10/21/99	Time 2:20 pm	Who Called Osco Bell			Phone 359-0473
: Whom	Edith Stowe	Age	Temp.	Physician Kasper	
ss		Pharmacy/Phone No.			Call Back
SAGE:		DISPOSITION:			
Rx. # 11 Lopressor 100 mg #30		OK (Fax)			
		Chart ☐ Chart #		Insurance	
cation zy	Rec'd by: MB	Handled by: JB			

NKA

Date 10-26-99 Dx

T 99

Rx

124/80

215# Rtn. Visit

Age 50
(R) total hip 11-1-99 GW by
Dr. Hoffman
Pre-op Physical
Prior both knee
both Surg on Knee 10-98
Pap + Mamm last abn

Meds
Lopressor 100 mg 1 dly
Lasix 40 mg am
20 mg pm
VCTZ 50 mg 1 dly
Synthroid 0.125 mg dly
Micro K 1 1 BID
Flu Injection given JB

STONE, EDITH 10-26-99 KASPER PROBLEM: Severe, bilateral osteoarthritis.

S: Pt remains largely wheelchair bound despite having undergone bilateral knee surgeries a year ago. Presents now for pre-operative clearance for hip replacement surgery planned for 11-1-99 by Dr. Hoffman. Pt denies any headache, blurred vision, double vision, chest pain, SOB. Has no dyspnea on exertion but is, as mentioned above, largely wheelchair bound & is up on her feet only for transfers. She denies any change in bowel habits or difficulty with urination. Denies any breast mass or tenderness.

O: Carotids are clear. Fundi are benign. TMs are clear. Neck is supple. Lungs are clear. Breasts are free of mass or nipple discharge. Heart shows regular rate w/o murmurs, bruits, or gallop rhythms. Abdomen is obese, bowel sounds are normal. Pelvic exam was attempted, but pt was unable to abduct her knees to allow speculum examination, so attempt at collecting a Pap smear was abandoned. Would reattempt this after her surgery. Hopefully, this will free up her movement to allow abduction. Pulses in the extremities appear to be intact & symmetric.

Laboratory screening studies show normal CBC, except for slightly high HBG at 16.0. CMP shows slightly high total protein & a glucose of 147. UA is consistent with vaginal contamination that would be expected in light of pt's difficulty in hip abduction. INR & PTT are physiologic. Sed rate was 23. EKG shows an occasional PVC, but there is no axis shift or ST-T wave changes in comparison with previous study of 9-98.

A: Pt cleared for planned surgery. Attempted Pap smear, as noted above, was unsuccessful.

SBK/se

ROUTE TO: Kasper MD, Richard B.

/GENESIS MEDICAL CENTER - WEST CAMPUS DAVENPORT, IOWA

DATE OF ADMISSION: 11/22/99

CONSULTING PHYSICIAN: William Davidson, III, MD

REFERRING PHYSICIAN: Andrew Edwards, MD for Richard B. Kasper, MD

Dear Dr. Edwards: Thank you for asking me to see Dr. Kasper's patient for evaluation of your jaundice patient.

HISTORY OF PRESENT ILLNESS: The patient is an 80-year-old white female who presented on the day of surgery, November 1, 1999, with painless jaundice. The surgery was not postponed, and the patient underwent a total hip replacement, without apparent acute complication. The patient believe her jaundice improved, but that is not documented well, and she presented again with hip pain, and was found to have need for repeat hip surgery. Postoperatively, now, her physicians have decided evaluation of her painless jaundice should be done. The patient has not had weight loss, abdominal pain, nausea, vomiting or fever. She has no history of alcohol abuse. She does not know of previous elevations of her liver injury tests, and, she has no family history of liver disease. She has not abused alcohol. She did have a blood transfusion in the 1980s, at the time of colorectal cancer surgery, and one year ago, at the time of knee surgery. She is followed by Dr. Benson, who has been performing surveillance colonoscopies. Medications at the time of the initial jaundice included the following.

1. Synthroid.
2. Potassium.
3. Lasix.
4. Lopressor.
5. A pain pill, which is unknown to the patient.

ALLERGIES: None.

CURRENT MEDICATIONS

1. Lovenox.
2. Lasix.
3. Hydrocholorthiazide.
4. Synthroid.
5. Lopressor.
6. Potassium.
7. Cefazolin.

PAST MEDICAL HISTORY

1. Hypertension.

D: 11/21/99 5:37 P
T: 11/22/99 2:24 P
cld JOB NO.: 02568

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
DATE OF CONSULTATION:
ROOM NO.:

CONSULTATION

2. Hypothyroidism.
3. Peripheral edema; suspected congestive heart failure.

MEDICATIONS: None.

PAST SURGICAL HISTORY
1. Tonsillectomy.
2. Appendectomy.
3. Thyroidectomy.
4. Colorectal cancer surgery.

REVIEW OF SYSTEMS:
Cardiovascular: Negative.
Lungs: Negative.
Kidneys: Negative.
Gynecologic: Negative.
Skin: Negative.
Endocrine: Hypothyroidism. No diabetes.
Musculoskeletal: As above.
Neuropsychologic: Negative.
HEENT: Negative.
All others are negative.

PHYSICAL EXAMINATION
VITAL SIGNS SITTING: Pulse is 62, blood pressure is 128/59, respirations are 20 and non-labored. She is afebrile.
GENERAL DESCRIPTION: Icteric without stigmata of chronic liver disease. Moderately obese. Very alert and excellent historian.
EYES: Sclerae are nonicteric. Conjunctivae are pink. Pupils are normal.
EARS AND NOSE: There are no scars or masses.
MOUTH: The tongue is normal. The lips are without pigmentation.
NECK: The neck is supple without thyroid enlargement. The trachea is midline in position.
RESPIRATORY: There is a normal respiratory effort. The lungs are clear to auscultation with normal breath sounds. There are no wheezes or rubs.
CARDIOVASCULAR: The heart has a regular rate and rhythm, normal S1 and S2. There are no murmurs, clicks, or rubs. There is no edema.
ABDOMEN: There is no venous pattern, ascites, bruits, hepatosplenomegaly, tenderness, masses, abnormal distention, or hernias. The umbilicus is normal. There are normoactive bowel sounds.
LYMPHATICS: There is no lymphadenopathy in the cervical, supraclavicular, or inguinal areas.

D: 11/21/99 5:37 P
T: 11/22/99 2:24 P
cld JOB NO.: 02568

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
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ROOM NO.:

CONSULTATION

CARDIOVASCULAR: The heart has a regular rate and rhythm, normal S1 and S2. There are no murmurs, clicks, or rubs. There is no edema.
ABDOMEN: There is no venous pattern, ascites, bruits, hepatosplenomegaly, tenderness, masses, abnormal distention, or hernias. The umbilicus is normal. There are normoactive bowel sounds.
LYMPHATICS: There is no lymphadenopathy in the cervical, supraclavicular, or inguinal areas.
MUSCULOSKELETAL: Gait is unable to be tested. There is no cyanosis, clubbing, or tenderness.
SKIN: There are no rashes or ulcers. There are no spider angiomata, indurations, nodules, or tightening.
PSYCHIATRIC: The patient is oriented times three. There is good recent and remote memory.

LABORATORY DATA: Bilirubin is 8.7. SGOT is 77. Alkaline phosphatase is 346. Albumin is 2.2.

ELECTROCARDIOGRAPHIC DATA: The electrocardiogram is normal sinus rhythm.

IMPRESSION: Patient with painless jaundice, history of blood transfusion and history of colorectal cancer. Differential diagnosis includes the following.
1. Pancreas cancer.
2. Choledocholithiasis.
3. Other liver disease, such as primary biliary cirrhosis, hepatitis C, hepatitis B.
4. Sclerosing cholangitis.
5. Overwhelming metastatic colorectal cancer, which would be unlikely with lack of symptoms of weight loss.

PLAN
1. Right upper quadrant ultrasound. If she is found to have dilated bile ducts, an endoscopic retrograde cholangiopancreatography will be done. The patient is at increased risk for endoscopic procedures because of her congestive heart failure.
2. If the patient's ultrasound does not show dilated ducts, a liver evaluation will be done to exclude diseases as above.

Dear Dr. Edwards: Thank you for asking me to see Dr. Kasper's patient.

William Davidson, III, MD

D: 11/21/99 3:37 P
T: 11/22/99 2:24 P
cld JOB NO.: 02568

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
DATE OF CONSULTATION:
ROOM NO.:

CONSULTATION

ROUTE TO: Kasper MD, Richard B.

