Patricia Uherova, MD  Bone Marrow Morphology:   * Paucicellular aspirate smears, hemodilution artifacts, all three hematopoietic cell lines are present with predominance of segmented neutrophils. * Fragmented core biopsy with completely disrupted marrow space, rare hematopoietic cells present; clot sections with blood clot only. * Rare kappa staining plasma cells noted. * Reticulin fibrosis and storage iron cannot be assessed.   Flow Cytometry:   * Bone marrow:   + **Abnormal monotypic plasma cell population (~0.8% Of sample), consistent with a plasma cell neoplastic process.** | 0000000726- 0000000727 |
| 05/09/2023 | UNC Health | Neurology Telephone Note – Vinay Chaudhry, MD   * Talked with patient. Told him that his genetic testing for a disease called HNPP is positive. This is an autosomal dominant condition. Neither one of his parents have ever had any neuropathy issues. He has 4 boys in good health. He has a half brother who has neuropathy. Currently, he is undergoing a bone marrow biopsy for lymphoma/paraproteinemic evaluation. If she needs chemotherapy, we should avoid neurotoxic drugs given his underlying neuropathy due to genetic causes. | 00043\_SAMPLE\_VC\_0000000382 |
| 05/11/2023 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  CC: IV marginal zone lymphoma, monoclonal gammopathy  HPI:   * As noted previously, he was having some increased peripheral neuropathy. Of note, this is a probable relationship with her previous chemotherapy. * Neurology did month for protein workup and patient did have a monoclonal protein. * We did extra testing and he does have light chain elevation. * This prompted skeletal survey. This indicated potential lytic lesions in the skull however there were 2 areas, and these areas looked potentially like bone islands as well. * We prompted bone marrow biopsy, and this indicates less than 5% plasma cells. However the specimen size was small. He does not have any other end organ damage in the setting of anemia, hypercalcemia or kidney dysfunction.   Plan:   * Monoclonal gammopathy: At this point we don't have any true findings of myeloma, or end organ damage. * It is safe to monitor him closely. We will watch for the next couple years his light chains closely. If we see major rise then it would be reasonable to repeat both bone marrow biopsy as well as skeletal survey. * Marginal zone lymphoma: Continue surveillance as previously dictated. | 0000000653  0000000655 |
| 08/04/2023 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  Plan:   * 1. Monoclonal gammopathy: Follow-up labs. * 2. Marginal zone lymphoma: Follow-up labs, imaging as clinically indicated | 0000000650  0000000652 |
| 08/28/2023 | ONSLOW MEMORIAL HOSPITAL | CT Needle Placement – Bone Marrow Biopsy  IMPRESSION:   * Successful CT-guided bone marrow biopsy and aspiration as detailed above | 0000000977- 0000000980 |
| 08/28/2023 | Integrated Oncology | Hematopathology Report  Diagnosis:  BONE MARROW, BIOPSY AND ASPIRATION:   * MONOCLONAL PLASMA CELL INFILTRATE (-10%). * NORMOCELLULAR TO SLIGHTLY HYPERCELLULAR MARROW FOR AGE (40-50%) WITH MATURING TRILINEAGE HEMATOPOIESIS. * PATCHY MILD INCREASE IN RETICULIN. * ASPICULAR HEMODILUTE ASPIRATE SMEARS WITH LIMITED MARROW TISSUE FOR EVALUATION. * IRON STORES CANNOT BE REUABLY ASSESSED.   Comments:   * Morphologic evaluation reveals a kappa light chain restricted monoclonal plasma cell population and sparse nonspecific B-cell Infiltrate. * Flow cytometric analysis of a corresponding bone marrow aspirate confirms the presence of a kappa light chain restricted monoclonal plasma cell population with no evidence of monoclonal B-cell population (see detailed separate report BFF23-505145). | 0000000974- 0000000976 |
| 08/28/2023 | LabCorp | Bone Marrow Biopsy  Summary of Results:   * Low level monoclonal plasma cell Infiltrate (-10%) with no abnormal B-cell population * Normal Male Karyotype   Flow cytometry:   * Monoclonal plasma cell population detected (1.4% of sample) * No evidence of B-cell monoclonality detected. | 0000000716- 0000000718 |
| 08/28/2023 | Integrated Oncology | Cytogenetic Analysis Report - Guangyu Gu, M.D  Exam: Monoclonal Gammopathy  Specimen: Bone Marrow  Result:   * Normal Male Karyotype * 46 XY [20]   Interpretation:   * Cytogenetic analysis revealed no evidence of an acquired clonal abnormality. | 0000000719 |
