

**CONSULTATION/NEW PATIENT
MONTGOMERY CANCER CENTER**

4145 Carmichael Rd. ~ Montgomery, AL 36106 ~ 334-273-7000

Keith A. Thompson, M.D.**Patient Name:** Devonna Gray **DOB:** Mar 25, 1961 **Account#:** 001000529 **Date:** Dec 03, 2021

HPI: Devonna Gray is a 60 y.o. female who comes to see me today for iron deficiency anemia. She has a history of hypertension, blood clots. She is on Eliquis and has been on Eliquis for hypercoaguability. In August, she went on it for a DVT in her left leg and they asked whether she could come off of it now. She takes Eliquis and her DVT was associated with COVID.

Surgical History: She had a left ovary and left tube removed in 1991. Gallbladder removed in 2019.

Past Family History: Remarkable for cardiovascular disease in her mother and father. Cerebrovascular disease in her mother. Blood clots in her father. Mother with lung cancer.

Social History: Single, one child. She works as a chef at a local university. She does not smoke or drink nor has she ever.

Treatment History: She has never had radiation or chemotherapy.

Review of Systems: No fever, anorexia, chills or involuntary weight loss. Denies complaints of headache. Denies any eye complaints. Denies any ear symptoms. Denies any throat complaint. Denies any respiratory complaints. Denies any cardiac symptoms. Denies any gastrointestinal complaints. Denies any urinary system complaints. Denies any bone pain, joint pain or back pain. No complaints of headache, diplopia or change in the level of consciousness. Denies dysesthesias or hypesthesia. Denies any weakness of upper or lower extremities. Denies easy bruising, night sweats, unexplained fever or unexplained weight loss. No complaint of significant rash or itching. Denies any symptoms of polyuria, lactation, malaise, fatigue or palpitations. Denies any depression, delusions or hallucinations. No pain.

Allergies: This patient has no documented allergies.

Medications: There is no information available for Current Medications - Patient.

Vitals: Performed on Dec 03, 2021 09:49: Ht - 64 in, Wt - 205.4 lbs, BSA - 2.05 sq.m, BMI - 35.26 (HIGH), T - 97.9 F (LOW), P - 82 /min, R - 18 /min, BP - 150/75 mm(hg) (HIGH), and O2 Sat - 95 %.

Physical Examination: HEENT is unremarkable. Neck is supple without masses or bruits. Chest is clear to auscultation. ~~The heart has a regular rate and rhythm without murmur, gallop or rub. Abdomen is soft and nontender without masses or organomegaly.~~ There is no jaundice. Extremities are without clubbing, cyanosis, or edema. The neurologic exam is non-focal on a screening evaluation. The skin is without rashes or lesions.

Diagnoses: Primary D50.0 - Iron deficiency anemia secondary to blood loss (chronic), Diagnosed Dec 03, 2021 (Active)
Secondary I82.402 - Acute embolism and thrombosis of unspecified deep veins of left lower extremity, Diagnosed Dec 03, 2021 (Active)

(Continued)

12/6/21
Reviewed
J. Bontemps

Patient Name: Devonna Gray DOB: Mar 25, 1961

Account#: 001000529 Date: Dec 03, 2021

Lab Work: Test performed on Dec 03, 2021 09:25

WBC	3.5 X10 ³ /uL (LOW)	RBC	4.99 X 10 ⁶ /uL
HGB	9.5 gm/dl (LOW)	HCT	31.5 % (LOW)
MCV	63 fL (LOW)	MCH	19 pg (LOW)
MCHC	30 gm/dl (LOW)	RDW	15.9 % (HIGH)
MPV	10.0 fL	Platelet Count	257 X10 ³ /uL
Neutrophils (ANC)	1.37 X10 ³ /uL (LOW)	Lymphocytes	1.6 X10 ³ /uL
Monocytes	0.5 X10 ³ /uL	Eosinophils	0.0 X10 ³ /uL
Basophils	0.0 X10 ³ /uL	Immature Grans	0.0 X10 ³ /uL
Neutrophil %	39 % (LOW)	Lymphocyte %	45 %
Monocyte %	14 % (HIGH)	Eosinophil %	1 %
Basophils %	1 %	Immature Grans %	0.6 %
NRBC %	0.0 /100 WBC	NRBC (Abs)	0.0 X10 ³ /uL
RBC	5.04 X 10 ⁶ /uL	Retic Count %	2.25 % (HIGH)
Retic, Absolute	0.1134 X 10 ⁶ /uL (HIGH)	Ret-He	18.2 pg (LOW)
Glucose	107 mg/dL (HIGH)	BUN	15 mg/dL
Creatinine	0.89 mg/dL	Cr Clearance (Est)	98.8700 mL/min
Sodium	140 mmol/L	Potassium	3.4 mmol/L (LOW)
Chloride	105 mmol/L	CO2	34 mmol/L (HIGH)
Anion Gap	1 (LOW)	Calcium	9.1 mg/dL
Protein, Total	8.3 gm/dl (HIGH)	Albumin	3.6 gm/dl
Alkaline Phosphatase	102 u/l	ALT (SGPT)	38 u/l
AST (SGOT)	26.0 u/l	Bilirubin, Total	0.4 mg/dL
eGFR	> 60 mL/min/1.73m ²	Ferritin	365.5 ng/mL (HIGH)
Folate, Serum	> 20.0 ng/mL	Iron	50 ug/dl
Iron Binding Capacity (TIBC)	278 ug/dl	% Iron Saturation	18 % (LOW)
LDH (Total)	164 u/l	Transferrin	218 mg/dL
Vitamin B12	722 pg/mL		

Clinical Assessment: KPS 90%: Able to carry on normal activity. Minor signs or symptoms of disease.

Plan: This is a lady with anemia. Her hemoglobin is 9, hematocrit 31. White count and platelets are normal. She has an elevated RDW. I looked at her blood under the microscope. She has changes of severe iron deficiency. She is intolerant of oral iron. I would recommend that she take parenteral iron therapy. We will also ask her to be evaluated by Capital City Gastroenterology for consideration of an EGD/colonoscopy. We will see how she does with that and will see me back with those results.

Keith A. Thompson, M.D.
Referring MD: Lindsey Barton

Approved by Keith Thompson, M.D. on 12/7/2021, 10:58:47