/GENESIS MEDICAL CENTER - WEST CAMPUS DAVENPORT, IOWA

DATE OF ADMISSION: 11/22/99

CONSULTING PHYSICIAN: Michael A. Phelps, MD

HISTORY OF PRESENT ILLNESS AND CHIEF COMPLAINT: This 80-year-old white female underwent a hip replacement which required revision one week later. She was noted to be jaundiced during that perioperative period. Postoperative evaluation showed an ulcerated growth in the stomach, as well as a probable malignant common bile duct stricture. CT scan was obtained that showed a 6 x 6 mass in the head of the pancreas, which appeared to be involving the superior mesenteric vein, as well as the superior vena cava. There is no evidence of metastatic disease. She has no history of pancreatitis or gallbladder symptoms. She underwent stenting and brushings, which showed atypical cells not conclusive for cancer. She otherwise has no significant pain in her abdominal cavity and no other obstructive symptoms.

PAST MEDICAL/SURGICAL HISTORY: Significant for her benign tumor resected from her bowel in the remote past, her hip replacement, hypertension, hypothyroidism, probable congestive failure. She is status-post tonsillectomy, appendectomy, thyroidectomy.

MEDICATIONS ON ADMISSION: None.

ALLERGIES: None.

REVIEW OF SYSTEMS: Review of systems is otherwise negative for any other general, ENT, eye, neurologic, psychiatric, cardiac, pulmonary, gastrointestinal, genitourinary, breast, endocrine, skin and musculoskeletal problems.

PHYSICAL EXAMINATION
GENERAL: The patient is a well-developed well-nourished, elderly white female in no acute distress. She does not appear to have any obvious jaundice.
VITAL SIGNS: Her temperature is 97.8, pulse is 74, respirations 16, blood pressure 140/64.
EYES: The scleras are clear. The pupils are equal.
ENT: External examination of the ears, nose, and throat is otherwise benign.
NECK: Trachea is midline. Her neck is otherwise symmetric.
LUNGS: The lungs are clear to auscultation bilaterally with a normal respiratory effort.
HEART: The heart has a regular rate and rhythm without murmur. She does have some lower extremity edema. No evidence of varicosities.

D: 11/27/99 9:40 A
T: 11/27/99 9:51 A
cld JOB NO.: 04868

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
DATE OF CONSULTATION:
ROOM NO.:

CONSULTATION

ABDOMEN: The abdomen is obese, with a right paramedian incision. No evidence of hernia. There is no palpable mass. No evidence of hepatosplenomegaly.
EXTREMITIES: Exam shows the lower extremity edema and no other obvious lesions.
NEUROLOGIC: Her cranial nerves II through XII are intact. Sensation is normal. Her judgment and mental status and mood appear to be normal.

LABORATORY AND RADIOGRAPHIC DATA: Her CT scan was reviewed, that shows changes consistent with obstructive jaundice and pneumobilia, post stent placement. There is a large mass, approximately 6 cm x 8 cm, in the head of the pancreas which appears to obliterate the fat plane between the pancreas and the superior mesenteric vein. This would make the lesion unresectable from a surgical standpoint. If there is any question about resectability as an option, CT scan portography could be obtained, but I think this would probably not change the approach. With her other coexistent medical problems, I do not feel that she would be an ideal operative candidate in either standpoint. The endoscopic retrograde cholangiopancreatography shows changes most suggestive of a malignant stricture in the common bile duct, possibly primary or possibly extrinsic, and stent was placed at that time, and her bilirubin has come down near normal. CA19-9 and CEA are pending at this time.

OTHER LABORATORY VALUES: Her albumin is 2.2, alkaline phosphatase is 373, AST is 34, ALT 45, bilirubin total of 3.5, direct being 2.2. This was on the 26th. Her CBC most recently appears to be from the 19th, with a white count of 12.6, hemoglobin 15.4, hematocrit 46.6, platelet count of 303,000. The INR is normal at 1.0.

ASSESSMENT AND PLAN: An 80-year-old white female with a large pancreatic mass, probably malignant based on x-ray findings, probable unresectable based on x-ray findings. Options would include continued stenting periodically for stent occlusion, versus double bypass surgery. Given the large nature of the tumor and the patient's other coexisting problems, I feel that the least-morbid option would be continued stenting of her pancreatic stricture, probable malignant. If, during the evolution of this, it turns out to be possibly an atypical pseudocyst, which may benefit from internal decompression, this could always be readdressed, but I think this is probably very unlikely. The options were discussed with the patient, and at this time she also agrees that stenting would be her choice, as far as management for this lesion. Given the lack of any other further workup which would probably be done, she probably could be transferred to the

D: 11/27/99 9:40 A
T: 11/27/99 9:51 A
cld JOB NO.: 04869

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
DATE OF CONSULTATION:
ROOM NO.:

CONSULTATION

skilled nursing unit for rehab of her hip prosthesis, and we will follow along and see how this evolves over time.

Thank you, Dr. Davidson, Dr. Hoffman and Dr. Kasper for the interesting consult.

Michael A. Phelps, MD

cc: William Davidson, III, MD
John M. Hoffman, MD
Richard B. Kasper, MD
Michael A. Phelps, MD

D: 11/27/99 9:40 A
T: 11/27/99 9:51 A
cld JOB NO.: 04868

CONSULTATION

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
DATE OF CONSULTATION:
ROOM NO.:

*** UNVERIFIED REPORT ***

ROUTE TO: Kasper MD, Richard B.

/GENESIS MEDICAL CENTER - WEST CAMPUS DAVENPORT, IOWA

DICTATING PHYSICIAN: Richard B. Kasper, MD

DATE OF ADMISSION: 11/19/1999

DATE OF DISCHARGE: 12/03/1999

DISCHARGE DIAGNOSES
1. Dislodged acetabular component of previously placed right total hip replacement. Original surgery done November 1, 1999.
2. Cancer of the pancreas, unresectable.
3. Hypertension.
4. Vertigo secondary to medications, hyponatremia and hypokalemia.
5. Hyponatremia.
6. Hypokalemia.

CONSULTATIONS
1. Michael A. Phelps, MD
2. William Davidson, III, MD
3. George Kovach, MD

HOSPITAL COURSE: The patient was admitted by her orthopedist, Dr. Hoffman, after she was found to have dislodged acetabular component of her total hip. She had been residing at Good Samaritan home receiving ongoing PT and OT postoperatively. She was readmitted and the revised surgery done. It was then noted that the patient was becoming icteric and consultations were requested by my partner, Mary Campbell, MD, who was covering for me in my absence. Significant hyperbilirubinemia and elevated alkaline phosphatase were found and further consultations requested with Gastroenterology and General Surgery.

Her bilirubin was 6.0 and fell during the course of the hospitalization to 2.3 after stent placement. Alkaline phosphatase was 474 and fell to 279. Her amylase was normal and remained so throughout the course of the hospitalization. Her SGPT fell from 77 to 45 after stent placement. Her hemoglobin and hematocrit remained stable throughout the hospitalization at 10.3 and 31 at the time of discharge. White blood count remained slightly elevated in the 12,000 to 14,000 range throughout her hospital stay.

The patient underwent ultrasound for initial evaluation of her jaundice. This revealed intra and extrahepatic dilatation of the biliary tree with questionable dilatation of the pancreatic duct. Common duct measured 14.4 mm. The patient then underwent ERCP that showed irregularity of the common duct. X-ray findings were highly suggestive of malignancy. A stent was placed to bridge the narrowing

D: 12/03/1999 10:24 A
T: 12/14/1999 5:11 P
ust JOB NO.: 7703

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
ADMIT DATE: 11/19/1999
DISCHARGE DATE: 12/03/1999

CLINICAL SUMMARY

and a CT of the abdomen was carried out after the ERCP. The CT revealed a cystic mass of the pancreatic head that was septate. It measured 6 x 6 x 8 cm. There was no mass seen in the liver or pancreas. There was no significant adenopathy; however, the mass seemed to obliterate the fat-pad between the pancreas and mesentery vein. The patient's CEA was 44 and her CA 99 was in excess of 2,100.

Consultation with General Surgery revealed that the pancreatic lesion was likely nonresectable and consultation was then arranged with Oncology. The patient was initially reluctant to even consider chemotherapy or radiation therapy; however, she wished to discuss this with her son who will be present for an outpatient consultation with the patient and George Kovach, MD in the week following discharge.

The patient's postoperative course and status following her GI workup was complicated by hyponatremia and vertigo. These symptoms resolved with significant reductions in her Lopressor dose as well as discontinuation of her diuretic therapy. Furthermore, Prevacid, which had been administered at a dose of 20 mg b.i.d, was discontinued and replaced with usual doses of Pepcid at 20 mg daily. Under this change in her hypertensive therapy and therapy for the small ulcer that was found in her duodenum, the patient's severe vertiginous symptoms cleared and her sodium potassium normalized.

DISPOSITION: The patient was discharged back to Good Samaritan.

DISCHARGE MEDICATIONS
1. Pepcid 20 mg daily.
2. Acetaminophen 650 mg q.4h p.r.n. pain.
3. Lopressor 25 mg daily.
4. Talacen 1 tablet to 2 tablets q.4h p.r.n. for pain unrelieved by acetaminophen.
5. K-Dur 20 mEq daily.
6. Monopril 10 mg daily.
7. Dulcolax 1 tablet rectally p.r.n. for constipation.

