

**CONSULTATION/NEW PATIENT
MONTGOMERY CANCER CENTER**
4145 Carmichael Rd. - Montgomery, AL 36106 ~ 334-273-7000
Susmitha Nimmagadda, M.D.

PATIENT NAME: Portia Bronson **DOB:** Jun 16, 1983 **ACCOUNT#:** 001000807 **DATE:** Feb 23, 2022

REFERRING PHYSICIAN: Ms. Lindsey Barton

REASON FOR REFERRAL: Prior history of thalassemia and concern for iron deficiency.

CHIEF COMPLAINT: I am doing okay.

HPI: Portia Bronson is a 38 year old African-American woman who presents to the clinic for an initial evaluation. She mentions to have been a resident up in New York and had recently moved here to Montgomery about a couple of years ago. She recollects to having been seen by a hematologist/oncologist and was informed about having thalassemia. She denies any significant new visible GI/GU blood loss. I do not have any iron studies in the recent time that document iron deficiency and the results from today are pending.

PAST MEDICAL HISTORY:

1. Hypertension.
2. Diabetes.
3. Morbid obesity.

FAMILY HISTORY: Father living at the age of 56 with diabetes. Mother living at the age of 60 with a blood disorder that is unaware of. Thinks it is thalassemia trait. Maternal grandfather with a history of lung cancer. Denies any other malignancies in the family.

SOCIAL HISTORY: She is married. Has three adult children. She works as a collections supervisor for a law firm in New York and works remotely. Social alcohol consumption. Denies history of smoking or recreational drug use.

ALLERGIES: YAZ

MEDICATIONS: glipizIDE (2.5 mg) Tablet Oral daily
Lisinopril (20 mg) Tablet Oral daily
metFORMIN HCl ER (500 mg) Tablet SR 24 HR Oral daily
Trulicity Subcutaneous

DISTRESS SCREENING:

Results reviewed with supportive care referrals as indicated.

PAIN ASSESSMENT: Previous Pain Scale (over past 24 hours) - None (0)

(continued)

Renewed
3/15/22
J. Barton, CRP

PATIENT NAME: Portia Bronson **DOB:** Jun 16, 1983 **ACCOUNT#:** 001000807 **DATE:** Feb 23, 2022

REVIEW OF SYSTEMS:

Constitutional: No fever, chills, anorexia, involuntary weight loss, pathologic night sweats, fatigue.
Eyes: No blurry vision (visual complaints), pain.
Ears, Nose, Mouth, Throat: No mouth ulcers, pain, odynophagia, dysphagia.
Cardiovascular: No chest pain, palpitations.
Respiratory: No SOB, cough, hemoptysis.
GI: No N/V, diarrhea, constipation, abdominal pain, BRBPR.
GU: No dysuria, hematuria, voiding difficulties. Regular menstrual cycle. Last menstrual cycle January 30th, 2022. Pap smear February 2021.
Musculoskeletal: No bone pain, joint pain, muscle pain.
Integumentary (skin, breasts): No rash, itching.
Neurologic: No headache, focal weakness, change in level of consciousness, gait disturbance.
Psychiatric: No depression, hallucinations, anxiety.
Endocrine: No polyuria, polyphagia.
Heme/Lymphatic: No bruising, lymphadenopathy.
Allergy/Immunology: No allergies.

VITALS: Performed on Feb 23, 2022 13:26: Ht - 65 in, Wt - 360.4 lbs, BSA - 2.74 sq.m, BMI - 59.97 (HIGH), T - 97.6 F (LOW), P - 80 /min, R - 20 /min, BP - 160/80 mm(hg) (HIGH), and O2 Sat - 97 %.

PHYSICAL EXAMINATION:

GENERAL: Obese African-American woman, in no acute distress. Vital signs as per flow sheet.
HEAD: No alopecia. Non-traumatic.
EYES: Pupils equal, round and reactive to light, sclerae anicteric. Conjunctivae and lids unremarkable.
EARS, NOSE, MOUTH, THROAT: Oropharynx/hard and soft palates with normal mucosa; no ulcerations or masses.
NECK: Supple without masses. Symmetrical. No thyromegaly.
LYMPHATICS: No pathologically enlarged cervical, supraclavicular, axillary or inguinal lymphadenopathy.
CARDIAC: Regular rate and rhythm without murmurs, gallops or rubs.
RESPIRATORY: Clear to auscultation and percussion bilaterally.
GI: Soft, non-tender, non-distended, bowel sounds present. No masses or organomegaly noted.
EXTREMITIES: No clubbing, cyanosis or edema.
MUSCULOSKELETAL: Gait and station normal. Moves all extremities well.
CUTANEOUS: Warm and dry. No ecchymosis or rashes noted.
NEUROLOGIC: Without focal deficits.

