Florida Cancer Specialists - Venice-Island
901 South Tamiami Trail, Venice, Florida 34285
Phone: 941-484-3531 Fax: 941-486-1701

Patient Name: **Pinto, Antonio P** Date: **12/11/2024**
Patient Number: **2067879** Date Of Birth: **8/17/1969**

Diagnosis

Date	Type	ICD-9	ICD-10	Description	Disease Status	Status Date
5/20/2024	Primary	286.9	D68.9	Coagulation defect, unspecified		
5/20/2024	Primary	V58.61	Z79.01	Long term (current) use of anticoagulants		
5/20/2024	Secondary	286.3	D68.2	Hereditary deficiency of other clotting factors		
5/20/2024	Secondary	719.40	M25.50	Pain in unspecified joint		
7/26/2024	Secondary	428.0	I50.9	Heart failure, unspecified		
7/26/2024	Secondary	428.0	I50.9	Heart failure, unspecified		
7/26/2024	Secondary	277.30	E85.9	Amyloidosis, unspecified		
7/27/2024	Secondary	285.9	D64.9	Anemia, unspecified		
7/31/2024	Secondary	281.1	D51.9	Vitamin B12 deficiency anemia, unspecified		
8/5/2024	Secondary	428.22	I50.22	Chronic systolic (congestive) heart failure		
8/5/2024	Secondary	729.89	R29.898	Other symptoms and signs involving the musculoskeletal system		
8/5/2024	Secondary	273.1	D47.2	Multiple Myeloma/Plasmacytoma (Plasma Cell Disorders) - (Presence of Elevated LDH: Unknown; Cytogenetic Risk Status: Unknown; LDH Measurement: Unknown U/L)		
8/5/2024	Secondary	782.2	R22.1	Localized swelling, mass and lump, neck		
8/5/2024	Secondary	238.3	D48.62	Neoplasm of uncertain behavior of left breast		

Problems
286.9/D68.9: Coagulation defect, unspecified, 286.3/D68.2: Hereditary deficiency of other clotting factors, V58.61/Z79.01: Long term (current) use of anticoagulants, 719.40/M25.50: Pain in unspecified joint, 428.0/I50.9: Heart failure, unspecified, 428.0/I50.9: Heart failure, unspecified, 277.30/E85.9: Amyloidosis, unspecified, 285.9/D64.9: Anemia, unspecified, 281.1/D51.9: Vitamin B12 deficiency anemia, unspecified, 428.22/I50.22: Chronic systolic (congestive) heart failure, 729.89/R29.898: Other symptoms and signs involving the musculoskeletal system, 273.1/D47.2: Monoclonal gammopathy, 782.2/R22.1: Localized swelling, mass and lump, neck, 238.3/D48.62: Neoplasm of uncertain behavior of left breast

HPI
Reason for referral: Hereditary deficiency of other clotting factors
Preferred name: Toni
Accompanied by: N/A
Date: 05/20/2024

HPI: Mr. Pinto is a 54 y.o M with recent watchman placed and experienced "reaction to blood thinners". Today we met him for the 1st time he mentions that with Eliquis, Xarelto and Coumadin he is experienced puffiness, pain in his joints, skin rash and melena which is make it very difficult for him to be on blood thinners. He presents today for assessment of why this maybe. It seems that he has some sort of plus drug reaction he is unable to tolerate anti Xa and also states that Coumadin which has a different

mechanism of action at this point working at the vitamin K dependent coagulation pathway has developed significant dizziness which is led to discontinuation of blood thinners right now has a Watchman in place he needs blood thinners for atrial fibrillation and also has recent diagnosis of heart failure. We are going to assess 1st for coagulation pathway and then will further assess the literature to see what other alternatives there are. He is currently being seen by Rheumatology for possible Mediterranean fever doing well on colchicine 0.3 mg daily. Otherwise doing well.