| 09/01/2023 | Southeastern Medical Oncology Center | Progress Note – Nagesh Jayaram, M.D.   * Spoke with Dr. Gasperreta Duke University myeloma program, notes that the sharp rise in light chain is concerning, but still no true end organ damage. * Bone marrow plasma cell burden is now 10%. * Planned for PET CT, skeletal survey and CT had to reevaluate the previous lytic lesions in the skull. * 24-hour urine was recommended and we will do that. * If we truly have CT evidence of lytic lesions or PET CT evidence of uptake, then this would be considered myeloma and patient should proceed with therapy. * If instead of this is negative for any end organ damage, patient would follow closely with monthly myeloma labs, and if there is continued sharp increase in light chain, she would go ahead and initiate therapy. | 0000000649 |
| 09/07/2023 | Southeastern Medical Oncology Center | CT Head Without  Reason for study:   * Multiple myeloma not having achieved remission   Impression:   * Unremarkable CT of the head without contrast | 00043\_SAMPLE\_SMOC\_0000000151-000152 |
| 09/07/2023 | ONSLOW MEMORIAL HOSPITAL | Bone Survey Complete  IMPRESSION:   * No new definitive lytic lesions * No acute bony findings | 0000000732 |
| 09/18/2023 | Fayetteville NC VA Coastal Health Care System | PCP Visit – Christi Ray, DO  Stage 4 lymphoma:   * Following with hematology, last note from 04/2023: other specified types of non-hodgkin lymphoma, extranodal and solid organ sites. MGUS. * Recommendation: repeat labs today. elevation in free light chains concerning for myeloma, will order bone marrow biopsy. No evidence of end organ damage on most recent labs. will order bone survey. Will see Dr. Jayhram soon and has a PET scan scheduled for tomorrow. it is thought that he may have lymphoma as well as multiple myeloma.   Neuropathy:   * Follows with neurology. * Community provider dx: CIDP (chronic inflammatory demyelinating polyneuropathy) * Recommendation: refer to Duke or Chapel Hill neuromuscular center for further evaluation, will order serological testing today, will start cymbalta for neuropathic pain * Patient states he saw chapel hill and he was told that there was not much more that could be done. patient is interested in PT.   Sleep apnea:   * Using cpap nightly.   BPH/ED:   * Taking tamsulosin. also using tadalafil for ED. | 00043\_ SAMPLE\_VHA\_0000000059-000063 |
| 09/19/2023 | ONSLOW MEMORIAL HOSPITAL | Radiology Report - Enrique Rodriguez, MD  Exam: PET CT WHOLE BODY  Impression:   * Overall the size and number of the nodular areas of consolidation in both lungs have decreased compared to the PET from July 5, 2022. * The area of consolidation in the right upper lobe associated with volume loss is unchanged in size however the maximum SUV of the area has slightly increased from 2.B on the previous PET to 3. 7. Since the appearance of the area has not significantly changed the slight increase in the maximum SUV could be technical. | 0000000732 - 0000000733 |
| 09/21/2023 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  CC: Stage IV marginal zone lymphoma, monoclonal gammopathy  HPI:   * Since last visit, as noted previously with the increased light chain we repeated a bone marrow biopsy, and this indeed indicated 10% plasma cells at this point. * We did further workup with skeletal survey repeated which again indicated that concern of lytic lesion in the skull but this was followed by CT of the head which did not show any abnormality in the bone. * Patient had whole body PET/CT this did not show any evidence of disease in the bone.   Plan:   * Monoclonal gammopathy: If we followed the symptomatic myeloma criteria closely, he would fit the uninvolved serum FLC ratio of greater than 100, involved FLC concentration of 10 mg/dl or higher, along with the 10% plasma cells in the bone marrow. * However in discussion with both individuals, although the criteria is officially they're, there is heterogeneity in the patient's that are followed with free light chain elevation only, without any end organ damage. * To that extent, both recommended 24-hour urine. If there is significant Bence Jones protein in this, then this may push consideration of treatment sooner. Instead if there * isn't significant Bence-Jones protein, they would consider continued monitoring. * But, they would monitor with monthly myeloma labs to ensure that if there is any renal changes we would catch that soon. * Marginal zone lymphoma: Follow-up labs, imaging as clinically indicated. Recent PET CT indicates stability overall. | 0000000645  0000000647 |
