- Cancer Report -

Glenn had been feeling low on energy and having shortness of breath and had discomfort on his right side for a month or two.

On November 14th, 2015, Glenn was taken to the Emergency Room at Sanford Hospital in Thief River Falls, MN, and found out to have what looked like a cancerous mass. Dr. Andersen was on duty that Saturday afternoon. He ran several tests and suggested that Glenn be admitted to the hospital for hypercalcemia (serum calcium level of 13.5mg/dL) and to further explore the mass by his right lung. We agreed to being hospitalized and dad was in Sanford Hospital Medical unit for 4 days. While hospitalized Dr. Singh ran several more tests and gave dad a lot of fluids. Dad had pleural effusion, which is fluid in the pleural space of the lung. On Monday (Nov. 16) they tapped out about a liter of fluid off the bottom of his right lung using ultrasound-guided thoracentesis and sent a sample of the fluid to be tested. That later came back negative for cancer cells. Then they did a CT which showed a soft tissue mass along the right lower chest wall measuring 13 x 6 cm surrounding multiple ribs. It appeared to be contiguous with the masslike lesion along the right heart border extending about 12 cm. There was an adjacent 6.2 x 3.1 cm mass like opacity along the right heart border. There was also confluent right hilar lymphadenopathy and mediastinal lymphadenopathy, the largest right upper paratracheal lymph node measuring 3.3 x 2.9 cm. On Tuesday the 17th he had a transthoracic echocardiogram, which showed no wall motion abnormalities. Dad's calcium level was lowered to 10.5mg/dL so he was not at risk for going into a coma and he could go home. The normal range is 8.5 - 10.1 but with his problem the calcium level is very difficult to bring into normal range.

On Monday Nov, 23rd, we again went to the Sanford Clinic in TRF to check dad's calcium level. It was at 13.6mg/dL and Dr. S. Patel (dad's primary doctor) was again concerned about dad's well being as were we. He was again admitted to Sanford Hospital in TRF. Dr. Gottipati ran more fluids and did several more tests as well as getting a biopsy of the mass on his right side. Dad also had gross hematuria, which is blood in his urine. He developed a pulmonary embolism during hospitalization and was started on oxygen and xarelto to thin his blood to avoid further clots. On Friday Nov. 27th we finally got to take dad home again after getting his calcium level down to 10.0mg/dL with help from medication - calcitonin and zoledronic acid.

On Thursday Dec. 3rd we got to have an appointment with an oncologist - Dr. Hanna with the Altru Cancer Center in Grand Forks, ND - dad had worsening exertional dyspnea with a loss of appetite and lost about 15-18 pounds over the past few months. The results of the biopsy came in - right anterior chest wall mass core biopsy: Diffuse large B-cell lymphoma, germinal center type (non-Hodgkin's). Dad complained about right-sided pain radiating to the back. He had a bruise on his right side below his breast. He also had bilateral ankle swelling that started recently.

On Friday Dec. 4th Dr. Hanna wanted a bone marrow biopsy so we again went to Grand Forks and did that. Those results came back good - no evidence of lymphoma; normal appearing trilineage hematopoiesis, adequate iron storage

On Monday Dec. 7th Dr. Hanna wanted a PET scan to see the activity level of the cancer which we also did. We were now really checking out this cancer issue and getting a handle on how to treat this problem. Dr. Hanna staged the cancer at a 3.5 and as a very aggressive cancer. Dr. Hanna said that he appreciates aggressive cancer as it is easier to treat it with chemotherapy. The results of the PET scan - extensive hypermetabolic mediastinal adenopathy, extends along the right side. Large area of mass extending inferior to the right side along the right heart border lower chest. This is not separable from a large hypermetabolic chest wall mass on the right with largest component anteriorly, though the mass extends laterally and posteriorly as well surrounding ribs and extending along the lower chest wall. Mass along the right mid to lower chest wall. Mild activity seen associated with 2 normal-sized right axillary lymph nodes. Some mild subtle activity right chest wall /pectoralis region. Hypermetabolic adenopathy in the upper abdomen centrally. Hypermetabolic activity associated with normal size lymph nodes in the right lower pelvis and upper inguinal region. Small hypermetabolic focus right lower anterior pelvis as well. Prostate is prominent/enlarged. Mild to moderate scattered accumulation of fluid in the peritoneal cavity causing abdominal swelling. Large right-sided pleural effusion. Portions of which appear loculated. Small left-sided pleural effusion. Scattered hypermetabolic activity along the right posterior pleural surface.

On Thursady Dec. 10, we had an appointment at Sanford Health to see urologist, Dr. Williams. After a cystoscopy, dad was found to have a urinary bladder outlet obstruction secondary to benign prostatic hypertrophy. He was started on Proscar to help shrink the prostate gland and was instructed to catheterize himself 3 times a day. He was started on an antibiotic to help prophylacticly.

On Friday Dec. 11, we went for an appointment at Altru Cancer Center to see Dr. Hanna to come up with a treatment plan for this cancer. Dad had his Port-A-Cath installed on his upper right chest today with no complications. He has been having worsening bilateral lower extremity swelling for the past week with worsening exertional dyspnea, associated with intermittent wheezing. He still has a poor appetite, decreased energy levels, but his right-sided chest pain is much better controlled on his current analgesic regimen of pain medication. Dr. Hanna spoke to Dr. Yongshen - the pathologist who read his biopsy - and requested FISH studies to be sent. They came back negative for double hit lymphoma. He also discussed with him the possibility of this being a primary mediastinal large B-cell lymphoma however given its immunophenotypic picture, he said that this was not likely. Dr. Hanna recommended chemotherapy to cure this problem in the form of R-CHOP (acronym for the 5 medications used in this particular chemo) with Neulasta support given every 21 days for 6 cycles with referral to radiation oncology towards the end of his treatment for evaluation for the need of possible radiation given his bulky disease. Given his worsening hypercalcemia, spontaneous tumor lysis by virtue of his worsening hyperuricemia despite being on allopurinol, his age, inability to ambulate without difficulty given his lower extremity swelling. Dr. Hanna recommended admitting dad to the Altru Rehab Hospital that day for hydration and monitoring and to start chemotherapy the next day given his bulky disease and aggressive lymphoma. Dad then got Chemotherapy medication on Saturday and Sunday while hospitalized in Grand Forks. He tolerated it well. He was in the Altru Rehab Hospital on second floor for 8 days then came home the following Friday the 18th.

On Tuesday Dec 22nd, we visited Dr. Hanna again at Altru Cancer Center. Dad feels much better today with a remarkable improvement in his breathing, he was using home oxygen occasionally. He has trouble using the restroom due to a lot of swelling from his feet to his waist/hips. His appetite is slightly better, he uses Ensure daily. He still has some pressure over his right chest but much better than before and relieved by using his pain meds as needed. Dad's potasium level was low so Dr. Hanna suggested to get potassium IV today , which dad did and we increased his potassium medication following.

Now we have OT twice a week in TRF at Sanford Health outpatient to help the swelling problems. Dad has a set of exercises to do at home as well including deep breathing therapy.

On Thursday December 31st, we went to the Erskine Altru clinic to tele-med with oncologist Anne Nygaard at Grand Forks. Dad also had labwork which Anne looked over. He had been passing a lot of blood in his urine fort the last day or so. We were unable to get a good urine sample without blood clots ruining it. We called the Sanford urologist but were unable to get through to him due to the holiday. Dr.Hanna was alerted of the blood and we followed his suggestions and awaited our Monday visit with him. Anne was concerned about dad's kidney function and she had us go to Sanford in TRF for more fluids.

On Friday January 1st, 2016, we went to TRF Sanford to have a liter of normal saline and watch the Rose Parade on the TV. Then we were able to come home again and enjoy the day.

On Monday January 4th, dad had his next treatment of chemotherapy (C1D10 R-CHOP) at the Altru Cancer Center. He also had his first ever blood transfusion due to his hemoglobin level being at 6.9 today. It was 9.0 on Dec 31st which is also lower than normal but acceptable due to circumstance.

CHOP is the name of a chemotherapy treatment for non Hodgkin lymphoma. R-CHOP is CHOP chemotherapy with the drug rituximab (Mabthera).

(R)ituximab is a type of biological therapy called a monoclonal antibody. Monoclonal antibodies target proteins on the surface of cells. Rituximab targets a protein known as CD20. CD20 is found on white blood cells called B cells. It is the B cells that are cancerous in the most common type of non Hodgkin lymphoma. Rituximab attaches itself to the B cells and marks them. The cells of the immune system recognise the marked cells and kill them.

(C)yclophosphamide, an alkylating agent which damages DNA by binding to it and causing the formation of cross-links

(H)ydroxydaunorubicin (also called doxorubicin or Adriamycin), an intercalating agent which damages DNA by inserting itself between DNA bases

(O)ncovin (vincristine), which prevents cells from duplicating by binding to the protein tubulin

(P)rednisone or (P)rednisolone, which are corticosteroids.

On Tuesday January 5th we went to Altru Cancer Center again for round 2 of blood transfusion and to visit a urologist, Dr. Nicholson to see what we can do about the bladder problem and if we can come up with a solution to the hemoglobin drop so it does not happen again. Dr.Hanna and Dr. Nicholson will work together on this. The urologist visit results were very good, dad can discontinue using a catheter and his prostrate is improving.

On Monday January 11th, we went to Grand Forks again for a checkup with Anne Nygaard (oncology PA). She went over a lot of things and discussed remedies for feeling better while in treatment. She discussed how we will switch from the Lovenox injections to using coumadin for anti-coagulation therapy for the next couple months. Dad started on coumadin 3mg daily and will have an INR check on Thursday in TRF prior to OT.

Arlan returned to work at the hospital on January 12th and let dad be at home alone to take care of himself as his health is improved enough and he is able to drive and walk around good enough to care for himself.

Lots of OT - twice a week for 90-120 minutes each seeing Dan at Sanford Health in TRF where he uses leg wraps and pressure messaging boots to bring down the edema. We also have a bunch of exercises to do at home including breathing exercises.

Thursday January 21st, dad had another transfusion of 2 units of blood in TRF at Sanford after seeing Dr.Pierce in Urgent Care and explaining how lethargic he was the last day or so. His hemoglobin level was at 7.5 prior to the transfusion. We got to use an OB room again to do the outpatient service as Infusion was full. Dad should have a lot more energy after getting blood and be ready for chemotherapy next week.

Monday January 25th, dad had another PET Scan at the Altru Cancer Center to see how the cancer treatment is going. Dr. Hanna's said there is a remarkable clinical response on his interim PET/CT.

We are thankful for our friends and neighbor's that have helped. We could have lost our dad during this fight (especially around Dec 10th - 15th). Prayers have been answered to our favor. Healthcare workers and doctors were able to treat all dad's ailments. He has a ways to go before he is back to his baseline prior to November 2015, but we are confident. We still need his appetite to return to normal and for him to not be cold so often and for his pulse to lower a bit. Otherwise he is doing fair to good.

Tuesday January 26th, dad had Chemotherapy treatment infusion (#3) at the Altru Cancer Center. We are still using C3D1 R-CHOP with neulasta support following.

Here is our plan at this time: 1- proceed with chemotherapy - R CHOP, which is Rituxan 683mg Cytoxan 1365mg Adramycin 91mg Oncovin 2mg Prednisone 100mg also tylenol 1000mg Benadryl 50mg fosaprepitant 150mg ondansetron 16mg 2- hold off Coumadin as he will be getting intrathecal methotrexate early next week; check PT/INR/PTT today and before his procedure 3- wil switch his Coumadin back to Lovenox given his fluctuating INR and intrathecal methotrexate that he will be needing with every cycle; will give him 1.5 mg/kg per day as his son would be available to help him with that 4- continue Bactrim DA 1 tab three times weekly; if his acute kidney injury recurs while he is maintaining good hydration then I would switch to ciprofloxacin 500 mg twice daily 5- continue valacyclovir 500 mg twice daily for viral antiviral prophylaxis, fluconazole 200 mg daily for antifungal prophylaxis while receiving cytotoxic chemotherapy with neutropenia 6- reduce Lasix to 20 mg daily 7- continue allopurinol 300 mg daily 8- pantoprazole 40 mg daily on the days he is receiving prednisone 9- continue current bowel regimen 10- intrathecal methotrexate for central nervous system prophylaxis within 1 week; hold Coumadin now and recheck PT/PTT/INR and platelet count before his procedure. He may require FFPs/PLT transfusions 11- TTE given his pericardial effusion on his CT; he is currently asymptomatic 12- Follow-up in 3 weeks 13- Full code

We are holding off on OT treatments for a couple weeks now as dad has a lot less edema than in the past couple months. He now wears Jobst stockings and is doing real well and enjoying being able to wear other types of shoes.

Sunday January 31st, Dad had to go to Sanford Hospital to have a blood draw to test blood thickness for a potential procedure on Monday to infuse chemotherapy into the spinal area. The results came back with the blood too thin to perform the procedure safely.

Monday February 1st, we did not get to go to Grand Forks today but instead got to go to TRF to the drug store and get some Vitamin K to thicken dad's blood. The INR was 1.7 yesterday after being off coumadin and aspirin for about 5 days.

Thursday February 4th, dad had an Echocardiogram to see what the condition of dad's heart is through all this treatment. He has some fluid around his heart and dad's pulse remains around 95-105 most of the time, but his blood pressure is in normal range. He will also have a blood draw to check blood thickness qualities for a lumbar puncture tomorrow.

Friday February 5th, back to Grand Forks Altru Hospital to see Dr. Schreiner for a lumbar puncture to draw a specimen plus infuse methyltrexate to fight any possible cancer cells that may be in the brain fluids. Dr. Schreiner prefers to be called Shaun and is also a very nice man.

Results of specimen from spinal tap: Cerebrospinal fluid, flow cytometric immunophenotyping - Immunophenotyping was performed on the specimen; however, results cannot be interpreted due to insufficient number of cells. Correlation with morphologic assessment is recommended. - Reviewed by: Jennifer L. Oliveira, M.D. 2/6/2016 1:57 PM ------ADDITIONAL INFORMATION----- Analyte Specific Reagent: This test was developed and its performance characteristics determined by Mayo Clinic. It has not been cleared or approved by the U.S. Food and Drug Administration.

Monday February 15th, dad had an appointment in Erskine at the Altru Clinic to check on his lab values and to do a tele-med doctor visit with Dr. Hanna at the Cancer Center prior to having the 4th chemotherapy treatment. We went to TRF to have the blood draw and to process the lab values for Dr. Hanna. The labs looked very good. We discussed treatment and things to watch for as we continue. One part of the chemo is particularly hard on the heart so we were versed on what to look for to alert Dr. Hanna of possible heart problems, so far the echocardiogram shows all is well. We decided to discontinue Lasix since dad has went from 204 lbs in mid December to 151 lbs today. We can't squeeze water out of dad any more as he does not have more edema.

Tuesday February 16th, 4th chemotherapy regimen (same as the first 3). This time we have the infusion at Sanford Hospital in Thief River Falls. The nurse today was Amy for us. She did great and kept dad informed and at ease with treatment. Dad experiences some form of restless legs at times and feels as if his legs just gotta move for whatever reason.

Wednesday February 17th, another OT checkup / therapy. Dan will check over dad's edema situation and whatever else he chooses. Dad used an auto injector for his Neulasta this time to save needing an office visit to get his imune booster injection. It administered his medicine about 6pm and later we peeled it off and disposed of it - neat technology.

Friday February 19th, back to Grand Forks Altru Hospital for a lumbar puncture to infuse methyltrexate again. All went well and no headache afterward. Dad brought Mt. Dew with to have the extra sugar and caffeine to help ward off the headache that can happen - thanks to a tip from OB nurses. Today dad's INR was at 1.2 and ProTime was at 12.4 seconds and the Platelet count was at 165 K/ul.

Dad is doing real well. He eats quite well and is walking a lot faster and quite stable now. He is able to do many things that he did not have the energy for now. He is thankful for his doctor and the many prayers and kind words from all. We message or call Dr. Hanna's nurse, Ashley, every now and then for advice or to get questions answered. She is a great nurse!

Saturday February 20th, started Lovenox 100mg injections once a day again to ward off pulmonary embolisms.

Monday February 29th, dad went to see Dr. Patel about a cold that he has been dealing with for about 2-3 weeks and it does not want to subside. He was given a look over and prescribed Amoxicillin for 10 days. Dr. Patel said that dad's blood test and chest X-ray came back all good. He just wants to clear up the sinus. Dad is feeling pretty well otherwise.

Monday March 7th, 2016, we have an oncologist visit with Dr. Hanna again in Grand Forks this time at the Altru Cancer Center. We will do our blood tests prior at Altru this time too.

Tuesday March 8th, we have the 5th treatment of chemotherapy in Thief River Falls at Sanford Infusion Department.

Wednesday March 9th, back to Grand Forks Altru Hospital for a lumbar puncture to infuse methyltrexate for the 3rd time. Here is the doctors Impression afterward: Using usual sterile technique and local anesthesia a 20-gauge

spinal needle was inserted into the subarachnoid space at L3-L4 without complication. Following this 8 mL of clear CSF was removed followed by injection of the chemotherapeutic agent. Needle was removed. No immediate, apparent complications. Patient LEFT room in preprocedural condition. Dad has done real well with all these treatments and experiences fairly minimal negative effects. He does not like lying flat on his back for hours after the lumbar puncture. We use Mt.Dew as treatment to ward off the headache caused by a lumbar puncture and having a positive attitude.

Wednesday March 23rd, we have an echocardiogram to see if the chemo medications are affecting his heart through all this treatment.

We have tapered off some medications due to levels being very well and eating well and getting more exercise. Dad still has to thin his blood to ward off further clotting. We use lovenox injections but may switch to coumadin after the final treatment of chemotherapy. We will continue anticoagulation therapy through April anyway.

Monday March 28th, we had an oncologist visit with Dr. Hanna again in Grand Forks, since dad is not fond of the telemed system. We will do our blood tests prior and be ready for chemo tomorrow at Sanford in TRF.

Results of our last 2 echocardiorams:

02-04-16 TTE: Ejection fraction estimated to be 50%, decreased from 60% on 11-17-15, mild hypokinesis of the apical lateral and apical walls.

03-23-16 transthoracic echocardiogram: Ejection fraction estimated to be 55% with no wall motion abnormalities, improved from previously reported 50%.

Tuesday March 29th, we had the 6th and final treatment of chemotherapy in Thief River Falls at Sanford Infusion Department.

Wednesday March 30th, back to Grand Forks Altru Hospital for a lumbar puncture to infuse methyltrexate for the 4th and final time of this as well.

We have the month of April off from doctor visits and cancer treatment. We are still treating PE with lovenox injections through April and will be further tapering off medications that were started during chemotherapy.

Monday May 9th, we had an appointment to follow up with Dr. Hanna and had a PET scan to see if all is continuing to go well. Here are the results - TECHNIQUE: 16.4 millicuries of F-18 FDG administered. At the time of administration, the blood glucose level was 88 mg/dL. Routine PET CT obtained from skull base to top of the thighs. The CT scan is noncontrasted. FINDINGS: Skull thigh PET CT was performed. On the prior examination there was residual hypermetabolic activity seen within the anterior mediastinum. No residual hypermetabolic activity is seen in that area on current study. Previously there was moderately large right-sided pleural effusion. That is markedly decreased with only some minimal residual right-sided pleural fluid present. There may be a trace amount of left-sided pleural fluid or pleural scar present which is similar to prior study. Previously there was mildly hypermetabolic activity seen within the anterior aspect of the upper abdomen. That measured 2.7 SUV on prior study. That area now is no longer hypermetabolic with SUV of 1.7. Expected hepatic, gastrointestinal, and genitourinary activity is noted. No new hypermetabolic foci are seen. IMPRESSION: 1.Overall continuing improvement in the appearance of the skull thigh PET/CT. 2. Hypermetabolic activity seen within the anterior mediastinum on prior study is no longer present. 3.Interval near complete resolution of right-sided pleural fluid with only a very small amount of pleural fluid remaining. 4.Activity seen within the anterior aspect of the upper abdomen was previously hypermetabolic but no longer meets criteria. It is only minimally present. - Vital Sign this doctor visit - Blood Pressure 113/73, Pulse 98, Temperature 96.8 F, Oxygen Saturation 96%, Weight 162 lb 3.2 oz, Body Mass Index 23.95

Wednesday May 11th, we had a visit with Dr. Grant Seeger (a radiation oncologist). He is a young doctor that has been with Altru Cancer Center about 8 years or so. He was highly recommended by our medical oncologist. Dr. Seeger is originally from Red Lake Falls, his father had the drug store in Red Lake Falls a few years back. We discussed following up with radiation therapy on the origination point of dad's lymphoma. Dad had a large area of cancer (larger than 10cm) so statistically he is recommended to follow up with radiation to finish up treatment of this type of cancer due to large mass size. Dad's PET scan showed significant improvement (actually awesome

improvement), so for now we chose to forgo the radiation and be on observation. It is a tough call to make but we are feeling good about it for now and pray that God will guide us as well on this.

Monday May 23rd, we have an appointment with Sanjay Patel for the first time in many months, this is dad's primary care doctor at Sanford Clinic/Hospital in Thief River Falls. We are primarily seeing him to get dad's medications transferred over to Dr. Patel. We had a couple changes due to cancer treatment and now can be on much less medications. Here are dad's medication now that we are done with chemotherapy - latanoprost 0.005% ophthalmic solution, both eyes nightly; brimonidine 0.15% ophthalmic solution, both eyes 2 times daily; aspirin 81 MG tablet daily; tamsulosin 0.4mg capsule every evening; levothyroxine 75mcg tablet every morning; finasteride 5mg daily; CARTIA XT 120mg capsule daily.

Monday June 6th, 2016, we have an appointment with Dr. Grant Seeger to evaluate and then simulate radiation treatment for dad.

Wednesday June 8th, we have an appointment with Anne Nygaard with the Altru Cancer Center. We will visit with her to go over some survivorship things with us, such as what to expect for follow up visits in the future and things to watch for being a cancer survivor. Then we will possibly start radiation treatments as suggested. Our primary doctor, Dr. Sanjay Patel in TRF, said to hit the lymphoma hard the first time and don't let it come back because the second time treatment is not as successful. Our goal is to be done with treatment by the end of June to go on vacation to Montana.

Wednesday June 8th, dad started radiation therapy focused mainly on his lower right chest. He will have 15 radiation treatments total. Mainly having 1 treatment each weekday as things work out.

Friday June 24th, so far 12 radiation treatments done. Dad is often tired and lost a lot of energy during this treatment. He has difficulty eating as well due to his esophagus being burned in the process. The doctor and nurse hate to use the word burned but that is the jist of what radiation does inside you like a sunburn inside (sometimes even on the outside). The way the radiation works is that the cells are killed or badly damaged in the area and then the normal human body cells that belong there will repair faster and the cancer cells that are not normal human body cells will not repair either at all or possibly slowly. We are being optimistic that dad does not have cancer that is thriving at all.

Friday July 1st, we take off for Bozeman, Montana. Hope dad does well!! He will be done with radiation but has the side effects for 1-2 more weeks. The important thing to do is to eat calories and protein for energy for him now.

Wednesday July 27th, we have a doctor appointment with Dr. Adam Nicholson the urologist in Grand Forks at Altru again for follow up. We suspect all is going well with dad for this visit, but we will see .

Wednesday August 3rd, we have a follow up visit with Dr. Hanna at the Altru Cancer Center again with labs as well.

Thursday October 14, 2021

I took dad to the Emergency Department to be seen this evening as he was complaining of feelings of fullness in his stomach and bowels. (Earlier in the week he had talked to me and wanted some medications for constipation because he felt too full in his gut.) We saw Dr. Matthew Lazio at Sanford in Thief River Falls. He took several blood test and urine tests, then wanted some imagining to see what was in dad's abdomen.

COMPREHENSIVE METABOLIC PANEL - Details

Component	Your Value	Standard Range	Flag
Glucose	**120** mg/dL	*70 - 100 mg/dL*	**H**
BUN	**15** mg/dL	*7 - 18 mg/dL*	
Creatinine	**1.19** mg/dL	*0.70 - 1.30 mg/dL*	
BUN/Creatinine Ratio	**12.6**	*15.0 - 20.0*	**L**
Sodium	**133** meq/L	*136 - 145 meq/L*	**L**
Potassium	**3.9** meq/L	*3.5 - 5.1 meq/L*	
Chloride	**97** meq/L	*98 - 107 meq/L*	**L**
CO2	**23** meq/L	*21 - 32 meq/L*	
Anion Gap with K	**17** meq/L	*6 - 20 meq/L*	
Calcium	**8.9** mg/dL	*8.5 - 10.1 mg/dL*	
Protein Total	**7.5** g/dL	*6.4 - 8.2 g/dL*	
Albumin	**3.7** g/dL	*3.5 - 5.0 g/dL*	
Alkaline Phosphatase	**200** U/L	*46 - 116 U/L*	**H**
AST - SGOT	**139** U/L	*15 - 37 U/L*	**H**
ALT - SGPT	**49** U/L	*12 - 78 U/L*	
Bilirubin Total	**1.4** mg/dL	*0.2 - 1.0 mg/dL*	**H**
Corrected Calcium	**9.1** mg/dL	*8.5 - 10.1 mg/dL*	
Age	**79** Years	*Years*	
eGFR Non-African American	**59** mL/min/1.73m2	*>=60 mL/min/1.73m2*	**L**

COMPLETE BLOOD COUNT WITH DIFFERENTIAL – Details

Component	Your Value	Standard Range	Flag
WBC	**11.3** K/uL	*4.0 - 11.0 K/uL*	**H**
RBC	**4.20** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**12.6** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**39.0** %	*40.0 - 50.0 %*	**L**
MCV	**92.9** fL	*80.0 - 98.0 fL*	
MCH	**30.0** pg	*25.5 - 34.0 pg*	
MCHC	**32.3** g/dL	*31.5 - 36.5 g/dL*	
RDW-CV	**15.2** %	*11.5 - 15.5 %*	
RDW-SD	**49.2** fl	*35.5 - 50.0 fl*	
Platelet Count	**271** K/uL	*140 - 400 K/uL*	
MPV	**8.9** fL	*8.5 - 12.0 fL*	

Lipase	63 U/L	*73 - 393 U/L*	L

Protime	34.6 secs	*12.0 - 14.5 secs*	H
INR	3.7	*0.9 - 1.1*	H

URINE MICROSCOPIC REFLEX – Details

Component	Your Value	Standard Range	Fla
WBC Urine	**0-5 /hpf**	*Negative, 0-5 /hpf*	
RBC Urine	**3-5 /hpf**	*Negative, 0-2 /hpf*	**A**
Squamous Epithelial Cells	**Occ (0-10) /lpf**	*Negative, Occ (0-10) /lpf, Few (11-20) /lpf*	
Bacteria	**Few (11-20) /hpf**	*Negative*	**A**

URINE DIP, REFLEX TO MICROSCOPIC, REFLEX TO CULTURE – Details

Urine Culture Reflexed Microscopic Exam Reflexed

Component	Your Value	Standard Range	Fl
Color Urine	**Yellow**	*Amber, Dark Yellow, Straw, Yellow, Colorless*	
Clarity Urine	**Clear**	*Clear*	
Glucose Urine	**Negative**	*Negative*	
Bilirubin Urine	**Negative**	*Negative*	
Ketones Urine	**5 mg/dL**	*Negative, 5 mg/dL, 10 mg/dL*	
Specific Gravity	**1.010**	*1.002 - 1.030*	
Blood Urine	**Small (1+)**	*Negative*	**A**
PH Urine	**6.0**	*5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0*	
Protein Urine	**Trace (10-20) mg/dL**	*Negative*	**A**
Urobilinogen	**< 2 mg/dL**	*< 2 mg/dL*	
Nitrite	**Positive**	*Negative*	**A**
Leukocyte Esterase Urine	**Small (1+)**	*Negative*	**A**

EXAM: CT ABDOMEN PELVIS WITH CONTRAST

INDICATION: Abdominal pain, acute, nonlocalized

COMPARISON: CT 1/5/2018

TECHNIQUE: Helical scan mode images were obtained through the abdomen and pelvis following the protocol administration of nonionic intravenous contrast material. Coronal and sagittal images were created at the CT scanner.

FINDING:
Lung bases: Elevation of the right hemidiaphragm. Moderate right pleural effusion. Category 1.5 cm nodule right

middle lobe. 1.3 cm nodule abutting the pleural fluid on image 6. Mildly enlarged subcarinal lymph node. 9 mm nodule left lower lobe is new from prior. 2.2 cm spiculated nodule with surrounding groundglass left lower lobe. 14 mm nodule subpleural left lower lobe. A few additional smaller nodules are present within the left lower lobe. Moderate hiatal hernia. Small pericardial effusion.

Liver: Hepatomegaly with innumerable hypodense liver lesions in both lobes. These are suspicious for hepatic metastases. There is mass effect on the left greater than right portal veins but no gross evidence for thrombosis. Large lesion within the caudate resulting in compression of the intrahepatic IVC. Difficult to exclude invasion of the IVC. The suprahepatic IVC is patent.

