

To: 5627894340,5627894449,3107475908

Date: February 12, 2024

From: (562) 304-1142

Subject: Arguijo, Drusilla 02/26/66

Attachments: Reports_571_CBSC_CureMD_12-1-124_13-1-5.pdf

CANCER & BLOOD
SPECIALTY CLINIC

Vu Phan, MD

Eric Cheung, DO

Collin Vu, MD

Michael Del Rosario, MD

Nihal Abdulla, MD

Eddie Thara, DO

Dr Shum consult notes

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MD. Merrill Shum

Hematology & Oncology
Cancer and Blood Specialty Clinic
16315 Whittier Blvd SUITE 103
Whittier, CA 90603
562.358.3360, Fax: 562.358.3362

Drusilla Arguijo

57 Y, Female- DOB: 02/26/1966
Account #: 32787
15503 Gaurd Ave
Norwalk, CA 90650
C: 323.573.5283
Email: druarguijo@yahoo.com

MD. Merrill Shum Hematology & Oncology

Progress Note: 02/07/2024 at 2:30 pm

Visit Reason: Follow up

REASON FOR FOLLOW UP:

History of Left breast LCIS

HISTORY OR PRESENT ILLNESS:

57 year old female with no significant PMH, was noted to have an abnormal MMG in late 2021 and she had a L breast bx on 12/22/21 the reported + LCIS, ER 100% and PR 5%. She underwent a lumpectomy with SLNBx on 1/24/22, with a 4.5 cm LCIS seen, grade III, neg margins, 0/4 + LNs (TisNoMx-Stage 0). She underwent contralateral breast reduction surgery. She was seen by rad/onc who recommended adjuvant XRT. BRCA analysis test was negative. She denied use of prior OCPs nor HRT. She denied any first degree relatives with breast or ovarian cancers.

She received adjuvant XRT from 3/16/22- 4/13/22- tolerated well. She took Arimidex daily x 2 weeks, stopped due to mood swings. She gained 5.6 lbs. She had COVID-19 infection in May 2022, and noted persistent arthralgias. She was switched to Aromasin with slightly better tolerance.

She works as a probation officer.

She is here for follow-up for her history of stage 0 left breast LCIS. She remains active and is doing well. She takes her Os-Cal + D daily. She is off Aromasin and all endocrine therapies due to intolerant arthralgias. She has no new masses or pains to report. Should continue to follow up with plastic surgery (Dr. Schwartz).

MEDICAL HISTORY:

Breast cancer (LCIS)
Estrogen receptor positive status (ER+)
Menopause

SURGERY HISTORY:

1/24/22: Lumpectomy left breast
12/22/21: Left breast biopsy
11/1/20, Left breast bx
Breast lift surgery ~2012
Breast reduction surgery

ALLERGIES:

Allergy

NKDA

MEDS:

Aromasin 25 mg po daily

Progress Note: MD, Merrill Shum (Hematology & Oncology) 02/07/2024

Drusilla Arguijo, DOB: 02/26/1966

Vagifem

SOCIAL HISTORY:**Social History**Tobacco: Never smoker.Alcohol: Social DrinkerDrug: Denies Usage

Single with 2 kids

FAMILY HISTORY:

Family history was reviewed and negative.

REVIEW OF SYSTEMS

Constitutional: Denies fever, weight loss fatigue

Eyes: Denies visual changes

ENT/Mouth: Denies hearing problems, oral problems

Cardiovascular: Denies chest pain, palpitations

Respiratory: Denies shortness of breath. Mild Chronic cough

Breast: Denies breast pain, masses or discharge

Gastrointestinal: Denies abdominal pain, nausea, vomiting, constipation, diarrhea

Genitourinary: Denies burning, pain on urination, blood in urine, incontinence

Gynecological: Denies vaginal discharge, abnormal vaginal bleeding

Musculoskeletal: Denies muscle pain, bone pain, joint pain

Skin: Denies rashes, itchiness, ulcers

Neurologic: Denies headaches, dizziness, confusion, seizures, weakness, numbness.