Interval History
12/11/2024 patient presents here today to review results of his bone marrow biopsy, he is complaining of diffuse joint pains happened right after bone marrow biopsy we explained to him that usually we do not see this assess systemic pain is more like localized pain in the area where the biopsy happened we assessed the area of his biopsy which appeared to be in a all process of healing with not excess bruising and did not appear tender to us. We advised him to follow-up with his rheumatologist he is currently taking colchicine he does have history of Mediterranean fever.

Oncology/Hematology Treatment History
1. Reported Hereditary deficiency of other clotting factors:
-05/20/2024: Initial evaluation at Florida cancer Specialists.
- 05/23/2024: Negative workup for lupus anticoagulant or any other hypercoagulable disorder.
- 07/16/2024: Von Willebrand's and platelet dysfunction assessed we are negative
-07/2024-present: Observation

2. Vitamin B12 deficiency:
-08/05/2024-present: Vitamin B12 intramuscular Q 28 days

3. Heart failure with significant reduced ejection fraction (25% to 30%):
-08/13/2024: PET scan whole body: No evidence of disease.
-08/23/2024: Fat tissue biopsy: No evidence of amyloid negative Congo red. Malignancy.
-07/29/2024: Free light chain ratio 1.85 slightly elevated with mild kidney dysfunction in the setting of heart failure.
-07/2024-present: Blood work periodically for free light chain abnormality and B12 deficiency
-12/04/24: Bone marrow biopsy: Normocellular bone marrow, scattered plasma cells polyclonal by flow no lymphoma or excess immaturity normal fish, normal cytogenetics, pending Congo red testing.

Treatments/Flowsheets
Vitamin B-12 (cyanocobalamin) 1000mcg IM Maintenance q 28d x 12 Cycles v3.0

Allergies
blood thinners, statins

Medication
Continued medications: aspirin 325 mg tablet, colchicine 0.6 mg tablet, diltiazem 120 mg tablet, duloxetine 60 mg capsuledelayed release, furosemide 20 mg tablet, losartan 25 mg tablet, NEBIVOLOL 10 MG TABLET, NEBIVOLOL 20 MG TABLET, Tylenol Extra Strength 500 mg tablet. Discontinued medication: amiodarone 200 mg tablet.

Social History
Never Smoked. Alcohol History: Average of 3-4 glasses of wine per day. Occasional alcohol use. Substance abuse: none

Occupation
Patient is retired. Former disability.

Living Arrangement
Lives with family.

Resident Status
Year round resident

Family History
Noncontributory. No family history of cancer.

Review Of Systems

12 point ROS negative except as noted below and in HPI.
Constitutional:
HEENT:
Cardiac:
Respiratory:

GI:
GU:
MSK:
Skin:
Neurologic:
Psych:
Hematologic:
Allergic/Immunologic:
Endocrine:

Vitals
Vitals on 12/11/2024 10:50:00 AM: Weight=265.6lb, Temp=97.9f, Pulse=82, Resp=19, SystolicBP=132, DiastolicBP=80, O2 Sat=97%

Physical Exam
General:Patient appears well developed, well nourished and in no acute distress. HEENT: Neck/Thyroid:
Breast: Chest: Resp: No rhonchi, rales, wheezes. Cardiac: Cardiac: RRR. No murmur rub or gallop. Abdomen: Abd: Soft Nontender. No distention. No HSM mass or ascites. Not examined. Not examined. MSK: Extremities: Ext: No cyanosis clubbing or edema. **Skin: Evidence of skin rash in right side right shin of the leg states he has been treated with antifungals and also told this is in part psoriasis but notices that is improved with colchicine too.** Neuro: Alert and Oriented X 3. Psych: Patient's judgment & insight appear normal. Lymph nodes: No peripheral adenopathy.

Pain Score
Pain Score 2-3 Mild pain

Treatment Recommendations for Pain:
Education.
Relaxation.

PHQ-9 Treatment Recommendations:
No Action Needed

Lab results
All labs, radiology, and pathology reports were reviewed and discussed with patient. Appropriate copies provided for patient if requested.