Gallbladder and Bile Ducts: Gallbladder is unremarkable. Common bile duct is normal in caliber. No intrahepatic biliary dilation.

Kidneys: Symmetric enhancement. No hydronephrosis. 2 simple cysts right kidney.

Adrenals: Normal. No nodule.

Spleen: Normal.

Pancreas: Unremarkable

Bowel: Moderate hiatal hernia. Appendix is dilated. Mild periappendiceal stranding. Possible enhancing soft tissue within the lumen of the appendix. Minimal periappendiceal stranding. Wall thickening and hyperenhancement at the base of the cecum and possibly terminal ileum and possibly appendix. Soft tissue mass in this location is not excluded. This could potentially result in appendiceal obstruction. There is no evidence for small bowel obstruction.

Mesentery/Peritoneum: Trace ascites right paracolic gutter. Mild soft tissue nodularity adjacent to the base of cecum. No free air. Multiple enlarged mesenteric lymph nodes right lower quadrant.

Nodes: Mesenteric lymphadenopathy right lower quadrant. Representative lymph node on image 47/112 measures 1.9 cm. Representative lymph node on image 50 measures 1.7 cm. Multiple additional abnormal lymph nodes are noted right lower quadrant. Nodule adjacent to the hepatic artery on image 23 most likely representing a lymph node measuring 1.7 cm. Hypodense nodule right pelvis on image 74/112 measuring 1.7 cm is also suspicious. There is some soft tissue nodularity noted in the pelvis, nonspecific but also suspicious. It is somewhat tubular but is not clearly bowel. This is suspicious for peritoneal disease. Additional possible soft tissue nodule right pelvis anterior to the bladder. Additional nodule anterior left pelvis on image 82/112.

Pelvis: Severe prostatomegaly. Suprapubic catheter. Mild bladder wall thickening.

Bone windows: No aggressive osseous lesion. Question some subtle sclerosis posterior S1 vertebral body.

Vasculature: Unremarkable.

Soft Tissues: Unremarkable.

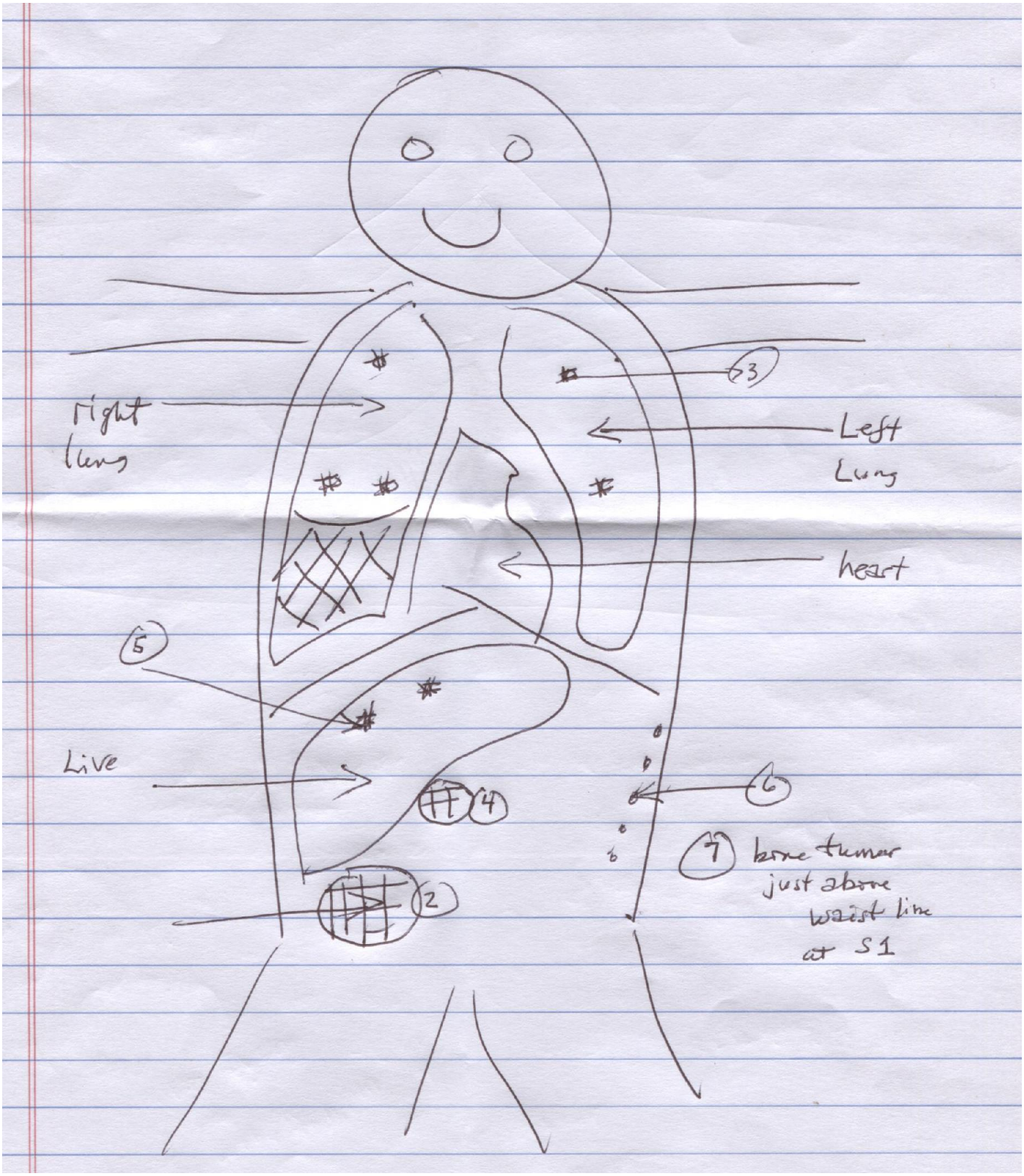
IMPRESSION:
1. There is extensive metastatic disease noted in the lower chest and throughout the abdomen and pelvis.
2. The appendix is dilated. Minimal periappendiceal stranding. There is irregular enhancing soft tissue at the base of the cecum, terminal ileum, and base of the appendix and possibly within the appendiceal lumen with multiple adjacent enlarged mesenteric lymph nodes and soft tissue nodularity. This is worrisome for a potential site of primary

malignancy or alternatively could be related to peritoneal disease. Appendix may be dilated related to secondary obstruction, tumor involvement, and/or secondary appendicitis.
3. Multiple metastatic pulmonary nodules are present. Moderate right pleural effusion is also suspicious for malignant effusion. Small pericardial effusion.
4. Multiple enlarged mesenteric lymph nodes right lower quadrant suspicious for metastatic disease. There is also a lymph node or peritoneal mass along the celiac axis/proximal hepatic artery.
5. Innumerable hepatic metastases. There is a large caudate lesion compressing the intrahepatic IVC. Difficult to exclude vascular invasion. There is also compression of hepatic and portal veins.
6. Peritoneal soft tissue deposits suspicious for peritoneal disease. These are most pronounced in the pelvis and as discussed above. Small volume ascites.
7. Possible subtle sclerotic lesion S1 vertebral body versus disc degeneration. Attention on follow-up imaging is recommended.
8. Enlarged subcarinal lymph node, indeterminant.
9. Moderate hiatal hernia.
10. Severe prostatomegaly. Suprapubic catheter is present. There is circumferential bladder wall thickening.

Recommend colonoscopy and tissue sampling. A CT chest with contrast is also recommended for further evaluation.

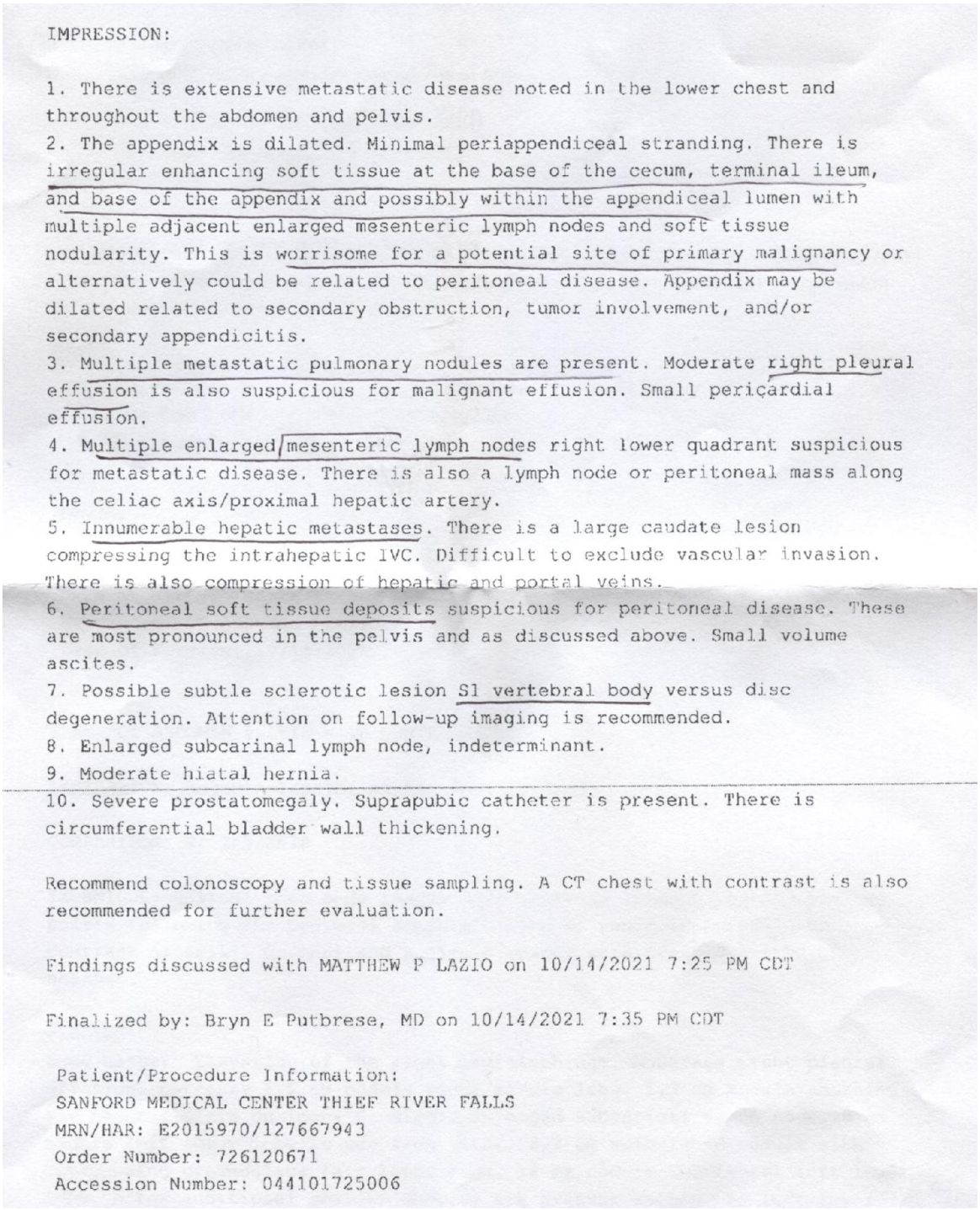
October 20, 2021

Dr. Yeh – diagram of where dad's cancer is located on him (numbering matches impression notes below)



October 20, 2021

Dr. Yeh's impression notes of dad's cancer from CT scan at Sanford Hospital



IMPRESSION:

1. There is extensive metastatic disease noted in the lower chest and throughout the abdomen and pelvis.
2. The appendix is dilated. Minimal periappendiceal stranding. There is irregular enhancing soft tissue at the base of the cecum, terminal ileum, and base of the appendix and possibly within the appendiceal lumen with multiple adjacent enlarged mesenteric lymph nodes and soft tissue nodularity. This is worrisome for a potential site of primary malignancy or alternatively could be related to peritoneal disease. Appendix may be dilated related to secondary obstruction, tumor involvement, and/or secondary appendicitis.
3. Multiple metastatic pulmonary nodules are present. Moderate right pleural effusion is also suspicious for malignant effusion. Small pericardial effusion.
4. Multiple enlarged mesenteric lymph nodes right lower quadrant suspicious for metastatic disease. There is also a lymph node or peritoneal mass along the celiac axis/proximal hepatic artery.
5. Innumerable hepatic metastases. There is a large caudate lesion compressing the intrahepatic IVC. Difficult to exclude vascular invasion. There is also compression of hepatic and portal veins.
6. Peritoneal soft tissue deposits suspicious for peritoneal disease. These are most pronounced in the pelvis and as discussed above. Small volume ascites.
7. Possible subtle sclerotic lesion S1 vertebral body versus disc degeneration. Attention on follow-up imaging is recommended.
8. Enlarged subcarinal lymph node, indeterminant.
9. Moderate hiatal hernia.
10. Severe prostatomegaly. Suprapubic catheter is present. There is circumferential bladder wall thickening.

Recommend colonoscopy and tissue sampling. A CT chest with contrast is also recommended for further evaluation.

Findings discussed with MATTHEW P LAZIO on 10/14/2021 7:25 PM CDT

Finalized by: Bryn E Putbrese, MD on 10/14/2021 7:35 PM CDT

Patient/Procedure Information:
SANFORD MEDICAL CENTER THIEF RIVER FALLS
MRN/HAR: E2015970/127667943
Order Number: 726120671
Accession Number: 044101725006

CEA – 468.4ng/mL

INR – 4.5

Chromogranin A, S	**58** ng/mL	*<93 ng/mL*
PSA	**11.29** ng/mL	*0.00 - 4.00 ng/mL*

We had to have vitamin K therapy to thicken dad's blood prior to being able to have a biopsy – given at Sanford infusion center via injection

October 27, 2021

US GUIDANCE WITHOUT INTERPRETATION - Details

Signed by Charles A Owens, MD on 10/27/2021 1:20 PM
DATE OF STUDY: 10/27/2021 10:41 AM

EXAMINATION: ULTRASOUND-GUIDED CORE BIOPSY OF A RIGHT LIVER LOBE MASS.

INDICATION: RIGHT liver lobe lesions. Unknown histology..

SERVICES PROVIDED: 1. IMAGE GUIDED CORE BIOPSY OF RIGHT LIVER LESION. 2. ULTRASOUND GUIDANCE. 3. INTRAVENOUS MODERATE SEDATION.

ASSISTANTS: None.

CONSENT: The procedure was explained in detail. All potential risks, benefits and alternative therapies were discussed. All questions were answered and an informed consent was obtained.

MEDICATIONS: Moderate sedation was given during this examination using IV Versed and Fentanyl. Start time for sedation was 1016 and the end time was 10:30. Patient vital signs were monitored by a radiologic nurse throughout the procedure including the temperature. Pre-procedure temperature was 35.6 degrees Centigrade and post procedure temperature was 36.3 degrees Centigrade.

INR – 1.5

PROCEDURE: The patient was placed in a comfortable supine position. The anterior abdominal wall and the RIGHT flank were prepped and draped in standard fashion. Using ultrasound guidance a RIGHT liver lobe lesion was identified. The overlying skin was anesthetized using 1% Xylocaine.

Using a coaxial 17-gauge needle and ultrasound guidance, the needle was guided into the RIGHT liver lobe lesion. Using a coaxial 18-gauge Tru-Cut needle several core biopsies were obtained of the lesion. The samples were given to pathology for further analysis.

A post biopsy ultrasound was performed showing no evidence of postbiopsy subcapsular or perihepatic bleeding.

COMPLICATIONS/BLOOD LOSS: None.

SPECIMENS: 18-gauge core biopsy samples obtained of a RIGHT liver lobe lesion.

CONCLUSION: 1. Ultrasound-guided liver mass core biopsy. 2. See pathology report for analysis of samples obtained.

Electronically signed by Charles A Owens, MD 10/27/2021 1:18 PM

Ordered by Theresa LaLonde, NP

PATHOLOGY TISSUE

Images

- Scan on 10/28/2021 5:11 PM

Component	Your Value	Standard Range	F
Clinical History	**B cell lymphoma, metatatic disease.**		
FINAL DIAGNOSIS	Liver, biopsy: Metastatic adenocarcinoma, consistent with colonic primary origin (see comment).		
COMMENT	Immunohistochemical stains with appropriate controls are performed. The tumor cells are positive for CK20 and CDX2 and are negative for CK7, NKX3.1 and TTF-1. Histomorphology and immunohistochemical profile support the above diagnosis. This case is reviewed at the intradepartmental quality assurance conference.		
GROSS DESCRIPTION	Specimen is received in formalin, labeled with the patient's name, medical record number and " liver biopsy", and consists of multiple cylindrical core(s) of tan tissue measuring 0.1 up to 0.3 cm. Filtered. The specimen is entirely submitted in 1 cassettes. **INTRAPROCEDURAL TOUCH/SQUASH PREP EVALUATION (performed by Dr. Tyler /JD):** -Pass 1 through 4. All adequate		
MICROSCOPIC DESCRIPTION	Microscopic examination substantiates the diagnosis. Relevant stains and controls are reviewed and are satisfactory.		
Case Report	**Surgical Pathology Report Case: AHS-21-10900** **Authorizing Provider: Timothy S Yeh, MD Collected: 10/27/2021 1020** **Ordering Location: AH Interventional Received: 10/27/2021 1103 Radiology** **Pathologist: Kevin L Tyler, DO** **Specimen: Liver biopsy, Fine needle biopsy of liver mass with 4 touch/squash slides submitted.**		

Ordered by TIMOTHY S YEH, MD

Nov. 1, 2021

CEA - 1,062.9ng/mL – taken at Sanford lab

INR – 1.5

Protrin Total Urine – 128.2mg/dL

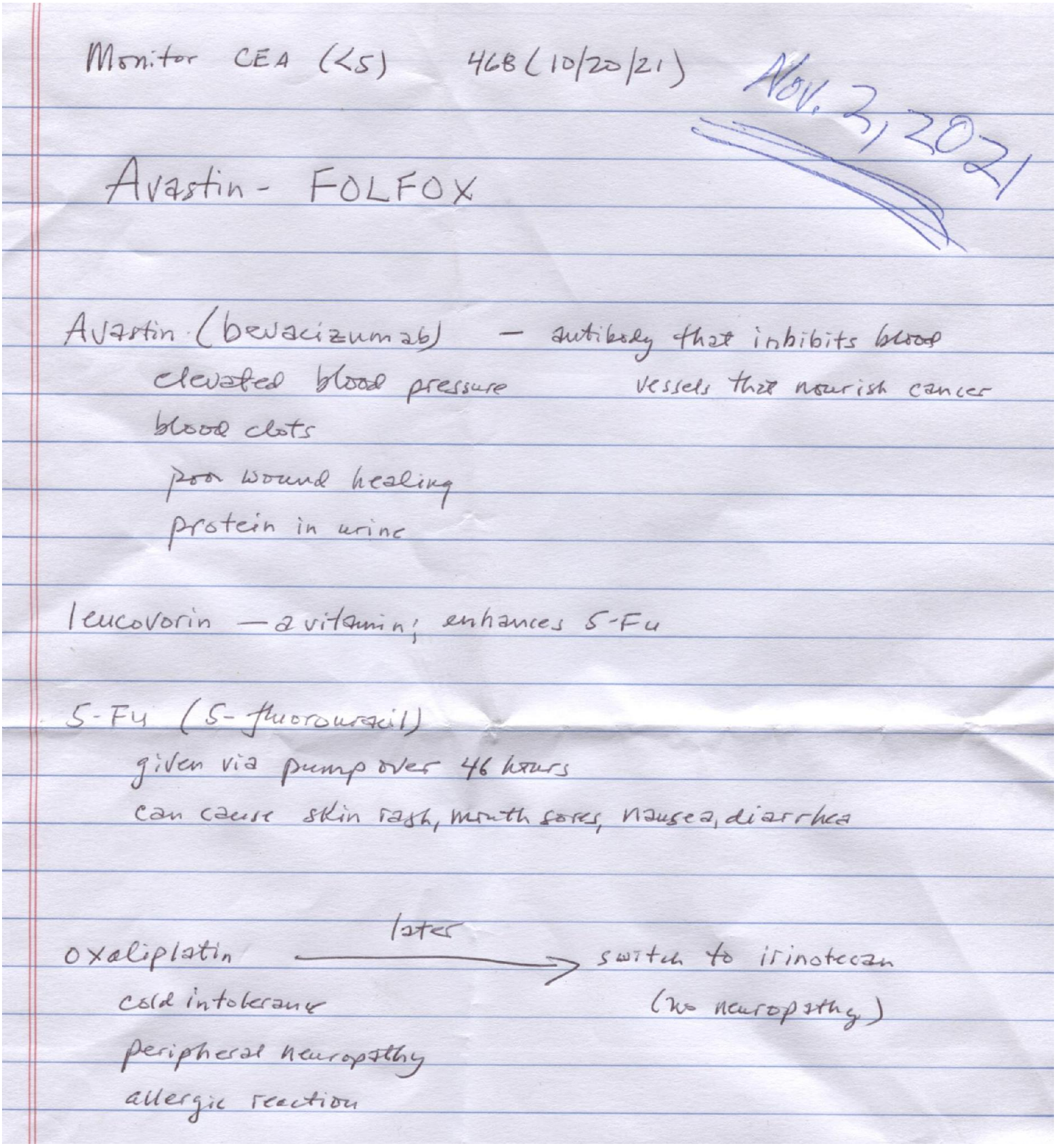
Glucose	107 mg/dL	*70 - 100 mg/dL*
BUN	24 mg/dL	*7 - 18 mg/dL*
Creatinine	1.40 mg/dL	*0.70 - 1.30 mg/dL*
BUN/Creatinine Ratio	17.1	*15.0 - 20.0*
Sodium	133 meq/L	*136 - 145 meq/L*

Potassium	3.7 meq/L	*3.5 - 5.1 meq/L*
Chloride	97 meq/L	*98 - 107 meq/L*
CO2	27 meq/L	*21 - 32 meq/L*
Anion Gap with K	13 meq/L	*6 - 20 meq/L*
Calcium	8.9 mg/dL	*8.5 - 10.1 mg/dL*
Protein Total	6.9 g/dL	*6.4 - 8.2 g/dL*
Albumin	3.1 g/dL	*3.5 - 5.0 g/dL*
Alkaline Phosphatase	687 U/L	*46 - 116 U/L*
AST - SGOT	135 U/L	*15 - 37 U/L*
ALT - SGPT	57 U/L	*12 - 78 U/L*
Bilirubin Total	1.7 mg/dL	*0.2 - 1.0 mg/dL*
Corrected Calcium	9.6 mg/dL	*8.5 - 10.1 mg/dL*

WBC	9.0 K/uL	*4.0 - 11.0 K/uL*
RBC	3.89 M/uL	*4.40 - 5.80 M/u*
Hemoglobin	11.7 g/dL	*13.5 - 17.5 g/dL*
Hematocrit	36.4 %	*40.0 - 50.0 %*
MCV	93.6 fL	*80.0 - 98.0 fL*
MCH	30.1 pg	*25.5 - 34.0 pg*
MCHC	32.1 g/dL	*31.5 - 36.5 g/dL*
RDW-CV	17.0 %	*11.5 - 15.5 %*
RDW-SD	57.4 fl	*35.5 - 50.0 fl*
Platelet Count	264 K/uL	*140 - 400 K/uL*
MPV	9.5 fL	*8.5 - 12.0 fL*
Seg Neut Absolute	6.0 K/uL	*1.8 - 8.0 K/uL*
Lymphocytes Absolute	1.6 K/uL	*0.8 - 4.1 K/uL*
Monocytes Absolute	1.3 K/uL	*0.0 - 1.0 K/uL*
Eosinophils Absolute	0.1 K/uL	*0.0 - 0.7 K/uL*
Basophil Absolute	0.0 K/uL	*0.0 - 0.2 K/uL*
Neutrophils Abs. (Segs and Bands)	6,000 /uL	*/uL*

November 2, 2021

First Chemotherapy Treatment for dad on his Colon Cancer



Monitor CEA (<5) 468 (10/20/21) Nov. 2, 2021

Avastin - FOLFOX

Avastin (bevacizumab) – antibody that inhibits blood vessels that nourish cancer
- elevated blood pressure
- blood clots
- poor wound healing
- protein in urine

leucovorin – a vitamin; enhances 5-Fu

5-Fu (5-fluorouracil)
- given via pump over 46 hours
- can cause skin rash, mouth sores, nausea, diarrhea

oxaliplatin —later→ switch to irinotecan (no neuropathy)
- cold intolerance
- peripheral neuropathy
- allergic reaction

Progress Notes

TIMOTHY S. YEH, MD at 11/2/2021
DATE OF SERVICE: 11/2/2021
PATIENT: Glenn A Hofstad
DOB: 3/16/1942

Chief Complaint: Oncologic reevaluation of metastatic colonic adenocarcinoma with lung and liver metastases

Subjective
Subjective:
History of Present Illness: Glenn A Hofstad is a 79-year-old retired potato farmer from Trail, MN accompanied by his son Arlan, a patient of Patrick Jahn, NP, who presents for oncologic re-evaluation for recent diagnosis of metastatic colonic adenocarcinoma with liver, lung and mesenteric lymph node metastases.

On 10/14/2021, he was seen at the Thief River Falls ED because of abdominal pain and followed up by Dr. Mario Potvin on 10/18/2021. The 10/14/2021 CT revealed extensive metastatic disease involving the lower chest and throughout the abdomen and pelvis with a dilated appendix associated with an enhancing soft tissue mass of the base of the cecum, terminal ileum and base of the appendix with multiple adjacent enlarged mesenteric lymph nodes worrisome for possible site of primary malignancy. There are also multiple metastatic lung nodules present as well as a moderate right pleural effusion, multiple large mesenteric lymph nodes in the right lower quadrant, innumerable liver metastases as well as some peritoneal soft tissue densities and a sclerotic S1 body either related to metastases or degeneration. A moderate hiatal hernia seen as well as severe prostatomegaly with a suprapubic catheter present.

I saw him on 10/20/2021 and a 10/27/2021 liver biopsy revealed a metastatic adenocarcinoma consistent with colonic primary origin being CK20 and CDX2 positive and CK7, NKX3.1 and TTF-1 negative. 10/20/2021 PSA was 11.29, CEA 468.4, chromogranin A 58. Pretreatment labs obtained in Thief River Falls yesterday revealed white count 9000, hemoglobin 11.7, platelet count 264,000 with a bilirubin up to 1.7, alk phos 687(116), SGOT 135(37) and creatinine of 1.4. Pro time INR was 1.5. Urine protein was 128 mg/dL. CEA is pending.

The patient presented with a COVID-19 infection on 8/27/2021 with dyspnea and anorexia and was treated with IV monoclonal antibodies for which he seemed to improve initially. However, he had developed a 6-week history of constant right upper quadrant pain associate with nausea, anorexia, dark but not melanotic stools with some increased dyspnea over the last week.

Past oncologic history:
Remarkable for a November, 2015 diagnosis of a germinal center, diffuse large B-cell lymphoma arising from a right anterior chest wall mass with a right pleural effusion, hypercalcemia, acute kidney injury and mediastinal lymphadenopathy with a negative bone marrow examination. He received 6 cycles of R-CHOP chemotherapy between 12/13/2015-3/29/2016. Primary treatment was completed with radiation to the right chest wall and upper abdominal lymph nodes by 6/29/2016 consisting of 3,500 cGy. When he was last seen by Dr. Dentchev on 2/13/2019, he was felt to be without evidence of recurrent disease.

His past medical history is otherwise remarkable for deep venous thrombosis and pulmonary thromboemboli, BPH with elevated PSA hypothyroidism and former tobacco abuse until 1980.

Review of Systems
No new symptoms from 10/20/2021
Objective:
BP (!) 86/55 | Pulse 80 | Temp (!) 96.4 °F (35.8 °C) | Wt 166 lb (75.3 kg) | SpO2 94% | BMI 24.51 kg/m²

Physical Exam

The patient is alert and oriented and in no apparent acute distress

Assessment:

1. Metastatic ascending colonic adenocarcinoma lung, liver and mesenteric lymph no metastases
2. History of stage IV diffuse large B-cell lymphoma in remission
3. History of deep venous thrombosis and pulmonary embolism in 2017 on warfarin
4. BPH with suprapubic cystostomy x4 years

Plan:

1. Discussed again indications, benefits, risks, alternatives and side effects of bevacizumab-FOLFOX chemotherapy for initial treatment of metastatic colonic adenocarcinoma. I am using oxaliplatin rather than irinotecan because of his elevated bilirubin which could be labile initially. If he has contrast wild-type, I would also be inclined to use Panitumumab rather than bevacizumab because of his proteinuria. Orders were prepared written and reviewed. The patient agrees. Informed consent was signed.
2. We will send tissue for KRAS and MSI testing
3. The patient needs to resume warfarin
4. Renewed hydrocodone/acetaminophen
5. Follow-up with me in 2 weeks with labs before appointment.