| 10/30/2023 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  CC: Stage IV marginal zone lymphoma, monoclonal gammopathy  HPI:   * On last visit we did a 24-hour urine protein in the total protein was only around 150 mg, so it is a low level of myeloma protein.   Plan:   * Monoclonal gammopathy: As the total 24 hour Bence Jones protein was 156, still under the 200 threshold. * We discussed recent clinical trial that looked at asymptomatic multiple myeloma patients with elevated free light chain, and they noted that if the urine protein was greater than 200 the risk of progression to full myeloma with 36%. * In the less than 200 group, the risk was only about 10%. So for now it is okay to watch. | 0000000641  0000000643 |
| 12/29/2023 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  CC: Stage IV marginal zone lymphoma, monoclonal gammopathy  HPI:   * He has been doing well. No new complaints.   Plan:   * Monoclonal gammopathy: Follow-up repeat testing. * Repeat 24-hour urine testing also will be done. Continue to watch. * Marginal zone lymphoma: Follow-up labs, imaging as clinically indicated. | 0000000638  0000000640 |
| 01/25/2024 | Athletico Physical Therapy | Discharge Summary - Christine Kushner PT  Goals summary   * Patient goals were partially achieved.   Treatment:   * Therapeutic Exercise, Functional Activities, Neuromuscular Re-education, Hot/Cold Packs, IFC, Strengthening, AROM, Balance/Proprioception, Home Exercise Program, Patient Education   Assessment:   * Skilled intervention no longer required to address remaining deficits. * Functional improvements were commensurate with stage of healing. * Provided good effort during treatment.   Reason for Discharge:   * Partially recovered, transition to self-management to address remaining deficits. | 00043\_SAMPLE\_APT\_0000000046-000047 |
| 02/23/2024 | Fayetteville NC VAMC  Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  CC: Stage IV marginal zone lymphoma, monoclonal gammopathy  HPI:   * Doing well. Went over his last myeloma labs which indicated some decrease in light chain protein   A/P:   * Previous marginal zone lymphoma, monoclonal gammopathy: Follow-up repeat testing. Repeat 24-hour urine testing also will be done. Continue to watch * Marginal zone lymphoma: Follow-up labs, imaging as clinically indicated. | 00043\_SAMPLE\_VHA\_0000001065-001068 |
| 04/15/2024 | Coastline Family Medicine | PCP Visit – Heather Mewborn, MD   * Establishing VA care and presents with multifaceted medical hx, including restless leg syndrome, sleep issues, BPH, NHL, and neuropathy. * He is under the care of Dr. Jahram for his NHL. * Has been diagnosed with sleep apnea and uses a CPAP machine. * He has a 100% disability rating for cancer (NHL in his lungs) from the military.   A/P:   * Benign prostatic hyperplasia with lower urinary tract symptoms: Continue Solifenacin 8 mg daily * Restless legs syndrome: Discontinue Gabapentin 600 mg nightly. Start Ropinirole 3 mg tablet nightly * Drug-induced erectile dysfunction: Continue Sildenafil 100 mg as needed * Other types of non-hodgkin lymphoma, intrathoracic lymph nodes: Continue follow-up with Dr. Jaber for monitoring and treatment * Sleep apnea: Continue using CPAP machine * Cardiac murmur * Peripheral Neuropathy Management: No specific treatment at this time. Monitor for any changes in symptoms or progression. * Sleep issues: Continue Trazodone 50 mg as needed for sleep * Vitamin B6 supplementation: Continue Vitamin B6 100 mg daily | 00043\_SAMPLE\_VHA\_0000001303-001308 |
| 04/19/2024 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  CC: Stage IV marginal zone lymphoma, monoclonal gammopathy  HPI:   * F/u, no real concerns, feels pretty good.   A/P:   * Previous marginal zone lymphoma, monoclonal gammopathy: Labs stable. Repeat 24hr urine done. Will followup on results and continue to monitor periodically. Myeloma Panel done. Most recent stable overall. | 00043\_SAMPLE\_SMOC\_0000000157-000159 |