(continued)

PATIENT NAME: Portia Bronson

DOB: Jun 16, 1983

ACCOUNT#: 001000807

DATE: Feb 23, 2022

LABS: Test performed on Feb 23, 2022 12:59

WBC	7.5 X10 ³ /uL	RBC	5.00 X 10 ⁶ /uL
HGB	9.3 gm/dl (LOW)	HCT	31.6 % (LOW)
MCV	63 fL (LOW)	MCH	19 pg (LOW)
MCHC	29 gm/dl (LOW)	RDW	18.6 % (HIGH)
Platelet Count	187 X10 ³ /uL	Neutrophils (ANC)	4.78 X10 ³ /uL
Lymphocytes	2.2 X10 ³ /uL	Monocytes	0.3 X10 ³ /uL
Eosinophils	0.1 X10 ³ /uL	Basophils	0.0 X10 ³ /uL
Immature Grans	0.0 X10 ³ /uL	Neutrophil %	64 %
Lymphocyte %	30 %	Monocyte %	5 %
Eosinophil %	1 %	Basophils %	0 %
Immature Grans %	0.5 %	NRBC %	0.0 /100 WBC
NRBC (Abs)	0.0 X10 ³ /uL	RBC	5.00 X 10 ⁶ /uL
Retic Count %	2.27 % (HIGH)	Retic, Absolute	0.1135 X 10 ⁶ /uL (HIGH)
Ret-Hc	20.3 pg (LOW)	Glucose	207 mg/dL (HIGH)
BUN	9 mg/dL	Creatinine	0.80 mg/dL
Cr Clearance (Est)	246.0700 mL/min (HIGH)	Sodium	139 mmol/L
Potassium	4.2 mmol/L	Chloride	105 mmol/L
CO2	29 mmol/L	Anion Gap	5
Calcium	8.4 mg/dL (LOW)	Protein, Total	6.9 gm/dl
Albumin	3.2 gm/dl (LOW)	Alkaline Phosphatase	103 u/l
ALT (SGPT)	19 u/l	AST (SGOT)	12.0 u/l
Bilirubin, Total	0.2 mg/dL	eGFR	> 60 mL/min/1.73m2
Ferritin	59.1 ng/mL	Folate, Serum	8.3 ng/mL
Iron	38 ug/dL (LOW)	Iron Binding Capacity (TIBC)	269 ug/dl
% Iron Saturation	14 % (LOW)	LDH (Total)	154 u/l
T4, Free	1.01 ng/dL	TSH	2.020 uIU/mL
Transferrin	211 mg/dL	Vitamin B12	533 pg/mL

OTHER DIAGNOSTIC EVALUATIONS: Per the chart.**IMPRESSION/PLAN:** Ms. Bronson is a 38 year old African-American woman with:

1. Severe microcytosis and associated anemia. I will follow-up on the pending results of the iron parameters and keep her updated. If she is noted to have iron deficiency, I would then recommend for her to receive iron supplementation pending the degree of iron deficiency. Given her prior history of thalassemia, I do suspect there could be a combination of factors. I would consider a short interval repeat assessment. Iron parameters - low iron saturation at 14% - would thus recommend a short course of oral iron and repeat the labs.
2. Other comorbidities-hypertension, diabetes, continue with medical management.
3. Obesity. I encouraged lifestyle changes.
4. Adhere with age appropriate malignancy screening.
5. At the current time I have made arrangements for Ms. Bronson to return back to the clinic for an interval follow-up evaluation with me in about four months and I will notify her about the pending results.

Susmitha Nimmagadda, MD
SN/slh

cc: Ms. Lindsey Barton

Approved by Susmitha Nimmagadda, M.D. on 3/3/2022, 09:16:43

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nted: Mar 15, 2022

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Test Results**Main Campus**

4145 Carmichael Rd.
 Montgomery, AL 36106
 (334)273-7000 Fax (334)273-2376

Name: Bronson, Portia
 Birth Date: Jun 16, 1983
 Sex: Female
 Acct #: 001000807

Age: 38 yrs

Plan:

Version: N/A

Date/Time of Visit: Feb 23, 2022 13:00

MCC Lab - (93000001)

Montgomery Cancer Center Lab 4145 Carmichael Rd. Montgomery, AL 36106

Collection Date: Feb 23, 2022 Time: 12:59 Status: Approved

Requesting Provider: Nimmagadda, Susmitha

st Comments: n/a

ated Diagnosis:

BC w/ Differential

WBC		7.5	X10-3/uL	4.1-10.3
RBC		5.00	X 10-6/uL	4.04-5.48
HGB	L	9.3	gm/dl	11.3-15.3
HCT	L	31.6	%	34.0-46.0
MCV	L	63	FL	81-100
MCH	L	19	pg	27-31
MCHC	L	29	gm/dl	32-35
RDW	H	18.6	%	11.5-14.5
MPV			FL	9.1-13.2

Comments: Result - ----

Platelet Count 187 X10-3/uL 140-400

Comments: Result - Verified by repeat analysis.

