**MEDICAL RECORD REVIEW**

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| **TO:** | Camp Lejeune Litigation Team |
| **FROM:** | Aperio Solutions |
| **DATE:** | 03/26/2024 |
| **TRACK 1 DISEASE:** | Kidney Cancer |
| **PLAINTIFF:** | **KIDNEY 1** |

1. **Summary of Medical History**

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| **Description** | **Details** |
| **Date of Birth** | 10/22/1954 |
| **Date of Diagnosis** | 01/16/2013 |
| **Age at Diagnosis** | 58 |
| **T1 Injury + Other Related Secondary Diagnoses** | Kidney Cancer – Papillary renal cell cancer grade 3, pT1b, negative margins   * 01/16/2013 - Partial left Nephrectomy * 01/16/2013 - Developed Pulmonary Embolism after Nephrectomy (Was required to go on anticoagulation therapy after discharge. Coumadin requires strict adherence to medication protocols and frequent blood monitoring for therapeutic levels) * 08/29/2014- MRI finds Kidney lesion, possible recurrent mass * 10/06/2014 - Left kidney removed over concern for recurrence, patho was negative. * 01/15/2017 - Had uncontrolled bleeding after hemorrhoidectomy caused by Xarelto use. (He was required to take Xarelto because of Pulmonary Embolism) * 12/27/2016 – Kidney Cancer Surveillance discontinued 3 years cancer free * 12/05/2017 - Service connected Kidney Cancer (Environmental Hazard- Camp Lejeune) * 04/30/2018 - Service connected disability approved for Pulmonary vascular disease (Chronic pulmonary edema associated with RCC) |
| **Other medical history** | Prior to T1   * 1988 – Appendectomy * 2013 – Obesity BMI over 30 * 2013 – Hypertension (likely earlier than 2013)   After T1:   * 2013 – colon perforation *(?- documented in history but no supporting records)* * 08/2013- CT with diverticulosis without diverticulitis * 03/2015 - Stroke *(? Unclear date, no treatment recs)* * 12/27/2016 - Lower urinary tract symptoms due to BPH * 08/28/2018- High Cholesterol * 11/13/2018 - Anemia – No tx, follow * 11/13/2018 - X-Ray of arthritis of hand and irregularity of trapezium * 01/28/2019- L CMC arthroplasty (Right thumb trapeziodectomy) * 2019-2020 – Low back pain, received epidural steroid injections PT, pain management, 10/2020- Spinal cord stimulator * 02/04/2021 - Cholelithiasis * 02/04/2021- Aneurysm of iliac artery (noted vascular irregularities on CT in 08/2013) * 06/2021 - Lumbar Laminectomy * 07/26/2021 - Pseudophakia of left eye * 10/12/2022 - Adenomatous polyp of colon * 11/29/2022 - Laparoscopic cholecystectomy, ventral hernia repair, liver biopsy * 03/09/2023 - Cataracts * 04/12/2023 - Atrial Fibrillation, chronic right bundle branch block * 04/23/2023 - Varicose Veins * 04/27/2023 - Echo revealing chronic diastolic heart failure * 06/06/2023 - IBS * 06/14/2023- Sleep Apnea   UNK   * DVT claimed on past medical history unknown date   Disease List:  Cardiovascular:   * Cardiac history noted by cardiology consultant, Dr. Kshatriya 01/16/2013 after partial nephrectomy * Mitral valve prolapse & conduction disease that is bifasicular block, small PFO found and he was encouraged to take ASA 2004 - Dr. Farhoud * 2004 – TEE suggested mild concentric LVH, EF 57% with mild anterioor leaflet prolapse with redundant anterior leaflet. * History of swelling in legs due to clot possibly thrombophlebitis * 2013 – Pulmonary Embolism (after 1st nephrectomy) * 2015 – Stroke * 2021 (or earlier) Aneurysm of iliac artery * 2023 – Chronic diastolic heart failure * 2023 – Atrial Fibrillation |
| **Risk Factors** | Obesity   * BMI was 32.1 at time of diagnosis in 2013   Family history Kidney CA   * Brother (pg 000499) |