Past Medical History:

Diagnosis	Date
• DLBCL (diffuse large B cell lymphoma) (HCC)	
• HTN (hypertension)	
• Hypothyroidism	
• Pulmonary embolism (HCC)	
• S/P radiation therapy *Completed 34.5 Gy to thorax/ abdomen*	06/29/2016

Patient Active Problem List

Diagnosis	Date Noted
• DLBCL (diffuse large B cell lymphoma) (HCC) *Priority: High*	12/10/2015
• Malignant neoplasm metastatic to both lungs (HCC)	11/02/2021
• Liver metastases (HCC)	11/02/2021
• Primary adenocarcinoma of ascending colon (HCC)	10/29/2021
• Phimosis	02/02/2017
• Urinary retention	12/28/2016
• Benign prostatic hyperplasia *Overview Note:* IMO Update	12/28/2016
• Nocturia more than twice per night	12/28/2016
• Acquired hypothyroidism	09/26/2016
• History of hematuria	07/29/2016
• Encounter for monitoring Coumadin therapy	01/11/2016
• BPH (benign prostatic hyperplasia)	01/09/2016
• Incomplete emptying of bladder	01/09/2016
• Hematuria, gross	01/09/2016
• Elevated PSA	01/09/2016
• Pressure ulcer of unspecified buttock, stage 2 (HCC)	12/17/2015
• Pulmonary embolism (HCC)	12/14/2015
• DVT (deep venous thrombosis) (HCC)	12/14/2015
• Hyperuricemia	12/11/2015

Current Outpatient Medications

Medication	Sig	Dispense	Refill

• hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet	Take 1 Tablet by mouth every 6 hours as needed for Pain.	40 Tablet	0
• gabapentin (NEURONTIN) 300 MG capsule	TAKE 2 CAPSULES (600MG) BY MOUTH 4 TIMES A DAY		
• levothyroxine (SYNTHROID) 100 MCG tablet	Take 1 Tablet by mouth daily.		
• brimonidine-timolol (COMBIGAN) 0.2-0.5 % ophthalmic solution	Place 1 drop into both eyes Every 12 hours		
• diltiazem (CARTIA XT) 120 MG ER capsule	Take 120 mg by mouth. Take in am		
• Cholecalciferol (VITAMIN D) 2000 UNITS PO tablet	Take 2,000 Units by mouth daily.		
• acetaminophen (TYLENOL) 500 MG tablet	Take 500 mg by mouth every 6 hours as needed for Mild Pain 1-3.		
• latanoprost (XALATAN) 0.005 % ophthalmic solution	Place 1 Drop into both eyes nightly.		
• fluoroURACIL SOLN 2,400 mg/m2 = 4,655 mg	Inject 4,655 mg into the vein once for 1 dose. Continuous infusion over 46 hours.	1 Pump	0
• ondansetron (ZOFRAN) 8 MG tablet	Take 1 Tablet by mouth every 8 hours as needed for Nausea.	20 Tablet	6
• prochlorperazine (COMPAZINE) 10 MG tablet	Take 1 Tablet by mouth every 6 hours as needed for Nausea.	30 Tablet	6
• warfarin (COUMADIN) 2.5 MG tablet	Anticoagulation Clinic Managed Pt Take as directed. (Insurance Purposes Only: 1.25-2.5 mg Daily Dose Range) Call 218-683-2733 with ?		

No current facility-administered medications for this visit.

Facility-Administered Medications Ordered in Other Visits

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• Bevacizumab-bvzr (ZIRABEV) 385.5 mg in sodium chloride 0.9 % 100 mL infusion	5 mg/kg (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• fluorouracil, pharmacy to calculate rate (Adrucil)		Intravenous	Once	Timothy S Yeh, MD		

• leucovorin 340 mg in dextrose pvc free 5 % 250 mL infusion	175 mg/m2 (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• ondansetron 8 mg with dexamethasone 20 mg in NS 50 ml		Intravenous	Once	Timothy S Yeh, MD	150 mL/hr at 11/02/21 0918	New Bag at 11/02/21 0918
• oxaliplatin (ELOXATIN) 126.1 mg in dextrose pvc free 5 % 250 mL chemo infusion	65 mg/m2 (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• sodium chloride 0.9 % flush syringe 10 mL	10 mL	Intravenous	PRN	Timothy S Yeh, MD		10 mL at 11/02/21 0917

TIMOTHY S YEH, MD

Patient Instructions

1. Proceed with cycle #1 Avastin-FOLFOX today
2. Drink plenty of fluids
3. Resume warfarin TODAY
4. Follow-up Dr. Yeh in 2 weeks with blood and urine test before appointment
5. Refilled hydrocodone-acetaminophen

Restarted taking coumadin therapy for blood clots at a low dose (0.5mg daily, to increase to 1mg later likely, then up a bit as needed – we will monitor INR closely for a while (the chemotherapy drug given for this cancer has a side effect of blood clots as well)

November 4, 2021

We made a trip to TRF to the infusion center to unhook the infusion pump at about 12:00pm. Then we went to the Nelson Equipment to pick up the little Massey tractor with the new snow blower attached to the front of it.

November 5, 2021

INR – 1.5

November 6-7, 2021

Dad was really sick a few days after his chemo treatment. He was in bed all day Sunday and felt like he may not survive. Afterwards we found out that he had a urinary infection as well as the chemo making him sick. He was vomiting and had pain everywhere. He was very dehydrated too.

November 8, 2021

INR – 1.7

November 9, 2021

CULTURE BACTERIAL, URINE

Culture Result	>100,000 CFU/mL Enterobacter cloacae complex

Ordered by Beth A Peterick, APRN-CNP

WBC Urine	11-20 /hpf	*Negative, 0-5 /hpf*	
RBC Urine	0-2 /hpf	*Negative, 0-2 /hpf*	
Squamous Epithelial Cells	Negative	*Negative, Occ (0-10) /lpf, Few (11-20) /lpf*	
Bacteria	Many (>50) /hpf	*Negative*	
Color Urine	Yellow	*Amber, Dark Yellow, Straw, Yellow, Colorless*	
Clarity Urine	Cloudy	*Clear*	
Glucose Urine	Negative	*Negative*	
Bilirubin Urine	Small (1+)	*Negative*	
Ketones Urine	5 mg/dL	*Negative, 5 mg/dL, 10 mg/dL*	
Specific Gravity	1.020	*1.002 - 1.030*	
Blood Urine	Large (3+)	*Negative*	
PH Urine	5.0	*5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0*	
Protein Urine	30 mg/dL	*Negative*	
Urobilinogen	>= 4 mg/dL	*< 2 mg/dL*	
Nitrite	Positive	*Negative*	
Leukocyte Esterase Urine	Large (3+)	*Negative*	

Doctor ordered: **ciprofloxacin (CIPRO) 250 mg tablet – take one tablet twice daily**

LAB ONLY-COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range
WBC	8.9 K/uL	*4.0 - 11.0 K/uL*
RBC	3.79 M/uL	*4.40 - 5.80 M/uL*
Hemoglobin	11.1 g/dL	*13.5 - 17.5 g/dL*
Hematocrit	35.2 %	*40.0 - 50.0 %*
MCV	92.9 fL	*80.0 - 98.0 fL*
MCH	29.3 pg	*25.5 - 34.0 pg*
MCHC	31.5 g/dL	*31.5 - 36.5 g/dL*
RDW-CV	16.8 %	*11.5 - 15.5 %*
RDW-SD	55.1 fl	*35.5 - 50.0 fl*
Platelet Count	77 K/uL	*140 - 400 K/uL*

Component	Your Value	Standard Range
Platelet count confirmed by slide		
MPV	10.9 fL	*8.5 - 12.0 fL*
Seg Neut Absolute	6.4 K/uL	*1.8 - 8.0 K/uL*
Lymphocytes Absolute	1.7 K/uL	*0.8 - 4.1 K/uL*
Monocytes Absolute	0.5 K/uL	*0.0 - 1.0 K/uL*
Eosinophils Absolute	0.3 K/uL	*0.0 - 0.7 K/uL*
Basophil Absolute	0.0 K/uL	*0.0 - 0.2 K/uL*
Neutrophils Abs. (Segs and Bands)	6,400 /uL	*/uL*
Neutrophils Percent	71.5 %	*%*
Lymphocytes Percent	19.0 %	*%*
Monocytes Percent	5.8 %	*%*
Eosinophils Percent	3.0 %	*%*
Basophil Percent	0.1 %	*%*

Ordered by Timothy S Yeh, MD

INR – 1.7

November 11, 2021

Dad is feeling a lot better now. He has been eating and visiting and watching sports on TV.

November 12, 2021

INR – 2.3

November 15, 2021

INR – 2.7

CEA – 981.7ng/mL

Glucose	**100** mg/dL	*70 - 100 mg/dL*
BUN	**17** mg/dL	*7 - 18 mg/dL*
Creatinine	**1.11** mg/dL	*0.70 - 1.30 mg/dL*
BUN/Creatinine Ratio	**15.3**	*15.0 - 20.0*
Sodium	**138** meq/L	*136 - 145 meq/L*
Potassium	**3.7** meq/L	*3.5 - 5.1 meq/L*
Chloride	**103** meq/L	*98 - 107 meq/L*
CO2	**26** meq/L	*21 - 32 meq/L*
Anion Gap with K	**13** meq/L	*6 - 20 meq/L*

Calcium	8.7 mg/dL	*8.5 - 10.1 mg/dL*	
Protein Total	6.7 g/dL	*6.4 - 8.2 g/dL*	
Albumin	3.2 g/dL	*3.5 - 5.0 g/dL*	L
Alkaline Phosphatase	380 U/L	*46 - 116 U/L*	H
AST - SGOT	65 U/L	*15 - 37 U/L*	H
ALT - SGPT	23 U/L	*12 - 78 U/L*	
Bilirubin Total	1.2 mg/dL	*0.2 - 1.0 mg/dL*	H
Corrected Calcium	9.3 mg/dL		
WBC	4.6 K/uL	*4.0 - 11.0 K/uL*	
RBC	3.80 M/uL	*4.40 - 5.80 M/uL*	L
Hemoglobin	11.2 g/dL	*13.5 - 17.5 g/dL*	L
Hematocrit	35.7 %	*40.0 - 50.0 %*	L
MCV	93.9 fL	*80.0 - 98.0 fL*	
MCH	29.5 pg	*25.5 - 34.0 pg*	
MCHC	31.4 g/dL	*31.5 - 36.5 g/dL*	L
RDW-CV	16.8 %	*11.5 - 15.5 %*	H
RDW-SD	54.5 fl	*35.5 - 50.0 fl*	H
Platelet Count	174 K/uL	*140 - 400 K/uL*	
MPV	10.1 fL	*8.5 - 12.0 fL*	
Seg Neut Absolute	2.1 K/uL	*1.8 - 8.0 K/uL*	
Lymphocytes Absolute	1.5 K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	0.9 K/uL	*0.0 - 1.0 K/uL*	
Eosinophils Absolute	0.1 K/uL	*0.0 - 0.7 K/uL*	
Basophil Absolute	0.0 K/uL	*0.0 - 0.2 K/uL*	
Neutrophils Abs. (Segs and Bands)	2,100 /uL		

Protein Total Urine – 125.5mg/dL

November 16, 2021

We made a trip to Grand Forks to the Cancer Center to have the 2nd chemo treatment at about 8:30am.

Dad had a doctor visit prior with Dr. Yeh:

Objective:

BP 101/58 | Pulse 79 | Temp (!) 96 °F (35.6 °C) (Temporal) | Wt 162 lb 11.2 oz (73.8 kg) | SpO2 98% | BMI 24.03 kg/m²

Physical Exam
Patient is alert and oriented; in acute distress;
Pupils are equal and reactive; non-icteric;
Thyroid gland is not enlarged without nodules;
Peripheral adenopathy is not palpated over neck, axilla, supraclavicular fossa or groin;
Lungs are clear to auscultation and percussion;
Heart sounds are normal without murmurs or gallop; Rhythm is regular;

Abdomen is soft and flat without hepatosplenomegaly, masses, ascites or tenderness; the liver edge is no longer palpable
Examination of skin, joints and nails are unremarkable;

Assessment:

1. Clinically and serologically improved metastatic ascending colonic adenocarcinoma lung, liver and mesenteric lymph node metastases, MSS
2. History of stage IV diffuse large B-cell lymphoma in remission
3. History of deep venous thrombosis and pulmonary embolism in 2017 on warfarin
4. BPH with suprapubic cystostomy x4 years; recent treated urinary tract infection

Plan:

1. Proceed with cycle #2 bevacizumab-FOLFOX with 10% reduction of 5-FU infusion dose
2. Refilled Norco #40
3. Follow-up Kayla Clausen, NP in 2 weeks for anticipated cycle #3 bevacizumab-FOLFOX
4. Pretreatment labs are obtained at Sanford Thief River Falls
5. Await results of KRAS testing
6. Await normalization of hyperbilirubinemia. If he has problems with significant oxaliplatin neuropathy we may switch to irinotecan-based therapy

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• Bevacizumab-bvzr (ZIRABEV) 385.5 mg in sodium chloride 0.9 % 100 mL infusion	5 mg/kg (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• dextrose 5% bolus infusion 100 mL	100 mL	Intravenous	Once	Timothy S Yeh, MD		
• fluorouracil, pharmacy to calculate rate (Adrucil)		Intravenous	Once	Timothy S Yeh, MD		
• leucovorin 340 mg in dextrose pvc free 5 % 250 mL infusion	175 mg/m2 (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• ondansetron 8 mg with dexamethasone 20 mg in NS 50 ml		Intravenous	Once	Timothy S Yeh, MD		
• oxaliplatin (ELOXATIN) 126.1 mg in dextrose pvc free 5 % 250 mL chemo infusion	65 mg/m2 (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• sodium chloride 0.9 % flush syringe 10 mL	10 mL	Intravenous	PRN	Timothy S Yeh, MD		

TIMOTHY S YEH, MD at 11/16/2021 8:30 AM

1. Proceed with cycle #2 bevacizumab-FOLFOX today with 10& infusional %-FU dose reduction
2. Follow-up Kayla Clausen, NP in 2 weeks for anticipated cycle #3
3. Refilled Norco #40

MMR PROTEIN, IHC ONLY, TUMOR this is from tissue collected on October 27, 2021

Component	Your Value	Standard Range	Flag
Result Summary	**INTACT PROTEIN EXPRESSION**		
Result	**SEE COMMENTS**		

Provided diagnosis: metastatic colorectal adenocarcinoma involving the liver

IHC: Normal expression of MLH1, MSH2, MSH6, and PMS2

Interpretation	**SEE COMMENTS**		

The results of the IHC analysis suggest the presence of normal DNA mismatch repair function within the tumor. However, these results do not completely rule out the possibility of defective DNA mismatch repair within the tumor because approximately 5% of cases with defective mismatch repair do not show absence of protein expression by IHC (Mod Pathol. 2020 May;33(5):871-879 (PMID: 31857677)).

HEREDITARY IMPLICATIONS
These results decrease the likelihood but do not eliminate the possibility that this individual has Lynch syndrome (LS). These results also do not exclude the possibility that this individual's tumor is due to an inherited defect in another gene not involved in DNA mismatch repair. A significant fraction of clinically defined LS cases (30% or more) do not have defective DNA mismatch repair as the underlying genetic basis of their disease. Additionally, we cannot rule out the possibility that this individual or family has LS because this tumor could represent a sporadic occurrence. If there is a strong personal or family history of LS related cancers for this individual or if this individual has multiple tumors, consider microsatellite instability (MSI) testing (MSI / Microsatellite Instability, Tumor) on this tumor or a different tumor to further evaluate the possible role of defective DNA mismatch repair for this individual or family. A genetic consultation may be of benefit.

PROGNOSTIC IMPLICATIONS
For interpretation of prognostic implications of these results, MSI analysis should be considered to confirm MSS/MSI-L status in this tumor due to the possibility of discordance between IHC and MSI results. The presence of intact mismatch repair (MSS/MSI-L) is considered to be an unfavorable prognostic factor for patients with colorectal cancer (J Clin Oncol. 2005 Jan 20;23(3):609-18 (PMID 15659508)).

THERAPEUTIC IMPLICATIONS

Component	Your Value	Standard Range	Flag
Current data suggest that in advanced stage solid tumors, targeted immunotherapies such as anti-PD-1 therapies are more likely to be effective in mismatch repair-deficient tumors than in mismatch repair-proficient tumors (Science. 2017 Jul 28;357(6349):409-413 (PMID 28596308); J Clin Oncol. 2018 Jan 20:JCO2017769901 (PMID 29355075)). In stage II colon cancers with intact mismatch repair (MSS/MSI-L) and high risk features, 5-FU based therapy may be effective (J Clin Oncol. 2010 Jul 10;28(20):3219-26 (PMID 20498393)). For interpretation of therapeutic implications of these results, MSI analysis should be considered to confirm MSS/MSI-L status in this tumor due to the possibility of discordance between IHC and MSI results. ADDITIONAL INFORMATION Consideration of these results, in light of other clinical information, may aid in clinical management decisions for this patient. These data should be interpreted in the context of the histopathologic findings. A surgical pathology consult may be ordered separately. ----------ADDITIONAL INFORMATION---------- Immunohistochemical staining (IHC) is used to determine the presence or absence of protein expression for one or more of the following: MLH1, MSH2, MSH6, and PMS2. Lymphocytes and normal epithelium exhibit strong nuclear staining to serve as positive internal controls for staining of these proteins. Test results should be interpreted in the context of clinical findings, family history, and other laboratory data. If results obtained do not match other clinical or laboratory findings, please contact the laboratory for possible interpretation. Misinterpretation of results may occur if the information provided is inaccurate or incomplete.			

Ordered by KEVIN L TYLER, DO

Collected on 10/27/2021 12:22 PM from Tissue block (Tissue)

Resulted on 11/16/2021 6:57 AM

November 18, 2021

INR – 4.2

We made a trip to TRF to the infusion center to unhook the infusion pump at about 11:00am. Then we went to the Pennington County Highway Department facility and picked up a 15" x 40' culvert for a field ditch east of my house.

November 19, 2021 - Friday

Dad started feeling sick this afternoon. He ate a barbecue and potato chips for supper and freshly made cinnamon streusel for dessert. He took extra nausea medication this evening. He thought about attending Virgil Erickson's funeral tomorrow but decided to cancel those plans as he was not feeling well.

November 20-21, 2021

Dad's weekend after his 2nd chemo treatment went better than the 1st one. He was a bit sick at times but mostly some dizziness or lightheaded feelings. He has complained about feeling cold more than usual, which he understands is due to one ingredient in his chemo.

November 22, 2021

INR – 2.2

WBC	4.0 K/uL	*4.0 - 11.0 K/uL*
RBC	3.79 M/uL	*4.40 - 5.80 M/uL*
Hemoglobin	11.1 g/dL	*13.5 - 17.5 g/dL*
Hematocrit	35.3 %	*40.0 - 50.0 %*
MCV	93.1 fL	*80.0 - 98.0 fL*
MCH	29.3 pg	*25.5 - 34.0 pg*
MCHC	31.4 g/dL	*31.5 - 36.5 g/dL*
RDW-CV	16.4 %	*11.5 - 15.5 %*
RDW-SD	53.4 fl	*35.5 - 50.0 fl*
Platelet Count	171 K/uL	*140 - 400 K/uL*
MPV	9.6 fL	*8.5 - 12.0 fL*
Seg Neut Absolute	2.0 K/uL	*1.8 - 8.0 K/uL*
Lymphocytes Absolute	1.5 K/uL	*0.8 - 4.1 K/uL*
Monocytes Absolute	0.3 K/uL	*0.0 - 1.0 K/uL*
Eosinophils Absolute	0.1 K/uL	*0.0 - 0.7 K/uL*
Basophil Absolute	0.0 K/uL	*0.0 - 0.2 K/uL*
Neutrophils Abs. (Segs and Bands)	2,000 /uL	

Dad has been cutting back on his pain medication and not using any nausea medication.

November 23, 2021

RAS/RAF PANEL, TUMOR

Component	Your Value	Standard Range	Flag
Result	**SEE COMMENTS**		

Provided diagnosis: metastatic colorectal adenocarcinoma involving the liver

The following alteration was identified:

Gene: KRAS
DNA change: c.35G>A
Amino Acid change: p.G12D (Gly12Asp)
Classification: MUTATION

No additional reportable alterations were identified within the analyzed regions of the tested genes listed in the method description.

Interpretation	**SEE COMMENTS**		

ASSOCIATIONS BETWEEN KRAS MUTATIONS AND COLORECTAL CANCER
Approximately 35% of patients with colorectal adenocarcinoma have a somatic mutation in the KRAS gene (1). KRAS mutations, primarily those occurring at codons 12, 13, and 61, result in constitutive activation of the RAS/MAPK signaling pathway.

Current data suggests that the efficacy of EGFR-targeted therapies in colorectal cancer is limited to patients with tumors lacking KRAS mutations. Thus, the detection of a non-G12C KRAS activating mutation within this tumor suggests that EGFR-targeted therapies may have limited therapeutic value for this patient (2,3).

REFERENCES
1. cancer.sanger.ac.uk/cancergenome/projects/cosmic/
2. Ann Oncol. 2013 Aug;24(8):2062-7 (PMID 23666916)
3. N Engl J Med. 2013 Sep 12;369(11):1023-34 (PMID 24024839)

----------ADDITIONAL INFORMATION----------
Microscopic examination was performed by a pathologist to identify areas of tumor for enrichment by macrodissection.
Next generation sequencing is performed to test for the presence of a mutation within targeted regions of the following genes: BRAF, HRAS, KRAS, and NRAS. Mutation nomenclature is based on the following GenBank accession numbers (build GRCh37 (hg19)): BRAF NM_004333, HRAS NM_005343, KRAS NM_004985, and NRAS NM_002524. See www.mayocliniclabs.com (Test ID RASFP) for additional information about this test.
CLINICAL CORRELATIONS
Test results should be interpreted in context of clinical findings, tumor sampling, histopathology, and other laboratory data. If results obtained do not match other clinical or laboratory findings, please contact the

Component	Your Value	Standard Range	Flag

laboratory for possible interpretation. Misinterpretation of results may occur if the information provided is inaccurate or incomplete.

The presence or absence of a mutation may not be predictive of response to therapy in all patients.

TECHNICAL LIMITATIONS
This test does not detect large insertions, deletions, or duplications or genomic copy number variants.

This assay has been shown to detect >99% of single base substitutions and >93% of known COSMIC insertions and deletions up to 22bp in length within the reportable range of this assay.

A negative (wild type) result does not rule out the presence of a mutation that may be present but below the limits of detection of this assay. The analytical sensitivity of this assay is 5-10% with a minimum coverage of 100X.

Rare polymorphisms may be present that could lead to false negative or false positive results.

This test cannot differentiate between somatic and germline alterations. Additional testing may be necessary to clarify the significance of results if there is a potential hereditary risk.

Metastatic and corresponding primary lesions may have discordant results.

Ordered by KEVIN L TYLER, DO

Collected on 10/27/2021 12:22 PM from Tissue block (Tissue)

Resulted on 11/23/2021 2:51 PM

November 25, 2021 – Thanksgiving Day

I had dad hold (not take) his blood pressure medication as I believe his BP and pulse are lower than his normal and are not helping his health at this point. He has some anxiety possibly from discontinuing the use of narcotic pain meds.

Blood Pressure – 117/76, pulse - 87

November 26, 2021

INR – 2.3

Blood Pressure – 124/83, pulse – 60

We stopped by to visit Marie after our clinic visit. It is her birthday today. We had cake and coffee. Dad admittedly said he felt better after getting out and seeing people.

November 28, 2021

Dad has held (not taken) his blood pressure for 4 days and it is still rather normal and he feels somewhat better than a couple days ago. Dad has not taken pain pills either for a few days, which is also good. Tomorrow we have labs prior to Tuesday's chemo again – 3rd treatment. It is also Ione's birthday tomorrow; we are going to the Legion on TRF for supper with her and her kids.

Blood Pressure – 121/79, pulse - 92

November 29, 2021 – Monday (lab day)

INR – 2.2

CEA (CARCINOEMBRYONIC ANTIGEN) – 1621.2ng/mL this lab was done at Sanford in TRF

MANUAL DIFFERENTIAL

Component	Your Value	Standard Range	Flag
Neutrophils Abs. (Segs and Bands)	**1,554** /uL	*/uL*	
Seg Neut Absolute	**1.3** K/uL	*1.8 - 8.0 K/uL*	**L**
Band Absolute	**0.2** K/uL	*0.0 - 0.7 K/uL*	
Lymphocytes Absolute	**1.1** K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	**0.8** K/uL	*0.0 - 1.0 K/uL*	
Eosinophils Absolute	**0.0** K/uL	*0.0 - 0.7 K/uL*	
Basophil Absolute	**0.1** K/uL	*0.0 - 0.2 K/uL*	
Neutrophils Percent	**36.0** %	*%*	
Band Percent	**6.0** %	*%*	
Lymphocytes Percent	**31.0** %	*%*	
Monocytes Percent	**22.0** %	*%*	
Eosinophils Percent	**1.0** %	*%*	
Basophil Percent	**4.0** %		

COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**3.7** K/uL	*4.0 - 11.0 K/uL*	**L**

Component	Your Value	Standard Range	Flag
RBC	**3.81** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**11.4** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**35.5** %	*40.0 - 50.0 %*	**L**
MCV	**93.2** fL	*80.0 - 98.0 fL*	
MCH	**29.9** pg	*25.5 - 34.0 pg*	
MCHC	**32.1** g/dL	*31.5 - 36.5 g/dL*	
RDW-CV	**17.5** %	*11.5 - 15.5 %*	**H**
RDW-SD	**53.2** fl	*35.5 - 50.0 fl*	**H**
Platelet Count	**139** K/uL	*140 - 400 K/uL*	**L**
MPV	**9.9** fL	*8.5 - 12.0 fL*	

Total Protein Urine – 108.0mg/dL

COMPREHENSIVE METABOLIC PANEL

Component	Your Value	Standard Range	Flag
Glucose	**99** mg/dL	*70 - 100 mg/dL*	
BUN	**14** mg/dL	*7 - 18 mg/dL*	
Creatinine	**0.97** mg/dL	*0.70 - 1.30 mg/dL*	
BUN/Creatinine Ratio	**14.4**	*15.0 - 20.0*	**L**
Sodium	**143** meq/L	*136 - 145 meq/L*	
Potassium	**3.5** meq/L	*3.5 - 5.1 meq/L*	
Chloride	**106** meq/L	*98 - 107 meq/L*	
CO2	**26** meq/L	*21 - 32 meq/L*	
Anion Gap with K	**15** meq/L	*6 - 20 meq/L*	
Calcium	**9.0** mg/dL	*8.5 - 10.1 mg/dL*	
Protein Total	**6.9** g/dL	*6.4 - 8.2 g/dL*	
Albumin	**3.5** g/dL	*3.5 - 5.0 g/dL*	
Alkaline Phosphatase	**297** U/L	*46 - 116 U/L*	**H**
AST - SGOT	**57** U/L	*15 - 37 U/L*	**H**
ALT - SGPT	**24** U/L	*12 - 78 U/L*	
Bilirubin Total	**1.2** mg/dL	*0.2 - 1.0 mg/dL*	**H**
Corrected Calcium	**9.4** mg/dL	*8.5 - 10.1 mg/dL*	

November 30, 2021 – 3rd Chemotherapy treatment

CEA – 1524.9ng/mL this lab done at Altru Cancer Center since Dr. Yeh did not quite trust the last results because this value increased a lot since the last treatment

Doctor visit – We saw Kayla Clausen, FNP today in place of Dr. Yeh

Progress Notes

KAYLA CLAUSEN, FNP at 11/30/2021 10:15 AM

Subjective:

Chief Complaint: Mr. Hofstad presents for Follow-up (colon cancer)
Evaluation and management of metastatic colonic adenocarcinoma with liver and lung metastasis
CURRENT TREATMENT: FOLFOX bevacizumab every 2 weeks
TODAY: Cycle 3, day 1
START DATE: 11/2/2021

HPI

Glenn A Hofstad is a 79 y.o. patient of Dr. Yeh who he has been following for above diagnosis. See oncology history for further details.

Today he presents for a 2 week recheck. He is accompanied by his son Arlan. He states that the second cycle is much more tolerable than the first cycle with the dose modifications Dr. Yeh made. He still notes fatigue although not so severe. He is up walking around at home without problems. He has had some cold sensitivity although he feels a sensation is okay. Appetite has been fair. he states that he notice he has has some weight loss, but he feels is is eating well. He is drinking 1 Ensure per day. He notes he was having some dizziness with standing. His son had noted that his blood pressures were running lower at home. He subsequently stopped his oral Cardizem which she reportedly only takes for high blood pressure. He notes the dizziness has completely resolved. He notes really no significant nausea over the interim. He thinks he took his nausea pills about 3 times. He does feel like his abdominal pain has improved. He is only taking Tylenol PM before bed occasionally to help with sleep. He denies any fevers or chills. No chest pain shortness of breath or cough. His bowels are moving without any problems. He comes from TRF and has his labs done there day prior.

PMH: DVT and pulmonary throboemboli, hypothyroidism, hypotonic bladder with subsequent suprapubic catheter.