PERTINENT LABORATORY DATA: At the time of discharge, her bilirubin was 2.3, her alkaline phosphatase was 279, her SGPT was 45, hemoglobin and hematocrit were 10.3 and 31 and her white blood cell count last determination was 13,000.

Richard B. Kasper, MD

D: 12/03/1999 10:24 A
T: 12/14/1999 5:11 P
ust JOB NO.: 7703

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
ADMIT DATE: 11/19/1999
DISCHARGE DATE: 12/03/1999

CLINICAL SUMMARY

STOWE, EDITH 12-7-99 KASPER PROBLEM: Pt's son comes in wishing to discuss the pt's clinical status. She was discovered to have cancer of the pancreas after recovering from a revision of her socket joint of her total hip replacement. Her biopsies were dysplastic, but ERCP was highly suggestive of malignancy showing a septate cystic mass in the head of the pancreas. Her CEA antigen was in excess of 40 & her CA 19-9 was in excess of 2,000. Pt's son works in a cancer research center in Atlanta & wishes the mother to participate in therapy of human autologous ~~site of kinase~~ cytokines. The pt's blood is drawn & sent to Germany for processing.

A: In light of the dismal prognosis with standard therapies, I have no objection to a trial on this mode of therapy. Permission given to the nursing home to have blood drawn & sent to Germany. RBK/se

Date 12/21/99	Time 3:22/4	Who Called Glenda @ Good Sam			Phone 1651 324-~~1321~~
About Whom Edith Stowe		Age	Temp.	Physician K/R	
Address			Pharmacy/Phone No.		Call Back ~~X~~
MESSAGE:			DISPOSITION:		
medicine 12.5 mg i.q.d started on 13th for dizziness Pt is able to get to chair but only 10-15 minutes			↑ to 25 tid		
Medication Allergy wants to ↑ dose		Rec'd by: MD	Chart ☐ Chart #	Insurance MBRUNS	Handled by:

ROUTE TO: Kasper, MD, Richard B.

/GENESIS MEDICAL CENTER - WEST CAMPUS DAVENPORT, IOWA

DATE OF PROCEDURE: 11/23/1999

SURGEON: William Davidson, III, MD

PREOPERATIVE DIAGNOSIS:

POSTOPERATIVE DIAGNOSIS:

PROCEDURE: Endoscopic retrograde cholangiopancreatography, sphincterotomy, dilation, and stenting.

ANESTHESIA: Xylocaine spray, Demerol 25 mg, Versed 7 mg intravenous, Benadryl 50 mg intravenous, Piperacillin 2 g intravenous.

ANESTHESIOLOGIST:

Consent was obtained at the bedside. The risks and benefits were explained in detail, reviewed again, and witnessed by the GI nurse.

PROCEDURE

1. The Pentax video duodenoscope was advanced to the ampulla.
2. Pancreatogram was obtained using 60% contrast.
3. A cholangiogram was obtained using 30% contrast. Using an Ultrataper catheter, a wire was advanced through a common bile duct stricture to maintain cannulation.
4. A short-nosed Ultratome was used to make a 1 cm sphincterotomy at the eleven o'clock position using two cut-two, blend-one without bleeding.
5. Brushings were obtained of the common bile duct stricture.
6. A 4 mm balloon was inflated to full dilation.
7. A 10 cm, #10 French stent was placed across the common hepatic duct stricture.
8. Biopsies were obtained of duodenal ulcer.
9. Biopsies were obtained for Campylobacter-like organism tests.

FINDINGS

1. Stomach normal.
2. Duodenum with very large ulcer in the bulb.
3. Ampulla with abnormal anatomy with two openings, apparently leading to the pancreas duct, separated by at least 1 cm to 2 cm, from a widely patent orifice leading to the bile duct. At least one of the pancreas orifices seemed to also have a blind passage.

D: 12/13/1999 12:56 P
T: 12/14/1999 12:01 P
kjl JOB NO.: 12311

OPERATIVE REPORT

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
DATE OF OPERATION: 11/23/1999
ROOM NO.:

4. Common bile duct normal in course and caliber for the first 2 cm, then a 1 cm high-grade stricture, and then marked dilation of the common hepatic duct.
5. Intrahepatic bile ducts with marked dilation.
6. Cystic duct; patent.
7. Pancreas duct very ectatic with dye dropping proximally into, either a large pseudocyst, or amorphous cavity.

IMPRESSION
1. High-grade malignant-appearing stricture of the common hepatic duct.
2. Ectatic pancreas duct, perhaps suggesting mucinous cyst adenocarcinoma, with ill-defined anatomy of the proximal pancreas duct.
3. Large duodenal ulcer.

PLAN
1. CT scan of the abdomen and pelvis.
2. Surgical consultation.
3. Follow up biopsy and brushings.
4. Restart Lovenox, but not Coumadin, in 24 hours.

Dear Dr. Kasper, thank you again for asking me to see your patient.

William Davidson, III, MD

cc: William Davidson, III, MD
John M. Hoffman, MD
Richard B. Kasper, MD
Michael A. Phelps, MD

D: 12/13/1999 12:56 P
T: 12/14/1999 12:01 P
kjl JOB NO.: 12311

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
DATE OF OPERATION: 11/23/1999
ROOM NO.:

OPERATIVE REPORT

*** UNVERIFIED REPORT ***

Edith Stowe

STOWE, EDITH 2-8-2000 KASPER PROBLEM: Pt's son comes in for discussion regarding his mother & her cancer of the pancreas. She has apparently nearly completed a course of radiation therapy & will soon start an experimental protocol in which he has enrolled his mother with a protocol that has been used extensively in Germany. This involves the use of human autologous cytokines, also nutritional supplements including those derived from alphalipoic acid, garlic extract, & the co-enzuyme Q-10. The only Rx medicine is Altrexane marketed under the name Rayvec. The dose for his protocol is only 3 mg, where the usual Rx dose is 50 mg. Both the pt's son & the pt herself are anxious to pursue this protocol as traditional therapies have had a very dismal success rate in treating cancer of the pancreas. Her progress will be monitored by one of the local oncologists. However, as she has listed me as her primary physician at the nursing home, we will need to coordinate orders for these various medications to be administered by the nursing staff at the home. We will be receiving a detailed fax from her son who usually lives in Atlanta but is here coordinating this therapy. RBK/se

Date 3/1/00	Time 11:15	Who Called Laurie @ Good Sam			Phone 324-1651
About Whom Edith Stowe		Age	Temp.	Physician Kasper	
Address Jean please call on mon			Pharmacy/Phone No.		Call Back X
MESSAGE: son wants certain meds. + he talked to D/C about this 15 lbs off in past 3 mos-Ca Pancreas, 48 Pain			DISPOSITION: Naltrexone 3mg SR T at HS Trimethoprim/Sulfa 1 5ml Bid - OKed		
Medication Allergy	Rec'd by: MB		Handled by:	Chart ☐ Chart #	Insurance

		Laurie Good Sam			324-1651
About Whom Edith Stowe		Age	Temp.	Physician Kasper	
Address			Pharmacy/Phone No.		Call Back
MESSAGE: pt weakness flushed + sweaty & walking & Therapy put on Tremol Pt's son wants it D/C now.			DISPOSITION: D/C		
Medication Allergy	Rec'd by: MB		Handled by:	Chart ☐ Chart #	Insurance

STOWE, EDITH 3-9-2000 KASPER PROBLEM: Pt was not seen or examined, but we discussed the protocol for gene activation therapy using pt's "own-blood cytokines". This was prepared by a lab in Germany. Pt is enrolled in this study because her son is a researcher in Atlanta using this technique. (For details please refer to the hand-out). Nurses at the nursing home were given orders to implement the injection of 1 vial of the thawed cytokines q.o.d. & will do blood panel for follow up as per page 4 of the instruction sheet. At this point the pt is doing well according to the nursing home reports. Has a good appetite & is maintaining weight & blood counts, despite having been through radiation therapy.
A: Pt tolerating the protocol quite well to date.
P: Will be anxious to see if the pt's CA 19-9 shows improvement on this therapy. RBK/se

Drawn: 03/10/00 @ 05:40 A
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDR5261618
Report:03/14/00 @ 8:10