| **Additional Information** | Family Hx   * Father – Lung CA * Mother: CVA * Brother kidney CA   Social Hx   * Smoked 3ppd x 9 years, quit 1977   Work:   * Aircraft maintenance manager |
| **Missing records** | * 2013 Cardiology note documented that in 2004 had a mitral valve prolapse and cardiac issues. Try to obtain Dr. Farhoud records if pursuing cardiac history.   *Note:*   * *Most all diagnoses above are from history and not from diagnosing physician. Obtain full PCP records (Dr. Mehta), Cardiology, and hospital records if further evaluation of these diagnoses is desired.* |

1. **Chronological Medical Record Review**

| **Date** | **Medical Provider/ Medical Facility** | **Summary** | **Bates #** |
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| 01/02/2013 | VA Radiology | Bilateral Renal US- Degner, James  Impression:   * There is a complex cystic mass in the left kidney with thick walls as well as debris within the cystic component. This could be a complex hemorrhagic cyst. Cystic neoplasm remains in the differential. If not surgically removed this could be biopsied or followed for stability | 001688 |
| 01/10/2013 | Wichita Urology | Office Visit: Joudi, Fadi, MD  Subjective:   * CT for eval of possible aneurysms that was negative except for left 6.1 cm left renal cystic mass. The cyst had complex features so I asked him to return with renal US. Denies pain.   Plan:   * US shows complex features his options include following the mass vs surgery. He is interested in surgery, left partial nephrectomy   Past Hx: Hypertension  BMI: 32.1 | 001684-001688 |
| 01/16/2013-01/25/2013 | Wesley Medical Center | Discharge Summary – Joudi, Fadi, MD  Admission Dx:   * Left Renal Mass   Discharge Dx:   * Left papillary renal cell carcinoma, Fuhrman grade 3. 5.5 cm in size with no evidence of metastasis and negative margins   Surgical Procedure:   * Robotic assisted Laparoscopic partial nephrectomy with intraoperative US   Course:   * Has done well postoperatively. However oxygen saturations were low and the patient needed oxygen. He was found to have bilateral pulmonary emboli and was started on Lovenox which was then switched to Coumadin   Discharge Condition: Stable  Medications:   * Metoprolol, Lisinopril, HCTZ, Coumadin   No lifting over 10 lbs for next 6 weeks, follow up with Dr. Joudi in 3 weeks and Dr. Mehta in next week. | 000341-000342 |
| 01/16/2013 | Wesley Medical Center | Operative Note \_ Joudi, Fadi, MD  Diagnosis: Left Renal Mass  Procedure: Robotic laparoscopic left partial nephrectomy with intraoperative US | 000348-000349 |
| 01/16/2013 | Wesley Medical Center | Two-D Echo- Kshatriya, MD  INDICATION:.   * Pulmonary embolism, status post recent nephrectomy.   FINDINGS:  1. systolic function is preserved with estimated ejection fraction of Normal left ventricular wall thickness and dimensions.  2. There is flattening of the interventricular septum, in systole and diastole, suggestive of RV pressure and overload.  3. Right ventricle is mildly dilated with mild reduction in systolic function.  4. Moderate right atrial enlargement.  5. Left atrium is normal in size.  6. Interrogation of mitral inflow suggests impaired relaxation that is grade 1 diastolic dysfunction.  7. Left atrial volume index within normal limits at sq.  8. There is trace to mild mitral regurgitation.  9. There is trace central aortic regurgitation. Normal ascending aortic size.  10.Mild tricuspid regurgitation with estimated RV systolic pressure of 34 mmHg suggesting mild pulmonary hypertension. However, given the presence of pressure overload noted, it is quite likely thal pulmonary pressures actually be higher and that an inadequate Doppler signal was obtained.  11.Moderate pulmonic insufficiency.  12.Ivc is dilated at 2.6 and partially collapsible.  13.No pericardial effusion was noted. | 000370-000371 |
