

UMG - LOS GATOS  
 (WINCHESTER BLVD)  
 14251 Winchester Blvd  
 Los Gatos CA 95032

S [REDACTED] L [REDACTED]  
 MRN: 82647538, DOB: [REDACTED] 1970, Sex: F

**Patient**

**Demographics**

Name: L [REDACTED] S [REDACTED]  
 Address: [REDACTED]  
 Date of birth: [REDACTED] 1970 Sex: Female Gender identity: Female  
 Home phone: 800-458-2078

**Care Team**

**Active**

Name	Relationship	Specialty	Phone	Duration
RAJ, KAVITHA PANDY	Medical Oncologist	Hematology and Oncology	(925)734-8130	11/04/2021 - Present

Last edited by: Mai, Thuy, MA on 11/4/2021

**Problem List**

No documentation.

**Allergies**

No Known Allergies

**Immunizations**

No documentation.

**Current Medications**

**Medications**

This report is for documentation purposes only. The patient should not follow medication instructions within.  
 For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

**Current Medications**

None

**Medication Comment**

Ruiz, Jacqueline, MA on 11/15/2021 0844

Medication Reconciliation Complete. Jacqueline Ruiz, MA 11/15/21 8:44 AM

**FCI Dublin**  
**Health Services Unit**  
**5701 8th Street, Camp Parks**  
**Dublin, Ca 94568**  
 70110-097 CAMP

**History**

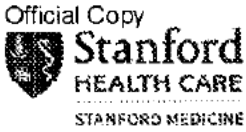
**Relationships History**

No documentation.

**Substance & Sexuality History**

**Tobacco Use**

Smoking Status	Smoking Start Date	Smoking Quit Date	Packs/Day	Years Used
Unknown If Ever Smoked	—	—	—	—
Types	Comments	Smokeless Tobacco Status	Smokeless Tobacco Quit Date	Source
—	—	Unknown	—	Provider



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**Patient (continued)**

**History (continued)**

**Alcohol Use**

Alcohol Use	Drinks/Week	Alcohol/Week	Comments	Source
—	—	—	—	Provider

**Drug Use**

Drug Use	Types	Frequency	Comments	Source
—	—	—	—	Provider

**Sexual Activity**

Sexually Active	Birth Control	Partners	Comments	Source
—	—	—	—	Provider

**Socioeconomic History**

**Socioeconomic**

Marital Status	Spouse Name	Number of Children	Years Education	Education Level	Preferred Language	Ethnicity	Race	Source
—	—	—	—	—	English	—	—	—

**Advance Care Planning**

**Plan**

**Patient Capacity**

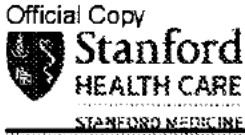
The patient has full capacity. There is no history of patient status change.

**Current Code Status**

Date Active	Code Status	Order ID	Comments	User	Context
Not on file					

**Active Health Care Agents**

There are no active Health Care Agents on file.



VMOC PLEASANTON S [REDACTED] L [REDACTED]  
5725 W LAS POSITAS BLVD MRN: 82647538, DOB: [REDACTED] 1970, Sex: F  
PLEASANTON CA 94588-4007 Visit date: 11/15/2021

11/15/2021 - Telemedicine in ONCOLOGY PLEASANTON

Reason for Visit

Chief Complaint

- New Patient (np vv)

Visit Diagnosis

- Leukopenia, unspecified type (primary) [D72.819]

Last 3 Days of Notes

Clinic Support Note

Ruiz, Jacqueline, MA at 11/15/2021 0900

Author: Ruiz, Jacqueline, MA Service: — Author Type: Medical Assistant  
Filed: 11/16/2021 9:29 PM Encounter Date: 11/15/2021 Status: Signed  
Editor: Ruiz, Jacqueline, MA (Medical Assistant)

Intake done per MD with inmate.MA was not able to get intake details per facilitator.

Electronically signed by Ruiz, Jacqueline, MA at 11/16/2021 9:29 PM

Progress Notes

Raj, Kavitha Pandey, MD at 11/15/2021 0900

Author: Raj, Kavitha Pandey, MD Service: Oncology Author Type: Physician  
Filed: 11/16/2021 9:29 PM Encounter Date: 11/15/2021 Status: Signed  
Editor: Raj, Kavitha Pandey, MD (Physician)

UHA Oncology  
Stanford Health Care  
Medical Oncology/Hematology Clinic  
New Patient Video Visit

Patient Name: L [REDACTED] S [REDACTED] y  
DOB: [REDACTED] 1970  
Visit Date: 11/15/21

Patient CC: Thank you Dr. Tang for referring L [REDACTED] S [REDACTED] for further evaluation of leukopenia.