Metastatic colon adeno oncologic history:
On 10/14/2021, he was seen at the Thief River Falls ED because of abdominal pain. The 10/14/2021 CT revealed extensive metastatic disease involving the lower chest and throughout the abdomen and pelvis with a dilated appendix associated with an enhancing soft tissue mass of the base of the cecum, terminal ileum and base of the appendix with multiple adjacent enlarged mesenteric lymph nodes worrisome for possible site of primary malignancy. There are also multiple metastatic lung nodules present as well as a moderate right pleural effusion, multiple large mesenteric lymph nodes in the right lower quadrant, innumerable liver metastases as well as some peritoneal soft tissue densities and a sclerotic S1 body either related to metastases or degeneration. A moderate hiatal hernia seen as well as severe prostatomegaly with a suprapubic catheter present.

10/27/2021 liver biopsy revealed a metastatic adenocarcinoma consistent with colonic primary origin being CK20 and CDX2 positive and CK7, NKX3.1 and TTF-1 negative. 10/20/2021 PSA was 11.29, CEA 468.4, chromogranin A 58.

Past oncologic history:
Remarkable for a November, 2015 diagnosis of a germinal center, diffuse large B-cell lymphoma arising from a right anterior chest wall mass with a right pleural effusion, hypercalcemia, acute kidney injury and mediastinal lymphadenopathy with a negative bone marrow examination. He received 6 cycles of R-CHOP chemotherapy between 12/13/2015-3/29/2016. Primary treatment was completed with radiation to the right chest wall and upper abdominal lymph nodes by 6/29/2016 consisting of 3,500 cGy. When he was last seen by Dr. Dentchev on 2/13/2019, he was felt to be without evidence of recurrent disease.

Review of Systems
Constitutional: Positive for appetite change, fatigue **(improved)** and unexpected weight change. Negative for chills and fever.

Respiratory: Positive for cough. Negative for shortness of breath.
Cardiovascular: Negative for chest pain and leg swelling.
Gastrointestinal: Negative for blood in stool, constipation, diarrhea, nausea **(occ relieved with PRN antiemetics.)** and vomiting.
Genitourinary: Negative for difficulty urinating.
Suprapubic catheter-chronic
Musculoskeletal: Negative for arthralgias and myalgias.
Skin: Negative for rash.
Neurological: Positive for numbness. Negative for dizziness and headaches.
Psychiatric/Behavioral: Negative for confusion. The patient is not nervous/anxious.

Objective:

BP 95/61 | Pulse 77 | Temp (!) 96.5 °F (35.8 °C) (Temporal) | Wt 153 lb 6.4 oz (69.6 kg) | SpO2 99% | BMI 22.65 kg/m²

Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance. He is well-developed.
Comments: **Presents in wheelchair**
HENT:
Head: Normocephalic and atraumatic.
Eyes:
General: Lids are normal.
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: Normal heart sounds. No murmur heard.

Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Abdominal:
General: Bowel sounds are normal.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness.
Musculoskeletal:
Cervical back: Normal range of motion and neck supple.
Lymphadenopathy:
Head:
Right side of head: No submental, submandibular, tonsillar, preauricular, posterior auricular or occipital adenopathy.
Left side of head: No submental, submandibular, tonsillar, preauricular, posterior auricular or occipital adenopathy.
Cervical: No cervical adenopathy.
Right cervical: No superficial cervical adenopathy.
Left cervical: No superficial cervical adenopathy.
Skin:
General: Skin is warm and dry.
Coloration: Skin is pale.
Findings: No rash.
Neurological:
Mental Status: He is alert and oriented to person, place, and time.
Psychiatric:
Speech: Speech normal.
Behavior: Behavior normal.
Judgment: Judgment normal.

External CEA values: **11/1/2021** 1062.9, **11/15/2021** 981.7, **11/29/2021** 1621.2.

Assessment:

		ICD-10-CM	
1.	**Diffuse large B-cell lymphoma, unspecified body region (HCC)**	**C83.30**	
2.	Malignant neoplasm metastatic to both lungs (HCC)	C78.01 C78.02	
3.	Liver metastases (HCC)	C78.7	CEA
4.	Primary adenocarcinoma of ascending colon (HCC)	C18.2	

Plan:

1. Metastatic ascending colon adenocarcinoma with lung, liver and mesenteric LN mets. KRAS mutated. He is currently on therapy as above per Dr. Yeh. He has had increase in CEA value, although clinically he appears to be responding with decreased abdominal pain. His LFTs seem improved. . I reviewed yesterday's CEA with Dr. Yeh. We will repeat here today. Proceed with same treatment. Recheck in 2 weeks. I will keep same dose modifications. No dose-liming toxicities.

2. Elevated CEA as above.

3. Elevated Bilirubin. Improving.

4. Anemia. Improved. Monitor weekly for now.

5. Thrombocytopenia. Not dose-limiting. Monitor as he is on anticoagulation.

6. Borderline neutrophil count and PS. With add neulasta day 3.

7. Baseline proteinuia. We are continuing with avastin. Mildly improved today.

8. Dizziness. Improved with stopping Cardizem. I encouraged him to follow-up with his primary care provider in this regard. His blood pressure is borderline low today. He assures me he is only on this for blood pressure management. I told him that that is perfectly reasonable to continue to hold this medication for now.

Follow-up:

Return in about 2 weeks (around 12/14/2021) for Lab Prior to Visit.
With Dr. Yeh

The above plan was discussed and reviewed with the patient. He denies additional concerns or questions at this time. He has my card to call with any additional questions or concerns over the interim.

Orders Placed This Encounter

- CEA
  - Standing Status: Future
  - Number of Occurrences: 1
  - Standing Expiration Date: 11/30/2022

Danika at 11/30/2021 1:28 PM

Met with Glenn while at the CC/treatment regarding weight loss. PC occurred on 11/17 with myself. States appetite is good and has been consuming 3 meals per day with occasional snacks. Consumes 1 Ensure Enlive per day. Discussed in detail the relationship between calories and cancer. Estimated calorie intake at this time is about 2200 calories per day. Discussed the importance of looking at food as medicine and the need to increase nutrient dense foods. Sample meals and snacks were reviewed in detail.

Handouts: Ways to Increase Calories
Protein Shake Recipes
Eating Guidelines to Increase Weight.

Will attempt suggestions given in regards to increasing snacks(nutrient dense), increase Ensure to 2-3 per day, and the importance of looking at food as medicine.

CC LRD will continue to assess and follow as needed.

We started discussing plans to possibly build a barn looking shed at grandma Mabel's house right where the old barn originally was with the old hand pump by the east wall. It would be nice to have a red barn with white trim in the old farm yard again. But we will try to make it a modern practical building inside.

December 1, 2021

Dad felt really pretty good today. He swept off the porch and part of the sidewalk earlier this morning due to the snow the evening before. He then made arrangements to change out a couple tires on the rear of Marie's 4-wheeler at the service station in Oklee this afternoon. Then he was outside again and shoveled in front of his garage on the approach. The he drove his car (and me) to Oklee to change out the tires. We are still working on plans to build a barn/shed at grandma Mabel's old place. We talked about how to pay for it and that we should get dad's house out of his name soon so it is easier to deal with at his passing.

December 4-5, 2021 - weekend

Dad felt a bit sick, mostly light headed and an upset bowel. He has been eating fairly well and watching sports. There was a snow storm all day Sunday.

December 7, 2021 – Lab work

ED Provider Notes

Matthew P Lazio, MD at 12/7/2021 4:52 PM

CHIEF COMPLAINT:
Chief Complaint
Patient presents with
• Hypotension

HPI:

Glenn Arlo Hofstad is a 79yr male with metastatic colon adenocarcinoma who was sent from clinic for hypotension. Last chemo was last week. He typically feels miserable for a day or 2 afterwards. Today he was in clinic because the achiness, nausea, and lack of appetite have lasted a few days longer than typical. In clinic he was 80s/60s so he was sent here for further evaluation. He is vaccinated against Covid. No sick contacts. No fever. No diarrhea. Nausea. No vomiting.

PROBLEM LIST:

Patient Active Problem List

Diagnosis
• Fracture, Colles, right, closed
• Elevated prostate specific antigen (PSA)
• Other abnormality of urination(788.69)
• Bilateral senile cataracts
• Blepharitis, bilateral
• Dermatochalasis
• Open-angle glaucoma, mild stage
• Tear film insufficiency
• Pleural effusion on right
• Hypercalcemia
• Acute-on-chronic kidney injury (HCC)
• Gross hematuria
• History of DVT (deep vein thrombosis)
• Lymphoma (HCC)
• History of basal cell carcinoma
• History of squamous cell carcinoma in situ
• History of squamous cell carcinoma
• Early dry stage nonexudative age-related macular degeneration of right eye
• Large B-cell lymphoma (HCC)
• Malignant neoplasm metastatic to both lungs (HCC)
• Primary adenocarcinoma of ascending colon (HCC)

PAST MEDICAL HISTORY:

Past Medical History:

Diagnosis	Date
• Basal cell carcinoma of skin	
• Bilateral senile cataracts	
• BPH with elevated PSA	
• Dermatochalasis	
• Erectile dysfunction	
• Hemorrhoid	
• Hypertension	
• Lymphoma (HCC) *diffuse large b cell*	
• Open-angle glaucoma, mild stage	3/5/2014
• Squamous cell carcinoma	
• Thyroid disease	

PAST SURGICAL HISTORY:

Past Surgical History:

Procedure	Laterality	Date
• HERNIA REPAIR		

• PK INGUINAL HERNIA REPA*DISC*	Right

FAMILY HISTORY:

Family History

Problem	Relation	Age of Onset
• Other *diphtheria complications*	Father	62
• Not otherwise listed - Cancer *all over*	Mother	
• Glaucoma	Mother	
• Cataracts	Mother	
• Prostate Cancer	Paternal Uncle	
• Negative *no family history of premature heart disease or diabetes*	Neg Hx	
• Bladder Cancer	Neg Hx	
• Kidney Cancer	Neg Hx	
• Kidney Disease	Neg Hx	
• Nephrolithiasis	Neg Hx	
• Testicular Cancer	Neg Hx	

SOCIAL HISTORY:

Social History

Social History Narrative
• Not on file

HOME MEDICATIONS:

Current Outpatient Medications

Medication	Sig
• gabapentin (NEURONTIN) 300 mg capsule	TAKE 2 CAPSULES (600MG) BY MOUTH 4 TIMES A DAY
• warfarin (JANTOVEN) 1 MG tablet	Sanford Thief River Falls Anticoagulation Clinic. Take as directed 0.5-1.0 mg daily. Call 218-683-2733 with questions.
• HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet	TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN FOR UP TO 10 DAYS.
• dilTIAZem (CARDIZEM CD) 120 mg extended release capsule	TAKE 1 CAPSULE (120 MG) BY MOUTH 1 TIME PER DAY
• levothyroxine 100 mcg tablet	TAKE 1 TABLET BY MOUTH ONCE EVERY DAY
• latanoprost (XALATAN) 0.005 % ophthalmic solution	Place 1 drop into both eyes every night at bedtime
• brimonidine-timolol (COMBIGAN) 0.2-0.5 % ophthalmic solution	Place 1 drop into both eyes Every 12 hours
• vitamin D3, cholecalciferol, 1000 units tablet	Take 1,000 Units by mouth 1 time per day

REVIEW OF SYSTEMS:

A 12 point review of systems was done and is documented in HPI or was otherwise negative.

PHYSICAL EXAM:

ED Triage Vitals [12/07/21 1653]

Vital Signs Group

Temp	**97.3 °F (36.3 °C)**
Temp Source	**TEMPORAL**
Pulse	**92**
Resp	**18**
BP	**127/88**
BP Extremity	**Right**
Patient Position	**Sitting**
Oxygen Therapy Group	
SpO2	**95 %**
O2 Device	**RA**
O2 Flow Rate (L/min)	
RT and SMC ED ONLY - Oxygen Related Charges	
Skin in contact with respiratory device assessed	
End Tidal CO2	
Tissue Oxygen Saturation (StO2) %	

Gen: no acute distress
Eyes: no conjunctivitis
HEENT: no stridor hoarseness trismus or drooling; no thrush; no stomatitis; minimal irritation of the lips
CV: warm well perfused
Pulm: no respiratory distress
Abd: Soft, nondistended, nontender to palpation all 4 quadrants, no rebound, no guarding
MSK: full ROM
Skin: no rash
Neuro: alert and oriented moving all extremities
Psych: normal affect

ED COURSE:

79-year-old female with metastatic colon adenocarcinoma here with nausea and hypotension in clinic. His initial blood pressure here was normal. He had no hypotension here. His initial lactate was 2.2. EKG my interpretation NSR rate 80 nl axis no STE QTc 477. Labs were unremarkable. He was given fluid boluses. I tried to order a Magic mouthwash but pharmacy left and it was not given inadvertently. Therefore he was given a swish and swallow GI cocktail. Repeat lactate was back to normal. He was feeling better and wanted to go home and was discharged.

DISPOSITION:

Patient Disposition:
Patient Discharged
Patient discharged to home/self care.

Tue Dec 7, 2021 8:37 PM CST

Follow Up Information:

Contact information for follow-up

Jahn, Patrick C, APRN-CNP
Specialty: NP - Internal Medicine
Relationship: PCP - General

SANFORD THIEF RIVER FALLS
3001 SANFORD PARKWAY
THIEF RIVER FALLS MN 56701
Phone: 218-681-4747

Next Steps: Follow up

DIAGNOSIS:
1. Nausea 2. Malignant neoplasm metastatic to both lungs (HCC) 3. Primary adenocarcinoma of ascending colon (HCC)

ED Notes

Karey at 12/8/2021 12:35 PM

Received phone call from lab stating pts "blood cultures are positive for gram positive cocci in clusters." message sent to pts primary provider regarding this information. Pt did not receive any new prescriptions on discharge from ER.

Kensie at 12/7/2021 4:39 PM

Call received from Beth Peterick, NP at SDC (Urgent Care at the Clinic). Sending patient over for further evaluation due to hypotension, 80/50. Patient has metastatic cancer and had last chemo treatment last week. Patient normally feels weak with generalized abdominal pain for a couple of days after his treatments, but now has generalized pain from head to toe that is not subsiding. Also has a new rash on his face and a blister on the roof of his mouth. Provider wants patient to be further assessed as he lives at home alone with exception of family checking in on him. Call transferred to Dr. Lazio for provider report.

ED Triage Notes

Rachel at 12/7/2021 4:51 PM

Pt to ER via wheelchair from clinic for c/o hypotension(80/50 at clinic). He informs he had a week ago. He denies dizziness or N/V. Denies SOB or CP

Lactic Acid – 1.1mmol/L @ 7:50pm - after 2 bags of saline water and zofran

SARS-COV-2, INFLUENZA A+B, AND/OR RSV NUCLEIC ACID TESTING PANEL

Narrative

Your Covid-19 test is negative:

1) Avoiding close contact is still recommended.
2) Cover your coughs and sneezes.
3) Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based sanitizer containing over 60% alcohol. Avoid touching your face.
4) Avoid sharing personal household items, including dishes, cups, utensils, towels, clothing, or bedding. These items should be cleaned thoroughly with soap and water after use. Clean all "high touch" surfaces in your home daily.
5) Monitor your symptoms. Contact your provider if you are feeling worse. If you have shortness of breath or difficulty breathing, call 911.

This assay is for in vitro diagnostic use under FDA Emergency Use Authorization only.

Optimal performance of this test requires appropriate specimen collection, storage, and transport to the test site.

Detection of SARS-CoV-2 RNA may be affected by sample collection methods, patient factors (eg, presence of symptoms), and/or stage of infection.

False-negative results may arise from degradation of viral RNA during shipping/storage.

Results should be interpreted by a trained professional in conjunction with the patient's history and clinical signs and symptoms, and epidemiological risk factors.

Negative (Not Detected) results do not preclude infection with the SARS-CoV-2 virus and should not be the sole basis of patient treatment/management or public health decision. Follow up testing should be performed according to the current CDC recommendations.

This test was performed by polymerase chain reaction (PCR) on the GeneXpert instrument.

Component	Your Value	Standard Range	Flag
SARS-CoV-2	**Not Detected**	*Not Detected*	

EKG

Images

- Scan on 12/8/2021 11:15 AM
- Scan on 12/8/2021 10:16 AM

Component	Your Value	Standard Range	F
EKG	**WAVEFORM** **Normal sinus rhythm** **Nonspecific T wave abnormality** **Prolonged QT interval or tu fusion, consider myocardial disease, electrolyte imbalance, or drug effects** **Abnormal ECG** **When compared with ECG of 30-AUG-2021 11:12,** **Premature atrial complexes are no longer Present** **Nonspecific T wave abnormality, worse in Anterior-lateral leads** **Ventricular Rate: 80 BPM** **Atrial Rate: 80 BPM** **P-R Interval: 144 ms** **QRS Duration: 84 ms** **Q-T Interval: 414 ms** **QTc Calculation(Bazett): 477 ms** **Calculated P Axis: 72 degrees** **Calculated R Axis: 36 degrees** **Calculated T Axis: 2 degrees**		

COMPREHENSIVE METABOLIC PANEL

Component	Your Value	Standard Range	Flag
Glucose	**115** mg/dL	*70 - 100 mg/dL*	**H**
BUN	**17** mg/dL	*7 - 18 mg/dL*	

Component	Your Value	Standard Range	Flag
Creatinine	**1.12** mg/dL	*0.70 - 1.30 mg/dL*	
BUN/Creatinine Ratio	**15.2**	*15.0 - 20.0*	
Sodium	**139** meq/L	*136 - 145 meq/L*	
Potassium	**3.4** meq/L	*3.5 - 5.1 meq/L*	**L**
Chloride	**104** meq/L	*98 - 107 meq/L*	
CO2	**25** meq/L	*21 - 32 meq/L*	
Anion Gap with K	**13** meq/L	*6 - 20 meq/L*	
Calcium	**8.3** mg/dL	*8.5 - 10.1 mg/dL*	**L**
Protein Total	**6.4** g/dL	*6.4 - 8.2 g/dL*	
Albumin	**3.4** g/dL	*3.5 - 5.0 g/dL*	**L**
Alkaline Phosphatase	**239** U/L	*46 - 116 U/L*	**H**
AST - SGOT	**36** U/L	*15 - 37 U/L*	
ALT - SGPT	**19** U/L	*12 - 78 U/L*	
Bilirubin Total	**1.0** mg/dL	*0.2 - 1.0 mg/dL*	
Corrected Calcium	**8.8** mg/dL	*8.5 - 10.1 mg/dL*	

Lactic Acid – 2.2mmol/L @ 5:07pm

Magnesium 2.0mg/dL

Troponin I – 0.017ng/mL

Lipase – 156 U/L

INR – 2.0

LAB ONLY-COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**8.8** K/uL	*4.0 - 11.0 K/uL*	
RBC	**3.52** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**10.5** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**33.0** %	*40.0 - 50.0 %*	**L**
MCV	**93.8** fL	*80.0 - 98.0 fL*	
MCH	**29.8** pg	*25.5 - 34.0 pg*	
MCHC	**31.8** g/dL	*31.5 - 36.5 g/dL*	
RDW-CV	**17.9** %	*11.5 - 15.5 %*	**H**
RDW-SD	**59.0** fl	*35.5 - 50.0 fl*	**H**
Platelet Count	**77** K/uL	*140 - 400 K/uL*	**L**
MPV	**10.5** fL	*8.5 - 12.0 fL*	
Seg Neut Absolute	**5.0** K/uL	*1.8 - 8.0 K/uL*	
Lymphocytes Absolute	**2.1** K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	**1.4** K/uL	*0.0 - 1.0 K/uL*	**H**
Eosinophils Absolute	**0.2** K/uL	*0.0 - 0.7 K/uL*	
Basophil Absolute	**0.0** K/uL	*0.0 - 0.2 K/uL*	
Neutrophils Abs. (Segs and Bands)	**5,000** /uL		

LAB ONLY-GRAM POSITIVE BLOOD CULTURE ID BY NAD

Narrative

This test was performed by multiplexed/real-time polymerase chain reaction (PCR) and probe hybridization on the Verigene instrument. This test is approved by the Food and Drug Administration (FDA).

This test was performed by multiplexed/real-time polymerase chain reaction (PCR) and probe hybridization on the Verigene instrument. This test is approved by the Food and Drug Administration (FDA).

Component	Your Value	Standard Range	Flag
Staphylococcus aureus	**Not Detected**	*Not Detected*	
Staphylococcus epidermidis	**Detected**	*Not Detected*	**A**
Staphylococcus lugdunensis	**Not Detected**	*Not Detected*	
Streptococcus species	**Not Detected**	*Not Detected*	
Streptococcus pneumoniae	**Not Detected**	*Not Detected*	
Streptococcus pyogenes (Group A)	**Not Detected**	*Not Detected*	
Streptococcus agalactiae (Group B)	**Not Detected**	*Not Detected*	
Streptococcus anginosus group	**Not Detected**	*Not Detected*	
Enterococcus faecalis	**Not Detected**	*Not Detected*	
Enterococcus faecium	**Not Detected**	*Not Detected*	
Listeria species	**Not Detected**	*Not Detected*	

December 13, 2021 – Lab work (prior to chemo)

Protein Total Urine – 133.3mg/dL

INR – 2.4

COMPREHENSIVE METABOLIC PANEL

Component	Your Value	Standard Range	Flag
Glucose	**121** mg/dL	*70 - 100 mg/dL*	**H**
BUN	**12** mg/dL	*7 - 18 mg/dL*	
Creatinine	**1.01** mg/dL	*0.70 - 1.30 mg/dL*	
BUN/Creatinine Ratio	**11.9**	*15.0 - 20.0*	**L**
Sodium	**143** meq/L	*136 - 145 meq/L*	
Potassium	**3.2** meq/L	*3.5 - 5.1 meq/L*	**L**
Chloride	**107** meq/L	*98 - 107 meq/L*	
CO2	**26** meq/L	*21 - 32 meq/L*	
Anion Gap with K	**13** meq/L	*6 - 20 meq/L*	
Calcium	**8.6** mg/dL	*8.5 - 10.1 mg/dL*	
Protein Total	**6.4** g/dL	*6.4 - 8.2 g/dL*	
Albumin	**3.4** g/dL	*3.5 - 5.0 g/dL*	**L**
Alkaline Phosphatase	**221** U/L	*46 - 116 U/L*	**H**
AST - SGOT	**30** U/L	*15 - 37 U/L*	
ALT - SGPT	**18** U/L	*12 - 78 U/L*	
Bilirubin Total	**0.6** mg/dL	*0.2 - 1.0 mg/dL*	

Component	Your Value	Standard Range	Flag
Corrected Calcium	**9.1** mg/dL	*8.5 - 10.1 mg/dL*	

LAB ONLY-COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**12.8** K/uL	*4.0 - 11.0 K/uL*	**H**
RBC	**3.41** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**10.5** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**32.7** %	*40.0 - 50.0 %*	**L**
MCV	**95.9** fL	*80.0 - 98.0 fL*	
MCH	**30.8** pg	*25.5 - 34.0 pg*	
MCHC	**32.1** g/dL	*31.5 - 36.5 g/dL*	
RDW-CV	**20.3** %	*11.5 - 15.5 %*	**H**
RDW-SD	**65.9** fl	*35.5 - 50.0 fl*	**H**
Platelet Count	**113** K/uL	*140 - 400 K/uL*	**L**
MPV	**10.2** fL	*8.5 - 12.0 fL*	
Seg Neut Absolute	**8.8** K/uL	*1.8 - 8.0 K/uL*	**H**
Lymphocytes Absolute	**2.5** K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	**1.2** K/uL	*0.0 - 1.0 K/uL*	**H**
Eosinophils Absolute	**0.2** K/uL	*0.0 - 0.7 K/uL*	
Basophil Absolute	**0.0** K/uL	*0.0 - 0.2 K/uL*	
Neutrophils Abs. (Segs and Bands)	**8,800** /uL		

December 14, 2021 – 4th Chemotherapy treatment

CEA – 675.3ng/mL

Progress Notes

TIMOTHY S YEH, MD at 12/14/2021 10:00 AM

CLINIC PROGRESS NOTE

DATE OF SERVICE: 12/14/2021

PATIENT: Glenn A Hofstad
DOB: 3/16/1942
MRN: 1011698
CSN: 85987132

Chief Complaint: Oncologic reevaluation of metastatic colonic adenocarcinoma with liver and lung metastases on bevacizumab-FOLFOX

Subjective:

History of Present Illness: Glenn A Hofstad is a 79-year-old retired potato farmer from Trail, MN accompanied by his son Arlan, a patient of Patrick Jahn, NP, who presents for oncologic re-evaluation for recent diagnosis of metastatic colonic adenocarcinoma with liver, lung and mesenteric lymph node metastases.

Bevacizumab-FOLFOX chemotherapy was started on 11/2/2021 with a pretreatment CEA of 1062.9, bilirubin 1.7, alkaline phosphatase 687(116), SGOT 135(37) and SGPT 57(78). Cycle 2 CEA was down to 981.7 with improvement of bilirubin and other liver function studies. However cycle 3 labs on 11/29/2021 revealed a CEA up to 1621, but improved bilirubin of 1.2, alkaline phosphatase 297, SGOT 57 and SGPT 24.

Today's CEA is better at 675.3. Liver functions continue to improve with bilirubin down to 0.6. White count 12,800, hemoglobin 10.5, white blood count 113,000. He has had no significant oxaliplatin peripheral neuropathy though he does have cold intolerance. He did have increased mouth sores this last cycle.

Past oncologic history:
On 10/14/2021, he was seen at the Thief River Falls ED because of abdominal pain. The 10/14/2021 CT revealed extensive metastatic disease involving the lower chest and throughout the abdomen and pelvis with a dilated appendix associated with an enhancing soft tissue mass of the base of the cecum, terminal ileum and base of the appendix with multiple adjacent enlarged mesenteric lymph nodes worrisome for possible site of primary malignancy. There are also multiple metastatic lung nodules present as well as a moderate right pleural effusion, multiple large mesenteric lymph nodes in the right lower quadrant, innumerable liver metastases as well as some peritoneal soft tissue densities and a sclerotic S1 body either related to metastases or degeneration. A moderate hiatal hernia seen as well as severe prostatomegaly with a suprapubic catheter present.

I initially saw him on 10/20/2021 and a 10/27/2021 liver biopsy revealed a metastatic adenocarcinoma consistent with colonic primary origin being CK20 and CDX2 positive and CK7, NKX3.1 and TTF-1 negative. 10/20/2021 PSA was 11.29, CEA 468.4, chromogranin A 58. The tumor was KRAS G12D-mutated.

The patient presented with a COVID-19 infection on 8/27/2021 with dyspnea and anorexia and was treated with IV monoclonal antibodies for which he seemed to improve initially. However, he had developed a 6-week history of constant right upper quadrant pain associate with nausea, anorexia, dark but not melanotic stools with some increased dyspnea over the last week.

Past oncologic history:
Remarkable for a November, 2015 diagnosis of a germinal center, diffuse large B-cell lymphoma arising from a right anterior chest wall mass with a right pleural effusion, hypercalcemia, acute kidney injury and mediastinal lymphadenopathy with a negative bone marrow examination. He received 6 cycles of R-CHOP chemotherapy between 12/13/2015-3/29/2016. Primary treatment was completed with radiation to the right chest wall and upper abdominal lymph nodes by 6/29/2016 consisting of 3,500 cGy. When he was last seen by Dr. Dentchev on 2/13/2019, he was felt to be without evidence of recurrent disease.

His past medical history is otherwise remarkable for deep venous thrombosis and pulmonary thromboemboli, BPH with elevated PSA hypothyroidism and former tobacco abuse until 1980.