| 01/16/2013 | Wesley Medical Center | EKG- Bond, Roger, MD   * Right bundle branch block | 000372 |
| 01/16/2013 | Wesley Medical Center | Surgical Pathology – Liu, Le-Wen, MD   1. Papillary Renal cell carcinoma, forming an encapsulated 5 . 5 cm mass, Fuhrman Nuclear Grads 3 ( focal ), with no extra capsular tumor extension or or intralymphovascular tumor invasion identified. 2. Surgical resection margins are all negative for tumor. involvement, with parenchymal renal margin 5 mm away from tumor. 3. Non-neoplastic renal parenchyma with fibrosis and focal mild chronic inflammation | 001680-001681 |
| 01/20/2013 | Wesley Medical Center | Cardiac Consult – Kshatriya, Shilpa, MD  Reason: Chest Pain  HPI:   * This is a 58-year-old gentleman to Dr. Farhoud for mild mitral valve prolapse and an abnormal had seen him in 2004, and at that time was complaining of palpitations and was started on Toprol-XL. Had underlying history of conduction disease that is bifascicular block but had no and thus, no further recommendations A small was documented on a previous transesophageal echocardiogram and was encouraged to take aspirin daily to reduce his thromboembolic risk. His last echocardiogram was in January which suggested mild concentric no regional wall motion abnormalities, of mild anterior leaflet prolapse with redundant anterior leaflet, and otherwise no other significant abnormalities * history of underlying hypertension but no other history of cardiac disease including no history of coronary artery disease, or MI. * Started developing right-sided pleuritic chest pain yesterday, about 2-3 days after his surgery which initially started in the left upper abdominal area and then to the right side of his chest. was pleuritic in nature and he was only able to take shallow breaths because of worsening chest pain with inspiration. He has also been coughing sputum ever since had surgery but no history any fevers. Chest x-ray actually which was actually clear when was admitted on January 16, on the 18th evidence of increasing bibasilar atelectasis or infiltrates and an elevated left hemidiaphragm. * The patient gave a positive history of sweating as well as a history of dizziness ambulated. * Does have a history of minor swelling due to a history of clots in his legs and leg what appears to sound like thrombophlebitis for which he needs periodic antibiotic treatment.   Social: Remote history of smoking  Recommendation:   * 2D echo * CT scan | 000345-000347 |
| 01/20/2013 | Wesley Medical Center | CT Angio- Oupta, Arti, MD  Impression:   * Bilateral pulmonary emboli with possible right sided cardiac strain * Small pleural effusions | 000365-000366 |
| 01/21/2013 | Wesley Medical Center | TEE- Fissha, Mulugeta, MD  Indication: Pulmonary emboli, evaluate for right vent pressure overload  CONCLUSION:  1. Preserved left ventricular function, ejection fraction 2. right ventricular pressure overload.  3. Moderately elevated pulmonary hypertension.  4. Mild right ventricular dilatation.  5. No significant valve disease | 000367-000368 |
| 01/22/2013 | Wesley Medical Center | Sonogram Thyroid- Zarchan, Adam  Reason: Thyroid Nodule  Impression:   * 4mm anechoic rounded structure in the mid left thyroid lobe likely representing a cyst | 000364 |
| 02/12/2013 | Wichita Urology | Surgical Follow up- Joudi, Fadi, MD   * Feels his energy is returning. * Creatinine 1.4 | 001654-001656 |