HPI: This is a 51 Y female inmate who is here for further evaluation of leukopenia.

Her recent hematologic history began (06/07/2021) when her CBC showed white blood cell count 3.1 with a normal differential. Hemoglobin 12.5, hematocrit 36.7, MCV 87.8, platelet 191. Pathologist review of the peripheral smear showed mild leukopenia without significant immaturity or atypia. Cyclic citrulline aided peptide antibody IgG was (06/16/2021) normal less than 16. ANCA screen was negative. C-reactive protein less than 3, rheumatoid factor less than 10, vitamin B12 429. Prealbumin (07/13/21) 20.6.

Repeat labs (09/08/2021) again showed a mildly low white blood cell count 3.6 with normal differential. CMP with all normal results including creatinine 0.9, AST 23, ALT 23. HIV was nonreactive. According to the progress note sent from the Bureau of prisons she has had severe hair loss and a fluctuating white blood cell count from 2.9-3.6 for about a year. We do not have a copy of the testing.but her accompanying MD reports her TB testing is negative.

Official Copy



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11/15/2021 - Telemedicine in ONCOLOGY PLEASANTON (continued)

**Last 3 Days of Notes (continued)**

She is doing okay overall today. Notes fatigue for at least 1 year. No fevers, chills or weight loss. No pain. Reports intermittent SOB without cough. Normal bowel movements.

Family History:

None

Social History:

Tob: Never

Etoh: None

Occ: Inmate

Lives: Inmate

Surgical History:

None

**Oncology history:**

**Oncology/Hematology History**

*No history exists.*

**ROS:**

As per HPI. A 14 point review of systems was done and is negative except for that noted in history of presenting illness, and past medical history.

**MA Assessment:**

Intake done per MD with inmate. MA was not able to get intake details per facilitator.

**Physical Exam:**

Vitals:

No data recorded

BP 160/90

HR 58

Temp 98.0

**Constitutional:** NAD, awake

**HEENT:** No icterus

**Pulmonary:** No tachypnea, speaking in full sentences

**Neurological:** Alert, oriented x3, moving all four extremities

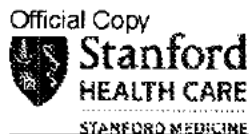
**Abdominal:** No distension

**Extremities:** No edema

**Skin:** Normal skin appearance, no visible rashes

**Allergies:**

No Known Allergies



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**11/15/2021 - Telemedicine in ONCOLOGY PLEASANTON (continued)**

**Last 3 Days of Notes (continued)**

**Medications:**

No outpatient medications prior to visit.

No facility-administered medications prior to visit.

**Social History:**

Social History

**Tobacco Use**

- Smoking status: Unknown If Ever Smoked

**Vaping Use**

- Vaping Use: Unknown

**Family History:**

No family history on file.

**Last 3 CBC Labs:**

**Recent Labs**

	06/07/21	09/08/21
	0000	0000
WBC (Manual Entry) See EMR for details	3.1	3.6
Hemoglobin (Manual Entry) See EMR for details	12.5	12.5
Hematocrit (Manual Entry) See EMR for details	36.7	36.7
Platelet Count (Manual Entry) See EMR for details	191	187

**Last 3 CMP Labs:**

Official Copy



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 PLEASANTON CA 94588-4007 Visit date: 11/15/2021

11/15/2021 - Telemedicine in ONCOLOGY PLEASANTON (continued)

Last 3 Days of Notes (continued)

Recent Labs

	09/08/21 0000
Sodium (Manual Entry) See EMR for details	141
Potassium (Manual Entry) See EMR for details	4.1
BUN (Manual Entry) See EMR for details	14
Creatinine, Serum (Manual Entry) See EMR for details	0.91
Glucose, SER/PLAS (Manual Entry) See EMR for details	90
Calcium, Serum (Manual Entry) See EMR for details	9.5
Total Bilirubin (Manual Entry) See EMR for details	0.2
AST (Manual Entry) See EMR for details	23
ALT (Manual Entry) See EMR for details	23
ALK P'TASE Total, Serum (Manual Entry) See EMR for details	87

Radiology:

See summary in Oncology History above.