Radiology Documents

Print?	Date of Doc.	Name	MD Interpretation	Comment
☐	11/22/2024	MRI Cardiac (LV Function)		
☐	12/4/2024	CT BONE MARROW BX - SMH		
☐	12/4/2024	CT Guided Bone Marrow Bx		

Pathology Documents

Print?	Date of Doc.	Name	MD Interpretation	Comment
☐	12/4/2024	SURG. PATH - BONE MARROW BX - SMH		
☐	12/4/2024	BMBX - Addenda 12/10/24		
☐	12/4/2024	BMBX		
☐	12/4/2024	BMBX		

Other Test Results
Reviewed outside records

Assessment
1. Reported Hereditary deficiency of other clotting factors:
-we initially met him as he was seen anti Xa in the past and on Coumadin and developed adverse events.
-it seems he is tolerating Pradaxa well and the only medication he is able to tolerate otherwise he does get symptoms such as GI upset, dizziness.
-he was told he has Mediterranean fever for which he takes colchicine at this point
-Von Willebrand's, PFA 100, Factor studies including PT, PTT and INR has been all unremarkable.
-continue to monitor.
-RTC in as needed basis

2. Vitamin B12 deficiency:
-Is planning to move out of the area over the next month or so so we favor continuation of B12 go his in the area he can establish care with a new hematologist somewhere else.
-RTC in as needed basis

3. Heart failure with significant reduced ejection fraction (25% to 30%) (06/2024):
-sent extensive panel on amyloidosis as well as myeloma which has been unrevealing except for mild free light chain elevation consistent with MGUS.
-he met with Mayo Clinic on 08/09/2024 and changes to his medications were made from the cardiology point of view.
-He has cardiac cath on monday 11/25/24.
-bone marrow biopsy (12/04/2024) normal bone marrow normal cytogenetics, normal fish. Pending Congo red we are going to call him with results.
-RTC as needed basis, there is evidence of systemic amyloidosis

4. Secondary problems (present and historical):
-Adrenaline issues? overproduction (2020)

-Anxiety

-Psoriatic and RA??

-A fib s/p ablation on 2/2024

-Easy bruising, unusual sensitivity, jerky body movements, numbness

-TIA x2 2021

-HFrEF LVEF 27% (Cardiologist at the VA)

-Familial mediterranean fever , on colchicine feeling better

-Night sweats

-History of lumps excised over the years: he explains that he had a lump sizable in his back was excised he does not have his pathology but he can requested. We reviewed pathology of those lumps they want in the nipple was not a Procrit came says it was benign and the 1 in his back was a lipoma he does have a few lipomas in his left arm. we explained to him that dose do not light up on PET scan wishes consistent with a benign features of this type of tumor. PET scan (08/13/2024) shows no evidence of disease. fatty tissue biopsy (08/23/2024) shows no evidence of amyloidosis. He is to continue to followup with his rheumatologist regarding his history of familial Mediterranean fever and he is happy to learn he does not have amyloidosis. Continue to monitor.

-Neuropathy: Due to extensive history detailed above he is going to meet with expert team at Mayo Clinic to try to diagnosed underlying process as he has been dealing with this since the 1990s.

-Rest of medical care as per PCP.

I have spent 25 minutes preparing to see the patient by reviewing provided tests and other studies and by obtaining and reviewing separately obtained history as well as performing medically appropriate examination with providing counseling and education and documenting clinical information in the electronic health records as well as communicating with other healthcare professionals about the patients case.

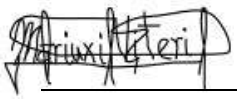
Plan
Reviewed with patient uptodate.com for disease management.

Discussed Plan
I have discussed with the patient the plan for f/u. They will continue f/u with other doctors as scheduled. The patient knows that they can come in for an appointment with me sooner if any new issues arise.

Speech recognition software dictation used
This document was dictated using Speech Recognition software. A reasonable attempt at proofreading has been made to minimize errors. Please call with any questions or corrections.

ACP: Declines: No ACP

Fax To:
Srilakshmi Anamandala, MD~(941)371-9629;Srilakshmi Anamandala, MD~(941)371-9629;

Signed 

Mariuxi Viteri Malone MD,NPI: 1306220900,
This document was electronically signed on 12/15/2024 at 6:37 PM