| 08/13/2013 | Wichita Urology | Surgical Follow up- Joudi, Fadi, MD   * No complaints today | 001652-001652 |
| 08/13/2013 | Wichita Radiological Group | CT Abdomen/Pelvis - Ternes, Tyler, MD  Impression:   1. Post surgical changes from partial nephrectomy of the left lower pole. Tiny fluid like collection along the lower pole likely represents a small post op seroma. No evidence to suggest recurrent mass. No lymphadenopathy by CT criteria 2. Mildly enlarged prostate gland 3. Multiple prominent engorged vascular structures in the pelvis, particularly above prostate gland. Leftr greater than right. This is of uncertain etiology 4. Sigmoid colon diverticulosis w/o evidence of diverticulitis | 001649 |
| 08/29/2014 | Wesley Medical Center | CT Abdomen Pelvis- Iqbal, SAAD, MD  Impression:   * Exophytic 2.3 cm rounded hyperdense lesion extending from operative site on the inferior pole of the left kidney, likely representing a recurrent mass lesion. | 000380-000381 |
| 09/04/2014 | Wichita Radiological Group | CT Abdomen/Pelvis - Homan, James, MD  Impression:   1. Enhancing nodule involving the inferior pole of the left kidney suspicious for renal cell carcinoma given history 2. No obvious adenopathy 3. Probably pelvic varices involving the left pelvic wall with mild surrounding inflammatory changes stable from prior exam 4. Cholelithiasis w/o evidence of obstruction | 001635 |
| 09/04/2014 | Wichita Urology | Follow up CT- Joudi, Fadi, MD   * CT showing mass   Plan:   * Has new lesion left kidney suspicious for renal cancer. Suggested partial vs total nephrectomy. | 001635-001636 |
| 10/06/2014-10/08/2014 | Wesley Medical Center | Discharge Summary- Joudi, Fadi, MD  Final Diagnosis: Left Renal Mass  Procedure: Robotic assisted laparoscopic left radical nephrectomy  History:   * CT revealed recurrence in lower lobe. Nephrectomy performed 10/06. * Discharged home on Norco and Colace. * Discharged on Lovenox, start coumadin on Sunday and INR on the 15th. | 000383-000384 |
| 10/06/2014 | Wesley Medical Center | Operative Report – Joudi, Fadi, MD  Procedure: Robotic assisted laparoscopic left radical nephrectomy | 000388-000390 |
| 10/06/2014 | Wesley Medical Center | Pathology – Means, Thuy, MD  Tissue: Left Kidney   * The current mass was entirely submitted and shows predominantly bright yellow refractile material associated with numerous multinucleated histiocytes, hemosiderin and foamy histiocytes. Epithelial with nuclear features associated with papillary renal cell carcinoma are not recognized by light microscopy. The reparative changes are also seen in perirenal adipose tissue. Random sections of the renal cortex reveal an incidental microscopic focus of papillary adenoma, but no clear cells as associated with clear cell renal cell carcinoma. | 000393-000394 |
| 11/11/2014 | Wichita Urology | Follow up Joudi, Fadi, MD   * Post op check and BMP – Creatinine 1.55   Pathology results were benign.  RTC in 1 year | 001618-001619 |
| 11/16/2015 | Anatomi Imaging Ridge Plaza | CT abdomen Pelvis  Reason- Hx kidney CA  Impression:   * No evidence recurrence or residual disease * Right kidney, probably cyst but too small to categorize * Colonic diverticulosis but no diverticulitis * Cholelithiasis | 001609-001610 |
| 11/17/2015 | Wichita Urology | Follow up Joudi, Fadi, MD   * Had a stroke in March and switched to Xarelto * CT with no evidence of disease   RTC- 1 yr | 001606-001608 |
| 12/27/2016 | Wichita Urology | Follow up Joudi, Fadi, MD   * US and CXR normal. He is on Xarelto as he had a stroke.No follow up needed as he is over 3 years out. Not emptying bladder well, Recommended start Flomax and rtc in 6 months with post void residual   Assessment:   * Enlarged prostate with lower urinary tract symptoms | 001592-001598 |