Review of Systems
Except as noted above, the patient denies...
Headaches, diplopia, blurred vision, tinnitus or hearing loss;
Chest pain, pleurisy, cough, hemoptysis, shortness of breath;
Nausea, vomiting, diarrhea, constipation, change in bowel habits, difficulty swallowing, heartburn or rectal bleeding;
Dysuria, frequency, hematuria;
Bone/back pain, joint pain or swelling, problems with the skin;
Fever, chills, sweats, anorexia, unexplained weight loss;
Tingling, numbness, loss of balance, focal weakness;
Fatigue, generalized weakness;
Unexplained bleeding or bruising;
Insomnia, depression, trouble thinking;

Objective:
BP 106/61 | Pulse 86 | Temp 96.9 °F (36.1 °C) | Wt 155 lb 12.8 oz (70.7 kg) | SpO2 97% | BMI 23.01 kg/m²

Physical Exam
He is alert and oriented in no apparent acute distress

Assessment:

1. Clinically and serologically improved metastatic ascending colonic adenocarcinoma lung, liver and mesenteric lymph node metastases, MSS, KRAS-mutated, on bevacizumab-FOLFOX.D
2. History of stage IV diffuse large B-cell lymphoma in remission
3. History of deep venous thrombosis and pulmonary embolism in 2017 on warfarin
4. BPH with suprapubic cystostomy x4 years; recent treated urinary tract infection

Plan:

1. Proceed with cycle #4 bevacizumab-FOLFOX with further dose reduction of 5-FU to 2050 mg/m2 from previous 2 cycles where 2,200 mg/m2 were employed
2. Follow-up in 2 weeks

Facility-Administered Medications Ordered in Other Visits

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• Bevacizumab-bvzr (ZIRABEV) 385.5 mg in sodium chloride 0.9 % 100 mL infusion	5 mg/kg (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• dextrose 5% bolus infusion 100 mL	100 mL	Intravenous	Once	Timothy S Yeh, MD		
• fluorouracil, pharmacy to calculate rate (Adrucil)		Intravenous	Once	Timothy S Yeh, MD		
• leucovorin 340 mg in dextrose pvc free 5 % 250 mL infusion	175 mg/m2 (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• ondansetron 8 mg with dexamethasone 20 mg in NS 50 ml		Intravenous	Once	Timothy S Yeh, MD		
• oxaliplatin (ELOXATIN) 126.1 mg in dextrose pvc free 5 % 250 mL chemo infusion	65 mg/m2 (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• sodium chloride (STERILE FIELD) 0.9 % flush syringe (from Kit) 1-10 mL	1-10 mL	Intravenous	PRN	Timothy S Yeh, MD		
• sodium chloride 0.9 % flush syringe 10 mL	10 mL	Intravenous	PRN	Timothy S Yeh, MD		
• sodium chloride 0.9% (NS Bolus) 0.9 % infusion 100 mL	100 mL	Intravenous	Once	Timothy S Yeh, MD		

Patient Instructions

TIMOTHY S YEH, MD at 12/14/2021 10:00 AM

1. Proceed with cycle #4 bevacizumab-FOLFOX with 5-FU dose reduction to 2,040 mg/m2 (overall 15% dose reduction from baseline.
2. Follow-up two weeks

December 20, 2021 – Eye appointment

Dad had an eye doctor appointment today to see if he is a candidate for cataracts surgery. He has been complaining of his vision deteriorating a lot lately. I believe it is the lens of his eye clouding up.

POSTERIOR SEGMENT OCT OPTIC NERVE -OU-BOTH EYES

Narrative

OD: Borderline-mild RNFL thinning; fairly stable but vitreous degeneration affects interpretation.
OS: Borderline-mild RNFL thinning; fairly stable but vitreous degeneration affects interpretation.

Images

- Scan on 12/20/2021 11:34 PM

Ordered by Christopher L Kelly, OD

December 21, 2021 – Lab work (mid treatment)

LAB ONLY-COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**11.8** K/uL	*4.0 - 11.0 K/uL*	**H**
RBC	**3.34** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**10.1** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**32.6** %	*40.0 - 50.0 %*	**L**
MCV	**97.6** fL	*80.0 - 98.0 fL*	
MCH	**30.2** pg	*25.5 - 34.0 pg*	
MCHC	**31.0** g/dL	*31.5 - 36.5 g/dL*	**L**
RDW-CV	**20.1** %	*11.5 - 15.5 %*	**H**
RDW-SD	**68.2** fl	*35.5 - 50.0 fl*	**H**
Anisocytosis present.			
Platelet Count	**87** K/uL	*140 - 400 K/uL*	**L**
MPV	**10.6** fL	*8.5 - 12.0 fL*	

LAB ONLY-MANUAL DIFFERENTIAL

Component	Your Value	Standard Range	Flag
Neutrophils Abs. (Segs and Bands)	**8,820** /uL	*/uL*	
Seg Neut Absolute	**7.7** K/uL	*1.8 - 8.0 K/uL*	

Component	Your Value	Standard Range	Flag
Band Absolute	**1.1** K/uL	*0.0 - 0.7 K/uL*	**H**
Lymphocytes Absolute	**1.9** K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	**1.1** K/uL	*0.0 - 1.0 K/uL*	

December 27, 2021 – Lab work (prior to chemo)

COMPREHENSIVE METABOLIC PANEL - Details

Component	Your Value	Standard Range	Flag
Glucose	**103** mg/dL	*70 - 99 mg/dL*	**H**
BUN	**11** mg/dL	*6 - 22 mg/dL*	
Creatinine	**0.83** mg/dL	*0.70 - 1.30 mg/dL*	
BUN/Creatinine Ratio	**13.3**	*10.0 - 25.0*	
Sodium	**140** meq/L	*136 - 145 meq/L*	
Potassium	**3.8** meq/L	*3.5 - 5.1 meq/L*	
Chloride	**107** meq/L	*98 - 109 meq/L*	
CO2	**23** meq/L	*20 - 29 meq/L*	
Anion Gap with K	**14** meq/L	*6 - 20 meq/L*	
Calcium	**8.8** mg/dL	*8.5 - 10.5 mg/dL*	
Protein Total	**6.0** g/dL	*6.0 - 8.3 g/dL*	
Albumin	**3.3** g/dL	*3.2 - 4.6 g/dL*	
Alkaline Phosphatase	**202** U/L	*40 - 150 U/L*	**H**
AST - SGOT	**25** U/L	*5 - 34 U/L*	
ALT - SGPT	**19** U/L	*0 - 55 U/L*	
Bilirubin Total	**0.9** mg/dL	*0.2 - 1.2 mg/dL*	
Corrected Calcium	**9.4** mg/dL		

Protein Total Urine – 129.1mg/dL

INR – 2.0

LAB ONLY-COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**11.6** K/uL	*4.0 - 11.0 K/uL*	**H**
RBC	**3.30** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**10.5** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**33.0** %	*40.0 - 50.0 %*	**L**
MCV	**100.0** fL	*80.0 - 98.0 fL*	**H**
MCH	**31.8** pg	*25.5 - 34.0 pg*	
MCHC	**31.8** g/dL	*31.5 - 36.5 g/dL*	
RDW-CV	**22.1** %	*11.5 - 15.5 %*	**H**
RDW-SD	**76.3** fl	*35.5 - 50.0 fl*	**H**
Platelet Count	**135** K/uL	*140 - 400 K/uL*	**L**
MPV	**10.0** fL	*8.5 - 12.0 fL*	

LAB ONLY-MANUAL DIFFERENTIAL

Component	Your Value	Standard Range	Flag
Neutrophils Abs. (Segs and Bands)	**8,932** /uL	*/uL*	
Seg Neut Absolute	**8.2** K/uL	*1.8 - 8.0 K/uL*	**H**
Band Absolute	**0.7** K/uL	*0.0 - 0.7 K/uL*	
Lymphocytes Absolute	**1.6** K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	**0.7** K/uL	*0.0 - 1.0 K/uL*	
Eosinophils Absolute	**0.2** K/uL	*0.0 - 0.7 K/uL*	
Basophil Absolute	**0.1** K/uL	*0.0 - 0.2 K/uL*	

LIPID PANEL

Component	Your Value	Standard Range	Flag
Cholesterol	**122** mg/dL	*<200 mg/dL*	
Triglyceride	**140** mg/dL	*<150 mg/dL*	
HDL	**38** mg/dL	*>=40 mg/dL*	**L**
LDL	**56** mg/dL	*<=100 mg/dL*	

December 28, 2021 – 5th Chemotherapy treatment

CEA – 304.8ng/mL

Progress Notes

TIMOTHY S YEH, MD at 12/28/2021 10:00 AM

CLINIC PROGRESS NOTE

DATE OF SERVICE: 12/28/2021

PATIENT: Glenn A Hofstad
DOB: 3/16/1942
MRN: 1011698
CSN: 85987133

ADDENDUM - 12/29/2021: Left message and called son regarding improved CEA down to 304.8. Tim Yeh, MD

Chief Complaint: Oncologic reevaluation of metastatic colonic adenocarcinoma with liver and lung metastases for anticipated cycle #5 bevacizumab-FOLFOX

Subjective:

History of Present Illness: Glenn A Hofstad is a 79-year-old retired potato farmer from Trail, MN accompanied by his son Arlan, a patient of Patrick Jahn, NP, who presents for oncologic re-evaluation for recent diagnosis of metastatic colonic adenocarcinoma with liver, lung and mesenteric lymph node metastases.

Bevacizumab-FOLFOX chemotherapy was started on 11/2/2021 with a pretreatment CEA of 1062.9, bilirubin 1.7, alkaline phosphatase 687(116), SGOT 135(37) and SGPT 57(78) with subsequent CEA decline to 675.3 before cycle #4 and continued LFT improvement with normalization of hyperbilirubinemia. The 5-FU infusion dose was decreased 5% last cycle because of mouth sores and he was given pegfilgrastim.

His last current cycle was well-tolerated without any mucositis, fever, chills or sweats. He does have some mild diarrhea which has abated. Preliminary laboratory tests from Sanford revealed continued improvement of his liver function tests. His white count is 11,600, hemoglobin 10.5, MCV 100, platelet count 135,000. CEA is pending

Recent oncologic history:
On 10/14/2021, he was seen at the Thief River Falls ED because of abdominal pain. The 10/14/2021 CT revealed extensive metastatic disease involving the lower chest and throughout the abdomen and pelvis with a dilated appendix associated with an enhancing soft tissue mass of the base of the cecum, terminal ileum and base of the appendix with multiple adjacent enlarged mesenteric lymph nodes worrisome for possible site of primary malignancy. There are also multiple metastatic lung nodules present as well as a moderate right pleural effusion, multiple large mesenteric lymph nodes in the right lower quadrant, innumerable liver metastases as well as some peritoneal soft tissue densities and a sclerotic S1 body either related to metastases or degeneration. A moderate hiatal hernia seen as well as severe prostatomegaly with a suprapubic catheter present.

Liver biopsy revealed a metastatic adenocarcinoma consistent with colonic primary origin being CK20 and CDX2 positive and CK7, NKX3.1 and TTF-1 negative. 10/20/2021 PSA was 11.29, CEA 468.4, chromogranin A 58. The tumor was KRAS G12D-mutated.

The patient presented with a COVID-19 infection on 8/27/2021 with dyspnea and anorexia and was treated with IV monoclonal antibodies for which he seemed to improve initially. However, he had developed a 6-week history of constant right upper quadrant pain associate with nausea, anorexia, dark but not melanotic stools with some increased dyspnea over the last week.

Past oncologic history:
Remarkable for November, 2015 diagnosis of a germinal center, diffuse large B-cell lymphoma arising from a right anterior chest wall mass with a right pleural effusion, hypercalcemia, acute kidney injury and mediastinal lymphadenopathy with a negative bone marrow examination. He received 6 cycles of R-CHOP chemotherapy between 12/13/2015-3/29/2016. Primary treatment was completed with radiation to the right chest wall and upper abdominal lymph nodes by 6/29/2016 consisting of 3,500 cGy. When he was last seen by Dr. Dentchev on 2/13/2019, he was felt to be without evidence of recurrent disease.

His past medical history is otherwise remarkable for deep venous thrombosis and pulmonary thromboemboli, BPH with elevated PSA hypothyroidism and former tobacco abuse until 1980.

Review of Systems
Except as noted above, the patient denies...
Headaches, diplopia, blurred vision, tinnitus or hearing loss;
Chest pain, pleurisy, cough, hemoptysis, shortness of breath;
Nausea, vomiting, diarrhea, constipation, change in bowel habits, difficulty swallowing, heartburn or rectal bleeding;
Dysuria, frequency, hematuria;
Bone/back pain, joint pain or swelling, problems with the skin;
Fever, chills, sweats, anorexia, unexplained weight loss;
Tingling, numbness, loss of balance, focal weakness;
Fatigue, generalized weakness;
Unexplained bleeding or bruising;
Insomnia, depression, trouble thinking;

Objective:
BP 109/63 | Pulse 77 | Temp 97 °F (36.1 °C) | Wt 150 lb 14.4 oz (68.4 kg) | SpO2 95% | BMI 22.28 kg/m²

Physical Exam
He is alert and oriented and in no apparent acute distress

Assessment:
1. Clinically and serologically improved metastatic ascending colonic adenocarcinoma lung, liver and mesenteric lymph node metastases, MSS, KRAS-mutated, on bevacizumab-FOLFOX.

2. History of stage IV diffuse large B-cell lymphoma in remission
3. History of deep venous thrombosis and pulmonary embolism in 2017 on warfarin
4. BPH with suprapubic cystostomy x4 years; recent treated urinary tract infection

Plan:

1. Proceed with cycle #5 bevacizumab/FOLFOX
2. Pegfilgrastim on day 3
3. Follow-up in 2 weeks

Facility-Administered Medications Ordered in Other Visits

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• Bevacizumab-bvzr (ZIRABEV) 385.5 mg in sodium chloride 0.9 % 100 mL infusion	5 mg/kg (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• dextrose 5% bolus infusion 100 mL	100 mL	Intravenous	Once	Timothy S Yeh, MD		
• fluorouracil, pharmacy to calculate rate (Adrucil)		Intravenous	Once	Timothy S Yeh, MD		
• heparin flush (PF) injection 500 Units	500 Units	Intravenous	PRN	Timothy S Yeh, MD		
• leucovorin 340 mg in dextrose pvc free 5 % 250 mL infusion	175 mg/m2 (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• ondansetron 8 mg with dexamethasone 20 mg in NS 50 ml		Intravenous	Once	Timothy S Yeh, MD		
• oxaliplatin (ELOXATIN) 126.1 mg in dextrose pvc free 5 % 250 mL chemo infusion	65 mg/m2 (Treatment Plan Recorded)	Intravenous	Once	Timothy S Yeh, MD		
• sodium chloride (STERILE FIELD) 0.9 % flush syringe (from Kit) 1-10 mL	1-10 mL	Intravenous	PRN	Timothy S Yeh, MD		
• sodium chloride 0.9 % flush syringe 10 mL	10 mL	Intravenous	PRN	Timothy S Yeh, MD		
• sodium chloride 0.9% (NS Bolus) 0.9 % infusion 100 mL	100 mL	Intravenous	Once	Timothy S Yeh, MD		

- dose continues reduced on 5-FU to 2050 mg/m2 from early cycles where 2,200 mg/m2 were used

Patient Instructions

TIMOTHY S YEH, MD at 12/28/2021 10:00 AM

1. Proceed with cycle #5 bevacizumab-FOLFOX today
2. Peg-filgrastim on day 3 at time of pump takedown
3. Follow-up in 2 weeks

December 30, 2021 – Wellness checkup with primary

Today dad had an appointment with NP Patrick Jahn for an annual wellness checkup. Patrick did the checkup and ordered dad's right ear to be cleaned (at our asking) and he gave dad a booster COVID-19 injection (Phizer all 3 times).

Dad is feeling Okay, but is still fairly weak and quite unsteady to walk. He relies on hanging on to things. He has a pressure sore on the top fo his butt crack that he is putting Blu-Emu on and Alevyn pad, seems to be healing.

Progress Notes

Laura at 12/30/2021 2:50 PM

Ear lavage right ear, tolerated well, no pain, large amount of cerumen removed. No redness, was not examined after ear lavage.

Patrick C Jahn, APRN-CNP at 12/30/2021 2:04 PM

Assessment / Plan

1. Cerumen impaction. Treated today with irrigation.

2. Postherpetic neuralgia, generalized pain. His gabapentin was refilled for him today.

3. History of metastatic adenocarcinoma of the colon, liver, lung, lymph nodes. Continues to follow with oncology at Altru.

4. Health maintenance. His COVID-19 booster was administered today.

5. History of DVT. He maintains on warfarin therapy managed by the INR clinic.

Plan: Follow-up 3 to 6 months.

CC: Cerumen impaction, medication refill.

Patient seen today with concerns of some decreased hearing, questionable cerumen impaction in both ears but the right seems to be worse than the left. He is also requesting a medication refill of his gabapentin which he uses for postherpetic neuralgia, generalized pain.

He continues to follow with oncology and Altru for diagnosis of metastatic colonic adenocarcinoma with liver, lung, lymph node metastasis.

Seen today with his son. He reports feeling pretty well, he does not have any acute concerns today.

Medications

Outpatient Medications Prior to Visit

Medication	Sig	Dispense	Refill

• ondansetron (ZOFRAN) 8 MG tablet	Take 1 tablet by mouth Every 8 hours as needed		
• prochlorperazine (COMPAZINE) 10 mg tablet	Take 1 tablet by mouth every 6 hours as needed		
• latanoprost (XALATAN) 0.005 % ophthalmic solution	INSTILL 1 DROP INTO BOTH EYES EVERY NIGHT AT BEDTIME	10 mL	2
• COMBIGAN 0.2-0.5 % ophthalmic solution	INSTILL 1 DROP INTO BOTH EYES EVERY 12 HOURS	15 mL	2
• warfarin (JANTOVEN) 1 MG tablet	Sanford Thief River Falls Anticoagulation Clinic. Take as directed 0.5-1.0 mg daily. Call 218-683-2733 with questions.	75 tablet	1
• HYDROcodone-acetaminophen (NORCO) 5-325 mg tablet	TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR PAIN FOR UP TO 10 DAYS.		
• dilTIAZem (CARDIZEM CD) 120 mg extended release capsule	TAKE 1 CAPSULE (120 MG) BY MOUTH 1 TIME PER DAY	90 capsule	1
• levothyroxine 100 mcg tablet	TAKE 1 TABLET BY MOUTH ONCE EVERY DAY	90 tablet	3
• vitamin D3, cholecalciferol, 1000 units tablet	Take 1,000 Units by mouth 1 time per day		
• gabapentin (NEURONTIN) 300 mg capsule	TAKE 2 CAPSULES (600MG) BY MOUTH 4 TIMES A DAY	240 capsule	3
• pegfilgrastim-bmez (ZIEXTENZO) 6 mg/0.6 mL subcutaneous injection 6 mg			
• sodium chloride 0.9% preservative free injection solution 10 mL			
• heparin 100 units/ mL injection for heplock FLUSH			

No facility-administered medications prior to visit.

Allergies

No Known Allergies

Medical/Surgical/Family/Social History

Past Medical History:

Diagnosis	Date

- Basal cell carcinoma of skin
- Bilateral senile cataracts
- BPH with elevated PSA
- Dermatochalasis
- Erectile dysfunction
- Hemorrhoid
- Hypertension

- Lymphoma (HCC)
  diffuse large b cell
- Open-angle glaucoma, mild stage 3/5/2014
- Squamous cell carcinoma
- Thyroid disease

Past Surgical History:

Procedure	Laterality	Date
HERNIA REPAIR		
PK INGUINAL HERNIA REPA*DISC*	Right	

Family History

Problem	Relation	Age of Onset
Other *diphtheria complications*	Father	62
Not otherwise listed - Cancer *all over*	Mother	
Glaucoma	Mother	
Cataracts	Mother	
Prostate Cancer	Paternal Uncle	
Negative *no family history of premature heart disease or diabetes*	Neg Hx	
Bladder Cancer	Neg Hx	
Kidney Cancer	Neg Hx	
Kidney Disease	Neg Hx	
Nephrolithiasis	Neg Hx	
Testicular Cancer	Neg Hx	

Social History

Socioeconomic History
- Marital status: Widowed
- Number of children: 3
- Years of education: 12

Occupational History
- Occupation: retired farmer

Tobacco Use
- Smoking status: Former Smoker
  - Types: Cigarettes
  - Quit date: 11/14/1980
  - Years since quitting: 41.1
- Smokeless tobacco: Never Used

Substance and Sexual Activity
- Alcohol use: Yes
  - Alcohol/week: 6.0 standard drinks
  - Types: 6 Cans of beer per week
  - *Comment: Occasionally*
- Drug use: No

Alcohol Use: Not At Risk
- Frequency of Alcohol Consumption: Never
- Average Number of Drinks: Not on file
- Frequency of Binge Drinking: Never

ROS

Review of Systems

Constitutional: Negative for activity change, appetite change and chills.

HENT: Positive for hearing loss.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Genitourinary: Negative.
Neurological: Negative.

Physical / Results
BP 98/60 Temp 95.6 °F (35.3 °C) Ht 1.753 m (5' 9") Wt 68.4 kg (150 lb 14.4 oz) BMI 22.28 kg/m2||
Physical Exam
Vitals and nursing note reviewed.
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance. He is not ill-appearing.
HENT:
Head:
Comments: **Bilateral cerumen impaction treated today with irrigation, patient reports improvement of his symptoms.**
Cardiovascular:
Rate and Rhythm: Normal rate.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No stridor. No rhonchi.
Musculoskeletal:
General: No swelling.
Right lower leg: No edema.
Left lower leg: No edema.
Lymphadenopathy:
Cervical: No cervical adenopathy.
Neurological:
General: No focal deficit present.
Mental Status: He is alert and oriented to person, place, and time.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.
Thought Content: Thought content normal.

January 1-2, 2022 – Weekend (New Year)

Saturday dad was in more pain than the last several days. He had a nausea and pain pill about noon and felt better. He washed a couple loads of clothes and cleaned house a bit to get ready for Sunday dinner guests, Jared & Jess and family and Glen & Annette, to have a lutefisk dinner after church. It is -20 degrees much of the day and a colder night (light NW wind).

January 3, 2022 – Mid-treatment lab day

LAB ONLY-MANUAL DIFFERENTIAL

Component	Your Value	Standard Range	Flag
Neutrophils Abs. (Segs and Bands)	**23,403** /uL	*/uL*	
Seg Neut Absolute	**22.6** K/uL	*1.8 - 8.0 K/uL*	**H**

Component	Your Value	Standard Range	Flag
Band Absolute	**0.8** K/uL	*0.0 - 0.7 K/uL*	**H**
Lymphocytes Absolute	**2.7** K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	**0.8** K/uL	*0.0 - 1.0 K/uL*	
Neutrophils Percent	**84.0** %	*%*	
Band Percent	**3.0** %	*%*	
Lymphocytes Percent	**10.0** %	*%*	
Monocytes Percent	**3.0** %	*%*	
Platelet Estimate	**Decreased**		
Platelet Morphology	**Normal**		
RBC Morphology	**Abnormal**		

LAB ONLY-COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**26.9** K/uL	*4.0 - 11.0 K/uL*	**H**
RBC	**3.14** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**9.7** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**31.6** %	*40.0 - 50.0 %*	**L**
MCV	**100.6** fL	*80.0 - 98.0 fL*	**H**
MCH	**30.9** pg	*25.5 - 34.0 pg*	
MCHC	**30.7** g/dL	*31.5 - 36.5 g/dL*	**L**
RDW-CV	**21.3** %	*11.5 - 15.5 %*	**H**
RDW-SD	**73.8** fl	*35.5 - 50.0 fl*	**H**
Anisocytosis present.			
Platelet Count	**81** K/uL	*140 - 400 K/uL*	**L**
MPV	**9.3** fL	*8.5 - 12.0 fL*	

January 10, 2022 – prior to chemo lab day

INR – 1.8

CEA – 157.0ng/mL

Protein Total Urine – 98.7mg/dL

COMPREHENSIVE METABOLIC PANEL

Component	Your Value	Standard Range	Flag
Glucose	**126** mg/dL	*70 - 99 mg/dL*	**H**
BUN	**15** mg/dL	*6 - 22 mg/dL*	
Creatinine	**0.75** mg/dL	*0.70 - 1.30 mg/dL*	
BUN/Creatinine Ratio	**20.0**	*10.0 - 25.0*	
Sodium	**141** meq/L	*136 - 145 meq/L*	
Potassium	**3.6** meq/L	*3.5 - 5.1 meq/L*	
Chloride	**107** meq/L	*98 - 109 meq/L*	

Component	Your Value	Standard Range	Flag
CO2	**24** meq/L	*20 - 29 meq/L*	
Anion Gap with K	**14** meq/L	*6 - 20 meq/L*	
Calcium	**8.6** mg/dL	*8.5 - 10.5 mg/dL*	
Protein Total	**6.0** g/dL	*6.0 - 8.3 g/dL*	
Albumin	**3.2** g/dL	*3.2 - 4.6 g/dL*	
Alkaline Phosphatase	**184** U/L	*40 - 150 U/L*	**H**
AST - SGOT	**24** U/L	*5 - 34 U/L*	
ALT - SGPT	**13** U/L	*0 - 55 U/L*	
Bilirubin Total	**0.8** mg/dL	*0.2 - 1.2 mg/dL*	
Corrected Calcium	**9.2** mg/dL	*8.5 - 10.5 mg/dL*	

COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**14.9** K/uL	*4.0 - 11.0 K/uL*	**H**
RBC	**3.23** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**10.2** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**33.3** %	*40.0 - 50.0 %*	**L**
MCV	**103.1** fL	*80.0 - 98.0 fL*	**H**
MCH	**31.6** pg	*25.5 - 34.0 pg*	
MCHC	**30.6** g/dL	*31.5 - 36.5 g/dL*	**L**
RDW-CV	**22.2** %	*11.5 - 15.5 %*	**H**
RDW-SD	**79.5** fl	*35.5 - 50.0 fl*	**H**
Platelet Count	**95** K/uL	*140 - 400 K/uL*	**L**
PLT scan correlates with auto counts.			
MPV	**10.5** fL	*8.5 - 12.0 fL*	

LAB ONLY-MANUAL DIFFERENTIAL

Component	Your Value	Standard Range	Flag
Neutrophils Abs. (Segs and Bands)	**10,728** /uL	*/uL*	
Seg Neut Absolute	**10.7** K/uL	*1.8 - 8.0 K/uL*	**H**
Lymphocytes Absolute	**2.2** K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	**1.2** K/uL	*0.0 - 1.0 K/uL*	**H**
Eosinophils Absolute	**0.7** K/uL	*0.0 - 0.7 K/uL*	
Neutrophils Percent	**72.0** %	*%*	
Lymphocytes Percent	**15.0** %	*%*	
Monocytes Percent	**8.0** %	*%*	
Eosinophils Percent	**5.0** %	*%*	
Platelet Estimate	**Decreased**		
Platelet Morphology	**Normal**		
RBC Morphology	**Normal**		

COMPREHENSIVE METABOLIC PANEL – Past Results

Name *Standard Range*	11/29/21	12/7/21	12/13/21	12/27/21	1/10/22
***Albumin** *3.2 - 4.6 g/dL*	3.5	3.4 L	3.4 L	3.3	3.2
***Alkaline Phosphatase** *40 - 150 U/L*	297 H	239 H	221 H	202 H	184 H
***ALT - SGPT** *0 - 55 U/L*	24	19	18	19	13
Anion Gap with K *6 - 20 meq/L*	15	13	13	14	14
***AST - SGOT** *5 - 34 U/L*	57 H	36	30	25	24
***Bilirubin Total** *0.2 - 1.2 mg/dL*	1.2 H	1.0	0.6	0.9	0.8
BUN *6 - 22 mg/dL*	14	17	12	11	15
BUN/Creatinine Ratio *10.0 - 25.0*	14.4 L	15.2	11.9 L	13.3	20.0
Calcium *8.5 - 10.5 mg/dL*	9.0	8.3 L	8.6	8.8	8.6
Chloride *98 - 109 meq/L*	106	104	107	107	107
CO2 *20 - 29 meq/L*	26	25	26	23	24
Corrected Calcium *8.5 - 10.5 mg/dL*	9.4	8.8	9.1	9.4	9.2
Creatinine *0.70 - 1.30 mg/dL*	0.97	1.12	1.01	0.83	0.75
Glucose *70 - 99 mg/dL*	99	115 H	121 H	103 H	126 H
Potassium *3.5 - 5.1 meq/L*	3.5	3.4 L	3.2 L	3.8	3.6
***Protein Total** *6.0 - 8.3 g/dL*	6.9	6.4	6.4	6.0	6.0
Sodium *136 - 145 meq/L*	143	139	143	140	141

Labs above marked with * are results that show liver function – Albumin, ALP, ALT, AST, Bilirubin, Protein Total. Dad's only high liver function level on Jan. 10 was ALP, which is only 184 with 150 or less being normal (was over 300 when worst). All other liver functions are within normal on Jan. 10th.

January 11, 2022 – 6th Chemotherapy day

INR – 1.9

Progress Notes

KAYLA CLAUSEN, FNP at 1/11/2022 10:15 AM

Date: 1/11/2022

Subjective:

Chief Complaint: Mr. Hofstad presents for Follow-up (lymphoma)
Evaluation and management of metastatic colonic adenocarcinoma with liver and lung metastasis
CURRENT TREATMENT: FOLFOX bevacizumab every 2 weeks
TODAY: Cycle 6, day 1
START DATE: 11/2/2021

HPI

Glenn A Hofstad is a 79 y.o. patient of Dr. Yeh who he has been following for above diagnosis. See oncology history for further details.

Today he presents for a 2 week recheck. He is accompanied by his son Arlan. He has had some peeling on the skin on his thumbs. He has had some ongoing tingling to his fingers that has been overall stable over the interim. He notes difficulty with opening medication bottles. He denies symptoms to his feet. He said the symptoms with his mouth sores have improved with dose reductions last cycle per Dr. Yeh. He notes that he still had some tenderness to his mouth for a few days. He denies any open sores. Appetite has been fair, and is improved over the last few days. he states that he notice he has has some weight loss, although this is stable over the interim. He denies any fevers. No chest pain shortness of breath or cough. His bowels are moving without any problems. He comes from TRF and has his labs done there day prior. He denies any bleeding problems. He denies any nosebleeds. He notes diarrhea a few days ago that may be associated with something he ate. He notes that symptoms have completely resolved. He denies any significant problems with nausea or vomiting. He is getting GSF support on day 3. He notes plan for cataract surgery in February. He notes plan to follow-up with urology in regards to his suprapubic catheter supplies today.

