

COLON

MEDICAL RECORD

NAME: FLOWER, CALLIE
ACCT#: 147852
AGE: 56Y
ATTENDING: SCOTT ENSEE, MD

PT SEX: F
DOB: 08/18/19xx
PT TYPE: I
DISCH: 03/30/20xx

DISCHARGE SUMMARY

ADMITTING DIAGNOSES:

1. Colon lesion.
2. Anemia.
3. Prior skin cancer.

PROCEDURE PERFORMED: Right colectomy.

The patient is a 56-year-old black female who came to the office with a low blood count and change in bowel habits. She had a colonoscopy at Main Town Medical Center, which revealed a colon lesion. The patient has a history of basal cell carcinoma on the hand and one lesion that turned out to be melanoma. These were all excised and the patient is currently NED.

PAST SURGICAL HISTORY:

1. Partial hysterectomy 1989 with both ovaries removed.
2. Several hand surgeries.

The patient has no known drug allergies. The patient was hospitalized one time for pneumonia.

CURRENT MEDICATIONS:

1. Insulin 60 units q. a.m., 30 units q. p.m.
2. Norvasc 5 mg one daily.
3. Zestril 20 mg daily.
4. Premarin daily.

PAST MEDICAL HISTORY:

The patient is a diabetic under treatment. She also has hypertension, under treatment. She has a history of kidney stones. The patient is taking Lipitor for high cholesterol.

- CONTINUED -

DISCHARGE SUMMARY

NAME: FLOWERS, CALLIE
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Currently, the patient wears glasses. She has had a recent problem with bronchitis. She noted a recent change in bowel habits. She is more constipated.

The patient does not use alcohol or caffeine or tobacco.

PHYSICAL EXAMINATION:

VITAL SIGNS: Stable. Temperature 99.

LUNGS: Clear.

HEART: Regular, no murmur.

ABDOMEN: Without problem.

GENERAL: She is alert and oriented.

The patient was scheduled for a right colectomy.

On 3/22/20xx, the patient was taken to the OR for a right colectomy. Summary of the procedure is right hemicolectomy with side-to-side anastomosis ileocolic variety. Please see Op Note for further details. It should be noted that a central venous pressure line was also placed. Pathology did reveal invasive moderately differentiated adenocarcinoma of the colon. No involvement of the surgical margin. Thirty-five lymph nodes negative. Postoperatively, the patient's condition was satisfactory. She was alert, vital signs stable. The patient continued to be followed. She had moderate drainage in her J-vac drain but continued stable and progressing satisfactorily. By 3/24/20xx, she was out of bed, lungs clear. She continued to improve. She was discharged to home on 3/30/20xx with the following instructions:

1. Teach patient to care for J-vac drain and record amount at home.
2. Office appointment Tuesday.
3. Appointment with Dr. Platin in 2 weeks. She is scheduled to begin chemotherapy.
4. Resume prehospital medications.

SCOTT ENSEE, MD

cc: Sid Platin, MD

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HISTORY AND PHYSICAL

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3. Zestril 20 mg daily.
4. Premarin daily.

PAST MEDICAL HISTORY:

The patient is a diabetic under treatment. She also has hypertension, under treatment. She has a history of kidney stones. The patient is taking Lipitor for high cholesterol.

PHYSICAL EXAMINATION:

VITAL SIGNS: Blood pressure is 167/63, pulse 87, respirations 18, temperature 97.

GENERAL APPEARANCE: She is an obese female in no acute distress.

NECK: No masses. No nodes.

CHEST: Lungs are clear without rales, rhonchi, or wheezing.

HEART: Regular without murmur.

ABDOMEN: Protuberant with a well-healed right subcostal scar.

HISTORY & PHYSICAL EXAMINATION

NAME: FLOWERS, CALLIE
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IMPRESSION:

1. Colon cancer status post colonoscopy and biopsy.
2. History of diabetes mellitus, hypertension and hypercholesterolemia.

PLAN:

Right-sided colectomy.

SCOTT ENSEE, MD

HISTORY & PHYSICAL EXAMINATION

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AGE: 56Y
ATTENDING: SCOTT ENSEE, MD

PT SEX: F
DOB: 08/18/19xx
PT TYPE: I
DISCH: 00/00/0000

CONSULTATION

DATE OF CONSULTATION: 3/28/20xx

REASON FOR CONSULTATION: Colon cancer

HISTORY OF PRESENT ILLNESS:

The patient is a 56 year-old lady with a history of diabetes mellitus, hypertension, and hypercholesterolemia, who presents with newly diagnosed colon cancer. The patient started to feel fatigued and then was found to be anemic seen on laboratory data, about six months ago. The patient then had a colonoscopy on March 3, 20xx which showed the patient had right-sided colon carcinoma. The patient then was seen by Dr. Ensee and had a right-sided colectomy on March 22, 20xx. Prior to the surgery the patient had left sided abdominal pain. She went through surgery without complications. The patient now has mild pain at the surgical site. The patient denies any weight loss. The patient's primary care physician is Dr. Tesha.