| 06/20/2024 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  CC: Stage IV marginal zone lymphoma, monoclonal gammopathy  HPI:   * F/u, continues to do okay. Long discussion about the next steps of care, revisited his long-standing peripheral neuropathy, he does have grade 2 peripheral neuropathy is related in part to pre-existing conditions but also from the chemotherapy that we gave with R-CVP.   A/P:   * Previous marginal zone lymphoma, monoclonal gammopathy: Await myeloma panel. Repeat 24hr urine will be done in review of the 24-hour urine from April, the total 24-hour Bence Jones protein was 171, still under the 200 threshold. * Myeloma Panel done. Most recent stable overall | 00043\_SAMPLE\_SMOC\_0000000153-000156 |
| 09/12/2024 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  CC: Stage IV marginal zone lymphoma, smoldering multiple myeloma  HPI:   * F/u, continues to have peripheral neuropathy, notes he is having a little bit more pins and needles sensation in the hands and feet. * Otherwise, we went over his previous myeloma workup and there was some increase in his protein levels, specifically his urine protein increased to 186.   A/P:   * Previous marginal zone lymphoma, monoclonal gammopathy: Await myeloma panel. Repeat 24hr urine will be done in review of the 24-hour urine from April, the total 24-hour Bence Jones protein was 186, still under the 200 thresholds, but it is getting closer. -If he has protein over 200 on this screen, we will need to consider going forward with treatment * Marginal zone lymphoma: Stable overall, further imaging as clinically indicated. No evidence of progression. | 00043\_SAMPLE\_VBA\_0000006822-006825 |
| 10/14/2024 | Coastline Family Medicine | PCP Visit – Lela Hopson, FNP-BC   * Inquiring about colonoscopy. * He has completed chemo and is currently undergoing blood work, with tx for multiple Myeloma to begin in November. * Also reported experiencing an essential tremor in his hands. Has h/o neck pain and limited range of motion d/t a car accident, for which he receives a disability rating. * Has h/o restless legs syndrome and non-Hodgkin’s lymphoma. He requests refills for his meds, including vit D, pyridoxine (B6) 50mg, Desonide cream 0.05% for his forehead, Ropinirole 1mg and Lactobacillus.   A/P:   * Multiple myeloma not having achieved remission * Oth types of non-Hodgkin lymphoma, unspecified site: currently undergoing blood work for multiple myeloma treatment. Continue monitoring and follow up with the cancer doctor as scheduled * Essential tremor: Order a neck x-ray to evaluate for any underlying issues related to the patient's previous car accident and limited neck mobility. Consider referral to a neurologist or orthopedics specialist depending on the x-ray results. * Restless legs syndrome: Continue current treatment with ropinirole 1 mg. | 00043\_SAMPLE\_CFM\_0000000221-000223 |
| 01/10/2025 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  CC: Stage IV marginal zone lymphoma, multiple myeloma  HPI:   * F/u, reviewed all labs. His serum light chain had gone up slightly but his urinary protein electrophoresis indicated that the total protein level did go over 200 milligrams per 24 hours. * Discussed that this is over threshold to consider treatment. He is ready to pursue that as needed. * start RVD 1/2025   A/P:   * Multiple myeloma: Today we discussed that the repeat 24-hour urine indicated protein level over 200 mg per 24-hour. Recommended initiation of standard RVD protocol. After discussion he would like to pursue therapy. * Marginal zone lymphoma: Stable overall, further imaging as clinically indicated. No evidence of progression. | 00043\_SAMPLE\_SMOC\_0000000193-000196 |
| 01/17/2025 | Coastline Family Medicine | PCP Visit – Corah Edwards-Seale, FNP-C   * Follow-up after cervical spine imaging. * Reports ongoing numbness in arms and feet. Patient has been experiencing neuropathy. * Previousimaging in October showed moderate disc space narrowing at C5-C6 and a 4x9mm bony fragment at the tip of C7, possibly representing a non-fused or nonunion fracture. Awaiting ortho consult * Patient also mentions multiple myeloma, for which treatment is pending scheduling.   A/P:   * Restless legs Syndrome * Multiple Myeloma. Not Having Achieved Remission * Paresthesia of skin * Other cervical disc degeneration, unsp cervical region * Oth disrd-of the skin and subcutaneous tissue | 00043\_SAMPLE\_CFM\_0000000217-000220 |