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: ~~KASPER,RICHARD; ;GOOD SAMARITAN NURSING CENTER;~~

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS	
CBC *5					
WBC	6.5			4.8-10.8	x10e3/uL
RBC	4.45			4.2-5.4	x10e6/uL
HEMOGLOBIN	13.0			12.0-16.0	g/dL
HEMATOCRIT	40.4			37.0-47.0	%
MCV	90.8			81.0-99.0	cuu
MCH	29.1			27.0-31.0	uug
MCHC	32.1			32.0-36.0	%
PLATELET COUNT	228			130-450	10e3/mm3
RDW	18.5		H--*	11.5-14.5	%
SEGS	68		H--*	43-65	%
LYMPHS	21			20.5-45.5	%
MONOS	11			0-12	%
PLATELET ESTIMATION	ADEQUATE				
PLT MORPH	NORMAL				
CARBOHYDRATE ANTIGEN (CA 19-9) *MAYO	303		H--*	(40	U/mL
Note: For Research Use Only. Not for use in diagnostic procedures without confirmation of the diagnosis by another, medically established diagnostic product or procedure.					
Method is Chiron ACS:180.					
T-& B-Cell QN by Flow Cytometry *MAYO					
Lymphocytes	0.58	*--L		0.66-4.60	thou/uL
% CD3 (T Cells)	75			52-84	%
% CD19 (B Cells)	4	*--L		5-25	%
% CD16 (NK)	19			5-30	%
% CD4 (Helper Cells)	52			30-61	%
% CD8 (Supp'r Cells)	21			10-42	%
CD3 (T Cells)	435	*--L		582-1992	/uL
CD19 (B Cells)	22	*--L		71-567	/uL
NK (CD16)	108			80-597	/uL
CD4 (Helper Cells)	311	*--L		401-1532	/uL
CD8 (Supp'r Cells)	124	*--L		152-838	/uL
H/S Ratio	2.51			)or=1.0	
	FINAL REPORT				

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 03/10/00 @ 05:40 A
Name: STOWE,EDITH
Age: 81Y DOB: 02/21/1919
Dr: KASPER,RICHARD

Order: MDR5261618 Id#:482-09-6002

Drawn: 04/11/00 @ 05:15 A
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0291721
Report:04/13/00 @ 12:01

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: KASPER,RICHARD; ;

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS	
HEMOGRAM,PLT CT & MANUAL DIFF*5					
WBC	5.3			4.8-10.8	x10e3/u
RBC	4.09	*--L		4.2-5.4	x10e6/u
HEMOGLOBIN	11.8	*--L		12.0-16.0	g/dL
HEMATOCRIT	36.7	*--L		37.0-47.0	%
MCV	89.7			81.0-99.0	cuu
MCH	28.8			27.0-31.0	uug
MCHC	32.1			32.0-36.0	%
PLATELET COUNT	273			130-450	10e3/mm3
RDW	16.3		H---*	11.5-14.5	%
SEGS	78		H---*	43-65	%
BANDS	1			0-11	%
LYMPHS	10	*--L		20.5-45.5	%
MONOS	10			0-12	%
EOS	1			0-5	%
ANISOCYTOSIS	SLIGHT				
HYPOCHROMASIA	SLIGHT				
PLATELET ESTIMATION	ADEQUATE				
PLT MORPH	NORMAL				
CARBOHYDRATE ANTIGEN (CA 19-9)*MAYO					
CA 19-9	93.3		H---*	<40	U/mL

Note:
For Research Use Only. Not for use in diagnostic procedures without confirmation of the diagnosis by another, medically established diagnostic product or procedure.

Method is Chiron ACS:180.

FINAL REPORT

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 04/11/00 @ 05:15 A
Name: STOWE,EDITH
Age: 81Y DOB: 02/21/1919
Dr: KASPER,RICHARD

Order: MDN0291721 Id#:482-09-6002

Drawn: 04/20/00 @ 05:30 A
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0294545
Report:04/24/00 @ 10:01

CC: KASPER,RICHARD; ;

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS	
HEMOGRAM,PLT CT & MANUAL DIFF*5					
WBC	4.9			4.8-10.8	x10e3/ul
RBC	4.06	*--L		4.2-5.4	x10e6/ul
HEMOGLOBIN	12.0			12.0-16.0	g/dL
HEMATOCRIT	36.6	*--L		37.0-47.0	%
MCV	90.3			81.0-99.0	cuu
MCH	29.5			27.0-31.0	uug
MCHC	32.6			32.0-36.0	%
PLATELET COUNT	252			130-450	10e3/mm3
RDW	16.0		H--*	11.5-14.5	%
SEGS	76		H--*	43-65	%
BANDS	5			0-11	%
LYMPHS	12	*--L		20.5-45.5	%
MONOS	6			0-12	%
EOS	1			0-5	%
PLATELET ESTIMATION	ADEQUATE				
PLT MORPH	NORMAL				
RBC MORPHOLOGY	NORMAL				
CARBOHYDRATE ANTIGEN (CA 19-9)*MAYO					
CA 19-9	76.9		H--*	(40	U/mL

Note:
For Research Use Only. Not for use in diagnostic procedures without confirmation of the diagnosis by another, medically established diagnostic product or procedure.

Method is Chiron ACS:180.

FINAL REPORT

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 04/20/00 @ 05:30 A
Name: STOWE,EDITH
Age: 81Y DOB: 02/21/1919
Dr: KASPER,RICHARD

Order: MDN0294545 Id#:482-09-6002

Drawn: 04/20/00 @ 05:30 A
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0294545
Report:04/24/00 @ 10:01

CC: KASPER,RICHARD; ;

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS	
HEMOGRAM,PLT CT & MANUAL DIFF*5					
WBC	4.9			4.8-10.8	x10e3/ul
RBC	4.06	*--L		4.2-5.4	x10e6/ul
HEMOGLOBIN	12.0			12.0-16.0	g/dL
HEMATOCRIT	36.6	*--L		37.0-47.0	%
MCV	90.3			81.0-99.0	cuu
MCH	29.5			27.0-31.0	uug
MCHC	32.6			32.0-36.0	%
PLATELET COUNT	252			130-450	10e3/mm3
RDW	16.0		H--*	11.5-14.5	%
SEGS	76		H--*	43-65	%
BANDS	5			0-11	%
LYMPHS	12	*--L		20.5-45.5	%
MONOS	6			0-12	%
EOS	1			0-5	%
PLATELET ESTIMATION	ADEQUATE				
PLT MORPH	NORMAL				
RBC MORPHOLOGY	NORMAL				
CARBOHYDRATE ANTIGEN (CA 19-9)*MAYO					
CA 19-9	76.9		H--*	(40	U/mL

Note:
For Research Use Only. Not for use in diagnostic procedures without confirmation of the diagnosis by another, medically established diagnostic product or procedure.

Method is Chiron ACS:180.

FINAL REPORT

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 04/20/00 @ 05:30 A
Name: STOWE,EDITH
Age: 81Y DOB: 02/21/1919
Dr: KASPER,RICHARD

Order: MDN0294545 Id#:482-09-6002

Drawn: 05/04/00 @ 05:45 A
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0299407
Report:05/08/00 @ 16:02

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: KASPER,RICHARD; ;

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS	
COMPREHENSIVE METABOLIC PANEL*5					
BUN	11			7-22	mg/dL
CREATININE	0.6			0.4-1.1	mg/dL
CALCIUM	8.3			8.2-10.2	mg/dL
SODIUM	138			136-145	mmol/L
POTASSIUM	4.0			3.5-5.0	mmol/L
CHLORIDE	102			98-109	mmol/L
PROTEIN,TOTAL	6.3			6.0-8.5	g/dL
ALBUMIN	2.9	*--L		3.2-5.2	g/dL
GLUCOSE	86			FASTING 70-105	
				RANDOM 70-140	
ALK PHOSPHATASE	151		H--*	34-111	U/L
AST (SGOT)	16			0-28	U/L
ALT (SGPT)	15			0-31	U/L
BILIRUBIN,TOTAL	0.3			0.2-1.0	mg/dl
CARBON DIOXIDE	24			23-30	mmol/L
HEMOGRAM,PLT CT & MANUAL DIFF*5					
WBC	4.7	*--L		4.8-10.8	x10e3/uL
RBC	3.97	*--L		4.2-5.4	x10e6/uL
HEMOGLOBIN	11.8	*--L		12.0-16.0	g/dL
HEMATOCRIT	36.1	*--L		37.0-47.0	%
MCV	91.1			81.0-99.0	cuu
MCH	29.8			27.0-31.0	uug
MCHC	32.8			32.0-36.0	%
PLATELET COUNT	232			130-450	10e3/mm3
RDW	15.2		H--*	11.5-14.5	%
SEGS	73		H--*	43-65	%
BANDS	1			0-11	%
LYMPHS	18	*--L		20.5-45.5	%
MONOS	7			0-12	%
EOS	1			0-5	%
NRBC	1		H--*		/100 WBC
PLATELET ESTIMATION	ADEQUATE				
PLT MORPH	NORMAL				
RBC MORPHOLOGY	NORMAL				
CARBOHYDRATE ANTIGEN (CA 19-9)*MAYO					
CA 19-9	85.4		H--*	(40	U/mL
Note: For Research Use Only. Not for use in diagnostic procedures without confirmation of the diagnosis by another, medically established diagnostic product or procedure.					
Method is Chiron ACS:180.					
T-& B-Cell QN by Flow Cytometry*MAYO					
Lymphocytes	0.79			0.66-4.60	thou/uL
% CD3 (T Cells)	72			52-84	%
% CD19 (B Cells)	3	*--L		5-25	%
% CD16 (NK)	21			5-30	%
% CD4 (Helper Cells)	48			30-61	%
% CD8 (Supp'r Cells)	24			10-42	%
CD3 (T Cells)	569	*--L		582-1992	/uL
CD19 (B Cells)	28	*--L		71-567	/uL
NK (CD16)	165			80-597	/uL
CD4 (Helper Cells)	366	*--L		401-1532	/uL
	FINAL REPORT				

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 05/04/00 @ 05:45 A
Name: STOWE,EDITH
Age: 81Y DOB: 02/21/1919
Dr: KASPER,RICHARD

Order: MDN0299407 Id#:482-09-6002

ROUTE TO: Edwards MD, Andrew D.