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| 01/15/2017-01/19/2017 | Christi St. Francis | Discharge Summary – Olson, Stephen, MD  Visit Reason:   * Dizziness, Syncope/Near syncope; Rectal bleed; acute bleeding, syncope anemia   HPI:   * 62 yo pt who my partner Adam Misasi did a hemorrhoidectomy 5 days ago. The pt restarted his Xarelto and had rectal bleeding this AM   Hospital Course   * Admitted to ICE for hemorrhagic shock requiring pressors. Bleeding was not stopping due to the Xarelto requiring emergent trip to OR * Procedure: EUA, oversew oozing from right anterior and right posterior hemorrhoids * IJ central line, Radial artery line, blood transfusion   D/C Diagnosis and Plan   * Acute GI Bleed, Dizziness, Hypotension, Nausea, Rectal Bleeding, Syncope * Discharged home f/u Dr. Misasi in 1 week, hold Xarelto until that time. | 000314-000315 |
| 06/27/2017 | Wichita Urology | Follow up Joudi, Fadi, MD   * Follow up for taking Flomax, good stream and empties bladder well | 001587 |
| 12/05/2017 | VA Kansas | Rating Decision  Subject to Compensation   * Kidney Cancer (environmental hazard- Camp Lejeune) 20% * Scar associated with Kidney CaA 0% | 001377 |
| 06/25/2018 | VA Kansas | Rating Decision:  Subject to compensation   * RCC left kidney 30% * Scar associated with RCC 0% * Pulmonary vascular disease associated with RCC 0% | 001249 |
| 06/27/2018 | VA Kansas | Letter regarding Service Connection   * We determined that the following condition was related to your military service, so service connection has been granted for: Pulmonary vascular disease (claimed as chronic pulmonary edema) * Disability remains at 30 % | 001238 |
| 11/29/2022 | VA Kansas | Operative Report –Unruh, Mitchell, MD  Post op dx:   * Biliary colic * Incisional hernia at umbilicus * Liver lesion in right lobe * Asymptomatic right inguinal hernia   Operation:   * Laparoscopic cholecystectomy * Lap core needle liver biopsy x2 of liver lesion * Open incisional hernia repair | 000637-000639 |
| 04/12/2023 | VA Kansas | PCP-Lyman, Kelly, APRN  Follow up for chronic conditions   * Laparoscopic cholecystectomy 11/29/2022 * On exam, heart rhythm found to be irregular * EKG showed afib rate 66 * He was anticoagulated due to history of provoked PE x2 while in hospital for nephrectomy 2013. Discontinued last October at direction of pulmo. * BMI 35.2   PMHX:   * HLD, HTN, PE, BPH, RCC, Anemia, LBP, obesity, cholelithiasis, osteoarthritis – hand, radiculopathy, pseudophakia of left eye, allergic rhinitis, adenomatous polyp of colon, diarrhea   PShX:   * Cholecystectomy (11/2022), Lumbar laminectomy (06/2021), Lumbar laminectomy (06/2021), Spinal cord stimulator (10/2020), L CMC arthroplasty (01/2019), colon perforation (2013), Appendectomy (1988), Tonsils/adenoids (child)   Assessment/Plan   * A-fib incidental finding on exam, asymptomatic. Agrees to start rivaroxaban at 20mg. * Order Holder monitor and place cardiology consult * Elevated PSA * Iliac artery aneurysm- followed by WI-vascular, CTA abd/pelvis scheduled for late April 2023 * Toxic exposure positive screening for camp Lejeune. Already registered and filed for benefits. | 000511-000515 |