PAST MEDICAL HISTORY:

1. Diabetes mellitus.
2. Hypertension.
3. Hypercholesterolemia.

PAST SURGICAL HISTORY:

1. Hysterectomy.
2. Bilateral salpingo-oophorectomy.
3. Hand surgery.

MEDICATIONS:

1. Insulin 60 units q.a.m. and 30 units q.p.m.
2. Premarin daily.
3. Norvasc 5 mg p.o. q.d. .
4. Zestril 20 mg p.o. q.d. .

NAME: FLOWERS, CALLIE
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ALLERGIES: No known drug allergies.

SOCIAL HISTORY:

The patient does not smoke, does not use alcohol. The patient works as a teacher's assistant.

FAMILY HISTORY:

The patient's mother died of metastatic renal cell carcinoma. The patient's father is still alive and has diabetes. She has siblings with diabetes and hypertension. She has two daughters, 28 and 24. She lives with her husband and her daughter lives next door, the younger daughter.

REVIEW OF SYSTEMS:

As in history of present illness and otherwise unremarkable.

PHYSICAL EXAMINATION

VITAL SIGNS: Afebrile, vital signs are stable.

GENERAL: She was alert and oriented and very pleasant.

HEENT: Extraocular movements are intact. Pupils are equal, round and reactive to light and accommodation. Mouth was without lesion.

NECK: No lymphadenopathy.

HEART: Regular rate and rhythm without murmurs, rubs or gallops.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Mildly tender at the right quadrant at the surgical site. It was non-distended. No hepatosplenomegaly appreciated.

EXTREMITIES: No cyanosis, clubbing or edema.

LABORATORY DATA:

White blood count 11,700, hemoglobin 9.3, platelet 327,000, ANC 8,200, MCV 84.2, glucose 127, creatinine 1.0, bilirubin 0.2, AST 12, ALT 10, alkaline phosphatase 80.

-CONTINUED-

CONSULTATION

NAME: FLOWERS, CALLIE
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IMPRESSION AND PLAN:

1. Colon cancer T3-NO-MX status post right-sided colectomy.
2. History of diabetes mellitus, hypertension and hypercholesterolemia.
3. Normocytic anemia probably secondary to iron-deficiency anemia secondary to chronic gastrointestinal bleeding and chronic disease with the colon cancer.

The patient is a 56 year-old lady with a history of diabetes mellitus, hypertension, and hypercholesterolemia, who presents with newly diagnosed colon cancer status post right-sided colectomy. She presents with a T3-NO- MX adenocarcinoma of the colon status post right-sided colectomy. I will go ahead and check the iron study, CEA and CAT scan of the chest, abdomen and pelvis for further workup. If the patient turns out to have localized disease with T3-NO-MO the five-year of survival would be about 70-75%. Adjuvant chemotherapy in this setting would decrease the recurrence rate by about 30% with a trend of better survival. Considering the patient's younger age and moderately differentiated adenocarcinoma, the patient may benefit from management treatment with a CPT 11 and 5FU of six months duration. The patient, at the present time, agrees with further chemotherapy. I will wait for the CAT scan results.

Thank you for this consultation.

SID PLATIN, MD

\: twr /: 265 DD: 03/28/20xx DT: 03/29/20xx 0905
JOB:5511 ID: 000457812

cc: Scott Ensee, MD
Sid Platin, MD
Calvin Tesha, MD

TWO PALMS MEDICAL CENTER
P.O. BOX 1359
TWO PALMS ISLAND, FL 19375

NAME: FLOWERS, CALLIE
MR#: 147852
ADMIT: 03/21/20xx
ROOM#: 0245
PHYSICIAN: SCOTT ENSEE, MD

CONSULTATION

NAME: FLOWERS, CALLIE
ACCT#: 147852
X-RAY#: 112365

PTYPE: INPT
DOB: 08/18/19xx
ORD#: 1123759

EXAM/DATE: CT PELVIS W/ C
REASON FOR EXAM: R/O METS

DATE: 3/29/20xx

(71260, 74160, 72193) CT OF CHEST, ABDOMEN AND PELVIS WITH IV
CONTRAST, 3/29/20xx

INDICATION

Colon cancer

COMPARISON

Mini-CT of 9/27/07

Imaging obtained through the chest and upper abdomen during an infusion of 120 cc of Optiray 320 followed by delayed imaging from the top of the kidneys to the pubic symphysis.

