C8 – Water Contamination – Case Review – XXXX

PARAMETER	FINDINGS	BATES REF	PDF REF
First Name	XXXX	File_XXXX 000001	322
Initial	S		
Last Name	XXXX		
DOB	MM/DD/YYYY		
Past Medical and Surgical History	**Past medical history:** Polymyositis **Past surgical history:** Patient had surgery on arm and leg in childhood; unaware of procedure name	File_XXXX 000001	322
Family History	**General family illness**: Heart disease, myocardial infarction, hypertension, hypercholesterolemia. **Father:** The father is living. No major illness are known. **Mother:** The mother is living. Illness- hypertension.	File_XXXX 000001	322
Social History	**Alcohol use:** Patient admits to heavy alcohol use	File_XXXX 000001	322
Smoking History	Currently smokes 1 ½ pack per day, has smoked for 10 to 15 years, dips snuff 5 to 6 times per day, has used it for 5 to 10 years	File_XXXX 000001	322
	Period of time smoking: 10 to 15 years		
	Has he quit smoking? No		
Obesity/BMI (at the time of diagnosis)	**No** **BMI:** 18.53 kg/M^2	File_1XXXX 000004	4
	Kidney Cancer		
Date of Diagnosis	N/A		
Age at Time of Diagnosis	N/A		
Cancer Type	N/A		
Treatment/Management	N/A		
Kidney Failure Treatment (Dialysis)	N/A		
Kidney Transplant	N/A		
Hereditary Papillary Renal Cell Carcinoma	N/A		
	Testicular Cancer		
Date of Diagnosis	07/13/2018	File_1XXXX 000001 – 000009	1-9
Treatment/Management	07/18/2018: Underwent right radical (inguinal) orchiectomy for right testicular tumor under general anesthesia.	File_XXXX 000002 – 000003	408-409,

PARAMETER	FINDINGS	BATES REF	PDF REF
	08/24/2018: Recommended surveillance 02/20/2019: Underwent CT abdomen and pelvis with IV contrast. Radiation dose: Total DLP 427 mGy*cm 03/01/2019: Under surveillance 07/23/2019: Underwent CT abdomen and pelvis with IV contrast. Radiation dose: Total DLP 956 mGy*cm 07/25/2019: Under surveillance 08/16/2019: Underwent CT chest with IV contrast. Radiation use – Total DLP 145 mGy*cm 02/11/2020: Under surveillance	File_XXXX 000038 – 000044 File_2XXXX 000194 – 000196 File_XXXX 000143 – 000152, 000184-000192, 000193-000214, 000215-000229, 000277-000284	47-53, 603-605, 152-160, 193-201, 202-203, 224-238, 286-293
Cryptorchidism (undescended testes)	*Not available*		
Abnormal semen parameters	*Not available*		
HIV/AIDS	*Not available*		
Family history of testicular cancer	As on 07/13/2018 Patient stated that, cousin died due to testicular cancer	File_1XXXX 000001	1
Race	*Not available*		
	Other Injuries		
Injuries	N/A		
Date of Diagnosis	N/A		
Treatment/Management	N/A		

Detailed Chronology

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
07/14/2009	XXXX Medical Group, Inc. XXXX, D.O.	Family Medicine	**Office Visit for Sinus Problem:**	File_XXXX 000001 - 000003	322-324
			**Reviewer's comment: Interim medical records from 07/15/2009 to 05/20/2018 are not available for review*		
05/21/2018	XXXX Medical Center XXXX, M.D.	Emergency Medicine	**Office Visit for Rectal Bleeding:** **History of present illness:** Patient who presents to the ED today for rectal bleeding. The patient reports to noticing "Discolored" stools throughout the past couple of days, but noticed black stools this morning. He denies having any rectal or abdominal pain. He does admit to drinking 8-12 beers daily. Otherwise, he states he has been doing well and has no other questions or concerns at this time. **Review of systems: Gastrointestinal –** Positive for blood in stool. **Physical examination: Genitourinary** – Heme. Negative **Plan:** Appropriate labs and imaging ordered. Medical decision making (MDM): During the patient's stay in the emergency department, the above listed imaging and/or labs were performed to assist with medical decision making and were reviewed by myself when available for review. **Impression:** Encounter for medical screening examination **Disposition**: Discharged • Medication instructions were discussed with the patient. • It was advised that the patient return to the ED with any new, concerning or worsening symptoms	File_2XXXX 000001 - 000048	410-421, 422-457