PMH: DVT and pulmonary throboemboli, hypothyroidism, hypotonic bladder with subsequent suprapubic catheter.

Metastatic colon adeno oncologic history:
On 10/14/2021, he was seen at the Thief River Falls ED because of abdominal pain. The 10/14/2021 CT revealed extensive metastatic disease involving the lower chest and throughout the abdomen and pelvis with a dilated appendix associated with an enhancing soft tissue mass of the base of the cecum, terminal ileum and base of the appendix with multiple adjacent enlarged mesenteric lymph nodes worrisome for possible site of primary malignancy. There are also multiple metastatic lung nodules present as well as a moderate right pleural effusion, multiple large mesenteric lymph nodes in the right lower quadrant, innumerable liver metastases as well as some peritoneal soft tissue densities and a sclerotic S1 body either related to metastases or degeneration. A moderate hiatal hernia seen as well as severe prostatomegaly with a suprapubic catheter present.

10/27/2021 liver biopsy revealed a metastatic adenocarcinoma consistent with colonic primary origin being CK20 and CDX2 positive and CK7, NKX3.1 and TTF-1 negative. 10/20/2021 PSA was 11.29, CEA 468.4, chromogranin A 58.

Past oncologic history:
Remarkable for a November, 2015 diagnosis of a germinal center, diffuse large B-cell lymphoma arising from a right anterior chest wall mass with a right pleural effusion, hypercalcemia, acute kidney injury and mediastinal lymphadenopathy with a negative bone marrow examination. He received 6 cycles of R-CHOP chemotherapy between 12/13/2015-3/29/2016. Primary treatment was completed with radiation to the right chest wall and upper abdominal lymph nodes by 6/29/2016 consisting of 3,500 cGy. When he was last seen by Dr. Dentchev on 2/13/2019, he was felt to be without evidence of recurrent disease.

Review of Systems
Constitutional: Positive for appetite change and fatigue **(improved)**. Negative for chills, fever and unexpected weight change.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain and leg swelling.
Gastrointestinal: Negative for blood in stool, constipation, diarrhea, nausea **( )** and vomiting.

Genitourinary: Negative for difficulty urinating.
Suprapubic catheter-chronic
Musculoskeletal: Negative for arthralgias and myalgias.
Skin: Negative for rash.
Neurological: Positive for numbness. Negative for dizziness and headaches.
Hematological: Does not bruise/bleed easily.
Psychiatric/Behavioral: Negative for confusion. The patient is not nervous/anxious.

Objective:

BP 93/56 | Pulse 86 | Temp (!) 96.7 °F (35.9 °C) (Temporal) | Wt 151 lb 3.2 oz (68.6 kg) | SpO2 95% | BMI 22.33 kg/m²

Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance. He is well-developed.
Comments: **Presents in wheelchair**
HENT:
Head: Normocephalic and atraumatic.
Eyes:
General: Lids are normal.
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: Normal heart sounds. No murmur heard.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Abdominal:
General: Bowel sounds are normal.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness.
Musculoskeletal:
Cervical back: Normal range of motion and neck supple.
Lymphadenopathy:
Head:
Right side of head: No submental, submandibular, tonsillar, preauricular, posterior auricular or occipital adenopathy.
Left side of head: No submental, submandibular, tonsillar, preauricular, posterior auricular or occipital adenopathy.
Cervical: No cervical adenopathy.
Right cervical: No superficial cervical adenopathy.
Left cervical: No superficial cervical adenopathy.
Skin:
General: Skin is warm and dry.
Coloration: Skin is pale.
Findings: No rash.
Neurological:
Mental Status: He is alert and oriented to person, place, and time.
Psychiatric:
Speech: Speech normal.
Behavior: Behavior normal.
Judgment: Judgment normal.

External CEA values: **11/1/2021** 1062.9, **11/15/2021** 981.7, **11/29/2021** 1621.2. **1/10/2022** 157.0

His external labs completed 1/10/2022 were reviewed with unremarkable comprehensive metabolic panel with only mild elevated alkaline phosphatase at 184. His CBC was reviewed with expected leukocytosis related to GSF therapy at 14.9. His hemoglobin is overall improved at 10.2. His platelet count is 95,000.

Assessment:

		ICD-10-CM
1.	**Primary adenocarcinoma of ascending colon (HCC)**	**C18.2**
2.	Liver metastases (HCC)	C78.7
3.	Malignant neoplasm metastatic to both lungs (HCC)	C78.01 C78.02

Plan

Plan:

1. Metastatic ascending colon adenocarcinoma with lung, liver and mesenteric LN mets. KRAS mutated. He is currently on therapy as above per Dr. Yeh. He has improved clinically with improvement of abdominal pain. His CEA continues to trend down nicely as above. His LFTs have normalized. He has continued mild mouth tenderness, borderline thrombocytopenia, peeling of fingertips, mild sensory neuropathy. I recommended additional 5% dose reduction of infusional 5-FU today. Recheck in 2 weeks. He get GSF day 3.
  - dose reduced on 5-FU to 1,980 mg/m2 from last cycle where 2,050 mg/m2 was used – 20% reduction from initial dose

2. Elevated CEA as above. Continues to improve.

3. Elevated Bilirubin. Resolved.

4. Anemia. Stable. Monitor weekly for now.

5. Thrombocytopenia. Not dose-limiting. Monitor as he is on anticoagulation.

6. Baseline proteinuia. We are continuing with avastin. Mildly improved today.

7. Sensory neuropathy. Grade 1. Continue to monitor. Not dose limiting at this time.

Follow-up:

Return in about 2 weeks (around 1/25/2022) for Lab Prior to Visit.
As scheduled with Dr. Yeh

The above plan was discussed and reviewed with the patient. He denies additional concerns or questions at this time. He has my card to call with any additional questions or concerns over the interim.

No orders of the defined types were placed in this encounter.

January 15-16, 2022 – Weekend

Saturday dad was in more pain like he was last Saturday. He seems to get a sick feeling and body aches everywhere. He had a nausea and pain pill about 6pm and felt better after laying in bed. It started out about 0 and got to about 12 degrees Saturday, windy from the south-east.

January 18, 2022 – Mid-treatment lab day

January 22, 2022 – Hauled to TRF Sanford by ambulance

Dad was in such pain when he tried to get up out of bed today that he requested to be brought to the ER by ambulance.

CT ABDOMEN PELVIS WITH CONTRAST

Narrative

Patient Name: HOFSTAD, GLENN ARLO
Date of Birth: 03/16/1942
Procedure: CT ABDOMEN PELVIS WITH CONTRAST
Date of Service: 01/22/2022

EXAM: CT ABDOMEN PELVIS WITH CONTRAST

INDICATION: Abdominal pain, acute, nonlocalized

COMPARISON(S): CT abdomen and pelvis dated 10/14/2021.

TECHNIQUE: Multiple helical images of the abdomen and pelvis were acquired, with 95 mL Omnipaque 350 IV contrast. Multi-planar images were reconstructed from the original helical image data.

FINDINGS:

LOWER THORAX: There is a moderate right pleural effusion with mild compressive atelectasis. There is a left lateral lung base cavitary pulmonary nodule measuring 1.7 cm, previously 2.2 cm.

LIVER: There are innumerable hypodense masses seen throughout the liver consistent with hepatic metastatic disease, similar to prior.

GALLBLADDER: The gallbladder is distended with pericholecystic fluid and fat stranding. There is mucosal hyperenhancement of the common bile duct without dilation measuring 5-6 mm in diameter.

SPLEEN: Unremarkable.

PANCREAS: Fatty atrophy.

ADRENALS: Normal bilaterally.

KIDNEYS: Right renal cyst measuring up to 6 cm. Tiny low-density lesions within the left kidney are too small to characterize, but likely cysts. No hydronephrosis

GI TRACT: There is a small hiatal hernia. Otherwise, the stomach and small bowel are unremarkable. There is fluid and air-fluid levels within the sigmoid colon compatible with diarrhea.

PERITONEUM: There is no free air or free fluid. There are right lower quadrant mesenteric lymph nodes measuring 1.9-1.4 cm, previously 1.9 and 1.7 cm.

RETROPERITONEUM: There is atherosclerotic calcification of the abdominal aorta without aneurysm. There is a small amount of tracking free fluid along the right paracolic gutter. There is no retroperitoneal lymphadenopathy.

PELVIS: There is a suprapubic catheter in the collapsed urinary bladder. There is prominent prostatomegaly measuring 6.3 cm in transverse diameter, stable.

OSSEOUS & SOFT TISSUES: There is a new round 0.7 cm hyperdense L2 vertebral body lesion asymmetric to the right. There is also slightly heterogeneous appearance of the rest of the visualized thoracolumbar vertebral bodies. Findings are suspicious for hepatic metastatic disease.

IMPRESSION:

1. Fluid seen throughout the colon with air-fluid levels compatible with diarrhea.

2. Dilated gallbladder with pericholecystic inflammatory stranding. Acute cholecystitis is not excluded. Further evaluation with right upper quadrant ultrasound recommended if clinically warranted.

3. Innumerable hepatic metastatic lesions, similar to prior.

4. New 0.7 cm round hyperdense lesion within the L2 vertebral body and slightly mottled appearance of additional visualized thoracolumbar vertebral bodies suspicious for osseous metastatic disease.

5. New moderate right pleural effusion with compressive atelectasis.

6. Stable right lower quadrant lymphadenopathy.

7. Stable prostatomegaly measuring 6.3 cm in transverse diameter.

8. The left lateral lung base 1.7 cm cavitary pulmonary nodule, previously measuring 2.2 cm.

Finalized by: Daniel Dahl, MD on 1/22/2022 6:17 PM CST

Patient/Procedure Information:
SANFORD MEDICAL CENTER THIEF RIVER FALLS
MRN/HAR: E2015970/134921325
Order Number: 752900594
Accession Number: 044102207896
Ordering Provider: DAWN PAGE
Authorizing Provider: DAWN PAGE

Ordered by Dawn M Cordova, APRN-CNP

COMPREHENSIVE METABOLIC PANEL

Component	Your Value	Standard Range	Flag
Glucose	**100** mg/dL	*70 - 99 mg/dL*	**H**
BUN	**22** mg/dL	*6 - 22 mg/dL*	
Creatinine	**0.81** mg/dL	*0.70 - 1.30 mg/dL*	
BUN/Creatinine Ratio	**27.2**	*10.0 - 25.0*	**H**
Sodium	**140** meq/L	*136 - 145 meq/L*	
Potassium	**3.4** meq/L	*3.5 - 5.1 meq/L*	**L**
Chloride	**106** meq/L	*98 - 109 meq/L*	

Component	Your Value	Standard Range	Flag
CO2	**22** meq/L	*20 - 29 meq/L*	
Anion Gap with K	**15** meq/L	*6 - 20 meq/L*	
Calcium	**8.6** mg/dL	*8.5 - 10.5 mg/dL*	
Protein Total	**5.5** g/dL	*6.0 - 8.3 g/dL*	**L**
Albumin	**2.8** g/dL	*3.2 - 4.6 g/dL*	**L**
Alkaline Phosphatase	**190** U/L	*40 - 150 U/L*	**H**
AST - SGOT	**34** U/L	*5 - 34 U/L*	
ALT - SGPT	**22** U/L	*0 - 55 U/L*	
Bilirubin Total	**1.2** mg/dL	*0.2 - 1.2 mg/dL*	
Corrected Calcium	**9.6** mg/dL	*8.5 - 10.5 mg/dL*	

COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**13.7** K/uL	*4.0 - 11.0 K/uL*	**H**
RBC	**3.11** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**10.1** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**32.1** %	*40.0 - 50.0 %*	**L**
MCV	**103.2** fL	*80.0 - 98.0 fL*	**H**
MCH	**32.5** pg	*25.5 - 34.0 pg*	
MCHC	**31.5** g/dL	*31.5 - 36.5 g/dL*	
RDW-CV	**19.3** %	*11.5 - 15.5 %*	**H**
RDW-SD	**70.2** fl	*35.5 - 50.0 fl*	**H**
Platelet Count	**60** K/uL	*140 - 400 K/uL*	**L**
MPV	**10.3** fL	*8.5 - 12.0 fL*	

ED Notes

Rachel at 1/22/2022 7:04 PM

Patient has been discharged to home accompanied by son.
Patient uses a WC to exit without difficulty, tolerates well.
All belongings sent with patient. Transportation provided by son.
Patient verbalizes understanding of medication and discharge instructions, all questions were answered, patient comfortable with treatment plan. Follow up Monday with Coumadin clinic.

ED Triage Notes

Rachel at 1/22/2022 2:55 PM

Pt to ER for RLQ abd pain. For 2 days. Pt is alert and oriented. Pt states he's had diarrhea for the last couple days. Pt presents with an SP catheter. With moderate amnt of urine noted. Pt denies an N/V.

"Very little was accomplished in this ER visit to TRF."

Went home and decided to go to Altru for admission to hospital on same day (Jan. 22, 2022)

ED Provider Notes by BENITO W AUBERGINE, MD at 1/22/2022 11:08 PM

Date of service: 1/22/2022

CURRENT HISTORY

Triage Complaint

Chief Complaint

Patient presents with

- Abdominal Pain

The patient was placed in room/bed TR1/T1B2 at 1/22/2022 11:18 PM.

ED Triage Vitals [01/22/22 2315]	
Enc Vitals Group	
BP	**90/45**
Pulse	**105**
Resp	**18**
Temp	**98.1 °F (36.7 °C)**
SpO2	**98 %**
Weight	**146 lb (66.2 kg)**

Body mass index is 21.01 kg/m².

History of Present Illness

The history is obtained from the patient.

The patient is a 79 y.o. male who presents to the emergency department with the following chief complaint/problem: Abdominal pain.

Context/circumstances: The patient presents to the ED, accompanied by family, after being instructed to visit by his primary care provider, Dr. Panico. The patient endorses right sided abdominal pain and reports that he received a CT scan in TRF earlier today that was indicative of cholecystitis. The patient's CT scan revealed multiple hepatic metastases, a dilated gallbladder, and pericystic inflammation.
Location: Right side abdomen
Duration: Several days
Severity: 6/10
Quality: Aching
Course/timing: Constant
Associated symptoms: There are no stated associated symptoms
Modifying factors: There are no further modifying factors

Review of Systems

tutional: No fever
No eye hemorrhage
o epistaxis
atory: No hemoptysis
Cardiovascular: No syncope
intestinal: + abdominal pain
urinary: No hematuria
nentary: No bruises
ogical: No seizures
ological: No bleeding

PAST HISTORY

Review of Prior Records

I have reviewed the patient's prior records.

Pertinent Labs (Last 3)

Lab Results

Component	Value	Date
WBC	19.61 (H)	01/22/2022
WBC	6.90	10/31/2018
WBC	7.26	05/14/2018
WBC	7.67	01/30/2018
WBC	6.06	01/23/2017
HGB	10.0 (L)	01/22/2022
HGB	12.7 (L)	10/31/2018
HGB	13.0	05/14/2018
HGB	12.3 (L)	01/30/2018
HGB	12.1 (L)	01/23/2017
PLT	75 (L)	01/22/2022
PLT	178	10/31/2018
PLT	162	05/14/2018
PLT	194	01/30/2018
PLT	137 (L)	01/23/2017
NA	136	01/22/2022
NA	139	10/31/2018
NA	139	05/14/2018
K	3.2 (L)	01/22/2022
K	4.0	10/31/2018
K	4.3	05/14/2018
CREATININE	1.0	01/22/2022
CREATININE	1.2	10/31/2018
CREATININE	1.1	05/14/2018
CREATININE	1.1	01/30/2018
CREATININE	1.0	01/23/2017
GLU	162 (H)	01/22/2022
GLU	88	10/31/2018
GLU	91	05/14/2018
AST	37 (H)	01/22/2022
AST	18	10/31/2018
AST	18	05/14/2018
ALT	23	01/22/2022
ALT	12	10/31/2018
ALT	16	05/14/2018
LIPASE	5 (L)	01/22/2022
INR	1.5 (H)	10/27/2021
INR	4.5 (H)	10/20/2021
INR	3.0 (H)	01/30/2018
ABORH	A POSITIVE	01/04/2016

Medical History

Past Medical History:

Diagnosis	Date
• DLBCL (diffuse large B cell lymphoma) (HCC)	
• HTN (hypertension)	
• Hypothyroidism	
• Pulmonary embolism (HCC)	
• S/P radiation therapy *Completed 34.5 Gy to thorax/ abdomen*	06/29/2016

Surgical History

Past Surgical History:

Procedure	Laterality	Date
• HERNIA REPAIR INGUINAL ADULT		

- IR CVC/PORTS december 2015
  port a cath placed

Medications

Current Facility-Administered Medications on File Prior to Encounter

Medication	Dose	Route	Frequency	Provider	Last Rate	Last Admin
• [DISCONTINUED] sodium chloride 0.9 % infusion		Intravenous		Generic External Data Provider		

Current Outpatient Medications on File Prior to Encounter

Medication	Sig	Dispense	Refill
• hydrocodone-acetaminophen (NORCO) 5-325 MG per tablet	Take 1 Tablet by mouth every 6 hours as needed for Pain.	40 Tablet	0
• gabapentin (NEURONTIN) 300 MG capsule	TAKE 2 CAPSULES (600MG) BY MOUTH 4 TIMES A DAY		
• levothyroxine (SYNTHROID) 100 MCG tablet	Take 1 Tablet by mouth daily.		
• brimonidine-timolol (COMBIGAN) 0.2-0.5 % ophthalmic solution	Place 1 drop into both eyes Every 12 hours		
• warfarin (COUMADIN) 2.5 MG tablet	Anticoagulation Clinic Managed Pt Take as directed. (Insurance Purposes Only: 1.25-2.5 mg Daily Dose Range) Call 218-683-2733 with ?		
• Cholecalciferol (VITAMIN D) 2000 UNITS PO tablet	Take 2,000 Units by mouth daily.		
• latanoprost (XALATAN) 0.005 % ophthalmic solution	Place 1 Drop into both eyes nightly.		
• ondansetron (ZOFRAN) 8 MG tablet	Take 1 Tablet by mouth every 8 hours as needed for Nausea.	20 Tablet	6
• prochlorperazine (COMPAZINE) 10 MG tablet	Take 1 Tablet by mouth every 6 hours as needed for Nausea.	30 Tablet	6

Allergies

No Known Allergies

Immunizations

Most Recent Immunizations

Administered	Date(s) Administered
• Covid-19 (Pfizer) Vaccine	12/30/2021
• INFL (high dose)	11/17/2015

EXAMINATION AND PROCEDURES

Physical Examination

Vital Signs

- The systolic blood pressure is normal.
- The diastolic blood pressure is hypotensive
- The heart rate is mildly tachycardic.
- The respiration rate is normal.
- The body temperature is afebrile.
- Oxygen saturation is normal.

Constitutional and Initial Observations

- The patient is awake when I come into the room.
- When I first enter the room, the patient is lying in bed with the head at an incline. There is family present with the patient. The patient appears to be waiting calmly to be seen.
- He is fully alert.
- He is communicating with appropriate speech.
- He is interactive with me.
- He is not lethargic.
- There is no pain distress.
- There is no respiratory distress.
- He appears well hydrated.
- He appears to be chronically ill on initial impression.

Abdomen

- The abdomen is soft.
- There is moderate right sided tenderness to palpation.
- There is no distention.
- There is no guarding.
- There is no rebound tenderness.
- Murphy's sign is not present.
- McBurney's point tenderness is not present.
- A palpable mass is not present.

Skin: The skin is not jaundiced.
ose/Mouth/Throat: The mucosal surface of the mouth is moist.
ormal conjunctiva.
vascular: There is no cyanosis of his lips or fingers.
Respiratory: Respirations are even and non-labored.
Neurological: There is no gross focal neurological deficit observed. There is no facial droop. The tongue is midline.

Procedures Performed

There were no procedures performed

MEDICAL DECISION MAKING

Lab Results

Results for orders placed or performed during the hospital encounter of 01/22/22
CBC with Automated Differential

Result	Value	Ref Range
White Blood Cell Count	19.61 (H)	3.60 - 11.00 K/uL
Red Blood Cell Count	3.04 (L)	4.40 - 5.90 M/uL
Hemoglobin	10.0 (L)	13.0 - 18.0 g/dL
Hematocrit	30.5 (L)	40.0 - 52.0 %
MCV	100.3 (H)	80.0 - 100.0 fL
MCH	32.9	26.0 - 34.0 pg
MCHC	32.8	32.0 - 36.0 g/dL
RDW	70.9 (H)	37.0 - 50.0 fL
Platelet Count	75 (L)	150 - 440 K/µL
MPV	11.1	8.0 - 13.0 fL

nRBC	0.0	0.0 - 0.2 #/100
Absolute NRBCs	0.00	0.00 - 0.01 K/uL
Neutrophils Relative Percent	76.2 (H)	54.0 - 74.0 %
Lymphocytes Relative Percent	11.3 (L)	22.0 - 42.0 %
Monocytes Relative Percent	10.2	1.0 - 11.0 %
Eosinophils Relative Percent	0.1	0.0 - 6.0 %
Basophils Relative Percent	0.3	0.0 - 2.0 %
Immature Grans Relative Percent	1.90 (H)	0.00 - 0.42 %
Neutrophils Absolute	14.93 (H)	1.90 - 8.10 K/UL
Lymphocytes Absolute	2.22	0.80 - 4.60 K/UL
Monocytes Absolute	2.00 (H)	0.04 - 1.21 K/UL
Eosinophils Absolute	0.02	0.00 - 0.70 K/uL
Basophils Absolute	0.06	0.00 - 0.20 K/uL
Immature Grans Absolute	0.38 (H)	0.00 - 0.03 K/UL

Comprehensive metabolic panel

Result	Value	Ref Range
BUN	25 (H)	7 - 22 mg/dL
Sodium	136	136 - 145 mmol/L
Potassium	3.2 (L)	3.6 - 5.5 mmol/L
Chloride	106	98 - 109 mmol/L
CO2	17.0 (L)	23.0 - 33.0 mmol/L
Glucose	162 (H)	70 - 99 mg/dL
Creatinine	1.0	0.6 - 1.3 mg/dL
Calcium	8.3 (L)	8.8 - 10.5 mg/dL
Anion Gap	13.0	5.0 - 13.0 mmol/L
Albumin	2.90 (L)	3.40 - 4.70 g/dL
Alkaline Phosphatase	217 (H)	50 - 136 U/L
AST	37 (H)	5 - 34 U/L
ALT	23	7 - 55 U/L
Bilirubin Total	1.1	0.2 - 1.2 mg/dL
Protein Total	5.8 (L)	5.9 - 7.6 g/dL
GFR Calculated	>60	mL/min/1.73 sq m

Lipase

Result	Value	Ref Range
Lipase	5 (L)	8 - 78 U/L

Imaging Results

Imaging Results

US RUQ

Narrative:
EXAM: US RUQ
LOCATION: ALTRU HOSPITAL
DATE/TIME: 1/22/2022 11:45 PM

INDICATION: Right-sided abdominal pain with possible cholecystitis on CT. History of metastatic disease.
COMPARISON: No current comparisons available.
TECHNIQUE: Limited abdominal ultrasound.

FINDINGS:

GALLBLADDER: Mildly distended gallbladder with a large amount of sludge throughout the gallbladder lumen. Gallbladder wall thickness at the upper limits of normal at 3 mm.

BILE DUCTS: No biliary dilatation. The common duct measures 6 mm.

LIVER: Coarse heterogeneous echotexture throughout the liver compatible with underlying chronic hepatic parenchymal disease. Subtle hypoechoic lesions with hypoechoic halo in the right hepatic lobe (image 16)

most compatible with metastatic disease given patient's known clinical history. Mild surface contour nodularity. Portal vein patent.

RIGHT KIDNEY: No hydronephrosis. Simple right renal cyst, no further follow-up.

PANCREAS: The visualized portions are normal.

No ascites.

IMPRESSION:
1. Mildly distended gallbladder with large amount of sludge. No significant gallbladder wall thickening as gallbladder wall thickness is at the upper limits of normal at 3 mm.

2. Coarsened hepatic echotexture compatible with chronic underlying hepatic parenchymal disease. Subtle hypoechoic lesions with hypoechoic halo in the right hepatic lobe as detailed above most compatible with metastatic disease given patient's known clinical history.

3. Simple right renal cysts, no further follow-up.

4. No biliary dilatation.

Emergency Department Treatments

ED Medication Administration

Date/Time	Order	Dose	Route	Action	Action by
01/23/2022 0023	**piperacillin-tazobactam (ZOSYN) 4.5g in NS 100ml Minibag IVPB**	4.5 g	Intravenous	New Bag	Noelle Thomas, RN

Clinical Course

Patient Vitals for the past 24 hrs:

	BP	Temp	Pulse	Resp	SpO2	Height	Weight
01/23/22 0349	106/73	97.3 °F (36.3 °C)	94	20	98 %	—	—
01/23/22 0235	—	—	91	—	—	—	—
01/23/22 0210	111/72	**(!) 96.6 °F (35.9 °C)**	100	18	96 %	5' 9" (1.753 m)	142 lb 4.8 oz (64.5 kg)
01/22/22 2315	90/45	98.1 °F (36.7 °C)	105	18	98 %	—	146 lb (66.2 kg)

ED Course as of 01/23/22 0626

Sun Jan 23, 2022

0057 Case discussed with Dr. Bennett, Hospitalist, who agreed to admit the patient.

Encounter Notes and Summary

The patient is here with CT findings of acute cholecystitis on a CT scan that was completed earlier today. He has a history of metastatic colon cancer. He was having right-sided abdominal pain and he had a CT of the abdomen and pelvis earlier. The CT showed findings consistent with cholecystitis such as pericholecystic fluid and gallbladder distention. He is now getting worse. He had been discharged to home and he contacted his oncologist Dr. Panico who reached out to me. He referred the patient to our emergency department for admission to the hospital. I repeated the patient's labs and his white count is increasing. Ultrasound of the gallbladder shows biliary sludge and distention. It does look like the patient has cholecystitis. I have treated him with Zosyn. He will be admitted to the hospital for further inpatient management.

The patient's most current vital signs at the time of disposition are as follows: BP 106/73 | Pulse 94 | Temp 97.3 °F (36.3 °C) | Resp 20 | Ht 5' 9" (1.753 m) | Wt 142 lb 4.8 oz (64.5 kg) | SpO2 98% | BMI 21.01 kg/m²

Disposition

Admitted [3]

Disposition decision made @ 1/23/2022 1:03 AM

Condition
Guarded

Clinical Impression
1. **Acute cholecystitis**
2. Biliary sludge
3. Leukocytosis, unspecified type
4. Metastasis from colon cancer (HCC)

I, Dr. Benito Aubergine MD, personally performed the history, physical exam and medical decision making described in this documentation. I have confirmed the accuracy and completion of the information in the transcribed note.

H&P by NICHOLAS BENNETT, MD at 1/23/2022 2:14 AM

HOSPITAL ADMISSION HISTORY AND PHYSICAL

DATE OF SERVICE: 1/23/21

PATIENT: Glenn A Hofstad
DOB: 3/16/1942
MRN: 1011698
CSN: 87343637

Date of Admission: 1/22/2022 11:18 PM
Admitting Provider: Nicholas Bennett, MD

Past Medical History:

Diagnosis	Date
• DLBCL (diffuse large B cell lymphoma) (HCC)	
• HTN (hypertension)	
• Hypothyroidism	
• Pulmonary embolism (HCC)	
• S/P radiation therapy *Completed 34.5 Gy to thorax/ abdomen*	06/29/2016

Past Surgical History:

Procedure	Laterality	Date
• HERNIA REPAIR INGUINAL ADULT		
• IR CVC/PORTS *port a cath placed*		december 2015

Family History:
His family history includes Cancer (age of onset: 65) in his paternal uncle; Cancer (age of onset: 84) in his mother. There is no history of Bleeding Prob or Clotting Disorder.

Social History:
Social History

Tobacco Use	
• Smoking status:	Former Smoker
Packs/day:	0.20

Years: 20.00
Pack years: 4.00
Quit date: 12/3/1980
Years since quitting: 41.1

- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: Not Currently
  Comment: beer

Social History

Social History Narrative

Widower, 3 sons, 8 grandchildren, lives alone and independent with his activities of daily living and IV else, used to raise chicken.

Subjective:

History of Present Illness: Glenn is a 79 y.o. male with a history of hypothyroidism, chronic kidney disease, BPH, diffuse large B-cell lymphoma, history of DVT and PE, metastatic colon cancer with mets to the liver and lungs on chemotherapy and hypertension who presents with a few day history of right upper quadrant abdominal pain. He states that movement makes the pain worse and describes the pain as sharp. He denies any nausea or vomiting. He reports he was seen at an outside facility and was diagnosed with cholecystitis but was sent home. On arrival home his abdominal pain continued to worsen so he came to our ER for further evaluation after being instructed by Dr. Panico.