| 06/06/2023 | VA Kansas | Cardiac Work-up- Wetta, Stacie, APRN  CC:   * Newly diagnosed A-Fib, chronic diastolic heart failure   Assessment/Plan  Chronic diastolic heart failure ACC/AHA Stage C NYHA class II   * Echo 4/27/2023 showing diastolic dysfunction and normal EF * Discontinue Coreg -Continue metoprolol 12.5 twice a daydiscussed with patient if blood pressure, increases will increase his metoprolol to 25 mg in the morning and continue 12.5 mg in the evening * Patient is currently taking Lasix 10 mg daily-this was prescribed as needed --Check CMP today to ensure potassium and creatinine are stable * A. fib/a flutter-rate controlled today-   + Continue rivaroxaban and metoprolol * Holter monitor with controlled rate-100% A. fib * Hypertension-well-controlled -Continue meds as above * -Patient to stop Coregif blood pressure and heart rate elevates will increase   + metoprolol to 25 mg in the morning and 12.5 mg in the evening   + Monitor blood pressures at home * Hyperlipidemia-suboptimally controlled * LDL 116 on 4/11/2023-Continue atorvastatin 20 mg daily,-Check fasting lipid panel in 1 month * History of PE-provoked post surgery   + On oral anticoagulation * History of kidney cancer -Status post left nephrectomy * S/S of OSA * -Patient has sleep study for June 14 * T | 000465-000470 |
| 06/06/2023 | VA-Kansas | Gastroenterology follow up  Medication:   * Amlodipine, Atorvastatin, Crboxymethycellulose Op solution, Cetirizine, dicyclomine, fluticasone, furosemide gabapentin, HCTX, lisinopril, loperamide, Metoprolol, psyllium, rivaroxaban (to prevent blood clots)   CC:   * Change in bowel habits and abdominal pain, fu IBS   HPI:   * Reported rich/fatty foods aggravated pain, reported nausea. * Referred for lap cholecystectomy on 11/29/2022 * Currently having daily stomach aches after each meal – right lower quadrant * Hx diarrhea and loperamide * 2017 perforated bowel after colonoscopy?   EGD: 10/06/2022   * Diminutive duodenal erosion in second portion   Colonoscopy: 10/06/2022   * Mild duodenitis, favoring peptic etiology * Stomach – superficial hyperplasia compatible with reactive gastropathy * Transverse colon polyp benign Hyperplastic polyp * Rectal erythema, minimal crypt distortion   Plan:   * Most likely IBS * Recommend FODMAP diet, trial of IBguard, continue with peppermint * Increase dicyclomine 10 TID * Lab and repeat stool studies ordered. | 000441-000446 |
| 06/14/2023 | VA-Wichita Sleep Center | Sleep Apnea testing – Hassan, Zubair, MD  IMPRESSIONS  - Severe Obstructive Sleep apnea (OSA)  - Snoring: moderate  - Nasal CPAP + 11 cmH20 was the optimal pressure  COMMENDATIONS  - Weight loss  - Avoid sleeping in the supine position and sleep with the head elevated.  - Start on nasal CPAP + 11 cmH2O  *06/21/2013 - received cpap device* | 000433-000439 |
| 06/17/2023 | VA-Kansas | Disability Claim   1. Heart/Veins/Arteries    1. Pulmonary vascular disease (claimed as chronic pulmonary edema) 2. Respiratory    1. Sleep apnea | 000413-00414 |
| 07/19/2023 | VA-Kansas | Medical Opinion – DBQ- Gilb, Jeril, NP   * Oral and dermal exposure at Camp Lejeune | 000420-000424 |
| 07/19/2023 | VA-Kansas | DBQ-for Sleep Apnea -Gilb, Jeril, NP   * Obstructive diagnosed 06/2023 - sleep stody done at Wichita Sleep Center   + Results – severe apnea * Treatment CPAP * Sx: Daytime Hypersomnolence | 000425-000428 |
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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** |
| --- | --- | --- |
| Christi St. Francis (Ascension)  (*1 hospital admission bleeding s/p hemorrhoidectomy)* | 00215\_KEIMIG\_0000000224- 00215\_KEIMIG\_0000000336 (113 pgs) | 01/15/2017-01/19/2017 |
| Wesley Medical Center | 00215\_KEIMIG\_0000000337- 00215\_KEIMIG\_0000000406 (70 pgs) | 2013-2014 |
| VA- Kansas | 00215\_KEIMIG\_0000000413- 00215\_KEIMIG\_0000001920 (1508 pgs) |  |
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