| 01/31/2025 | Southeastern Medical Oncology Center | Follow up Oncology visit – Nagesh Jayaram, M.D.  CC: Stage IV marginal zone lymphoma, multiple myeloma  HPI:   * Seen today for education, discussion and to obtain consent prior to starting RVD (Revlimid, Veclade, Dexamethasone) for tx of his disease. * He has received his oral medications in the mail and is ready to start today.   A/P:   * Multiple myeloma: Plan is for RVD x 8 cycles with Revlimid 25 mg PO d1-14, Velcade d1, 4, 8, 11 and Dexamethasone 40 mg PO on days 1, 8, 15. This will be a 21 day cycle. Proceed with RVD C1D1 today. He will begin an 81 mg ASA * Marginal zone lymphoma: Stable overall, further imaging as clinically indicated. No evidence of progression. * Chemotherapy Education | 00043\_SAMPLE\_SMOC\_0000000189- 000192 |

1. **Record Index**

[Please index all documents you have reviewed before completing this memo. This should include medical records, VA benefit records, transcripts etc.]

| **Medical Facility** | **Bates Range** | **Date Range** |
| --- | --- | --- |
| NC VA Coastal Health Care   * *Labs, PCP, CPAP, neuropathy* | 000000\_00043\_SAMPLE\_0000000001- 00043\_SAMPLE\_0000000062 (62 pgs) | 11/2021-02/2003 |
| UNC Hospital – My Chart   * *Neurophysiology/EMG for neuropathy* | 000000\_00043\_SAMPLE\_0000000746- 00043\_SAMPLE\_0000000759 (14 pgs) | 03/2003- 03/2003 |
| Point of Care Labs | 000000\_00043\_SAMPLE\_0000000782 - 00043\_SAMPLE\_0000000786 (5pg) | 11/2023-12/2023 |
| SE Medical Oncology- Jacksonville*.*   * NHL visits | 000001\_00043\_SAMPLE\_0000000063- 00043\_SAMPLE\_0000000111 (49pgs) | 02/2022-07/2022 |
| Labcorp-   * *Labs & EMG lower, neuropathy* | 000001\_00043\_SAMPLE\_0000000760- 00043\_SAMPLE\_0000000779 (20pgs) | 08/2022-03/2023 |
| Wilmington Health   * *Labs & EMG lower, neuropathy* | 000001\_00043\_SAMPLE\_0000000787- 00043\_SAMPLE\_0000000790(4pgs) | 03/2023 |
| SE Medical Oncology- Jacksonville*.*   * *Duplicate NHL visits* | 000002\_00043\_SAMPLE\_0000000112- 00043\_SAMPLE\_0000000150 (39pgs) | 01/2022-10/2022 |
| Onslow Memorial Hospital   * *Biopsies, pathology, radiology* | 000002\_00043\_SAMPLE\_0000000791- 00043\_SAMPLE\_0000001028 (238pgs) | 11/2021-09/2023 |
| SE Medical Oncology - Billing | 000003\_00043\_SAMPLE\_0000000151- 00043\_SAMPLE\_0000000179 (29pgs) |  |
| Onslow Pulmonary Ambulatory Services-   * *Pulmonology visit r/t nodule* | 000003\_00043\_SAMPLE\_0000001029- 00043\_SAMPLE\_0000001033 (5pgs) | 12/2021 |
| SE Medical Oncology- Jacksonville*.*   * NHL visits | 000004\_00043\_SAMPLE\_0000000634- 00043\_SAMPLE\_0000000742 (109pgs) | 01/2022-12/2023 |
| Realo Drugs   * *pharmacy* | 000004\_00043\_SAMPLE\_0000001034- 00043\_SAMPLE\_0000001037 (4pgs) | 4/2023-12/2023 |
| SE Medical Oncology BILLING | 000005\_00043\_SAMPLE\_0000001038- 00043\_SAMPLE\_0000001041 (4pgs) |  |
| SE Medical Oncology (in SMOC folder)   * *Duplicate NHL visits* | 00043\_SAMPLE\_SMOC\_0000000001- 00043\_SAMPLE\_SMOC\_0000000138 (138 pgs) |  |
| **Additional Records 06/03/2024** | | |
| Novant Health   * *BPH visits. Unrelated* | 000000\_00043\_SAMPLE\_PUGNH\_0000000001- 00043\_SAMPLE\_PUGNH\_0000000013 (13 pgs) | 11/16/2023-12/28/2023 |
| **Additional Records 06/10/2024** | | |
| UNC Health   * *Neuro recs, pain management for backache* | 00043\_SAMPLE\_VC\_0000000034- 00043\_SAMPLE\_VC\_0000000266 (233 pgs) | 02/2020-05/2023 |
| **Additional Records 07/16/2024** | | |
| Star Medical Clinic PLLC   * *PCP visits* | 00043\_SAMPLE\_SM\_0000000049- 00043\_SAMPLE\_SM\_0000000065 (17 pgs) | 09/2021-10/2021 |
| Southeastern Medical Oncology Center   * *Onco letter* | 00043\_SAMPLE\_VBA\_0000000056 (1 pg) | 04/2022 |
| Fayetteville NC VA Coastal Health Care System   * *VA recs* | 00043\_SAMPLE\_VHA\_0000000001- 00043\_SAMPLE\_VHA\_0000001063 (1063 pgs) | 10/2015-01/2024 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000000060- 00043\_SAMPLE\_VBA\_0000000139 (80 pgs) | 04/2021-04/2022 |
| Fayetteville NC VAMC   * *VA recs* * *Southeastern Medical Oncology Center - onco recs* | 00043\_SAMPLE\_VHA\_0000001064-00043\_SAMPLE\_VHA\_0000001288 (225 pgs) | 02/2016-02/2024 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000000181- 00043\_SAMPLE\_VBA\_0000000197 (17 pgs) | 01/2022-03/2022 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000000201- 00043\_SAMPLE\_VBA\_0000000227 (27 pgs) | 04/2017-07/2017 |
| Southeastern Medical Oncology Center   * *Onco - duplicate* | 00043\_SAMPLE\_VBA\_0000000268- 00043\_SAMPLE\_VBA\_0000000271 (4 pgs) | 01/2022 |