/GENESIS MEDICAL CENTER - WEST CAMPUS DAVENPORT, IOWA

DATE OF ADMISSION:

CONSULTING PHYSICIAN: William Davidson, III, MD

Dear Drs. Kasper and Kovach:

Your patient was here again for evaluation of her pancreas cancer. It has been almost three months since her last stent placement. She is due for a change at three months. She is reporting no anorexia, nausea, vomiting, abdominal pain, weight loss, jaundice, fever, or chills. She has had no other complaints.

PAST MEDICAL HISTORY: Unresectable pancreas cancer, hip fracture, hyperthyroidism, hypertension, peripheral edema, and suspect congestive heart failure.

PAST SURGICAL HISTORY: Tonsillectomy, appendectomy, thyroidectomy, colon cancer surgery, and negative needle biopsy of the pancreas.

SOCIAL HISTORY: Nursing home resident. No alcohol. No tobacco.

FAMILY MEDICAL HISTORY: Negative for pancreas cancer.

REVIEW OF SYSTEMS
Neurologic: Negative.
Constitutional: Negative.
Cardiovascular: Negative.
Lungs: Negative.
Kidneys: Negative.
Gynecologic: Negative.
Skin: Negative.
Endocrine: No diabetes.
Musculoskeletal: Walking with a walker.
Neuropsychologic: Negative.
HEENT: Negative.

PHYSICAL EXAMINATION
VITAL SIGNS SITTING: Blood pressure is 180/100, pulse is 64, weight is 202 pounds, and height is 5 feet 2 inches.
GENERAL DESCRIPTION: There is good nutrition with no evidence of chronic illness.
EYES: Scleras are nonicteric. Conjunctivae are pink. Pupils are normal.
EARS AND NOSE: There are no scars or masses.
MOUTH: The tongue is normal. The lips are without pigmentation.

D: 08/15/2000 3:30 P
T: 08/16/2000 9:30 A
js JOB NO.: 222555

NAME: Stowe, Edith
MED REC NO.:
DATE OF CONSULTATION:
ROOM NO.:

CONSULTATION

NECK: The neck is supple without thyroid enlargement. The trachea is midline in position.
RESPIRATORY: There is a normal respiratory effort. The lungs are clear to auscultation with normal breath sounds. There are no wheezes or rubs.
CARDIOVASCULAR: The heart has a regular rate and rhythm, normal S1 and S2. There are no murmurs, clicks, or rubs. There is +1 edema.
ABDOMEN: There is no venous pattern, ascites, bruits, hepatosplenomegaly, tenderness, masses, abnormal distention, or hernias. The umbilicus is normal. There are normoactive bowel sounds.
LYMPHATICS: There is no lymphadenopathy in the cervical, supraclavicular, or inguinal areas.
MUSCULOSKELETAL: Gait and station are normal. There is no cyanosis, clubbing, or tenderness.
SKIN: There are no rashes or ulcers. There are no spider angiomata, indurations, nodules, or tightening.
PSYCHIATRIC: The patient is oriented times three. There is good recent and remote memory.

IMPRESSION: This is a patient with pancreas cancer. She is without symptoms at this time.

PLAN: Stent change. Consider additional attempt to confirm tissue diagnosis. Previous brushings have shown atypical cells.

Thank you again for asking me to see your patient.

William Davidson, III, MD

cc: William Davidson, III, MD
Andrew D. Edwards, MD
George Kovach, MD
Antonio Vigliotti, MD

D: 05/15/2000 3:30 P
T: 05/16/2000 9:50 A
js JOB NO.: 22066

NAME: Stowe, Edith
MED REC NO.:
DATE OF CONSULTATION:
ROOM NO.:

CONSULTATION

*** UNVERIFIED REPORT ***

Drawn: 5/22/00 @ 5:50
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0305095
Report:5/23/00 @ 14:39

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: ~~KASPER,RICHARD; ;~~

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS	
COMPREHENSIVE METABOLIC PANEL*5					
BUN	13			7-22	mg/dL
CREATININE	0.6			0.4-1.1	mg/dL
CALCIUM	8.7			8.2-10.2	mg/dL
SODIUM	138			136-145	mmol/L
POTASSIUM	4.0			3.5-5.0	mmol/L
CHLORIDE	102			98-109	mmol/L
PROTEIN,TOTAL	6.8			6.0-8.5	g/dL
ALBUMIN	3.0	*--L		3.2-5.2	g/dL
GLUCOSE	82			FASTING 70-105 RANDOM 70-140	
ALK PHOSPHATASE	140		H--*	34-111	U/L
AST (SGOT)	15			0-28	U/L
ALT (SGPT)	12			0-31	U/L
BILIRUBIN,TOTAL	0.3			0.2-1.0	mg/dl
CARBON DIOXIDE	25			23-30	mmol/L
HEMOGRAM,PLT CT & MANUAL DIFF*5					
WBC	4.5	*--L		4.8-10.8	x10e3/ul
RBC	4.08	*--L		4.2-5.4	x10e6/ul
HEMOGLOBIN	12.6			12.0-16.0	g/dL
HEMATOCRIT	37.6			37.0-47.0	%
MCV	92.1			81.0-99.0	cuu
MCH	30.8			27.0-31.0	uug
MCHC	33.5			32.0-36.0	%
PLATELET COUNT	236			130-450	10e3/mm3
RDW	14.9		H--*	11.5-14.5	%
SEGS	78		H--*	43-65	%
LYMPHS	10	*--L		20.5-45.5	%
MONOS	10			0-12	%
EOS	2			0-5	%
PLATELET ESTIMATION	ADEQUATE				
SPEC. CONDITION	REPEATED				
PLT MORPH	NORMAL				
RBC MORPHOLOGY	NORMAL				
IMMUNOGLOBULINS *1					
IgG,QUANT,SERUM	4680		H--*	694-1618	mg/dL
Normal range for age greater than or equal to 16 years.					
IgA,QUANT,SERUM	365			68-378	mg/dL
IgM,QUANT,SERUM	198			71-310	mg/dL
Note:					
Normal range is for ages greater than or equal to 16 years.					
	FINAL REPORT				

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 5/22/00 @ 5:50
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0305095 Id#:482-09-6002

Drawn: 5/22/00 @ 4:00
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0305101
Report:5/24/00 @ 11:44

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: KASPER,RICHARD; ;

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS
CARBOHYDRATE ANTIGEN (CA 19-9)*MAYO				
CA 19-9	53.1		H--*	<40 U/mL

Note:
For Research Use Only. Not for use in diagnostic procedures without confirmation of the diagnosis by another, medically established diagnostic product or procedure.

Method is Chiron ACS:180.

FINAL REPORT

Path Chart

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 5/22/00 @ 4:00
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0305101 Id#:482-09-6002

RADIOLOGY REPORT

STOWE, EDITH N
3006 W 69TH ST
DAVENPORT IA 52806

DOB: 02/21/19 Age: 81Y Sex:F
PA#: 23193436 MR#: 53575
PT:O OUTPATIENT Loc:W 319/445-1591
PS: RAD RADIOLOGY OUTPATIENT

Int Dr: 6071
Ord Dr: KOVACH, GEORGE
1351 W CENTRAL PARK
DAVENPORT IA 52804

Adm Dr: KOVACH, GEORGE
1351 W CENTRAL PARK
DAVENPORT IA 52804

Atn Dr: KOVACH, GEORGE
Cons 2:
Diagnosis: PANCREATIC CA

Cons 1:
Cons 3:
Reason: PANCREATIC CA

1 02589W CT ABDOMEN UPPER **** Page: 1 of 2

Exam Date/Time: 05/30/00 9:50:00

DATE AND TIME OF DICTATION: 05/30/2000 AT 1421 HOURS

CT SCAN OF ABDOMEN

CONTRAST: Optiray 320
VOLUME: 100 ml
SITE: Left antecubital
REACTION: -0-
COMMENT: -0-
LOT#: B061J

HISTORY: Pancreatic cancer.