<table>
<tr><th>DATE</th><th>PROVIDER</th><th>SPECIALTY</th><th>OCCURRENCE/TREATMENT</th><th>BATES REF</th><th>PDF REF</th></tr>
<tr><td></td><td></td><td></td><td>and follow up as directed.
• The patient verbalized understanding of all instructions and had no further questions or concerns.

Follow-up: XXXX, M.D. in 1 week.

*Related record: ED care time, orders, labs, flowsheets, discharge instruction, encounter messages, telephone information's, medical questionnaire</td><td></td><td></td></tr>
<tr><td>05/21/2018</td><td>XXXX Medical Center Lab</td><td></td><td>Labs:
<table><tr><th>Component</th><th>Value</th><th>Reference Range</th><th>Flag</th></tr><tr><td>WBC</td><td>4.9</td><td>4.8-10.8 x10^3/uL</td><td>-</td></tr><tr><td>RBC</td><td>4.54</td><td>4.70-6.10x10^6/uL</td><td>L</td></tr><tr><td>HGB</td><td>15.6</td><td>14.0-18.0 g/dL</td><td>-</td></tr><tr><td>HCT</td><td>44.3</td><td>42.0-52.0%</td><td>-</td></tr><tr><td>MCV</td><td>97.5</td><td>80.0-94.0 fL</td><td>H</td></tr><tr><td>MCH</td><td>34.3</td><td>27.0-31.0 pg</td><td>H</td></tr><tr><td>MCHC</td><td>35.1</td><td>33-.0-37.0 g/dL</td><td>-</td></tr><tr><td>RDW</td><td>12.9</td><td>11.5-14.5%</td><td>-</td></tr><tr><td>Platelets</td><td>250</td><td>130-400x10^3/uL</td><td>-</td></tr><tr><td>Neutrophil %</td><td>70</td><td>50-73%</td><td>-</td></tr><tr><td>Lymphocyte %</td><td>19</td><td>25-40%</td><td>L</td></tr><tr><td>Monocyte %</td><td>9</td><td>4-10%</td><td>-</td></tr><tr><td>Eosinophil %</td><td>0</td><td>1-5%</td><td>L</td></tr></table></td><td>File_2XXXX 000031</td><td>440</td></tr>
</table>

<table>
<tr><th>DATE</th><th>PROVIDER</th><th>SPECIALTY</th><th>OCCURRENCE/TREATMENT</th><th>BATES REF</th><th>PDF REF</th></tr>
<tr><td></td><td></td><td></td><td>
<table>
<tr><td>Basophil %</td><td>1.00</td><td>0-1%</td><td>-</td></tr>
<tr><td>Neutrophil #</td><td>3.50</td><td>1.80-7.00x10^3/uL</td><td>-</td></tr>
<tr><td>Lymphocyte #</td><td>1</td><td>1.80-7.00x10^3/uL</td><td>-</td></tr>
<tr><td>Monocyte #</td><td>0.50</td><td>1.00-0.80x10^3/uL</td><td>-</td></tr>
<tr><td>Eosinophil#</td><td>0.00</td><td>1.00-0.80x10^3/uL</td><td>-</td></tr>
<tr><td>Basophil #</td><td>0.10</td><td>0.00-1.00x10^3/uL</td><td>-</td></tr>
</table>
</td><td></td><td></td></tr>
<tr><td>07/13/2018</td><td>XXXX Clinic

XXXX, M.D.</td><td>XXXX</td><td>Office Visit for Testicular Cancer:

Chief complaint: Scrotal mass (Right side, feels different, heavy and lumpy, concerns of cancers as per my cousin died due to testicular cancer)