Psychiatric: Denies depression, anxiety

Hematologic/Lymphatic: Denies other bleeding, bruising, swollen lymph nodes

PHYSICAL EXAM**Vital Signs**

Weight 130 lbs 4 oz, Height 5' 0.25", BSA 1.56 m sq, BMI 25.22 kg/m sq, Category Overweight,
Temp 98.10 F, Pulse 99 b/m, Respiration 18 b/m, BP 129/80 mm/Hg SAO2 96% - Room Air Taken
on Feb 07, 2024 at 2:30 PM by MD Shum, Merrill

General: Alert and oriented, in no acute distress

Skin: Normal

HEENT: Pupils equally round. Oral cavity, oropharynx clear with normal mucosa

Neck: Supple with no masses

Lungs: Clear to auscultation bilaterally

Heart: S1S2, Regular rate and rhythm, no murmurs

Back: Normal

Abdomen: Soft, nontender, nondistended, no masses palpable, no hepatosplenomegaly, normal bowel sounds

Extremities: No cyanosis, clubbing or edema

Neuro: Grossly non-focal

Progress Note: MD. Merrill Shum (Hematology & Oncology) 02/07/2024

Drusilla Arguijo, DOB: 02/26/1966

LABS:**Lab Result**

Specimen collected on 02/06/2024 11:57AM

02/06/2024 10231XD7T= - COMPREHENSIVE METABOLIC PANEL

GLUCOSE94 mg/dLRange 65-99

Fasting reference interval

UREA NITROGEN (BUN)20 mg/dLRange 7-25

CREATININE0.62 mg/dLRange 0.50-1.03

EGFR104 mL/min/1.73m2Range > OR = 60

BUN/CREATININE RATIOSEE NOTE: (calc)Range 6-22

Not Reported: BUN and Creatinine are within
reference range.

SODIUM137 mmol/LRange 135-146

POTASSIUM4.3 mmol/LRange 3.5-5.3

CHLORIDE102 mmol/LRange 98-110

CARBON DIOXIDE31 mmol/LRange 20-32

CALCIUM9.2 mg/dLRange 8.6-10.4

PROTEIN, TOTAL6.7 g/dLRange 6.1-8.1

ALBUMIN4.5 g/dLRange 3.6-5.1

GLOBULIN2.2 g/dL (calc)Range 1.9-3.7

ALBUMIN/GLOBULIN RATIO2.0 (calc)Range 1.0-2.5

BILIRUBIN, TOTAL0.3 mg/dLRange 0.2-1.2

ALKALINE PHOSPHATASE104 U/LRange 37-153

AST20 U/LRange 10-35

ALT26 U/LRange 6-29

Specimen collected on 02/06/2024 11:57AM

02/06/2024 6399XD7T= - CBC (INCLUDES DIFF/PLT)

