Patient: WALKER,SAMANTHA 26639070(BWH) [redacted]F
Author: Lindsey C. Foss,P.A.-C.

Status: Preliminary
Visit Date:01/03/2012

RML x + wedge
+HIOC Platinum + Mytomycin
CA 19-9 level pre-op + post-op

NEW PATIENT VISIT

Ms. Samantha Walker is a 41 year old female, self-referred international patient from Vancouver, Canada, with is seen in consultation for evaluation of a right upper lobe pulmonary mass, right middle lobe density and right hilar and right paratracheal lymphadenopathy all with low grade uptake on PET/CT scan in the setting of a history of mucinous appendiceal adenocarcinoma with associated perioneal carcinomatosis. The patient was diagnosed with appendieal mucinous adenocarinoma with accompanying peritoneal carcinomatosis in October 2001. She underwent treatment in 2002 which included surgical resection/cytoreduction with heated intraoperative intraperitoneal chemotherapy followed by 5 days of intraperitoneal chemotherapy performed by Dr. Paul Sugarbaker. The patient underwent resection again in 2004 for recurrence at the incision site. In November 2006 the patient underwent additional cytoreduction for recurrence and heated intraoperative intraperioneal chemotherapy performed by Dr. Pierre Dube. This was followed by systemic chemotherapy from January through April 2007.

In December 2011 the patient presented for routine follow up was was found to have elevation in her CA 19.9 level. A CT scan of the abdomen and pelvis was performed whoing no evidence of recurrent or metastatic disease in the abdomen or pelvis. Incidentally, there was a tiny subpleural density in the right lung base.

A chest CT scan was obtained on 12/15/11 showing a 4.2 x 3.8 x 3.6 cm low-density lobuletd mass in the anterior segment of the RUL with a small focus of anterior pleural contact mesuring 1.7cm. Additionally, there are a number of low density lymph nodes within the right hilum measuring up to 1.2cm and another low-density lymph node seen more inferiorly just superior to the cavoatrial junction. In addition to the RUL mass there is a lobulated crescentic focus of low density seen in relation to the minor fissure measuring 2.6 x 0.8cm. There is also a tiny subpleural focus of increased attenuation seen along the posterior border of the right diaphragm unchanged from the most recent prior study, however this abnormality was not present on the more distant prior exams.

A PET/CT scan was obtained on 12/20/11 showing a low density mass in the anterior segment of the RUL extending from the right hilum to abut the anterior pleural surface, measuring 4.2 x 3.7 cm, with SUVmax 3.9. The mass is relatively hpometabolic centrally in keeping with necrosis or mucinous degeneration. There is a similar low grade activity is present within an "arrowhead" shaped 2.8 x 0.8 cm density in the supperior aspect of the RML abutting the adjacent major and minor fissures. There is low grade uptake seen within multiple right hilar lymph nodes, the largest measuring 1.4cm with SUVmax of 3.4. Low grade uptake is associated with an ill-defined, 1.5cm right partracheal lymph node just superior to the axygous vein.

The patient has otherwise remained reasonably active. xxxxx is seen today for surgical evaluation. The patient denies significant anorexia, fever, hoarseness, dysphagia, or hemoptysis; but does have xxxxx. The patient reports no recent neurologic, musculoskeletal, digestive, or cardiovascular symptoms. All other systems are negative or noncontributory. The patient has received, understands, and is in compliance with the We Care About Your Safety brochure. The patient has XX history of falls; XX abuse history.

PMH: Mucinous appendiceal adenocarcinoma as described above.

PSH: Laparotomy, mucinous appendiceal mass biopsy on 12/11/2001.

Allergies: PCN -->

Medications: Estrogen gel BID.

Family History: Mother - melanoma; Father - prostate cancer, CLL; Paternal aunt - bladder cancer; Paternal aunt - leukemia; Paternal aunt - brain cancer.

Social History: The patient has a xxxxx smoking history. The patient has xxxxx known asbestos exposure. The patient has XX alcohol intake and XX history of illicit drug use. The patient is single with xxxx children and is a photographer.

Vitals:

Physical examination reveals a well-appearing female in no acute distress. Alert and oriented x 3 with a baseline gait. The skin is without rashes, lesions, or ulcers. The nasal mucosa is pink. Teeth, gums, and oropharynx are normal. She is without thyromegaly, masses, or JVD. There is no palpable cervical, supraclavicular, or axillary adenopathy. Cardiac examination reveals regular rate and rhythm, with S1 and S2 within normal limits. Her chest is clear to auscultation and