History of present illness:
Testicular Mass
The patient was self-referred. Initial presentation was with testicular mass. This problem has not been previously evaluated. This problem has not been previously treated. Symptoms include scrotal mass and scrotal pain. Symptoms are in the right testicle. The patient describes this as moderate in severity and unchanged. Associated symptoms do not include groin pain, groin swelling, dysuria, hematuria, urethral discharge, back pain, gynecomastia, pruritus, fever, weight loss, abdominal pain, dyspnea or cough. Family history of testicular cancer. The patient is not currently being treated for this problem. Pertinent medical history does not include testicular torsion, hydrocele, spermatocele, testicular tumor, varicocele, orchitis, epididymitis, benign prostatic hyperplasia, vasculitis, prostatitis, inguinal hernia, nephrosis, cryptorchidism</td><td>File_1XXXX 000001 – 000009

File_2XXXX 000049 – 000055, 000058-000062</td><td>1-9, 458-464, 467-471</td></tr>
</table>

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
			or HIV infection. He is sexually active. **Review of system:** Hematology – Positive testicular mass **Medications:** Ibuprofen (Motrin) 200 Mg oral **Vitals:** BP 149/111 **Physical examination: Genito-urinary** – Positive for testicular nodule on right **Reviewer's comment: Diagnostic report were taken in separate row* **Assessment and plan:** Need ASAP urology consultation. Follow-up if needed in 1-2 weeks if above complaints are not better. **Related record: Patient's information, others*		
07/13/2018	XXXX Medical Center XXXX, M.D.	XXXX	**@1642 hours - Ultrasound scrotum:** **History:** Palpable lump in the right testes **Impression:** • 2-2.5 cm solid, heterogenous intratesticular mass within the right testicle with hyperemia very concerning for neoplastic process. Urologic consultation is recommended. • Extensive bilateral microlithiasis • Complex left epididymal cyst/spermatocele	File_2XXXX 000056 - 000057	465-466
07/17/2018	XXXX Medical Office XXXXXXX, M.D.	Urology	**History and Physical for Right Testicular Mass:** **History of present illness:** Patient presents with right testicular mass. Patient has noticed for the past month or so some discomfort and then a palpable masses right testicle. He underwent ultrasound which reveals a 2.5 cm right heterogeneous testicular mass suspicious for testicular cancer. He has noticed a decrease in energy but no significant weight loss no other areas of discomfort or suspicious growths. He did not history of testicular surgery or undescended testicle. He does live	File_1XXXX 000006 – 000009, 000001-000002, 000003-000005	330-333, 325-326, 327-329

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
			down by Dupont **Physical examination:** Genitalia – Genitalia exam reveals majority of his right testicle replaced by solid testicular mass. Left testicle is unremarkable. No adenopathy noted. **Impression:** • **Testicular Mass –** Refer to XXXX Urology, Alpha Fetoprotein (AFP) tumor marker, serum, HCG, plasma or serum quantitative, tumor marker, LDH, XXXX PET CT body (head to thigh) **Plan:** Testicular mass very suspicious for testicular cancer **Recommended:** Tumor markers, schedule PET-CT, right radical orchiectomy under general anesthetic. Cipro 400 mg IV on-call to OR. **Related record: Others, consent*		
07/17/2018	XXXX Medical Office XXXX, MA.		**@ 0840 AM hours: Nurse notes:** Scheduled PET/CT scan at XXXXC 07/25/2018 @07:00 am. Instructions given to patient. Scheduled right radial orchiectomy at OVASC 07/18/2018. Pre-operative instructions explained and given to patient. Patient voiced understanding.	File_1XXXX 000011	335

<table>
<tr><th>DATE</th><th>PROVIDER</th><th>SPECIALTY</th><th>OCCURRENCE/TREATMENT</th><th>BATES REF</th><th>PDF REF</th></tr>
<tr><td>07/17/2018</td><td>XXXX Medical Center Lab</td><td></td><td>@0938 hours: Labs:

Urinalysis:
Result: Normal

AFP tumor marker, serum:
Diagnosis: Testicular mass
Result: Abnormal

HCG, plasma or serum quantitative, tumor marker:
<table><tr><th>Component</th><th>Value</th><th>Reference range</th></tr><tr><td>HCG, Quantitative</td><td><2.39</td><td>0.00-4.83 mlU/ml</td></tr></table>Result: Normal

LDH:
<table><tr><th>Component</th><th>Value</th><th>Reference range</th></tr><tr><td>LDH</td><td>505</td><td>286-682 U/L</td></tr></table></td><td>File_1XXXX 000022 - 000029</td><td>346-353</td></tr>
<tr><td>07/18/2018</td><td>XXXX Surgery Center

XXXXXXXX, M.D.</td><td>Urology</td><td>Operative Report for Right Radical (Inguinal) Orchiectomy:

Indications: Patient who presented with a testicular mass consistent with testicular cancer and an elevated AFP. He presents at this time right radical orchiectomy

Pre and post-operative diagnosis: Right testicular tumor

Procedure performed: Right radical (inguinal) Orchiectomy

Anesthesia: General

Estimated blood loss: Minimal

Complications: None

Details of procedure: The patient was placed in the supine position. Lower abdomen and genitalia region</td><td>File_XXXX 000002 – 000003

File_1XXXX 000038 – 000045

File_2XXXX 000079 – 000085, 000094-000099</td><td>408-409, 362-369, 488-494, 503-508</td></tr>
</table>

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
			shaved, prepped, and draped in the usual fashion. Proposed incision site over the right inguinal canal was infiltrated with 0.5% Marcaine plain and an incision was made in this area following the skin crease. Dissection was carried down through Scarpa's and Camper's fascia down to the external ring. The external ring was then opened. Care was maintained not to injure the ilioinguinal nerve. The external aponeurosis was opened over the length of the cord. 'Then the cord was encircled with a Penrose drain and again the ilioinguinal nerve was separated off the cord structures. A Penrose was placed in a tourniquet fashion. The testicle was then dissected free from the scrotum and its gubernacular attachments. Meticulous hemostasis was obtained. Then dissection was carried out to the internal ring. The cord at that point was ligated x2 with #0 silk tie and #0 silk ligature. The testicle with the cord was then removed. The remnant of the cord was infiltrated with 0.5% plain Marcaine for analgesia. and the Stump was allowed to retract intraabdominally. The external oblique aponeurosis was then dosed again. Care was maintained not to entrap the ilioinguinal nerve. This was performed with a 2-0 Vicryl suture. 3-0 Monocryl suture was used to close the Scarpa's fascia and a 4-0 Monocryl was used to perform a subcuticular stitch prior to closure of more. 0. 5% Marcaine was infiltrated in the wound or a total of 8 cc used. Benzoin and Steri-Strips were then placed over the wound as well as sterile dressing. At the end of the procedure, all counts were correct x2. **Related record: Orders, patient's information, others*		
07/20/2018	XXXX Medical Center XXXX, M.D.	Pathology Anatomic Pathology & Clinical Pathology	**Pathology Report:** **Date of collected:** 07/19/2018 **Specimen received:** Right testicle cord **Clinical History:** Right testicular mass **Right radical orchiectomy –** Pure seminoma, classical type 3.5 cm with focal extratesticular	File_1XXXX 000092 - 000093	501-502