WHITE BLOOD CELL COUNT7.6 Thousand/uLRange 3.8-10.8

RED BLOOD CELL COUNT4.17 Million/uLRange 3.80-5.10

HEMOGLOBIN12.6 g/dLRange 11.7-15.5

HEMATOCRIT38.4 %Range 35.0-45.0

MCV92.1 fLRange 80.0-100.0

MCH30.2 pgRange 27.0-33.0

MCHC32.8 g/dLRange 32.0-36.0

RDW13.8 %Range 11.0-15.0

PLATELET COUNT294 Thousand/uLRange 140-400

MPV10.2 fLRange 7.5-12.5

ABSOLUTE NEUTROPHILS4545 cells/uLRange 1500-7800

ABSOLUTE BAND NEUTROPHILSDNR cells/uLRange 0-750

ABSOLUTE METAMYELOCYTESDNR cells/uLRange 0

ABSOLUTE MYELOCYTESDNR cells/uLRange 0

ABSOLUTE PROMYELOCYTESDNR cells/uLRange 0

ABSOLUTE LYMPHOCYTES2257 cells/uLRange 850-3900

ABSOLUTE MONOCYTES540 cells/uLRange 200-950

ABSOLUTE EOSINOPHILS228 cells/uLRange 15-500

ABSOLUTE BASOPHILS30 cells/uLRange 0-200

ABSOLUTE BLASTSDNR cells/uLRange 0

ABSOLUTE NUCLEATED RBCDNR cells/uLRange 0

NEUTROPHILS59.8 %

BAND NEUTROPHILSDNR %

METAMYELOCYTESDNR %

MYELOCYTESDNR %

PROMYELOCYTESDNR %

LYMPHOCYTES29.7 %

REACTIVE LYMPHOCYTESDNR %Range 0-10

MONOCYTES7.1 %

EOSINOPHILS3.0 %

BASOPHILS0.4 %

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BLASTSDNR %

NUCLEATED RBCDNR /100 WBCRange 0

COMMENT(S)DNR

Specimen collected on 02/06/2024 11:57AM

02/06/2024 ClinicalPD - Clinical PDF Report ZD508611V-1

Clinical PDF Report ZD514996V-1PDF File

RADIOLOGY:

3/7/23: MMG:

BI-RADS Category 2: Benign

9/11/2023 bilateral breast MRI with and without contrast

Impression:

No significant abnormalities. BI-RADS 1: Negative

PATHOLOGY:

L breast bx on 12/22/21 the reported + LCIS, ER 100% and PR 5%.

Lumpectomy with SLNBx on 1/24/22, with a 4.5 cm LCIS seen, grade III, neg margins, 0/4 + LNs (TisNoMx-Stage 0)

IMPRESSION

1. pTisNoMx (Stage 0), Left breast LCIS, s/p lumpectomy 1/24/22, neg margins, ER 100%/PR 5%, s/p XRT 3/16-4/14/22, on adjuvant endocrine therapy (Started on Arimidex 4/2022 and then switched to Aromasin 25 mg po daily with improved tolerance, but still with persistent arthralgias, All adjuvant AI therapies discontinued. NED/CR. ECOG 0

2. Absolute lymphocytosis, cannot rule out lymphoproliferative d/o vs. reactive

3. Breast lift ~2012

4. Myriad my Risk Hereditary Cancer- Neg

5. s/p breast reduction surgery

6. Screen for bone health. DEXA 2019- WNL

7. COVID 19 + (5/2022)

8. Vaginal dryness

9. Sister with breast cancer

10. PHQ-9 (13) due to stress related to kids, family- not depressed, reassurance given

PLAN:

Labs were reviewed

CBC with differential and CMP was reviewed and negative.

We will check a CBC and CMP now and every 4 months.

LCIS is not considered Stage 0 breast cancer anymore, but does act as a marker/increased risk factor for developing invasive breast cancer

Pt states she has intolerable arthralgias to both Arimidex and Aromasin. PT is deferring adjuvant AI therapy for now.

Continue Os/Cal D 1 tab daily

DEXA every 2 years is due Nov 2024

March 2023 MMG was reviewed and negative. We will order her **Annual Diagnostic Mammogram-due March 2024. Diagnosis left breast LCIS. Sent to PIH and compared to prior**

MRI breast Sept 2023 was reviewed and negative

Continue following yearly MMG next due March 2024

Continue Vagifem cream (refill today)

Continue light weight bearing exercises

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F/U with Plastic surgery (Dr. Jaime Schwartz)

Return to clinic in 4 months

Above findings and plan was discussed with the patient. We will keep you informed of any significant clinical changes.

Thank you for allowing us the opportunity to care for your patient.

DIAGNOSIS:

Diagnoses

Personal history of malignant neoplasm of breast - Z85.3

CC:

Amber Lin, MD

Samuel Kim, MD

Jaime Schwartz, MD

Electronically signed by MD. Shum, Merrill on Wednesday, February 7, 2024 at 03:04 PM

Addendum Text

note faxed to Amber Lin, MD 562-789-4340

Samuel Kim, MD 562-789-4449

Jaime Schwartz, MD

Appended By: Miss. Kimberly Rodriguez on Monday, February 12, 2024 at 12:36PM