| Star Medical Clinic PLLC   * *PCP recs - Duplicate* | 00043\_SAMPLE\_VBA\_0000000277- 00043\_SAMPLE\_VBA\_0000000285 (9 pgs) | 09/2021 |
| Fayetteville NC VAMC   * *VA recs – Duplicate* | 00043\_SAMPLE\_VBA\_0000000296- 00043\_SAMPLE\_VBA\_0000000329 (34 pgs) | 09/2021-01/2022 |
| Onslow Ambulatory Services   * *Pulmonology recs - Duplicate* | 00043\_SAMPLE\_VBA\_0000000330- 00043\_SAMPLE\_VBA\_0000000332 (3 pgs) | 10/2021 |
| Onslow Ambulatory Services   * *Pulmonology recs - Duplicate* | 00043\_SAMPLE\_VBA\_0000000333- 00043\_SAMPLE\_VBA\_0000000345 (13 pgs) | 11/2021-12/2021 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000000366- 00043\_SAMPLE\_VBA\_0000000491 (126 pgs) | 12/2019-12/2021 |
| UNC Health   * *Path report - Duplicate* | 90043\_SAMPLE\_VBA\_0000000492- 90043\_SAMPLE\_VBA\_0000000493 (2 pgs) | 11/2021 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000000880- 00043\_SAMPLE\_VBA\_0000000900 (21 pgs) | 08/2019-12/2019 |
| VA   * *Duplicate audiogram* | 00043\_SAMPLE\_VBA\_6000000903 (1 pg) | 02/2016 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000000904- 00043\_SAMPLE\_VBA\_0000001078 (175 pgs) | 07/2016-10/2019 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000001323- 00043\_SAMPLE\_VBA\_0000001324 (2 pgs) | 02/2016 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000001325- 00043\_SAMPLE\_VBA\_0000001394 (70 pgs) | 05/2018-08/2019 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000001443- 00043\_SAMPLE\_VBA\_0000001444 (2 pgs) | 01/2019-02/2019 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000001464- 00043\_SAMPLE\_VBA\_0000001512 (49 pgs) | 07/2018-12/2018 |
| Fayetteville VA Medical Center   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000001517- 00043\_SAMPLE\_VBA\_0000001518 (2 pgs) | 10/2018 |
| EmergeOrtho-Wilmington   * *CT review* | 00043\_SAMPLE\_VBA\_0000001519 (1 pg) | 11/2018 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000001603- 00043\_SAMPLE\_VBA\_0000001621 (19 pgs) | 02/2018-05/2018 |
| EmergeOrtho-Wilmington   * *Chronic left ankle pain* | 00043\_SAMPLE\_VBA\_0000001627- 00043\_SAMPLE\_VBA\_0000001630 (4 pgs) | 05/2017 |
| EmergeOrtho-Wilmington   * *Chronic ankle injuries* | 00043\_SAMPLE\_VBA\_0000001631- 00043\_SAMPLE\_VBA\_0000001634 (4 pgs) | 06/2017 |
| EmergeOrtho-Wilmington   * *Post-op lt subtalar fusion* | 00043\_SAMPLE\_VBA\_0000001635- 00043\_SAMPLE\_VBA\_0000001638 (4 pgs) | 10/2017 |
| EmergeOrtho-Wilmington   * *Post-op lt subtalar fusion* | 00043\_SAMPLE\_VBA\_0000001639- 00043\_SAMPLE\_VBA\_0000001642 (4 pgs) | 09/2017 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000001683- 00043\_SAMPLE\_VBA\_0000001815 (133 pgs) | 10/2015-02/2018 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000001822- 00043\_SAMPLE\_VBA\_0000001831 (10 pgs) | 11/2017-02/2018 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000001928- 00043\_SAMPLE\_VBA\_0000001994 (67 pgs) | 07/2016-10/2017 |
| EmergeOrtho-Wilmington   * *Post-op lt subtalar fusion* | 00043\_SAMPLE\_VBA\_0000002008- 00043\_SAMPLE\_VBA\_0000002017 (10 pgs) | 10/2017 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000002087- 00043\_SAMPLE\_VBA\_0000002181 (95 pgs) | 10/2015-04/2017 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000002187- 00043\_SAMPLE\_VBA\_0000002197 (11 pgs) | 02/2016-7/2016 |
| Fayetteville NC Med VA   * *VA recs-Duplicate-Audiology* | 00043\_SAMPLE\_VBA\_0000002210- 00043\_SAMPLE\_VBA\_0000002215 (6 pgs) | 02/2016-03/2016 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000002302- 00043\_SAMPLE\_VBA\_0000002329 (28 pgs) | 10/2015-02/2016 |
| Naval Hospital Camp Lejeune   * *Eval heart murmur* | 00043\_SAMPLE\_VBA\_0000002358-00043\_SAMPLE\_VBA\_0000002364 (7 pgs) | 09/1990, 10/2015 |
| Office Visit – Unspecified medical facility   * *Cervical and lumbar radiculopathy* | 00043\_SAMPLE\_VBA\_0000002657-00043\_SAMPLE\_VBA\_0000002658 (2 pgs) | 08/2008 |
| VA   * *Records from the military* | 00043\_SAMPLE\_VBA\_0000002752- 00043\_SAMPLE\_VBA\_0000002887 (136 pgs) | 02/1980 |
| VA   * *Records from the military* | 00043\_SAMPLE\_VBA\_0000002932- 00043\_SAMPLE\_VBA\_0000003037 (106 pgs) | 09/1993-10/1998 |
| VA   * *Records from the military* | 00043\_SAMPLE\_VBA\_0000003044- 00043\_SAMPLE\_VBA\_0000003052 (9 pgs) | 11/1978-05/1997 |
