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Montgomery Cancer Center
645 McQueen Smith Rd N
Suite 207
Prattville, AL 36066



Montgomery Cancer Center
4145 Carmichael Rd
Montgomery, AL 36106

April 04, 2024

LINDSEY BARTON,
7461 East Dr
Montgomery, AL 36117

Re: DAVID BETZ

Date of Visit: 4/4/2024

Dear LINDSEY BARTON

Enclosed is the Transition of Care Document related to the stay of this patient. This document is confidential and intended solely for the use of the individual or entity to which it is addressed. If you are not the named addressee, please disregard and do not disseminate, distribute or copy this information. If you are not the intended recipient any disclosure of this information and its contents is strictly prohibited.

Thank you for the referral, please see attached office note.

If you have additional questions regarding this information, please contact:

Reynolds, Jackson A, MD
4145 Carmichael Road
Montgomery, AL 36116
(334) 273-7000

Sincerely,

Jackson Reynolds

The following document(s) were included in the letter:

April 04, 2024 15:10:07 CDT - (4/4/2024) MCC New Patient Note

Referring Physician

Referring Physician: BARTON, LINDSEY T, NP

Chief Complaint

new pt appt

History of Present Illness

Mr. Betts is a 44-year-old male smoker with DM2 and HLD who was referred to this clinic for elevated white blood cell counts. The patient had a routine CBC drawn in February that showed a WBC of 16.3. The elevation persisted on a recheck in March and he was referred to hematology for additional recommendations. Patient has no prior knowledge of any blood disorders. He denies any fevers, unintentional weight loss, night sweats or swollen lymph nodes. He smokes about a pack a day. He has lost a good bit of weight due to some diet changes he has made for his diabetes. His fasting blood glucose in the morning is usually around 140 and had previously been much much higher.

Oncology Treatment History

No Oncology Treatment History documented

Review of Systems

Review of Systems negative unless specifically mentioned in the HPI.

Physical ExamVital Signs and Measurements

T: 98.6 °F (Oral) HR: 86 (Monitored) RR: 16 BP: 130/75(Cuff)

SpO2: 94%

HT: 73 in WT: 97.0 kg (Dosing) BMI: 28.21

Numeric Rating Pain Scale: 0 = No pain (04/04/24 13:52:00)

General: no acute distress

HEENT: neck supple, moist mucous membranes

Cardiac: regular rate, extremities warm and well perfused

Pulmonary: no increased work of breathing

Abdomen: soft, nontender

Neuro: no gross deficits, conversant

Psych: mood and affect appropriate

Performance Scales and Status

No documentation within the last 12 months

Assessment/Plan

44-year-old male smoker with DM2 and HLD who was referred to this clinic by Lindsey Barton for leukocytosis.

1. Reactive leukocytosis

-- 2/2024 WBC 16.3

-- 4/2024 WBC 15.5

-- Review peripheral smear. He has no B symptoms or lymphadenopathy on exam. This pattern of mild neutrophilia is consistent with inflammation from smoking. I encouraged him to stop smoking and we will repeat his counts afterwards to monitor for resolution. He will let us know if his white blood cell count is found to be higher or he develops any new or worsening symptoms in the interim and I am happy to reevaluate him sooner.

2. Smoking

-- Discussed nicotine patches and Chantix. He will let us know if he needs help quitting.

Staging Information

No information available

Problem List/Past Medical HistoryOngoing

No qualifying data

Home Medications

atorvastatin 40 mg oral tablet, 40 mg= 1 Tab, PO, DAILY

metFORMIN 1000 mg oral tablet, 1000 mg= 1 Tab, PO, Twice Daily

Allergies

NKA

Social HistoryAlcohol

Alcohol Use: Yes. Alcohol Type:

Beer. Alcohol Amount: 6 beers.

Frequency of Alcohol Use: Weekly.

Substance Abuse

Drug Use: No.

Tobacco

Tobacco Use: 10 or more cigarettes (1/2 pack or more)/day in last 30

days. Cigarettes PPD 1. Non-

Smoking Literature: n/a.

Family History

Blood clot: Mother, Father and Brother.

Diabetes mellitus: Father.

Heart attack: Father.

Heart disease: Mother, Father and Brother.

LabsWBC: 15.5 X10³/uL High (04/04/24)RBC: 4.7 X 10⁶/uL (04/04/24)

Hemoglobin: 14.6 gm/dl (04/04/24)

Hematocrit: 43 % (04/04/24)

MCV: 92 FL (04/04/24)

MCH: 31 pg (04/04/24)

MCHC: 34 gm/dl (04/04/24)

Platelet Count: 245 X10³/uL (04/04/24)

RDW: 12.3 % (04/04/24)

MPV: 10.8 FL (04/04/24)

Neutro Auto: 70 % (04/04/24)

Lymph Auto: 23 % (04/04/24)

Mono Auto: 5 % (04/04/24)

Eos Auto: 1 % (04/04/24)

Basophil Auto: 0 % (04/04/24)

Immature Gran Auto: 0.5 % (04/04/24)

Neutro Abs: 10.9 X10³/uL High

(04/04/24)

Immature Gran Abs: 0.1 X10³/uL

(04/04/24)

NRBC: 0 /100 WBC (04/04/24)

3. DM2

-- Blood glucose improving. Some degree of leukocytosis may be related to this.

4. Screening for malignant neoplasm

-- Recommended he begin colorectal cancer and prostate cancer screening at age 45.

NRBC Abs: 0 X10-3/uL (04/04/24)
Gluc: 284 mg/dL High (04/04/24)
BUN: 16 mg/dL (04/04/24)
Creat: 1 mg/dL (04/04/24)
eGFR CKD-EPI: 95 mL/min/1.73m2 (04/04/24)
eCrCl: 115 mL/min (04/04/24)
Sodium lvl: 135 mmol/L (04/04/24)
Potassium lvl: 3.6 mmol/L (04/04/24)
Chloride: 104 mmol/L (04/04/24)
CO2: 28 mmol/L (04/04/24)
Anion Gap: 3 Low (04/04/24)
Calcium: 9.1 mg/dL (04/04/24)
Total Protein: 6.9 gm/dl (04/04/24)
Albumin: 3.6 gm/dl (04/04/24)
Alk Phos: 103 unit/L (04/04/24)
ALT: 22 unit/L (04/04/24)
AST: 12 unit/L (04/04/24)
Bili Total: 0.5 mg/dL (04/04/24)

Signature Line

(Electronically Signed On 04.04.24 15:49 CDT)

Reynolds, Jackson A, MD

D: 04.04.24 15:49 CDT