In the ER potassium 3.2. Bicarb 17. Alk phos 217. AST 37. White blood cell count 19.61. CT abdomen pelvis at the outside hospital shows: Dilated gallbladder with pericholecystic inflammatory stranding. New moderate right pleural effusion with compressive atelectasis. Mildly distended gallbladder with large amount of sludge. Right upper quadrant ultrasound shows: No significant gallbladder wall thickening as gallbladder wall thickness is at the upper limits of normal at 3 mm. No biliary dilatation.

Review of Systems
Review of Systems
Constitutional: Negative.
HENT: Negative.
Eyes: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Positive for abdominal pain.
Genitourinary: Negative.
Musculoskeletal: Negative.
Skin: Negative.
Neurological: Negative.
Psychiatric/Behavioral: Negative.

Objective:

BP 111/72 | Pulse 100 | Temp (!) 96.6 °F (35.9 °C) | Resp 18 | Ht 5' 9" (1.753 m) | Wt 142 lb 4.8 oz (64.5 kg) | SpO2 96% | BMI 21.01 kg/m²

Physical Exam
HENT:
Head: Normocephalic and atraumatic.
Eyes:
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate.
Pulmonary:

Effort: Pulmonary effort is normal.
Abdominal:
Palpations: Abdomen is soft.
Comments: **Mild tenderness to palpation over the right upper quadrant**
Musculoskeletal:
General: Normal range of motion.
Cervical back: Normal range of motion.
Skin:
General: Skin is warm and dry.
Neurological:
Mental Status: He is alert and oriented to person, place, and time.
Psychiatric:
Mood and Affect: Affect normal.

Labs:

Recent Results (from the past 24 hour(s))

CBC with Automated Differential

Collection Time: 01/22/22 11:40 PM

Result	Value	Ref Range
White Blood Cell Count	19.61 (H)	3.60 - 11.00 K/uL
Red Blood Cell Count	3.04 (L)	4.40 - 5.90 M/uL
Hemoglobin	10.0 (L)	13.0 - 18.0 g/dL
Hematocrit	30.5 (L)	40.0 - 52.0 %
MCV	100.3 (H)	80.0 - 100.0 fL
MCH	32.9	26.0 - 34.0 pg
MCHC	32.8	32.0 - 36.0 g/dL
RDW	70.9 (H)	37.0 - 50.0 fL
Platelet Count	75 (L)	150 - 440 K/µL
MPV	11.1	8.0 - 13.0 fL
nRBC	0.0	0.0 - 0.2 #/100
Absolute NRBCs	0.00	0.00 - 0.01 K/uL
Neutrophils Relative Percent	76.2 (H)	54.0 - 74.0 %
Lymphocytes Relative Percent	11.3 (L)	22.0 - 42.0 %
Monocytes Relative Percent	10.2	1.0 - 11.0 %
Eosinophils Relative Percent	0.1	0.0 - 6.0 %
Basophils Relative Percent	0.3	0.0 - 2.0 %
Immature Grans Relative Percent	1.90 (H)	0.00 - 0.42 %
Neutrophils Absolute	14.93 (H)	1.90 - 8.10 K/UL
Lymphocytes Absolute	2.22	0.80 - 4.60 K/UL
Monocytes Absolute	2.00 (H)	0.04 - 1.21 K/UL

Eosinophils Absolute	0.02	0.00 - 0.70 K/uL
Basophils Absolute	0.06	0.00 - 0.20 K/uL
Immature Grans Absolute	0.38 (H)	0.00 - 0.03 K/UL

Comprehensive metabolic panel

Collection Time: 01/22/22 11:40 PM

Result	Value	Ref Range
BUN	25 (H)	7 - 22 mg/dL
Sodium	136	136 - 145 mmol/L
Potassium	3.2 (L)	3.6 - 5.5 mmol/L
Chloride	106	98 - 109 mmol/L
CO2	17.0 (L)	23.0 - 33.0 mmol/L
Glucose	162 (H)	70 - 99 mg/dL
Creatinine	1.0	0.6 - 1.3 mg/dL
Calcium	8.3 (L)	8.8 - 10.5 mg/dL
Anion Gap	13.0	5.0 - 13.0 mmol/L
Albumin	2.90 (L)	3.40 - 4.70 g/dL
Alkaline Phosphatase	217 (H)	50 - 136 U/L
AST	37 (H)	5 - 34 U/L
ALT	23	7 - 55 U/L
Bilirubin Total	1.1	0.2 - 1.2 mg/dL
Protein Total	5.8 (L)	5.9 - 7.6 g/dL
GFR Calculated	>60	mL/min/1.73 sq m

Lipase

Collection Time: 01/22/22 11:40 PM

Result	Value	Ref Range
Lipase	5 (L)	8 - 78 U/L

Assessment:

Active Hospital Problems

Diagnosis

- *Cholecystitis [K81.9]
- DLBCL (diffuse large B cell lymphoma) (HCC) [C83.30]
- Hypokalemia [E87.6]
- Metabolic acidosis [E87.2]
- Pleural effusion [J90]
- Liver metastases (HCC) [C78.7]
- Malignant neoplasm metastatic to both lungs (HCC) [C78.01, C78.02]
- Primary adenocarcinoma of ascending colon (HCC) [C18.2]
- Benign prostatic hyperplasia [N40.0]
- Urinary retention [R33.9]
- Acquired hypothyroidism [E03.9]
- DVT (deep venous thrombosis) (HCC) [I82.409]
- Pulmonary embolism (HCC) [I26.99]

Plan:

Cholecystitis
- Type: Acalculous
- Patient with: Upper quadrant abdominal pain
- Imaging: CT abdomen pelvis at the outside hospital shows: Dilated gallbladder with pericholecystic inflammatory stranding. New moderate right pleural effusion with compressive atelectasis. Mildly distended gallbladder with large amount of sludge. Right upper quadrant ultrasound shows: No significant gallbladder wall thickening as gallbladder wall thickness is at the upper limits of normal at 3 mm. No biliary dilatation.
- WBC: 19.61
- LFT: Alk phos 217. AST 37.
- Abx: Zosyn
- NPO
- IVF: MIVF
- Pain control with IV: Morphine

Hypokalemia
- K: 3.2
- IV replacement given per protocol

Non-anion gap metabolic acidosis
- Cause: Unknown
- Bicarb: 17
- IVF: MIVF

Pleural effusion
- Patient with no respiratory symptoms
- Location: Right side
- Imaging: CT chest shows: New moderate right pleural effusion with compressive atelectasis
- Continuous pulse ox
- Continue to monitor and may consider IR intervention

Metastatic colon cancer
- Currently on chemotherapy
- May consult oncology in a.m.

Hypothyroidism
Continue synthroid

History of DVT, PE
Continue warfarin

DVTP: Heparin

Code status: Full

I personally reviewed imaging and labs and discussed the patient's conditions with ER attending. I also reviewed the medical chart to make an informed decision about the treatment plan.

Progress Notes by JAMES WILLARDSON, MD at 1/23/2022 3:49 PM

HOSPITAL PROGRESS NOTE

DATE OF SERVICE: 1/23/2022

PATIENT: Glenn A Hofstad

DOB: 3/16/1942
MRN: 1011698
CSN: 87343637

Subjective:

Reviewed patient with Dr. McConville from general surgery. She feels no surgical intervention is warranted given patient's metastatic disease. Recommends HIDA scan to further delineate abdominal discomfort gallbladder versus other etiologies to include pleural effusion. Patient still has discomfort. Moderate intensity. No fever no chills.

Inpatient Medications:

Scheduled Meds:

• levothyroxine	100 mcg	ORAL	Daily
• piperacillin-tazobactam (ZOSYN) 3.375g IVPB	3.375 g	Intravenous	3 times per day
• piperacillin-tazobactam, pharmacy to dose		Other	Daily
• sodium chloride	0.5-10 mL	Intravenous	2 times per day
• Warfarin, NO DOSE DUE TODAY		ORAL	Daily
• Warfarin, Pharmacy to Dose		ORAL	Daily

Continuous Infusions:

• lactated ringers	50 mL/hr (01/23/22 0317)
• potassium chloride	Stopped (01/23/22 1006)

PRN Meds:acetaminophen, aluminum-magnesium-simethicone, benzocaine-menthoL, bisacodyL, lactulose, lidocaine for IV starts, magnesium hydroxide, metoclopramide, morphine (PF), naloxone, ondansetron, oxyCODONE, potassium chloride, promethazine, senna-docusate, sodium chloride, sodium phosphate

Plan:

Cholecystitis.–Possible source of patient's problem obtain HIDA scan

Pleural effusion.– Depending results of HIDA scan patient may benefit from chest tube drainage.

History of pulmonary embolism.–Keep patient on coagulation. Breath history metastatic cancer to liver.–Patient is at high risk for significant bleeding mortality. Is quite complex patient given metastatic disease associated with cholecystitis as well as possibility of effusion.

JAMES WILLARDSON, MD

Progress Notes by TIMOTHY S YEH, MD at 1/24/2022 5:50 PM

HOSPITAL PROGRESS NOTE

DATE OF SERVICE: **1/24/2022**

PATIENT: Glenn A Hofstad
DOB: 3/16/1942
MRN: 1011698
CSN: 87343637

Date of Admission: 1/22/2022
Length of Stay: 1 days

Subjective:

History of Present Illness: Glenn A Hofstad is a 79-year-old retired potato farmer from Trail, MN, a patient of Patrick Jahn, NP, who I am seeing for recent history of metastatic colonic adenocarcinoma with liver, lung and mesenteric noda metastases and 1/22/2022 admission for cholecystitis.

He has received bevacizumab-FOLFOX chemotherapy x 6 cycles starting 11/2/2021 and most recently 1/11/2022 with v tolerance and excellent serologic response with pre-treatment CEA of 1063 dropping to recent nadir of 107 and normaliz abnormal liver function tests.

Cloudy right pleural fluid collected today with small right pleural effusion noted on admission.

Patient reports RUQ pain has not changed. Denies nausea or emesis.

Recent oncologic history:
On 10/14/2021, he was seen at the Thief River Falls ED because of abdominal pain. The 10/14/2021 CT revealed exten metastatic disease involving the lower chest and throughout the abdomen and pelvis with a dilated appendix associated an enhancing soft tissue mass of the base of the cecum, terminal ileum and base of the appendix with multiple adjacent mesenteric lymph nodes worrisome for possible site of primary malignancy. There are also multiple metastatic lung nod present as well as a moderate right pleural effusion, multiple large mesenteric lymph nodes in the right lower quadrant, innumerable liver metastases as well as some peritoneal soft tissue densities and a sclerotic S1 body either related to m or degeneration. A moderate hiatal hernia seen as well as severe prostatomegaly with a suprapubic catheter present.

Liver biopsy revealed a metastatic adenocarcinoma consistent with colonic primary origin being CK20 and CDX2 positiv NKX3.1 and TTF-1 negative. 10/20/2021 PSA was 11.29, CEA 468.4, chromogranin A 58. The tumor was MSS and KR mutated.

The patient presented with a COVID-19 infection on 8/27/2021 with dyspnea and anorexia and was treated with IV mono antibodies for which he seemed to improve initially.

Past oncologic history:
Remarkable for November, 2015 diagnosis of a germinal center, diffuse large B-cell lymphoma arising from a right anter wall mass with a right pleural effusion, hypercalcemia, acute kidney injury and mediastinal lymphadenopathy with a nega marrow examination. He received 6 cycles of R-CHOP chemotherapy between 12/13/2015-3/29/2016. Primary treatmen completed with radiation to the right chest wall and upper abdominal lymph nodes by 6/29/2016 consisting of 3,500 cGy was last seen by Dr. Dentchev on 2/13/2019, he was felt to be without evidence of recurrent disease.

His past medical history is otherwise remarkable for deep venous thrombosis and pulmonary thromboemboli, BPH with e PSA hypothyroidism and former tobacco abuse until 1980.

Review of Systems

Objective:

WBC=14,400, ANC 10,610, Hgb=8.8, Plt=65,000. INR=3.3 on warfarin

Physical Exam
He is alert and oriented

Assessment:

Active Hospital Problems

Diagnosis

- *Cholecystitis [K81.9]
- DLBCL (diffuse large B cell lymphoma) (HCC) [C83.30]
- Hypokalemia [E87.6]
- Metabolic acidosis [E87.2]
- Pleural effusion [J90]
- Liver metastases (HCC) [C78.7]
- Malignant neoplasm metastatic to both lungs (HCC) [C78.01, C78.02]

- Primary adenocarcinoma of ascending colon (HCC) [C18.2]
- Benign prostatic hyperplasia [N40.0]
- Urinary retention [R33.9]
- Acquired hypothyroidism [E03.9]
- DVT (deep venous thrombosis) (HCC) [I82.409]
- Pulmonary embolism (HCC) [I26.99]

Resolved Hospital Problems
No resolved problems to display.
1. History of remote pulmonary thromboemboli on warfarin

Plan:
1. Check hepatic panel and CEA
2. His cancer prognosis given his initial treatment response is probably 6-30 months and his recent performance status l very good (PS 0-1)
3. Will follow with you

TIMOTHY S YEH, MD

Progress Notes by TIMOTHY S YEH, MD at 1/25/2022 3:31 PM

HOSPITAL PROGRESS NOTE

DATE OF SERVICE: 1/25/2022

PATIENT: Glenn A Hofstad
DOB: 3/16/1942
MRN: 1011698
CSN: 87343637

Date of Admission: 1/22/2022
Length of Stay: 2 days

Resolved Hospital Problems
No resolved problems to display.
1. I do NOT believe patient's symptoms are due to progressive liver metastases; but are due to acute cholecystitis
2. Serologically(CEA and LFTs) and symptomatically-improved metastatic colon cancer

Plan:
1. Dr. Owens is out this afternoon, but left message for him to call me in the morning. I don't know if a tube cholecystost feasible in this setting. However, I do not agree that palliative care should be the first consideration in this setting at this
2. Reviewed with patient and son, by telephone.

TIMOTHY S YEH, MD

Progress Notes by TIMOTHY S YEH, MD at 1/26/2022 5:41 PM

I spoke with Dr. Owens(IR) this morning at length and he is of the opinion that acute cholecystitis cannot be confirmed radiographically. He does see celiac/mesenteric adenopathy, but he confirms these were also seen in the patient's origi pre-treatment CT scans.

The patient's pain is unchanged and is localized just under the right costal margin somewhat laterally at the right anteric line.

I reviewed with Dr. Willardson and our current plan is to continue antibiotic therapy and switch him to enoxaparin from w that if the patient's overall clinical condition permits, a tube cholecystotomy might be feasible at a later time.

Presently, the patient's cancer condition warrants continued interventional chemotherapy if his post-hospital performanc permits.

Reviewed also by phone with the patient's son.

Tim Yeh, MD

Progress Notes by JAMES WILLARDSON, MD at 1/26/2022 6:23 PM

HOSPITAL PROGRESS NOTE

DATE OF SERVICE: 1/26/2022

Plan:

Metastatic malignancy to liver.–Is a highly complex patient. Is unclear whether the patient does have symptomatic chole
Extensive discussion with general surgery hematology oncology as well as interventional radiology soon. At this point th
consensus appears to be avoidance of surgical intervention avoidance of percutaneous cholecystostomy consideration
converting patient over to Lovenox and discontinuation of Coumadin with no IVC filter placement.

Chest tube for pleural effusion.–Continue chest tube drainage over the next month daily with chest tube

History of pulmonary embolism.–Chronic anticoagulation noted above.

Nexis 35 minutes of time spent patient care half time spent in counseling coronation care as noted above.

JAMES WILLARDSON, MD

Progress Notes by JAMES WILLARDSON, MD at 1/27/2022 6:08 PM

HOSPITAL PROGRESS NOTE

DATE OF SERVICE: 1/27/2022
Patient feels like intermittently is having bladder spasms. Patient continues to have abdominal discomfort. Patient feels
for pain is helped his bladder spasms as well. Patient has history of metastatic colon cancer to the liver.

Patient history of PEs. Patient denies any shortness of breath. Patient continues to have chest tube drainage for effusio
has no hemoptysis.

Plan:

Metastatic colon cancer.–Management per oncology.

History of urinary retention.–Patient intermittently does have bladder spasms. Continue patient antibiotics. Add Pyridium
this will help. As needed benzodiazepine.

Abdominal pain.–Narcotics as well as benzodiazepines as needed for pain control and comfort.

Pulmonary embolism.–Keep patient on anticoagulation. However, patient's INR continues to rise despite receiving less a
Coumadin. This is in my opinion overall poor prognosis patient
Metastatic liver disease. Quantify patient vitamin K see if patient is able have some synthetic function left in his liver. On
INR falls below to look at Lovenox. Otherwise is overall very poor prognosis with high risk for significant morbidity and m

Shortness of breath.–Continue patient on chest tube drainage.
JAMES WILLARDSON, MD

Discharge Summary by JAMES WILLARDSON, MD at 1/28/2022 3:37 PM

Physician Discharge Summary

Hospital Course: Gentleman history of metastatic colon cancer to liver pulmonary
Was admitted with pleural effusion and possible cholecystitis. Patient underwent chest tube drainage of the fluid. Multipl
studies were obtained of the gallbladder as well as consultation from interventional radiology as well as general surgery
to hematology oncology. Surgery was not indicated. In addition all parties felt that tube drainage of the gallbladder may

patient's best interest. Patient was on IV antibiotics converted over to oral antibiotics. Patient noted to have difficulty ma anticoagulation in setting of use of Coumadin with associated cancer with liver mets. Patient was converted over to Love discussion with oncology. Patient will follow up with oncology as an outpatient to determine when to restart patient on chemotherapy as well as continued management of the underlying coagulopathy. Patient feeling improved. Patient desi discharge home. Greater than 30 minutes of time spent patient's discharge process.

January 25, 2022 – missed Chemo day – hospitalized in Grand Forks at Altru for 6 days

CEA - 79.6 ng/mL (ordered by Dr.Yeh)

Potassium	**3.8** mmol/L
Magnesium	**1.7** mg/dL

January 31, 2022 – INR orders

Progress Notes

Alice at 1/31/2022 7:43 AM

Pt admitted to Altru Hospital on 1/22/22 and discharged on 1/28/22. Per notes: Patient was converted over to Lovenox after discussion with oncology. Patient noted to have difficulty maintaining his anticoagulation in setting of use of Coumadin with associated cancer with liver mets

Will un-enroll from the Protime Clinic at this time. Orders removed from chart.

Febuary 3, 2022 – Pre-Op for cataract surgery

Progress Notes

Patrick C Jahn, APRN-CNP at 2/3/2022 1:18 PM

Assessment / Plan:

1. Preoperative evaluation prior to bilateral cataract extraction, stent placement.

2. Hypothyroidism. He is on Synthroid 100 mcg daily.

3. Metastatic colon cancer. Follows with oncology at Altru, he is on every 2 week chemotherapy infusions.

4. Dysphagia. I am going to set him up for a swallow study.

Plan: Risks versus benefits of procedure were reviewed today with patient. We also reviewed his most recent lab work as well as EKG which was completed in December which showed normal sinus rhythm.

He verbalized understanding with above listed procedure and wishes to proceed as planned.

His son will transport him home from the procedure. He understands his pre and postoperative instructions.

He is okay to proceed with surgery as planned.

No follow-ups on file.

History / ROS:

CC: Preoperative evaluation prior to bilateral cataract extraction and lens implantation.

Patient is seen today with his for preoperative evaluation and clearance prior to the above listed procedure. He has 2 surgical date scheduled 2/14 and 2/25.

He reports feeling in his usual state of health. Past medical history significant for hypothyroidism, BPH, hypertension, B-cell lymphoma, metastatic colon cancer to the lungs, abdomen, liver.

He has complaints that occasionally he seems to have difficulty with swallowing certain solid foods. He has to chew these into much smaller pieces. He has not had any coughing or choking.

He reports his weight is stable. He denies any symptoms of chest pains, palpitations, shortness of breath, fevers. He is currently receiving chemotherapy every 2 weeks at Altru.

He has no known medication allergies.

Current medications include levothyroxine 100 mcg daily.
FOLFOX bevacizumab every 2 weeks.

Febuary 7, 2022 – prior to chemo lab day

CEA – 69.4mg/mL

COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**7.5** K/uL	*4.0 - 11.0 K/uL*	
RBC	**3.21** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**10.9** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**34.6** %	*40.0 - 50.0 %*	**L**
MCV	**107.8** fL	*80.0 - 98.0 fL*	**H**
Macrocytosis present.			
MCH	**34.0** pg	*25.5 - 34.0 pg*	
MCHC	**31.5** g/dL	*31.5 - 36.5 g/dL*	
RDW-CV	**20.0** %	*11.5 - 15.5 %*	**H**
RDW-SD	**77.1** fl	*35.5 - 50.0 fl*	**H**
Platelet Count	**135** K/uL	*140 - 400 K/uL*	**L**
MPV	**10.3** fL	*8.5 - 12.0 fL*	
Seg Neut Absolute	**3.6** K/uL	*1.8 - 8.0 K/uL*	
Lymphocytes Absolute	**2.4** K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	**1.2** K/uL	*0.0 - 1.0 K/uL*	**H**
Eosinophils Absolute	**0.3** K/uL	*0.0 - 0.7 K/uL*	
Basophil Absolute	**0.1** K/uL	*0.0 - 0.2 K/uL*	

Component	Your Value	Standard Range	Flag
Neutrophils Abs. (Segs and Bands)	**3,600** /uL	*/uL*	
Neutrophils Percent	**47.6** %	*%*	
Lymphocytes Percent	**32.4** %	*%*	
Monocytes Percent	**15.8** %	*%*	
Eosinophils Percent	**3.3** %	*%*	
Basophil Percent	**0.8** %	*%*	

COMPREHENSIVE METABOLIC PANEL

Component	Your Value	Standard Range	Flag
Glucose	**122** mg/dL	*70 - 99 mg/dL*	**H**
BUN	**12** mg/dL	*6 - 22 mg/dL*	
Creatinine	**0.72** mg/dL	*0.70 - 1.30 mg/dL*	
BUN/Creatinine Ratio	**16.7**	*10.0 - 25.0*	
Sodium	**141** meq/L	*136 - 145 meq/L*	
Potassium	**3.5** meq/L	*3.5 - 5.1 meq/L*	
Chloride	**106** meq/L	*98 - 109 meq/L*	
CO2	**23** meq/L	*20 - 29 meq/L*	
Anion Gap with K	**16** meq/L	*6 - 20 meq/L*	
Calcium	**8.4** mg/dL	*8.5 - 10.5 mg/dL*	**L**
Protein Total	**5.6** g/dL	*6.0 - 8.3 g/dL*	**L**
Albumin	**2.8** g/dL	*3.2 - 4.6 g/dL*	**L**
Alkaline Phosphatase	**251** U/L	*40 - 150 U/L*	**H**
AST - SGOT	**33** U/L	*5 - 34 U/L*	
ALT - SGPT	**15** U/L	*0 - 55 U/L*	
Bilirubin Total	**0.6** mg/dL	*0.2 - 1.2 mg/dL*	
Corrected Calcium	**9.4** mg/dL	*8.5 - 10.5 mg/dL*	
Protein Total Urine	127.5 mg/dL	*<14.0 mg/dL*	H
Creatinine Urine	281.5 mg/dL	*No Reference Range Established mg/dL*	
Protein/Creatinine Index	0.5	*<=0.1*	H

Febuary 8, 2022 – 7th Chemotherapy day

Progress Notes

KAYLA CLAUSEN, FNP at 2/8/2022 11:15 AM

Date: 2/8/2022

Subjective:

Chief Complaint: Mr. Hofstad presents for Follow-up

Evaluation and management of metastatic colonic adenocarcinoma with liver and lung metastasis

CURRENT TREATMENT: FOLFOX bevacizumab every 2 weeks

TODAY: Cycle 7, day 1

START DATE: 11/2/2021

HPI

Glenn A Hofstad is a 79 y.o. patient of Dr. Yeh who he has been following for above diagnosis. See oncology history for further details.

Today he presents for a 2 week recheck. He is accompanied by his son Arlan. Over the interim, he was admitted with acute cholecystitis from January 22, 2022 to January 28, 2022. They felt surgery was not indicated. In collaboration with surgery and interventional radiology as well as Dr. Yeh it was not felt that he needed tube for drainage. He completed course of oral antibiotics. They were having difficulty with his Coumadin so he was converted to Lovenox injections.

He said since hospital discharge he is feeling okay. He does have some fatigue. He is doing some walking around the house. He does have some residual mild abdominal pain. He takes about 1 oxycodone in the morning and then Tylenol in the evening. He does not like being on the Lovenox injections. His son notes it is not feasible for him to be there twice a day to be giving him his injections on time. He said the expense is another problem with the medication. He is following closely with his primary Patrick Jahn. He notes his appetite is poor. He is drinking some Ensure. He has lost some weight. He notes that he is having some trouble swallowing. He is having some dysphagia symptoms over the last 1 week. He is already set up for follow-up with speech therapy and Thief River Falls. He denies any chest pain, shortness of breath or cough. He denies any urinary concerns. No nausea or vomiting symptoms. He feels his peripheral neuropathy symptoms are stable. He notes that the mouth sores were significantly improved last cycle with a dose reduction of 5-FU.

PMH: DVT and pulmonary throboemboli, hypothyroidism, hypotonic bladder with subsequent suprapubic catheter.

Metastatic colon adeno oncologic history:
On 10/14/2021, he was seen at the Thief River Falls ED because of abdominal pain. The 10/14/2021 CT revealed extensive metastatic disease involving the lower chest and throughout the abdomen and pelvis with a dilated appendix associated with an enhancing soft tissue mass of the base of the cecum, terminal ileum and base of the appendix with multiple adjacent enlarged mesenteric lymph nodes worrisome for possible site of primary malignancy. There are also multiple metastatic lung nodules present as well as a moderate right pleural effusion, multiple large mesenteric lymph nodes in the right lower quadrant, innumerable liver metastases as well as some peritoneal soft tissue densities and a sclerotic S1 body either related to metastases or degeneration. A moderate hiatal hernia seen as well as severe prostatomegaly with a suprapubic catheter present.

10/27/2021 liver biopsy revealed a metastatic adenocarcinoma consistent with colonic primary origin being CK20 and CDX2 positive and CK7, NKX3.1 and TTF-1 negative. 10/20/2021 PSA was 11.29, CEA 468.4, chromogranin A 58.

Past oncologic history:
Remarkable for a November, 2015 diagnosis of a germinal center, diffuse large B-cell lymphoma arising from a right anterior chest wall mass with a right pleural effusion, hypercalcemia, acute kidney injury and mediastinal lymphadenopathy with a negative bone marrow examination. He received 6 cycles of R-CHOP chemotherapy between 12/13/2015-3/29/2016. Primary treatment was completed with radiation to the right chest wall and upper abdominal lymph nodes by 6/29/2016 consisting of 3,500 cGy. When he was last seen by Dr. Dentchev on 2/13/2019, he was felt to be without evidence of recurrent disease.

Review of Systems
Constitutional: Positive for appetite change and fatigue **(improved)**. Negative for chills, fever and unexpected weight change.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain and leg swelling.
Gastrointestinal: Negative for blood in stool, constipation, diarrhea, nausea **( )** and vomiting.
Genitourinary: Negative for difficulty urinating.
Suprapubic catheter-chronic

Musculoskeletal: Negative for arthralgias and myalgias.
Skin: Negative for rash.
Neurological: Positive for numbness. Negative for dizziness and headaches.
Hematological: Does not bruise/bleed easily.
Psychiatric/Behavioral: Negative for confusion. The patient is not nervous/anxious.

Objective:

BP 95/64 | Pulse 79 | Temp 97 °F (36.1 °C) | Wt 143 lb 6.4 oz (65 kg) | SpO2 97% | BMI 21.18 kg/m²

Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance. He is well-developed.
Comments: **Presents in wheelchair**
HENT:
Head: Normocephalic and atraumatic.
Eyes:
General: Lids are normal.
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: Normal heart sounds. No murmur heard.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Abdominal:
General: Bowel sounds are normal.
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness.
Musculoskeletal:
Cervical back: Normal range of motion and neck supple.
Lymphadenopathy:
Head:
Right side of head: No submental, submandibular, tonsillar, preauricular, posterior auricular or occipital adenopathy.
Left side of head: No submental, submandibular, tonsillar, preauricular, posterior auricular or occipital adenopathy.
Cervical: No cervical adenopathy.
Right cervical: No superficial cervical adenopathy.
Left cervical: No superficial cervical adenopathy.
Skin:
General: Skin is warm and dry.
Coloration: Skin is pale.
Findings: No rash.
Neurological:
Mental Status: He is alert and oriented to person, place, and time.
Psychiatric:
Speech: Speech normal.
Behavior: Behavior normal.
Judgment: Judgment normal.