| **Additional Records 07/25/2024** | | |
| Athletico Physical Therapy | 00043\_SAMPLE\_APT\_0000000001- 00043\_SAMPLE\_APT\_0000000114 (114 pgs) | 09/2023-01/2024 |
| **Additional Records 08/07/2024** | | |
| Wilmington Health   * *UNCH Neurology Clinic* * *Midatlantic Neurology, PA* | 00043\_SAMPLE\_MEDRECS\_0000000001- 00043\_SAMPLE\_MEDRECS\_0000000081 (81 pgs) | 05/2022-03/2023 |
| **Additional Records 08/07/2024** | | |
| Wilmington Health   * *Duplicate* | 00043\_SAMPLE\_MEDRECS\_0000000082- 00043\_SAMPLE\_MEDRECS\_0000000164 (83 pgs) | 05/2022-03/2023 |
| Novant Health Urology   * *BPH visits* | 00043\_SAMPLE\_NHU\_0000000001- 00043\_SAMPLE\_NHU\_0000000048 (48 pgs) | 11/2023-06/2024 |
| Fayetteville NC V   * *Community care note* | 00043\_SAMPLE\_VHA\_0000001290- 00043\_SAMPLE\_VHA\_0000001298 (9 pgs) | 04/2024 |
| Coastline Family Medicine   * *PCP visit* | 00043\_SAMPLE\_VHA\_0000001302- 00043\_SAMPLE\_VHA\_0000001311 (10 pgs) | 04/2024 |
| **Additional Records 09/03/2024** | | |
| Coastline Family Medicine   * *Duplicate PCP visit* | 00043\_SAMPLE\_CFM\_0000000001- 00043\_SAMPLE\_CFM\_0000000101 (101 pgs) | 02/2024, 04/2024 |
| Johnston Pain Management   * *Low back pain records and tx* | 00043\_SAMPLE\_JPM\_0000000001- 00043\_SAMPLE\_JPM\_0000000111 (111 pgs) | 02/20202-10/2020 |
| **Additional Records 09/06/2024** | | |
| Southeastern Medical Oncology Center   * *Duplicate onco recs with more recent visits* | 00043\_SAMPLE\_SMOC\_0000000139- 00043\_SAMPLE\_SMOC\_0000000175 (37 pgs) | 08/2023-04/2024 |
| **Additional Records 09/20/2024** | | |
| UNC Health   * *Duplicate neurology recs* | 00043\_SAMPLE\_0000001426- 00043\_SAMPLE\_0000001492 (67 pgs) | 03/2023 |
| **Additional Records 09/30/2024** | | |
| Coastline Family Medicine   * *Duplicate PCP visit* | 00043\_SAMPLE\_CFM\_0000000103- 00043\_SAMPLE\_CFM\_0000000173 (71 pgs) | 02/2024-04/2024 |
| Southeastern Medical Oncology Center   * *Lab results* | 00043\_SAMPLE\_SMOC\_0000000176-- 00043\_SAMPLE\_SMOC\_0000000179 (4 pgs) | 10/2023-06/2024 |
| **Additional Records 02/21/2025** | | |
| UNC Health   * *Duplicate path* | 00043\_SAMPLE\_VBA\_0000006037- 00043\_SAMPLE\_VBA\_0000006038 (2 pgs) | 11/2021 |
| Onslow Ambulatory Services   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006166- 00043\_SAMPLE\_VBA\_0000006178 (13 pgs) | 11/2021-12/2021 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000004204- 00043\_SAMPLE\_VBA\_0000004231 (28 pgs) | 10/2015-02/2016 |
| Office Visit – Unspecified medical facility   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000003857- 00043\_SAMPLE\_VBA\_0000003858 (2 pgs) | 08/2008 |
| EmergeOrtho – Wilmington   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000004876- 00043\_SAMPLE\_VBA\_0000004879 (4 pgs) | 06/2017 |
| Department of Veterans Affair Regional Office   * *VA benefits* | 00043\_SAMPLE\_VBA\_0000003795- 00043\_SAMPLE\_VBA\_0000003802 (8 pgs) | 02/2009-03/2009 |
| Naval Hospital Camp Lejeune   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000004168- 00043\_SAMPLE\_VBA\_0000004174 (7 pgs) | 09/1990, 10/2015 |
| Cumberland County VA Clinic   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006826- 00043\_SAMPLE\_VBA\_0000006833 (8 pgs) | 09/2024 |
| Southeast X-ray Inc   * *Cervical spine x-ray* | 00043\_SAMPLE\_VBA\_0000003818- 00043\_SAMPLE\_VBA\_0000003819 (2 pgs) | 03/2009 |
| Star Medical Clinic PLLC   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006214- 00043\_SAMPLE\_VBA\_0000006222 (9 pgs) | 09/2021 |
| Southeastern Medical Oncology Center   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006238- 00043\_SAMPLE\_VBA\_0000006241 (4 pgs) | 01/2022 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000005616- 00043\_SAMPLE\_VBA\_0000005636 (21 pgs) | 08/2019-12/2019 |
| Fayetteville VAMC   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000004292- 00043\_SAMPLE\_VBA\_0000004297 (6 pgs) | 02/2016-03/2016 |
| Naval Regional Medical Center   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000003447- 00043\_SAMPLE\_VBA\_0000003455 (9 pgs) | 12/1978-09/1995 |
| Quest Diagnostics   * *Lab result* | 00043\_SAMPLE\_VBA\_0000006021 (1 pgs) | 01/2022 |