CHEST CT

Heart and mediastinum appear unremarkable. No evidence of significant mediastinal adenopathy or hilar adenopathy is seen. No pericardial or pleural effusion identified. There is evidence of a left-sided central venous catheter. Lungs are clear except for some linear strandy density in both bases, most consistent with atelectasis. No evidence of focal nodule is identified except for a very tiny 2 to3-mm density which appears to be associated with the minor fissure on the right.

ABDOMEN AND PELVIS CT

Liver appears homogeneous. The patient has apparently undergone a recent right hemicolectomy. A drain is still seen which extends from behind the liver, out the right abdominal wall. There is some inflammation seen surrounding the right abdominal wall but this all appears to be extraperitoneal. There is only minimal inflammation within the abdomen. No fluid collections are seen associated with the drain. Pancreas is

-CONTINUED-

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NAME: FLOWERS, CALLIE

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ORDERING: PLATIN, SID, MD

ROOM#: 0245

RADIOLOGIST: ASHE, PAUL, MD

RADIOLOGY REPORT

NAME: FLOWERS, CALLIE
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unremarkable. Kidneys are unremarkable except for probable cysts in the upper pole of the right kidney. The gallbladder appears to contain some high-density material suggesting small gallstones. There are several surgical clips in the area of the hemicolectomy bed. The small bowel does not appear dilated or obstructed. No significant retroperitoneal adenopathy is identified. Pelvis is unremarkable with no significant fluid or evidence of abscess. No bony lesions are seen.

IMPRESSION

Chest is unremarkable except for a very tiny indeterminate lesion associated with the minor fissure on the right. The abdomen shows changes of recent surgery with a surgical drain still in place along the right pericolic gutter. There is some inflammation in the subcutaneous fat outside the abdominal wall but no significant inflammatory change, mass, abscess or focal fluid collection seen within the abdomen and pelvis. No definite evidence of metastatic disease within the abdomen is identified. There is a probable small cyst in the right kidney. Incidental note is also made of probable gallstones within the gallbladder.

PAUL ASHE, MD

This Report has been Electronically Signed
By PAUL ASHE, MD On 03/30/20xx.

\: hv
/: 130
DD: 03/29/20xx DT: 03/30/20xx 0902 JOB: 0919

TWO PALMS MEDICAL CENTER
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ROOM#: 0245
RADIOLOGIST: ASHE, PAUL, MD

RADIOLOGY REPORT

03/30/20xx
10:16

TWO PALMS MEDICAL CENTER
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TWO PALMS ISLAND, FL 19375

PAGE 1

NAME: FLOWERS, CALLIE

H#: 000112365 LOC: 2 SOUTH ROOM: 2S 0245 AGE: 56Y SEX: F

HOSP ID: TPMC

ACCT: 0147852 DR: ENSEE, SCOTT CODE: 20300

F44465 COLL: 03/29/20xx 06:00 REC: 03/29/20xx 06:15
PHYS: PLATIN, SID MD

Carcinoembryonic Antig

Carcinoembryonic Antig

H

26.4

Normal reference range: 0 to 5.0

Unit: MCG/L

NAME: FLOWER, CALLIE
ACCT#: 147852
AGE: 56Y
ATTENDING: SCOTT ENSEE, MD

PT SEX: F
DOB: 08/18/19xx
PT TYPE: I
DISCH: 00/00/0000

REPORT OF OPERATION

DATE OF PROCEDURE:

March 22, 20xx

PREOPERATIVE DIAGNOSIS:

Carcinoma of the colon.

POSTOPERATIVE DIAGNOSIS:

Carcinoma of the colon.

PROCEDURE PROPOSED AND PERFORMED:

Right colectomy.

SURGEON:

Scott Ensee, M.D.

PROCEDURE AND FINDINGS:

With the patient under general anesthesia, the abdomen was prepped and draped in an aseptic fashion. The peritoneal cavity was entered through a right subcostal incision extending from the upper midline to the iliac crest. There was a large mass in the right colon distal to the ileocecal valve. Exploration failed to reveal any other evidence of tumor. The liver was unremarkable. There were no peritoneal implants. No obvious palpable nodes. A few normal looking lymph nodes were seen. Initially, the cecum and appendix were mobilized. It was bound down to the right lower quadrant where the pelvic adhesions were freed and the colon mobilized cephalad along the right colic gutter. The right colon was swept medially. The colohepatic ligament was divided as was the gastrocolic ligament. The levels and lines of resection were identified. The distal limb was divided with a GIA stapling device as was the transverse colon proximal to the middle colic. The mesentery was divided. Bleeding was controlled with hemoclips and ligatures of 0 Vicryl as needed. Once the colon was removed, a side-to-side anastomosis was carried out using a GIA stapling device. A TEA90 was used to close the subsequent

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REPORT OF OPERATION

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defect. Satisfactory anastomosis was carried out. The mesentery was then closed with a running 3-0 Vicryl suture. Gloves were changed. The area was thoroughly irrigated with copious amounts of water. The #10 flat abdominal drain was placed in the area of Morison's pouch and along the right colic gutter and exited through a separate stab wound. The abdomen was closed in layers using 0 Vicryl for the peritoneum and posterior fascia, #1 PDS for the anterior fascia, muscle, metallic staples for the skin. A subcutaneous drain was left in place, #10 round. The total estimated blood loss was less than 100 cc.