Neutrophils (ANC)		4.78	X10-3/uL	1.40-6.50
Lymphocytes		2.2	X10-3/uL	1.0-4.8
Monocytes		0.3	X10-3/uL	0.1-0.6
Eosinophils		0.1	X10-3/uL	0.0-0.7
Basophils		0.0	X10-3/uL	0.0-0.2
Immature Grans		0.0	X10-3/uL	<1.0
Neutrophil %		64	%	40-75
Lymphocyte %		30	%	20-53
Monocyte %		5	%	0-12
Eosinophil %		1	%	0-8
Basophils %		0	%	0-2
Immature Grans %		0.5	%	<=0.9
NRBC %		0.0	/100 WBC	0.0-0.0
NRBC (Abs)		0.0	X10-3/uL	0.0-0.0

Retic Count, Auto

RBC		5.00	X 10-6/uL	4.04-5.48
Retic Count %	H	2.27	%	0.60-2.00
Retic, Absolute	H	0.1135	X 10-6/uL	0.0164-0.0776
Ret-He	L	20.3	pg	24.5-42.5

Comprehensive Metabolic Panel

Glucose	H	207	mg/dL	70-100
BUN		9	mg/dL	7-20
Creatinine		0.80	mg/dL	0.60-1.30
Cr Clearance (Est)	H	246.0700	mL/min	(70.00 - 150.00)
Sodium		139	mmol/L	135-145

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ntd: Mar 15, 2022

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Test ResultsMain Campus

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Montgomery Cancer Center Lab 4145 Carmichael Rd Montgomery, AL 36106

Collection Date: Feb 23, 2022 Time: 12:59

Status: Approved

Requesting Provider: Nimmagadda, Susmitha

Potassium	4.2	mmol/L	3.5-5.0
Chloride	105	mmol/L	98-108
CO2	29	mmol/L	21-32
Anion Gap	5		4-15
Calcium	L 8.4	mg/dL	8.5-10.1
Protein, Total	6.9	gm/dl	6.4-8.2
Albumin	L 3.2	gm/dl	3.5-5.0
Alkaline Phosphatase	103	u/l	45-117
ALT (SGPT)	19	u/l	12-68
AST (SGOT)	12.0	u/l	8.0-37.0
Bilirubin, Total	0.2	mg/dL	0.2-1.0

Estimated Cr Cl

Comments: Group - Ordered by Discern Expert based on new creatinine result
 eCrCl (Cockcroft-Gault) mL/min 30-120

Comments: Result - N/A

Results calculated and verified by Discern Expert using the Cockcroft Gault equation. The following parameters were also used in the calculation.
 1. If actual body weight is greater than 20% above ideal body weight, use adjusted body weight.
 2. If actual body weight is greater than or equal to ideal body weight, but less than 20% greater than ideal body weight, use ideal body weight.
 3. If actual body weight is less than ideal body weight, use actual body weight.
 NOTE: Calculation will not be performed if height or weight data has not been documented in the electronic medical record or if the patient is < 2 years of age.

GFR

> 60 mL/min/1.73m2 >=60

Comments: Group - Ordered by Discern Expert based on new creatinine result
 Result - CALCULATED and VERIFIED by DISCERN EXPERT

Estimated eGFR calculations are based on the MDRD equation and are adjusted for sex(female) and race (black). eGFR results that approach 60 mL/min/1.73m2 or below reflect diminished renal function, but must be interpreted in the clinical context. Patients without markers of kidney damage who have an eGFR >60 mL/min/1.73m2 are unlikely to have kidney disease. At higher levels (>60 mL/min/1.73m2) eGFR estimates display greater biologic and measurement variability. Based on current recommendations, higher values are reported as >60 mL/min/1.73m2.

GFR (mL/min/1.73m2)	Kidney Damage	With Kidney Damage	Without Kidney Damage
> 90	Stage One	Normal	Normal
60 - 89	Stage Two	Decreased GFR	Decreased GFR
30 - 59	Stage Three	Stage Three	Stage Three
15 - 29	Stage Four	Stage Four	Stage Four
< 15 (or dialysis)	Stage Five	Stage Five	Stage Five

Radiology Contrast Study Guidelines

> 60	Acceptable
30 - 60	Indeterminate
< 30	Usually Contraindicated

Ferritin	59.1	ng/mL	10.0-200.0
Folate, Serum	6.3	ng/mL	>=3.1
Iron Panel			
Iron	L 38	ug/dl	50-170
Iron Binding Capacity (IBC)	269	ug/dl	250-460
Transferrin Saturation	L 14	%	20-55

Manager@

Printed: Mar 15, 2022
Page 3 of 3Test Results**Main Campus**4145 Carmichael Rd.
Montgomery, AL 36106
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Status: Approved

Requesting Provider: Nimmagadda, Susmitha

Free	1.01	ng/dL	0.76-1.46
H	2.020	uIU/mL	0.360-3.740
Insulin	211	mg/dL	200-360
Vitamin B12	533	pg/mL	193-986