Chemo:

Recent Review Flowsheet Data

There is no flowsheet data to display.



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11/15/2021 - Telemedicine in ONCOLOGY PLEASANTON (continued)

Last 3 Days of Notes (continued)

**Assessment:**

**# Leukopenia:** 51 Y female inmate who was recently noted to have profound diffuse alopecia is also noted to have mild leukopenia. Upon reviewing her records from the Bureau of prisons review WBC 2.9-3.6 in the past year. She does not have any significant neutropenia or leukopenia. Given alopecia she had extensive additional work-up for autoimmune disease which has been negative. Her CBC (06/07/2021) showed white blood cell count 3.1 with a normal differential. Hemoglobin 12.5, hematocrit 36.7, MCV 87.8, platelet 191. Pathologist review of the peripheral smear showed mild leukopenia without significant immaturity or atypia.

Additional work-up with cyclic citrulline aided peptide antibody IgG was (06/16/2021) normal less than 16. ANCA screen was negative. C-reactive protein less than 3, rheumatoid factor less than 10, vitamin B12 429. Prealbumin (07/13/21) 20.6.

Repeat labs (09/08/2021) again showed a mildly low white blood cell count 3.6 with normal differential. CMP within normal results including creatinine 0.9, AST 23, ALT 23. HIV was nonreactive. TB testing negative.

Suspect her chronic leukopenia is likely her baseline and represents benign leukopenia. Doubt this is due to primary bone marrow process given no other cell lineage involvement and stability of leukopenia without any complications.

Recommend peripheral blood evaluation with peripheral smear review, evaluate for chronic viral infections and paraprotein conditions. Two indolent bone marrow disorders that can cause leukopenia are hairy cell leukemia and T-cell receptor gene rearrangement. I highly doubt she has either of those conditions. Given stability of leukopenia, it is reasonable to monitor without any additional intervention

**#Alopecia:** Diffuse and severe, autoimmune work-up negative as described above. Recommend endocrinology evaluation to evaluate for ?androgenic alopecia/other causes. Quite possible she could have a familial alopecia

**# GERD:** Without esophagitis, on omeprazole

**# HTN:** On lisinopril

**# Arthropathy:** right sided knee and hip pain, intermittent 8/10

**# COVID-19 Precautions:** Continue special precautions for hygiene including handwashing, wearing a mask and social distancing. Completed Covid vaccination.

**Recommendation/Plan:**

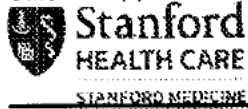
1. Clinical picture consistent with most likely a benign leukopenia process
2. No evidence to suggest primary bone marrow process
3. Alopecia is unrelated to leukopenia
4. Recommend B12 supplements 1000 mcg sublingually daily given borderline B12 levels ✓
5. Recommend monitoring CBC with differential every 4 months for the next year to assess stability ✓
6. Recommend endocrinology evaluation to look for other causes of alopecia ✓
7. No indication for continued hematologic follow-up as long as CBC can be monitored
8. Discussed with Dr. Duncan
9. RTC as needed

D [REDACTED] A. DUNCAN, D.O.  
CLINICAL DIRECTOR  
FCI DUBLIN

The diagnosis and care plan were discussed with patient in detail. We spent sufficient time to discuss many aspects of



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11/15/2021 - Telemedicine in ONCOLOGY PLEASANTON (continued)

Last 3 Days of Notes (continued)

care and questions were answered to patient's satisfaction. More than half of the time spent was for providing counseling and coordination of care.

Thank you for allowing me to participate in the care of L [REDACTED] S [REDACTED]. Please do not hesitate to call me with any questions.

Kavitha Pandey Raj, MD  
Hematology/Oncology  
Stanford Health Care  
UHA Oncology  
11/16/2021

Electronically signed by Raj, Kavitha Pandey, MD at 11/16/2021 9:29 PM

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.  
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Active at the End of Visit

None

Stopped in Visit

None

Medication Comment

Ruiz, Jacqueline, MA on 11/15/2021 0844

Medication Reconciliation Complete. Jacqueline Ruiz, MA 11/15/21 8:44 AM