SUMMARY:

Right hemicolectomy with side-to-side anastomosis, ileocolic variety.

SCOTT ENSEE, MD

\: cp

/: 149

DD: 03/22/20xx

DT: 03/25/20xx 0937 JOB: 09790

ID: 000820166

cc: SCOTT ENSEE, M.D.
CALVIN TESHA, M.D.

REPORT OF OPERATION

PATHOLOGY ASSOCIATES

CONSULTANTS IN PATHOLOGY
AND LABORATORY MEDICINE

Jane Droolesdale, M.D.
Tish Ewing, M.D.
Ira D Dunn, M.D.
Luke Close, M.D.

543 Medical Park
Two Palms Island, FL 19375
Phone: (111) 222-3333
Fax: (111) 222-3344

<i>Patient Name:</i> FLOWER, CALLIE	<i>Physician:</i> ENSEE, SCOTT, MD	<i>Location:</i> TWO PALMS MEDICAL CENTER	<i>Accession No:</i> xx-06789SP
Social Security No:	963-21-4789	DOB: 08/18/19xx	Collected: 03/22/20xx
Medical Record No:	147852	Age: 56Y	Received: 03/22/20xx
Reference No:	Inpt	Sex: Female	Reported: 03/25/20xx

-----|**SURGICAL PATHOLOGY REPORT**|-----

HISTORY AND CLINICAL DATA

Probable colon Ca

TISSUE SUBMITTED

Rt. colon

GROSS DESCRIPTION

Received in formalin and in a container labeled with the patient's name and "right colon" are two portions of tissue, the smaller of which is an irregular fragment of yellow to tan to red brown tissue which is grossly consistent with colon donut tissue and associated fibroadipose tissue, which measures 5.0 x 3.0 x 1.5 cm in greatest dimensions. This portion of tissue contains numerous staples, but is otherwise unremarkable. Sections of this are in block 1. The other is a segment of colon with attached lobules of pericolonc fibroadipose tissue as well as vermiform appendix with attached mesoappendix. The appendix with mesoappendix is 6.5 x 2.0 cm and is grossly unremarkable. Sections of this are in block 2. The colon with attached fibroadipose tissue measures 21.0 x 17.0 x 7.0 cm. One end is stapled closed while the opposite end is open. The serosal surface is smooth, glistening yellow to pink tan without evidence of involvement by tumor. The colon is opened lengthwise revealing in the distal portion in the cecum a fungating centrally ulcerated mucosal mass which is 4.0 x 4.0 cm in greatest dimensions, which is well demarcated from the surrounding normal appearing mucosa. Otherwise, the mucosa shows the usual folded pattern and is yellow to red tan without additional focal lesion grossly evident. A short segment of terminal ileum is also present, which is 2.0 cm in

REPORT CONTINUED ON NEXT PAGE

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Social Security No:	963-21-4789	DOB: 08/18/19xx	Collected: 03/22/20xx
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Reference No:	Inpt	Sex: Female	Reported: 03/25/20xx

-----|**SURGICAL PATHOLOGY REPORT**|-----

length and 1.5 cm in average diameter. This is grossly unremarkable. The edge of the tumor is 11.0 cm from the distal margin of resection. Sections of the margins of resection are in block 3. Sectioning through the tumor reveals apparent involvement of the muscularis by the tumor, with suspicion for penetration through the muscularis. Sections of the tumor are in blocks 4 through 6. Sections of uninvolved colon are in block 7. Block 8 is two nodes each bisected. Block 9 is two nodes each bisected, additional single nodes are in blocks 10 through 14. LC/ab

DIAGNOSIS

Procedure: Right Colectomy
Histology: Adenocarcinoma
Grade: Moderately Differentiated
Depth: Penetrates through muscularis propria into subserosal fibroadipose tissue
Tumor Size: 4.0 x 4.0 cm in greatest dimensions
Surgical Margins: Negative
Lymph Nodes Examined: 35
Lymph Nodes Positive: 0
Benign Vermiform Appendix

COMMENT

The TNM classification is pT3 pN0.

Approved electronic signature
Luke Close, M.D.
Pathologist