External CEA values: **11/1/2021** 1062.9, **11/15/2021** 981.7, **11/29/2021** 1621.2. **1/10/2022** 157.0

His external labs completed 1/10/2022 were reviewed with unremarkable comprehensive metabolic panel with only mild elevated alkaline phosphatase at 184. His CBC was reviewed with expected leukocytosis related to

GSF therapy at 14.9. His hemoglobin is overall improved at 10.2. His platelet count is 95,000.

Assessment:

		ICD-10-CM
1.	**Malignant neoplasm metastatic to both lungs (HCC)**	**C78.01** **C78.02**
2.	Primary adenocarcinoma of ascending colon (HCC)	C18.2
3.	Liver metastases (HCC)	C78.7

Plan:

1. Metastatic ascending colon adenocarcinoma with lung, liver and mesenteric LN mets. KRAS mutated. He is currently on therapy as above per Dr. Yeh. Dr. Yeh had reviewed CT inpatient noting metastatic liver lesions are unchanged from TRF 10/21 although they enhance less. His CEA continues to trend down nicely as above. His LFTs have normalized, although his alk phos is further elevated today. He would like to resume therapy today. The case was reviewed with Dr. Dentchev. He recommended omitting oxaliplatin. Continue with 5-FU dose reductions. Follow-up with Dr. Dentchev in 2 weeks to discuss possible addition of irinotecan. Continue with maintenance therapy today.

2. Elevated CEA as above. Continues to improve.

3. Elevated Bilirubin. Resolved.

4. Anemia. Stable. Monitor weekly for now.

5. Thrombocytopenia. Not dose-limiting. Monitor as he is on anticoagulation.

6. Baseline proteinuia. We are continuing with avastin. Mildly improved today.

7. Acute cholecystitis. He improved clinically with supportive care. Hold oxal. (oxaliplatin – which has a side effect of feeling very cold, especially nerve endings such as fingers)

8. Chronic anticoagulation. He would prefer to be on coumadin. Dr. Yeh was ok with this. He would have to get back with his PCP to manage levels.

Follow-up:

Return in about 2 weeks (around 2/22/2022) for Lab Prior to Visit.
With Dr. Dentchev

The above plan was discussed and reviewed with the patient. He denies additional concerns or questions at this time. He has my card to call with any additional questions or concerns over the interim.

No orders of the defined types were placed in this encounter.

Febuary 14, 2022 – INR check

INR – 1.3

Febuary 14, 2022 – Cataract procedure in Grand Forks

Febuary 15, 2022 – Cataract follow-up (left eye – 1st visit)

Progress Notes

Christopher L Kelly, OD at 2/15/2022 10:22 AM

Assessment

		ICD-10-CM
1.	**Status post left cataract extraction**	**Z98.42**
2.	Pseudophakia	Z96.1

Plan

Doing well following cataract surgery with I-stent OS. Continue post-op medications as directed. RTC immediately if any pain or changes in vision.

Return in about 1 week (around 2/22/2022) for Post-Op.
Eye exams & tests to be performed upon return

Febuary 15, 2022 – Labs for Altru Health

INR – 1.8

COMPREHENSIVE METABOLIC PANEL

Component	Your Value	Standard Range	Flag
Glucose	**107** mg/dL	*70 - 99 mg/dL*	**H**
BUN	**12** mg/dL	*6 - 22 mg/dL*	
Creatinine	**0.79** mg/dL	*0.70 - 1.30 mg/dL*	
BUN/Creatinine Ratio	**15.2**	*10.0 - 25.0*	
Sodium	**139** meq/L	*136 - 145 meq/L*	
Potassium	**3.7** meq/L	*3.5 - 5.1 meq/L*	
Chloride	**110** meq/L	*98 - 109 meq/L*	**H**
CO2	**19** meq/L	*20 - 29 meq/L*	**L**
Anion Gap with K	**14** meq/L	*6 - 20 meq/L*	
Calcium	**8.5** mg/dL	*8.5 - 10.5 mg/dL*	
Protein Total	**6.1** g/dL	*6.0 - 8.3 g/dL*	
Albumin	**3.2** g/dL	*3.2 - 4.6 g/dL*	
Alkaline Phosphatase	**278** U/L	*40 - 150 U/L*	**H**
AST - SGOT	**35** U/L	*5 - 34 U/L*	**H**
ALT - SGPT	**26** U/L	*0 - 55 U/L*	
Bilirubin Total	**0.7** mg/dL	*0.2 - 1.2 mg/dL*	
Corrected Calcium	**9.1** mg/dL	*8.5 - 10.5 mg/dL*	

COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**7.6** K/uL	*4.0 - 11.0 K/uL*	
RBC	**3.24** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**10.7** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**34.5** %	*40.0 - 50.0 %*	**L**
MCV	**106.5** fL	*80.0 - 98.0 fL*	**H**

Component	Your Value	Standard Range	Flag
Macrocytosis present.			
MCH	**33.0** pg	*25.5 - 34.0 pg*	
MCHC	**31.0** g/dL	*31.5 - 36.5 g/dL*	**L**
RDW-CV	**18.5** %	*11.5 - 15.5 %*	**H**
RDW-SD	**69.7** fl	*35.5 - 50.0 fl*	**H**
Platelet Count	**75** K/uL	*140 - 400 K/uL*	**L**
Platelet scan correlates with automated count.			
MPV	**10.6** fL	*8.5 - 12.0 fL*	
Seg Neut Absolute	**3.5** K/uL	*1.8 - 8.0 K/uL*	
Lymphocytes Absolute	**2.8** K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	**0.9** K/uL	*0.0 - 1.0 K/uL*	
Eosinophils Absolute	**0.4** K/uL	*0.0 - 0.7 K/uL*	
Basophil Absolute	**0.0** K/uL	*0.0 - 0.2 K/uL*	
Neutrophils Abs. (Segs and Bands)	**3,500** /uL	*/uL*	
Neutrophils Percent	**46.0** %	*%*	
Lymphocytes Percent	**37.0** %	*%*	
Monocytes Percent	**11.3** %	*%*	
Eosinophils Percent	**5.2** %	*%*	
Basophil Percent	**0.4** %	*%*	

Febuary 16, 2022 – INR check

INR – 2.1

Febuary 22, 2022 – Cataract follow-up (left eye – 2nd visit)

Progress Notes

Christopher L Kelly, OD at 2/24/2022 9:54 AM

Assessment

		ICD-10-CM
1.	**Status post left cataract extraction**	**Z98.42**
2.	Pseudophakia	Z96.1

Plan

Doing well following cataract surgery OS. Continue post-op medications as directed. RTC immediately if any pain or changes in vision.

Return Following CE OD, for Post-Op.
Eye exams & tests to be performed upon return

February 22, 2022 – prior to chemo lab day

INR – 2.9

CEA – 59.8ng/mL

Protein Total Urine – 271.2mg/dL

COMPREHENSIVE METABOLIC PANEL

Component	Your Value	Standard Range	Flag
Glucose	**146** mg/dL	*70 - 99 mg/dL*	**H**
BUN	**15** mg/dL	*6 - 22 mg/dL*	
Creatinine	**0.69** mg/dL	*0.70 - 1.30 mg/dL*	**L**
BUN/Creatinine Ratio	**21.7**	*10.0 - 25.0*	
Sodium	**143** meq/L	*136 - 145 meq/L*	
Potassium	**3.3** meq/L	*3.5 - 5.1 meq/L*	**L**
Chloride	**106** meq/L	*98 - 109 meq/L*	
CO2	**26** meq/L	*20 - 29 meq/L*	
Anion Gap with K	**14** meq/L	*6 - 20 meq/L*	
Calcium	**9.1** mg/dL	*8.5 - 10.5 mg/dL*	
Protein Total	**6.1** g/dL	*6.0 - 8.3 g/dL*	
Albumin	**3.1** g/dL	*3.2 - 4.6 g/dL*	**L**
Alkaline Phosphatase	**280** U/L	*40 - 150 U/L*	**H**
AST - SGOT	**30** U/L	*5 - 34 U/L*	
ALT - SGPT	**17** U/L	*0 - 55 U/L*	
Bilirubin Total	**0.7** mg/dL	*0.2 - 1.2 mg/dL*	
Corrected Calcium	**9.8** mg/dL	*8.5 - 10.5 mg/dL*	

COMPLETE BLOOD COUNT WITH DIFFERENTIAL

Component	Your Value	Standard Range	Flag
WBC	**6.0** K/uL	*4.0 - 11.0 K/uL*	
RBC	**3.46** M/uL	*4.40 - 5.80 M/uL*	**L**
Hemoglobin	**11.7** g/dL	*13.5 - 17.5 g/dL*	**L**
Hematocrit	**36.8** %	*40.0 - 50.0 %*	**L**
MCV	**106.4** fL	*80.0 - 98.0 fL*	**H**
Macrocytosis present.			
MCH	**33.8** pg	*25.5 - 34.0 pg*	
MCHC	**31.8** g/dL	*31.5 - 36.5 g/dL*	
RDW-CV	**18.3** %	*11.5 - 15.5 %*	**H**
RDW-SD	**69.8** fl	*35.5 - 50.0 fl*	**H**
Platelet Count	**104** K/uL	*140 - 400 K/uL*	**L**
MPV	**10.6** fL	*8.5 - 12.0 fL*	
Seg Neut Absolute	**2.1** K/uL	*1.8 - 8.0 K/uL*	
Lymphocytes Absolute	**2.4** K/uL	*0.8 - 4.1 K/uL*	
Monocytes Absolute	**0.9** K/uL	*0.0 - 1.0 K/uL*	
Eosinophils Absolute	**0.5** K/uL	*0.0 - 0.7 K/uL*	
Basophil Absolute	**0.1** K/uL	*0.0 - 0.2 K/uL*	

Component	Your Value	Standard Range	Flag
Neutrophils Abs. (Segs and Bands)	**2,100** /uL	*/uL*	
Neutrophils Percent	**35.7** %	*%*	
Lymphocytes Percent	**39.3** %	*%*	
Monocytes Percent	**15.1** %	*%*	
Eosinophils Percent	**8.8** %	*%*	
Basophil Percent	**0.8** %	*%*	

Febuary 23, 2022 – Visit with Dr. Todor Dentchev (oncologist)

We visited with the oncologist this morning and discussed how dad was doing so far with treatments. I was concerned about dad losing strength and weight and having many problems related to his cancer and treatments. I feel dad is becoming more and more "run down" with each treatment. He has been so cold and increasingly wants to be in bed most of the day.

We decided to forego treatments for the cancer for a while and see if dad can regain some strength. Dr. Dentchev had concerns about the tumor on dad's liver, but agreed that dad needs to be able to eat also to maintain life. We will visit the doctor again March 29, 2022.

Febuary 28, 2022 – Cataract procedure in Grand Forks

Febuary 28, 2022 – INR check

INR – 2.3

March 1, 2022 – Cataract follow-up (right eye – 1st visit)

Progress Notes

Christopher L Kelly, OD at 3/1/2022 9:56 AM

Assessment

		ICD-10-CM
1.	**Status post right cataract extraction**	**Z98.41**
2.	Pseudophakia	Z96.1

Plan

Doing well following cataract surgery OD. Continue post-op medications as directed. Discontinue Combigan but continue latanoprost at bedtime for now. RTC immediately if any pain or changes in vision.

Return in about 1 week (around 3/8/2022) for Post-Op.
Eye exams & tests to be performed upon return

March 1, 2022 – Lincoln school event

We attended a comedy / magic show in the theater at Lincoln High School in TRF tonight at 7:30. Dad was able to get out and join an activity again like he has in the past. He has not been out of the house much in the past few months except to doctor visits. He was able to see lots of people he knows from the community when he was out tonight.

March 5-6, 2022 – First weekend in March

It was about 20-35 degrees during the day and above 0 at night. There was some wind, but not crazy and drifting like the last few weeks.

Dad had visitors on Saturday most of the day. Les Hofstad was over at about 10am and had brunch with us. Jared was also over much of the day. Andy Peterson stopped over in the afternoon, he stayed for supper as well. Dad said he enjoyed the company and he looked very well, stayed up all day and visited very well. Dad has been able to eat more types of food and tolerates it a lot better than a few days ago. He is not complaining of being cold. He is trying hard to make things work.

March 7, 2022 – paid Altru Health bill for cancer treatment (from beginning of cancer treatment to current for Altru)

Detach the above, and return with your payme

Account Number	Account Name	Statement Date	Due Date
100111499	Glenn A. Hofstad	02/23/22	03/15/22

Altru appreciates your business, at this time the Business Office is closed to the public. For your convenience payments can be made through MyChart, mail or by calling 701-780-1500.
If you have received a Covid-19 test you may see a charge for related services on your statement. A majority of employers and health insurers are required to pay for COVID-19 testing under the Coronavirus Aid Relief and Economic Security (CARES) Act. If your insurer is required, you will not be responsible for these charges. Please contact your insurance company about your out-of-pocket expenses, as some exclusions may apply. If you are uninsured, your Covid-19 related services will be covered under the CARES Act.

Summary of Physician and Hospital Services:

Summary	Charges	Insurance Pmts & Adjs	Patient Pmts & Adjs	Outstanding Balance	Pending Insurance	Patient A Due No
All Accounts	$103,904.75	-$79,073.16	$0.00	$24,831.59	$22,370.38	$2,461.2

paid 2461.21 on 3/7/2022

If you have not made arrangements for monthly payments, please call us at 701-780-4050, or visit us online at https://mychart.altru.org

MESSAGES

Our statements are available to pay online at https://altru.org/mychart

AMOUNT DUE:	$2,461.21

Date	Description	Charges	Pmts/Adjs	Pending Insurance	Patie Balanc
Visit #29408587					
Glenn A Hofstad's visit to ALTRU HOSPITAL					
10/27/21	PHARMACY - GENERAL CLASSIFICATION	$53.00			
	MEDICAL/SURGICAL SUPPLIES AND DEVICES - GENERAL CLASSIFICATION	$967.00			
	LABORATORY - CHEMISTRY	$466.50			
	LABORATORY - HEMATOLOGY	$72.25			
	LABORATORY PATHOLOGICAL - GENERAL CLASSIFICATION	$1,597.75			
	LABORATORY PATHOLOGICAL - CYTOLOGY	$326.75			
	LABORATORY PATHOLOGICAL - HISTOLOGY	$2,008.75			
	OPERATING ROOM SERVICES - GENERAL CLASSIFICATION	$2,026.00			
	OTHER IMAGING SERVICES - ULTRASOUND	$622.00			
	Charges Already Processed	$743.50			
	Total Charges	**$8,883.50**			
	Bcbs Mn-medicare Payments		-$1,307.00		
	Bcbs Mn-medicare Adjustments		-$7,476.50		
	Total Insurance Payments and Adjustments		**-$8,783.50**		
	Your Responsibility				**$100.**
Visit #29431384					
Glenn A Hofstad's visit to ACM INTERVENTIONAL RAD					
Charles A Owens, MD					
10/27/21	BIOPSY LIVER NEEDLE PERCUTANEOUS	$1,166.00			
	Charges Already Processed	$1,739.75			
	Total Charges	**$2,905.75**			
	Bcbs Mn-medicare Payments		-$515.95		
	Bcbs Mn-medicare Adjustments		-$2,369.80		
	Total Insurance Payments and Adjustments		**-$2,885.75**		
	Your Responsibility				**$20.**
Visit #29454656					
Glenn A Hofstad's visit to ALTRU CANCER CENTER					
11/02/21	PHARMACY - GENERAL CLASSIFICATION	$26.50			
	IV/INJECTION	$224.00			

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HOSPITAL/CLINIC STATEMENT

Questions about this statement?
Please call: 701-780-1500 or 800-464-7574
Hours of operation: 8:00am - 5:00pm, Mon - Fri

Account Number	Statement Date
100111499	02/23/22
Due Date	**Amount Due**
03/15/22	$2,461.21
Account Name	
Glenn A. Hofstad	

Date	Description	Charges	Pmts/Adjs	Pending Insurance	Patien Balanc
	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - CHEMOTHERAPY ADMINISTRATION - IV	$1,851.00			
	CLINIC - GENERAL CLASSIFICATION	$147.00			
	PHARMACY - EXTENSION OF 025X - DRUGS REQUIRING DETAILED CODING (A)	$6,206.25			
	Total Charges	**$8,454.75**			
	Bcbs Mn-medicare Payments		-$2,373.25		
	Bcbs Mn-medicare Adjustments		-$5,673.02		
	Total Insurance Payments and Adjustments		**-$8,046.27**		
	Your Responsibility				$408.4

Visit #29454657
Glenn A Hofstad's visit to ONCOLOGY
Timothy S Yeh, MD

11/02/21	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	$192.00			
	Bcbs Mn-medicare Payments		-$123.78		
	Bcbs Mn-medicare Adjustments		-$48.22		
	Total Insurance Payments and Adjustments		**-$172.00**		
	Your Responsibility				$20.0

Visit #29612120
Glenn A Hofstad's visit to ALTRU CANCER CENTER

11/16/21	PHARMACY - GENERAL CLASSIFICATION	$26.50			
	IV/INJECTION	$224.00			
	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - CHEMOTHERAPY ADMINISTRATION - IV	$2,511.00			
	CLINIC - GENERAL CLASSIFICATION	$147.00			
	PHARMACY - EXTENSION OF 025X - DRUGS REQUIRING DETAILED CODING (A)	$6,322.25			
	Total Charges	**$9,230.75**			
	Bcbs Mn-medicare Payments		-$2,622.03		
	Bcbs Mn-medicare Adjustments		-$6,200.24		
	Total Insurance Payments and Adjustments		**-$8,822.27**		
	Your Responsibility				$408.4

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HOSPITAL/CLINIC STATEMENT

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Hours of operation: 8:00am - 5:00pm, Mon - Fri

Account Number	Statement Date
100111499	02/23/22
Due Date	**Amount Due**
03/15/22	$2,461.21
Account Name	
Glenn A. Hofstad	

Date	Description	Charges	Pmts/Adjs	Pending Insurance	Patien Balanc
01/11/22	PHARMACY - GENERAL CLASSIFICATION	$26.50			
	IV/INJECTION	$234.00			
	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - CHEMOTHERAPY ADMINISTRATION - IV	$2,613.00			
	CLINIC - GENERAL CLASSIFICATION	$294.00			
	PHARMACY - EXTENSION OF 025X - DRUGS REQUIRING DETAILED CODING (A)	$6,446.25			
	Total Charges	**$9,613.75**			
	Bcbs Mn-medicare Payments		-$2,740.77		
	Bcbs Mn-medicare Adjustments		-$6,464.50		
	Total Insurance Payments and Adjustments		**-$9,205.27**		
	Your Responsibility				$408.4

Visit #30224850
Glenn A Hofstad's visit to ONCOLOGY
Kayla M Clausen, FNP

01/11/22	Charges Already Processed	$192.00			
	Bcbs Mn-medicare Payments		-$121.49		
	Bcbs Mn-medicare Adjustments		-$70.51		
	Total Insurance Payments and Adjustments		**-$192.00**		
	Your Responsibility				$0.0

Visit #30413773
Glenn A Hofstad's visit to PROF DIAG RAD
Curt L Behrns, MD

01/22/22	Charges Already Processed	$149.00			
	Bcbs Mn-medicare Payments		-$28.27		
	Bcbs Mn-medicare Adjustments		-$120.73		
	Total Insurance Payments and Adjustments		**-$149.00**		
	Your Responsibility				$0.0

Visit #30427753
Glenn A Hofstad's visit to ACM INTERVENTIONAL RAD
Charles A Owens, MD

01/24/22	Charges Already Processed	$1,464.00			
	Bcbs Mn-medicare Payments		-$145.57		
	Bcbs Mn-medicare Adjustments		-$1,318.43		
	Total Insurance Payments and Adjustments		**-$1,464.00**		

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HOSPITAL/CLINIC STATEMENT

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Hours of operation: 8:00am - 5:00pm, Mon - Fri

Account Number	Statement Date
100111499	02/23/22
Due Date	**Amount Due**
03/15/22	$2,461.21
Account Name	
Glenn A. Hofstad	

Date	Description	Charges	Pmts/Adjs	Pending Insurance	Patien Balanc
	Your Responsibility				**$0.0**

Visit #30441691
Glenn A Hofstad's visit to PROF DIAG RAD
Jody Treuer, MD

01/25/22	Charges Already Processed	$61.00			
	Bcbs Mn-medicare Payments		-$8.80		
	Bcbs Mn-medicare Adjustments		-$52.20		
	Total Insurance Payments and Adjustments		**-$61.00**		
	Your Responsibility				**$0.0**

Visit #30458397
Glenn A Hofstad's visit to PROF DIAG RAD
Jody Treuer, MD

01/26/22	Charges Already Processed	$61.00			
	Bcbs Mn-medicare Payments		-$8.80		
	Bcbs Mn-medicare Adjustments		-$52.20		
	Total Insurance Payments and Adjustments		**-$61.00**		
	Your Responsibility				**$0.0**

Visit #30413755
Glenn A Hofstad's visit to ALTRU HOSPITAL

01/22/22	ROOM & BOARD - PRIVATE (MEDICAL OR GENERAL) - MEDICAL/SURGICAL/GYN	$11,250.00			
to	PHARMACY - GENERAL CLASSIFICATION	$3,089.75			
01/28/22	PHARMACY - DRUGS INCIDENT TO RADIOLOGY	$62.50			
	PHARMACY - IV SOLUTIONS	$493.50			
	MEDICAL/SURGICAL SUPPLIES AND DEVICES - GENERAL CLASSIFICATION	$436.00			
	MEDICAL/SURGICAL SUPPLIES AND DEVICES - STERILE SUPPLY	$370.75			
	LABORATORY - CHEMISTRY	$1,682.00			
	LABORATORY - IMMUNOLOGY	$186.00			
	LABORATORY - HEMATOLOGY	$977.00			
	LABORATORY - OTHER LABORATORY	$106.00			
	LABORATORY PATHOLOGICAL - CYTOLOGY	$141.00			

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HOSPITAL/CLINIC STATEMENT

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Hours of operation: 8:00am - 5:00pm, Mon - Fri

Account Number	Statement Date
100111499	02/23/22
Due Date	**Amount Due**
03/15/22	$2,461.21
Account Name	
Glenn A. Hofstad	

Date	Description	Charges	Pmts/Adjs	Pending Insurance	Patient Balance
	LABORATORY PATHOLOGICAL - HISTOLOGY	$1,227.00			
	RADIOLOGY - DIAGNOSTIC - CHEST X-RAY	$624.00			
	NUCLEAR MEDICINE - DIAGNOSTIC PROCEDURES	$1,558.00			
	NUCLEAR MEDICINE - DIAGNOSTIC RADIOPHARMACEUTICALS	$159.00			
	CT SCAN - BODY SCAN	$4,111.00			
	OPERATING ROOM SERVICES - GENERAL CLASSIFICATION	$1,481.00			
	OTHER IMAGING SERVICES - ULTRASOUND	$576.00			
	PHYSICAL THERAPY - GENERAL CLASSIFICATION	$356.00			
	PHYSICAL THERAPY - EVALUATION OR RE-EVALUATION	$283.00			
	OCCUPATIONAL THERAPY - EVALUATION OR REEVALUATION	$283.00			
	EMERGENCY ROOM	$593.00			
	Total Charges	**$30,045.50**			
	Bcbs Mn-medicare Payments		-$9,467.62		
	Pending With Insurance			**$20,577.88**	
	Your Responsibility				**$0.00**

Visit #30415307
Glenn A Hofstad's visit to ED
Benito W Aubergine, MD

Date	Description	Charges	Pmts/Adjs	Pending Insurance	Patient Balance
01/22/22 to 01/28/22	INITIAL HOSPITAL CARE/DAY	$591.00			
	CYTOPATH, CELL ENHANCE TECH	$159.00			
	SURG PATH,LEVEL IV	$155.00			
	IMHISTOCHEM/CYTCHM INIT ANTIBODY STAIN PROCEDURE	$171.50			
	IMHISTOCHEM/CYTCHM EA ADDL ANTIBODY SLIDE (qty: 4)	$716.00			
	Charges Already Processed	$3,367.00			
	Total Charges	**$5,159.50**			
	Bcbs Mn-medicare Payments		-$1,008.16		
	Bcbs Mn-medicare Adjustments		-$2,358.84		
	Total Insurance Payments and Adjustments		**-$3,367.00**		
	Pending With Insurance			**$1,792.50**	
	Your Responsibility				**$0.00**

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HOSPITAL/CLINIC STATEMENT

Questions about this statement?
Please call: 701-780-1500 or 800-464-7574
Hours of operation: 8:00am - 5:00pm, Mon - Fri

Account Number	Statement Date
100111499	02/23/22
Due Date	**Amount Due**
03/15/22	$2,461.21
Account Name	
Glenn A. Hofstad	

Date	Description	Charges	Pmts/Adjs	Pending Insurance	Patien Balanc
Visit #30605433 Glenn A Hofstad's visit to ALTRU CANCER CENTER					
02/08/22	PHARMACY - GENERAL CLASSIFICATION	$26.50			
	IV/INJECTION	$234.00			
	RADIOLOGY - THERAPEUTIC AND/OR CHEMOTHERAPY ADMINISTRATION - CHEMOTHERAPY ADMINISTRATION - IV	$1,210.00			
	CLINIC - GENERAL CLASSIFICATION	$147.00			
	PHARMACY - EXTENSION OF 025X - DRUGS REQUIRING DETAILED CODING (A)	$6,232.75			
	Total Charges	**$7,850.25**			
	Bcbs Mn-medicare Payments		-$2,192.48		
	Bcbs Mn-medicare Adjustments		-$5,253.06		
	Total Insurance Payments and Adjustments		**-$7,445.54**		
	Your Responsibility				$404.7
Visit #30605463 Glenn A Hofstad's visit to ONCOLOGY *Kayla M Clausen, FNP*					
02/08/22	Charges Already Processed	$192.00			
	Bcbs Mn-medicare Payments		-$121.49		
	Bcbs Mn-medicare Adjustments		-$70.51		
	Total Insurance Payments and Adjustments		**-$192.00**		
	Your Responsibility				$0.0
			Balance Due		$2,461.2

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HOSPITAL/CLINIC STATEMENT

Questions about this statement?
Please call: 701-780-1500 or 800-464-7574
Hours of operation: 8:00am - 5:00pm, Mon - Fri

Account Number	Statement Date
100111499	02/23/22
Due Date	**Amount Due**
03/15/22	$2,461.21
Account Name	
Glenn A. Hofstad	

Altru

PO BOX 13780 | GRAND FORKS | ND 58208-3780

HOSPITAL/CLINIC STATEMENT

Questions about this statement?
Please call: 701-780-1500 or 800-464-7574
Hours of operation: 8:00am - 5:00pm, Mon - Fri

Addressee

000064-100

GLENN A HOFSTAD
34933 130TH ST SE
TRAIL, MN 56684

☐ Check if address/insurance changes are on the back

Sign-up for eStatements

It's fast, easy, and no postage necessary.
Enroll today.

Pay Online: https://mychart.altru.org

Account Number	Due Date	Amount Due	Amount Pai
100111499	02/15/22	$1,628.02	$

Please make checks payable and send to:

ALTRU HEALTH SYSTEM
PO BOX 74007656
CHICAGO IL 60674-7656

1001114990000162802000016280 24

Detach the above, and return with your payme

Account Number	Account Name	Statement Date	Due Date
100111499	Glenn A. Hofstad	01/26/22	02/15/22

Altru appreciates your business, at this time the Business Office is closed to the public. For your convenience payments can be made through MyChart, mail or by calling 701-780-1500.
If you have received a Covid-19 test you may see a charge for related services on your statement. A majority of employers and health insurers are required to pay for COVID-19 testing under the Coronavirus Aid Relief and Economic Security (CARES) Act. If your insurer is required, you will not be responsible for these charges. Please contact your insurance company about your out-of-pocket expenses, as some exclusions may apply. If you are uninsured, your Covid-19 related services will be covered under the CARES Act.

Summary of Physician and Hospital Services:

Summary	Charges	Insurance Pmts & Adjs	Patient Pmts & Adjs	Outstanding Balance	Pending Insurance	Patient Am Due No
All Accounts	$69,434.00	-$55,547.23	$0.00	$13,886.77	$12,258.75	$1,628.

What can I do if I don't have insurance or can't pay my bill?

Altru has a Financial Assistance Policy that can help with balances from emergency and other medically necessary services that you are unable to pay. You can learn more about that online at altru.org/financialassistance or by calling our **HERO** program at **701-780-5060**.

MESSAGES

Our statements are available to pay online at https://altru.org/mychart

AMOUNT DUE:	$1,628.02

March 8, 2022 – Cataract follow-up (right eye – 2nd visit)

We see Dr. Christopher Kelly for cataract follow-up on dad's right eye at 2:30pm in TRF

March 10, 2022 – Speech Therapy Video Swallow test

We see Ashley for a video swallow test at 9:00am in TRF

March 16, 2022 – Glenn's 80th birthday

March 20, 2022 – birthday cake at church

We will have cake and coffee at Oak Park Lutheran Church before the service at 10:00 today to honor dad's 80th birthday.

March 29, 2022 – Oncology visit with Dr. Dentchev at 9:00am

April 21, 2022 – William's 1st birthday