FINDINGS: Routine enhanced images through the pancreas were performed with IV and oral contrast. Today's study is compared to the prior examination of 02/23/2000. The mass involving the pancreatic head is not as well defined with today's study. It does appear smaller, measuring approximately 2.5 cm in diameter. This is displacing the biliary stent posteriorly. The biliary stent itself appears to have migrated inferiorly by a small amount with resultant intrahepatic biliary dilatation. Pneumobilia is once again demonstrated related to the stent placement. I do not appreciate any adenopathy along the celiac axis or superior mesenteric artery. No intrahepatic mass lesions are present. The spleen, kidneys, and adrenal glands are unchanged. The aorta shows some atherosclerotic changes, but no aneurysmal dilatation or periaortic adenopathy. In the visualized

RADIOLOGY REPORT

STOWE, EDITH N
3006 W 69TH ST
DAVENPORT IA 52806

DOB: 02/21/19 Age: 81Y Sex:F
PA#: 23193436 MR#: 53575
PT:O OUTPATIENT Loc:W 319/445-1591
PS: RAD RADIOLOGY OUTPATIENT

Int Dr: 6071
Ord Dr: KOVACH, GEORGE
1351 W CENTRAL PARK
DAVENPORT IA 52804

Adm Dr: KOVACH, GEORGE
1351 W CENTRAL PARK
DAVENPORT IA 52804

Atn Dr: KOVACH, GEORGE
Cons 2:
Diagnosis: PANCREATIC CA

Cons 1:
Cons 3:
Reason: PANCREATIC CA

1 02589W CT ABDOMEN UPPER ****

Exam Date/Time: 05/30/00 9:50:00

lung bases, there is a dense granuloma in the posterior segment of the lower lobe of the left lung. Some pleural-based scarring is once again seen, unchanged.

IMPRESSION
1. Interval decrease in size of the pancreatic head mass lesion which now measures approximately 2.5 cm in diameter.
2. Diminished pneumobilia, but apparent increased intrahepatic bilateral dilatation. This suggests that the stent has slid more inferiorly. The remainder is stable.

s 05/30/00

PATRICK. RHEINGANS
LJZ 05/30/00 15:08

@@**
Authenticated by Patrick P. Rheingans, MD On 06-03-2000 at 9:50 am

ROUTE TO: Kasper MD, Richard B.

/GENESIS MEDICAL CENTER - WEST CAMPUS DAVENPORT, IOWA

AMENDMENT 06/06/2000 at 3:30 p.m. rm

DATE OF PROCEDURE: Not dictated.

ATTENDING/SURGEON: William Davidson, III, MD

REFERRING: Richard B. Kasper, MD

PROCEDURE: Upper endoscopy and esophageal stent change.

MEDICATIONS: Cetacaine spray.
Demerol 37.5 mg intravenously.
Versed 5 mg intravenously.
Benadryl 50 mg intravenously
Piperacillin 2 g intravenously.
Nasal cannula 2 L.

CONSENT: The consent was witnessed by the GI nurse. The risks and benefits were explained.

INDICATION: Pancreas cancer and bile duct stricture.

PROCEDURE
1. The Pentax video duodenoscope was advanced to the ampulla.
2. Snare was used to remove the existing stent.
3. Cholangiogram was obtained. Pancreatogram was obtained.
4. A 4-mm balloon dilation was performed of the bile duct stricture.
5. A 10-French 10-cm stent was placed beyond the stricture in the bile duct.

FINDINGS
1. Stomach: Normal.
2. Duodenum: Normal.
3. Ampulla: Status post endoscopic sphincterotomy with stent in place.
4. Common bile duct/Common hepatic duct: High-grade stricture in the mid common bile duct with mild proximal dilation of the common hepatic duct.
5. Intrahepatic bile ducts: Mild dilation.
6. Pancreas: Stricture near the genu corresponding to the area in the bile duct with stricture.

IMPRESSION
1. Pancreas cancer.
2. Bile duct stricture.

D: 06/06/2000 10:50 A
T: 06/06/2000 3:02 P
rm JOB NO.: 958

NAME: Stowe, Edith N
MED REC NO.: 00006-55-75
DATE OF OPERATION:
ROOM NO.:

OPERATIVE REPORT

Edith Stowe

7/17/00 Ca Pancreas
improving
Dependent edema
134/64
pulse 64

INT 213 Rev.

Age: 81

NH checkup
In 2nd series of cytokine
No jaundice
walking 50-60 feet
better sharper
No jaundice Stent replace.
CT showing No liver mets
↓ mass to 2.5 cm

meds: see med list

K-Dur 10 qd
Lopressor 25 qd
Monopril 10 qd
TED Hose
Naltrexone 3 mg qhs
Ranitidine 150 bid
Co Enzyme Q 10
PCN-4 tabs tid
PCN caps - tid
Synthroid 0.125 qd
Dulcolax
MOM
Compazine 10 q 4 prn

STOWE, EDITH 7-17-2000 KASPER

PROBLEMS: 1.Nursing home exam. 2.Cancer of the pancreas, improving on autologous cytokine therapy.

S: Pt is feeling quite good. Is gaining weight. Denies any episodes of recurrent jaundice. Her ambulation is slowly improving as would be expected after the diagnosis of cancer of the pancreas immediately following major joint replacement surgery. She has recently had her stent in her common duct replaced.

O: Lungs are clear. She has recently had a CT scan that showed reduction in size of the pancreatic mass down to 2½ cm. There is no sign of liver metastases or adenopathy in the abdomen.

A: 1.Improved cancer of the pancreas. 2.DJD, status post joint replacement surgery that is improving. 3.Dependent edema, controlled on current medications.

P: No change in current regimen recommended. Will recheck in 3 to 4 months with periodic blood tests as per the autologous cytokine protocol. RBK/se

Drawn: 7/17/00 @ 4:40
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0324528
Report:7/19/00 @ 10:39

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: KASPER,RICHARD; ;

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS
CARBOHYDRATE ANTIGEN (CA 19-9)*MAYO				
CA 19-9	32.5			<40 U/mL

Note:
For Research Use Only. Not for use in diagnostic procedures without confirmation of the diagnosis by another, medically established diagnostic product or procedure.

Method is Chiron ACS:180.

FINAL REPORT

Grew 01 respon

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 7/17/00 @ 4:40
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0324528 Id#:482-09-6002

Drawn: 7/31/2000@ 4:25
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0329097
Report:7/31/2000@ 9:40

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: KASPER,RICHARD; ;

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS
HEMOGRAM,PLT CT & MANUAL DIFF*5				
WBC	5.0			4.8-10.8 x10e3/ul
RBC	4.16	*--L		4.2-5.4 x10e6/ul
HEMOGLOBIN	12.8			12.0-16.0 g/dL
HEMATOCRIT	38.7			37.0-47.0 %
MCV	93.2			81.0-99.0 fl
MCH	30.8			27.0-31.0 pg
MCHC	33.0			32.0-36.0 g/dL
PLATELET COUNT	205			130-450 10e3/mm3
RDW	14.4			11.5-14.5 %
SEGS	47			43-65 %
BANDS	1			0-11 %
LYMPHS	30			20.5-45.5 %
MONOS	17		H--*	0-12 %
EOS	5			0-5 %
PLATELET ESTIMATION	ADEQUATE			
PLT MORPH	NORMAL			
RBC MORPHOLOGY	NORMAL			
	FINAL REPORT			

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 7/31/2000 @ 4:25
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0329097 Id#:482-09-6002

Drawn: 8/14/00 @ 4:25
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0334300
Report:8/24/2000@ 8:48

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: KASPER,RICHARD; ;

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS
Tumor Necrosis Factor-a *ARUP	< 15.6			<15.6 pg/mL
This assay uses a commercial kit or reagent that has not been approved or cleared by the FDA. Its performance characteristics were determined by ARUP laboratories.				
	FINAL REPORT			

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 8/14/00 @ 4:25
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0334300 Id#:482-09-6002

Drawn: 08/28/00 @ 04:35 A
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0338971
Reported: 08/28/00 @ 9:40

GOOD SAMARITAN NURSING CENTER
700 WAVERLY ROAD
DAVENPORT, IA 52804

FILE

CC: KASPER,RICHARD, ,

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS
HEMOGRAM,PLT CT & MANUAL DIFF*5				
WBC	5.4			4.8-10.8 x10e3/ul
RBC	4.32			4.2-5.4 x10e6/ul
HEMOGLOBIN	13.3			12.0-16.0 g/dL
HEMATOCRIT	40.6			37.0-47.0 %
MCV	94.0			80.0-99.0 fl
MCH	30.8			27.0-31.0 pg
MCHC	32.7			32.0-36.0 g/dL
PLATELET COUNT	209			130-450 10e3/mm3
RDW	14.7		H--*	11.5-14.5 %
SEGS	72		H--*	40-65 %
BANDS	4			0-11 %
LYMPHS	15	*--L		20.5-45.5 %
MONOS	7			0-12 %
EOS	2			0-5 %
PLATELET ESTIMATION	ADEQUATE			
PLT MORPH	NORMAL			
RBC MORPHOLOGY	NORMAL			
	FINAL REPORT			

ER

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 08/28/00 @ 04:35 A
Name: STOWE,EDITH
Age: 81Y DOB: 02/21/1919
Dr: GOOD SAMARITAN NURSING CENT

Order: MDN0338971 ID#:482-09-6002

Drawn: 8/14/00 @ 4:25
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0334319
Report:8/17/00 @ 9:02

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: ~~KASPER,RICHARD; ;~~

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS
CARBOHYDRATE ANTIGEN (CA 19-9)*MAYO				
CA 19-9	29.4			<40 U/mL

Note:
For Research Use Only. Not for use in diagnostic procedures without confirmation of the diagnosis by another, medically established diagnostic product or procedure.