| SXR Medical LLC   * *Chest x-ray, ECG* | 00043\_SAMPLE\_VBA\_0000004176- 00043\_SAMPLE\_VBA\_0000004180 (5 pgs) | 03/2016 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006372- 00043\_SAMPLE\_VBA\_0000006451 (80 pgs) | 04/2021-04/2022 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006318- 00043\_SAMPLE\_VBA\_0000006334 (17 pgs) | 01/2022-03/2022 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000004303- 00043\_SAMPLE\_VBA\_0000004397 (95 pgs) | 10/2015-04/2017 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006291- 00043\_SAMPLE\_VBA\_0000006317 (27 pgs) | 04/2017-07/2017 |
| Fayetteville NC VAM   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006180- 00043\_SAMPLE\_VBA\_0000006213 (34 pgs) | 09/2021-01/2022 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000004932- 00043\_SAMPLE\_VBA\_0000004950 (19 pgs) | 02/2018-05/2018 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000004960- 00043\_SAMPLE\_VBA\_0000005008 (49 pgs) | 08/2018-12/2018 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000005130- 00043\_SAMPLE\_VBA\_0000005199 (70 pgs) | 05/2018-08/2019 |
| Southeastern Medical Oncology Center   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006821- 00043\_SAMPLE\_VBA\_0000006825 (5 pgs) | 06/2024-09/2024 |
| Onslow Ambulatory Services   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006235- 00043\_SAMPLE\_VBA\_0000006237 (3 pgs) | 10/2021 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000004536- 00043\_SAMPLE\_VBA\_0000004602 (67 pgs) | 07/2016-10/2017 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000004487- 00043\_SAMPLE\_VBA\_0000004497 (11 pgs) | 01/2016-7/2016 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000005420- 00043\_SAMPLE\_VBA\_0000005594 (175 pgs) | 07/2016-10/2019 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006685- 00043\_SAMPLE\_VBA\_0000006818 (134 pgs) | 08/2022-09/2024 |
| Fayetteville NC Med VA   * *VA recs-Duplicate* | 00043\_SAMPLE\_VBA\_0000004647- 00043\_SAMPLE\_VBA\_0000004656 (10 pgs) | 11/2017-02/2018 |
| VA   * *VA recs dental, IM* | 00043\_SAMPLE\_VBA\_0000003606- 00043\_SAMPLE\_VBA\_0000003649 (44 pgs) | 07/1978-12/2003 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006504- 00043\_SAMPLE\_VBA\_0000006640 (134 pgs) | 06/2022-08/2024 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000004698- 00043\_SAMPLE\_VBA\_0000004830 (133 pgs) | 10/2015-02/2018 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000005245- 00043\_SAMPLE\_VBA\_0000005419 (175 pgs) | 07/2016-10/2019 |
| Fayetteville NC Med VA   * *Duplicate* | 00043\_SAMPLE\_VBA\_0000006039 - 00043\_SAMPLE\_VBA\_0000006164 (126 pgs) | 12/2019-12/2021 |
| VA   * *VA recs* | 00043\_SAMPLE\_VBA\_0000003653- 00043\_SAMPLE\_VBA\_0000003758 (106 pgs) | 09/1993-10/1998 |
| **Additional Records 03/24/2025** | | |
| Coastline Family Medicine   * *Duplicate* | 00043\_SAMPLE\_CFM\_0000000001- 00043\_SAMPLE\_CFM\_0000000101 (101 pgs) | 02/2024-04/2024 |
| Southeastern Medical Oncology Center   * *Oncology records* | 00043\_SAMPLE\_SMOC\_0000000180- 00043\_SAMPLE\_SMOC\_0000000227 (48 pgs) | 04/2024-01/2025 |
| **Additional Records 04/08/2025** | | |
| Coastline Family Medicine   * *Recent PCP records* | 00043\_SAMPLE\_CFM\_0000000174- 00043\_SAMPLE\_CFM\_0000000223 (50 pgs) | 10/2024-01/2025 |
| UNC Health   * *Neuro records for neuropathy* | 00043\_SAMPLE\_VC\_0000000320- 00043\_SAMPLE\_VC\_0000000457 (138 pgs) | 08/2022-05/2023 |
| **Additional Records 04/22/2025** | | |
| VA Fayetteville   * *Imaging reports* | 00043\_SAMPLE\_DHA\_0000000058- 00043\_SAMPLE\_DHA\_0000000092 (35 pgs) | 09/1995-10/2021 |
| Naval Hospital Camp Lejeune   * *Acute right otitis externa visit* | 00043\_ SAMPLE\_DHA\_0000000101- 00043\_SAMPLE\_DHA\_0000000105 (5 pgs) | 10/2015 |
| Naval Medical Center Camp Lejeune   * *Wound check* | 00043\_ SAMPLE\_DHA\_0000000111- 00043\_SAMPLE\_DHA\_0000000115 (5 pgs) | 10/2017 |
| Naval Hospital Camp Lejeune   * *Acute localized left otitis externa* | 00043\_ SAMPLE\_DHA\_0000000106- 00043\_SAMPLE\_DHA\_0000000110 (5 pgs) | 10/2016 |
| Ortho Wilmington   * *Left foot-subtalar arthrodesis visit* | 00043\_SAMPLE\_DHA\_0000000093- 00043\_SAMPLE\_DHA\_0000000100 (8 pgs) | 09/2017 |
| Camp Lejeune Naval Hospital   * *Ophthalmology, ED, imaging records* | 00043\_SAMPLE\_DHA\_0000000001- 00043\_SAMPLE\_DHA\_0000000057 (57 pgs) | 05/2011-06/2013 |
| Mid Atlantic Neurology   * *Duplicate neurology records* | 00043\_SAMPLE\_KJ\_0000000001- 00043\_SAMPLE\_KJ\_0000000099 (99 pgs) | 05/2022-09/2022 |