Method is Chiron ACS:180.

FINAL REPORT

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 8/14/00 @ 4:25
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0334319 Id#:482-09-6002

Drawn: 8/14/00 @ 4:25
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0334293
Report:8/14/00 @ 10:11

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: KASPER,RICHARD; ;

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS
COMPREHENSIVE METABOLIC PANEL*5				
BUN	13			7-22 mg/dL
CREATININE	0.8			0.4-1.1 mg/dL
CALCIUM	8.8			8.2-10.2 mg/dL
SODIUM	139			136-145 mmol/L
POTASSIUM	4.3			3.5-5.0 mmol/L
CHLORIDE	101			98-109 mmol/L
PROTEIN,TOTAL	6.8			6.0-8.5 g/dL
ALBUMIN	3.1	*--L		3.2-5.2 g/dL
GLUCOSE	83			FASTING 70-105 RANDOM 70-140
ALK PHOSPHATASE	128		H--*	34-111 U/L
AST (SGOT)	16			0-28 U/L
ALT (SGPT)	12			0-31 U/L
BILIRUBIN,TOTAL	0.3			0.2-1.0 mg/dl
CARBON DIOXIDE	27			23-30 mmol/L
HEMOGRAM,PLT CT & MANUAL DIFF*5				
WBC	5.2			4.8-10.8 x10e3/ul
RBC	4.31			4.2-5.4 x10e6/ul
HEMOGLOBIN	13.1			12.0-16.0 g/dL
HEMATOCRIT	40.0			37.0-47.0 %
MCV	92.8			81.0-99.0 fl
MCH	30.5			27.0-31.0 pg
MCHC	32.8			32.0-36.0 g/dL
PLATELET COUNT	216			130-450 10e3/mm3
RDW	14.4			11.5-14.5 %
SEGS	56			43-65 %
BANDS	6			0-11 %
LYMPHS	19	*--L		20.5-45.5 %
MONOS	17		H--*	0-12 %
EOS	2			0-5 %
PLATELET ESTIMATION	ADEQUATE			
PLT MORPH	NORMAL			
RBC MORPHOLOGY	NORMAL			
	FINAL REPORT			

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 8/14/00 @ 4:25
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0334293 Id#:482-09-6002

Drawn: 8/28/00 @ 4:00
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0338981
Report:8/31/00 @ 9:43

CC: KASPER,RICHARD; ;

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS
CARBOHYDRATE ANTIGEN (CA 19-9)*MAYO				
CA 19-9	30.2			<40 U/mL

Note:
For Research Use Only. Not for use in diagnostic procedures without confirmation of the diagnosis by another, medically established diagnostic product or procedure.

Method is Chiron ACS:180.

FINAL REPORT

METROPOLITAN MEDICAL LABORATORY

Drawn: 8/28/00 @ 4:00
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0338981 Id#:482-09-6002

Drawn: 8/28/00 @ 4:35
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0338971
Report:8/28/00 @ 9:44

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: KASPER,RICHARD; ;

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS	
HEMOGRAM,PLT CT & MANUAL DIFF*5					
WBC	5.4			4.8-10.8	x10e3/ul
RBC	4.32			4.2-5.4	x10e6/ul
HEMOGLOBIN	13.3			12.0-16.0	g/dL
HEMATOCRIT	40.6			37.0-47.0	%
MCV	94.0			81.0-99.0	fl
MCH	30.8			27.0-31.0	pg
MCHC	32.7			32.0-36.0	g/dL
PLATELET COUNT	229			130-450	10e3/mm3
RDW	14.7		H--*	11.5-14.5	%
SEGS	72		H--*	43-65	%
BANDS	4			0-11	%
LYMPHS	15	*--L		20.5-45.5	%
MONOS	7			0-12	%
EOS	2			0-5	%
PLATELET ESTIMATION	ADEQUATE				
PLT MORPH	NORMAL				
RBC MORPHOLOGY	NORMAL				
	FINAL REPORT				

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 8/28/00 @ 4:35
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0338971 Id#:482-09-6002

Drawn: 9/11/00 @ 4:30
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0343917
Report:9/13/00 @ 17:13

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

CC: KASPER,RICHARD; ;

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS
CARBOHYDRATE ANTIGEN (CA 19-9)*MAYO				
CA 19-9	35.7			<40 U/mL

Note:
For Research Use Only. Not for use in diagnostic procedures without confirmation of the diagnosis by another, medically established diagnostic product or procedure.

Method is Chiron ACS:180.

FINAL REPORT

Continue to full slowly

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 9/11/00 @ 4:30
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0343917 Id#:482-09-6002

Drawn: 9/11/00 @ 4:30
Name: STOWE,EDITH
Age: 81Y Sex: F
Ordered by: KASPER,RICHARD
Room: Order: MDN0343908
Report:9/27/00 @ 14:56

CC: KASPER,RICHARD; ;

KASPER,RICHARD
BETTENDORF MEDICAL CENTER
4017 DEVILS GLEN ROAD
BETTENDORF, IA 52722

TEST	RESULTS	L	H	REFERENCE RANGE - UNITS
Tumor Necrosis Factor-a *ARUP	< 15.6			<15.6 pg/mL
This assay uses a commercial kit or reagent that has not been approved or cleared by the FDA. Its performance characteristics were determined by ARUP laboratories.				
	FINAL REPORT			

METROPOLITAN
MEDICAL
LABORATORY

Drawn: 9/11/00 @ 4:30
Name: STOWE,EDITH
Age: 81Y DOB: 2/21/1919
Dr: KASPER,RICHARD

Order: MDN0343908 Id#:482-09-6002

ROUTE TO: Dr. Richard Kasper

/GENESIS MEDICAL CENTER - WEST CAMPUS DAVENPORT, IOWA

DATE OF PROCEDURE:

SURGEON: William Davidson, III, MD

REFERRING PHYSICIAN: Dr. Richard Kasper

PROCEDURE: Endoscopic retrograde cholangiopancreatography, stent change, dilation

MEDICATIONS: Xylocaine spray, Demerol 50 mg intravenously, Versed 5 mg intravenously, Benadryl 50 mg intravenously, piperacillin 2 mg intravenously

Consent was witnessed by gastrointestinal nurse. Risks and benefits were explained.

PROCEDURE
1. The Pentax duodenoscope was advanced the ampulla.
2. A polypectomy snare was used to remove an existing endobiliary prosthesis.
3. A cholangiogram was obtained with 60% contrast.
4. A 4-mm balloon was used to dilate the bile duct with inflation up to 12 atmospheres.
5. A 10-cm stent was placed in correct position.

FINDINGS
1. Stomach, normal.
2. Duodenum. The duodenal ulcer is slightly smaller than seen previously.
3. Ampulla, status post endoscopic sphincterotomy.
4. Common bile duct, common hepatic duct, stricture with proximal dilation.
5. Intrahepatic bile duct, slightly dilated.
6. Pancreas duct, not dilated.

IMPRESSION
1. Pancreas cancer with bile-duct stricture.
2. Successful stent placement.

D: 09/11/2000 7:44 A
T: 09/12/2000 11:16 A
ah JOB NO.: 16627

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
DATE OF OPERATION:
ROOM NO.:

OPERATIVE REPORT

PLAN
1. Office visit in 2-1/2 months with plans for stent change in 3 months.
2. Ranitidine 300 p.o. b.i.d.

_____
William Davidson, III, MD

cc: William Davidson, III, MD
Richard B. Kasper, MD

D: 09/11/2000 7:44 A
T: 09/12/2000 11:16 A
ah JOB NO.: 16627

NAME: Stowe, Edith N
MED REC NO.: 00005-35-75
DATE OF OPERATION:
ROOM NO.:

OPERATIVE REPORT

*** UNVERIFIED REPORT ***

ute To: Kovach MD, George

RADIOLOGY REPORT
GENESIS MEDICAL CENTER
DAVENPORT, IOWA

STOWE, EDITH N
3006 W 69TH ST
DAVENPORT IA 52806

DOB: 02/21/19 Age: 81Y Sex:F
PA#: 23987571 MR#: 53575
PT:O OUTPATIENT Loc:W 319/445-1591
PS: RAD RADIOLOGY OUTPATIENT

Int Dr: 5757
Ord Dr: KOVACH, GEORGE
1351 W CENTRAL PARK
DAVENPORT IA 52804

Adm Dr: KOVACH, GEORGE
1351 W CENTRAL PARK
DAVENPORT IA 52804

Atn Dr: KOVACH, GEORGE
Cons 1: PHELPS, MICHAEL A
Cons 2: KASPER, RICHARD B
Cons 3: HOFMANN, R. JOSEF
Diagnosis: F/U PANCREATIC CANCER Reason: F/U PANCREATIC CANCER

1 02589W CT ABDOMEN UPPER **** Page: 1 of 2

Exam Date/Time: 11/14/00 11:00:00

TIME OF DICTATION: 1435 hours on 11/14/2000

CT OF THE ABDOMEN (WITH INTRAVENOUS AND ORAL CONTRAST)

CONTRAST: Optiray 320
VOLUME: 100 cc IV
SITE: Left antecubital
REACTION: -0-
COMMENT: Injector protocol
LOT#: B287B

COMPARISON: 05/30/2000.

FINDINGS: The right lung base shows a right lower lobe anterior pleural-based opacity which extends into the anterior costophrenic angle and measures approximately 2.8 cm in largest dimensions. This may represent residual from previous infiltrate or a parenchymal mass. There is a small amount of pleural thickening in the medial aspect of the right lung base. There is a large hiatal hernia.

There is persistent pneumobilia. The liver and spleen are of normal size. The prominence of the biliary ductal system has not changed and a stent remains in the extrahepatic bile ducts projecting into the small bowel. There is no evidence of ascites or adenopathy. The adrenal glands remain normal in size. Surgical changes in the retroperitoneum and upper anterior abdomen are

- - - - CONTINUED - - - -

Received 2-19-01
for Dr. Kovach

RADIOLOGY REPORT
GENESIS MEDICAL CENTER
DAVENPORT, IOWA

STOWE, EDITH N
3006 W 69TH ST
DAVENPORT IA 52806

DOB: 02/21/19 Age: 81Y Sex:F
PA#: 23987571 MR#: 53575
PT:O OUTPATIENT Loc:W 319/445-1591
PS: RAD RADIOLOGY OUTPATIENT

Int Dr: 5757
Ord Dr: KOVACH, GEORGE
1351 W CENTRAL PARK
DAVENPORT IA 52804

Adm Dr: KOVACH, GEORGE
1351 W CENTRAL PARK
DAVENPORT IA 52804

Atn Dr: KOVACH, GEORGE
Cons 1: PHELPS, MICHAEL A
Cons 2: KASPER, RICHARD B
Cons 3: HOFMANN, R. JOSEF
Diagnosis: F/U PANCREATIC CANCER Reason: F/U PANCREATIC CANCER

1 02589W CT ABDOMEN UPPER ****

Exam Date/Time: 11/14/00 11:00:00

again noted.

Bony changes, including an old healed right iliac fracture and some hypertrophy at the lumbosacral region are again noted.

IMPRESSION
1. New pleural-based opacity at the anterior right lung base which is of unclear significance.
2. Large hiatal hernia.
3. Postoperative changes including stent, pneumobilia, and extrahepatic bile duct prominence which have not changed.

s 11/14/00

MATTHEW A. KETELAAR
CCC 11/14/00 15:52

thenticated by Matthew A. Ketelaar, MD On 11-15-2000 at 9:26 am

NKA

5-01	Time 9:35	Who Called Good Sam Bld #3 Linda	Phone 324-0840

...t Whom: Edith Stowe | **Age:** | **Temp.:** | **Physician:** Kasper

...ess: | **Pharmacy/Phone No.:** | **Call Back:** X.

...SAGE: need order for 1/2 rails when in bed for positioning.

DISPOSITION: - OK

Chart ☐ Chart # | Insurance

...cation ...gy | Rec'd by: | Handled by:

NKA

... 01/18/01 Dx ______

Rx ______

Rtn. Visit ______

Age 80
Nasal Congestion

40/90
86

Meds
...altrifone SR 3mg ... qhs
...nitidine 150mg BID
Enzyme Q-10 ... TID
...m 4 tablets ... TID ... meals
...m 4 ... QOD
...m 4 liquid 40 gtts ac breakfast & 2 gtts ... lunch
...mune OSF 2 Caps TID
...throid 0.125mg ... Dly
...lenol 650 mg ... 4° PRN
...pressor 25mg ... Dly
...oxopril 10mg dly
... m 30mg PRN

STOWE, EDITH 1-18-2001 KASPER PROBLEM: Nursing Home Exam.

S: Pt has been a resident of Good Samaritan for over a year. She has done remarkably well using cytokine therapy for her pancreatic cancer. She has had 2 uneventful replacements of pancreatic stent. Recently developed a cold & sore throat symptoms & is responding to Zithromax. Medications are as listed.

O: On x-rays, her area in question is much smaller in size & grossly abnormal. Tumor markers for pancreatic cancer have now normalized as well as her liver functions. (Her PX exam is as per the written notes).

A: 80 y/o with pancreatic cancer & DJD, status post hip replacement surgery.

P: Will continue current medications. She is being followed jointly by Dr. Zaenta & her son who is a cancer researcher in Atlanta with the son providing her with the cytokine & other supportive medicines.

RBK/se

NKA

Date 1-5-01	Time 9:35	Who Called Good Sam - Glenda Bld #3	Phone 324-0840
About Whom Edith Stowe	Age	Temp.	Physician Kasper
Address	Pharmacy/Phone No.		Call Back X

MESSAGE: need order for 1/2 rails when in bed for positioning.

DISPOSITION: - OK

Chart ☐ Chart #

Insurance

Medication Allergy

Rec'd by: [illegible]

Handled by: [illegible]

NKA

Date 01/18/01 Dx ________

Rx ________

Rtn. Visit ________

140/90
P-86

Age 80
↓ wt
Nasal Congestion

WW

Meds
Haltrejone SR 3mg ÷ qhs
Ranitidine 150mg BID
Co-Enzyme Q-10 ÷ TID
CM 4 tablets ÷ TID c meals
CM 4 tab ÷ QOD
CM 4 liquid 40 gtts ac breakfast & 2 gtts c lunch

Immune OSF 2 Caps TID
Synthroid 0.125mg ÷ Dly
Tylenol 650 mg 3 4° PRN
Lopressor 25mg ÷ Dly
Moxopril 10mg dly
MOM 30mg PRN
Z-pak.

STOWE, EDITH 1-18-2001 KASPER PROBLEM: Nursing Home Exam.

S: Pt has been a resident of Good Samaritan for over a year. She has done remarkably well using cytokine therapy for her pancreatic cancer. She has had 2 uneventful replacements of pancreatic stent. Recently developed a cold & sore throat symptoms & is responding to Zithromax. Medications are as listed.

O: On x-rays, her area in question is much smaller in size & grossly abnormal. Tumor markers for pancreatic cancer have now normalized as well as her liver functions. (Her PX exam is as per the written notes).

A: 80 y/o with pancreatic cancer & DJD, status post hip replacement surgery.

P: Will continue current medications. She is being followed jointly by Dr. Zaentz & her son who is a cancer researcher in Atlanta with the son providing her with the cytokine & other supportive medicines. RBK/se

ite 7-8-01	Time 240	Who Called Beth- Good Sam			Phone 324-0840.
bout Whom Edith Stowe.		Age	Temp.	Physician Kasper	
ldress			Pharmacy/Phone No.		Call Back X
ESSAGE: Wanting order for P.T. to evaluate and treat.			DISPOSITION: OK		
			Chart ☐ Chart #	Insurance	
edication lergy	Rec'd by:		Handled by:		

Larry Stowe.
~~270-842-3744~~
RN Sister - 817-313-3007
Myra Woods
319-445-1591

ite 6/22/01 Rx
Wt - 238 # Wrong home
BP - 130/80 Rx Ceritin
P - 60 Rtn. Visit

age - 82.

routine ✓

Current Regimen for repeat exam by Kovach in July.

See MAR Med sheet

Appetite - good
No itch
Wt stable
BM's - N x 4 in consistency or color
Joints - ↓ pain ① hips (not surprised)

STOWE, EDITH 6-22-2001 KASPER

PROBLEM 1: Follow up pancreatic cancer.
S: Patient continues to do well. Maintaining weight. Tumor marker (Ca 19-9 done by her oncologist have continued to be normal. Apparently is due for a repeat CT of her abdomen by Dr. Kovach in July. She denies any itching. There is no change in her bowel habits.
A: Doing well in terms of her pancreatic cancer with formal update scheduled next month by Dr. Kovach.
PROBLEM 2: Degenerative joint disease.
S: Patient notes decreased pain in her left hip, which is her only major weight bearing joint that has not been surgically replaced. Medication list is as per the MAR copy of 6-1-01 from Good Samaritan.
O: She has no heat or redness but obvious hypertrophic lipping of the knees and well healed surgical incisions.
A: DJD, left hip, with improving symptomatology.
P: Consider addition of Glucosamine with Chrondroitin Sulfate to current regimen.

RBK/se