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
			extension; margins clear. **Procedure:** Right radical orchiectomy **Tumor focality:** Single tumor **Tumor size:** 3.5 X 2.6 cm **Histologic type:** Seminoma, classical type 100% **Tumor extension:** Testicular parenchyma, rete testis and focal extratesticular soft tissue. **Margins:** Uninvolved by seminoma (spermatic cord margin 7.0 cm distant) **Lymph-vascular invasion:** Not seen **Regional Lymph Nodes:** Cannot be determined **Intratubular gem cell neoplasia:** Present Overall pathologic stage: pT2, Nx **Comment:** Tumor invades through the tunica albuginea and involves the tunica vaginalis. Immunohistochemical stains for vimentin, pancytokeratin and LCA are performed. The tumor cells are positive for vimentin and negative for LCA and pancytokeratin. These findings support the morphologic diagnosis of seminoma and help exclude embryonal carcinoma and lymphoma. LCA highlights the lymphocytes associated with seminoma.		
07/25/2018	XXXX Medical Center XXXX, M.D.	Radiology Diagnostic Radiology	**XXXX PET CT Body (Head to Thigh)** **History:** Testicular mass **CT Dose:** 610 DLP (mGy8cm) **Impression:** • There is postsurgical change of right orchiectomy with edema and some inflammation extending into the right groin and inguinal region are borderline to mildly prominent lymph nodes at this location bilaterally although greater on the right. These are likely normal postoperative changes. Minimal metabolic activity seen. There is no focally intense activity seen to suggest metastatic adenopathy. However these require continued follow-up.	File_1XXXX 000059 – 000060, 000049-000050, 000051-000053, 000061-000062 File_2XXXX 000100 – 000106, 000107 - 000110	383-384, 373-374, 375-377, 385-386, 509-515, 516-519

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
			• The remainder the study shows no distal metastatic disease, mass or adenopathy. **Related record: Orders, consent, labs*		
07/30/2018	XXXX Medical Office XXXXXXX X, M.D.	Urology	**Office Visit for Testicular Cancer:** **History of present illness:** Patient who presents with testicular cancer. He is status post right radical orchiectomy approximately 10 days ago. His pathology came back as pure seminoma however this is being re- evaluated as his AFP was slightly elevated at 10.9. The rest of his tumor markers were unremarkable. He is a drinker however his liver enzymes were otherwise normal. His PET scan was negative except for some mild in lymph nodes in his groins most likely secondary to recent surgery. He is doing well with no significant pain. **Physical examination:** Right inguinal incision reveals it to be healing well no signs of infection scrotum is unremarkable. **Impression:** Testicular cancer **Plan:** Patient has appointment with Dr. XXXX tomorrow. Pathologist has been notified about the elevated AFP and he is looking at the pathology. We will discuss the case with Dr. XXXX. Follow up as necessary. **Related record: Patient's information, medication sheets, labs*	File_1XXX X 000064 – 000068, 0000063, 000069-000078, 000116 - 000118	388-392, 387, 393-402, 525-527
07/31/2018	XXXX Medical Office XXXX, M.D.	XXXX Hematology & Oncology	**Office Visit for Testicular Cancer:** *History reviewed already* **Physical examination:** The right inguinal incision has healed well. Testicle is free of palpable mass. Lower extremity show no edema, patient oriented x3, moving all the 4 extremities, skin shows no rash, psychologically well adjusted.	File_XXX X 000001 – 000011, 000012-000019 File_1XXX X 000079 - 000082	10-20, 21-28, 403-406

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<tr><td></td><td></td><td></td><td>Previous diagnostic and pathology reports were reviewed completely.

Assessment: Impression 1: pT2 NX M0 classical seminoma right testicle status post orchiectomy. Metastatic workup in form of PET scan is negative. Impression 2: Mild increased alkaline alpha-fetoprotein with normal beta HCG.

Plan: Await the final pathology evaluation of entire tumor specimen, return visit with a repeat alpha-fetoprotein

*Related record: Flow sheets, telephone conversation</td><td></td><td></td></tr>
<tr><td>08/13/2018</td><td>XXXX Medical Office

XXXX, RN.,</td><td>Registered Nurse</td><td>@1601 hours: Telephone Conversation for Discussion of Cancer Treatment:

Notified patient that Dr. XXXX has spoken with Dr. XXX at XXX University. Advise does not recommend any treatment or any radiation therapy but to continue with surveillance only.

*Related record: Nurse notes</td><td>File_XXXX 000022 – 000023, 000020-000021</td><td>31-32, 29-30</td></tr>
<tr><td>08/14/2018</td><td>XXXX Medical Office</td><td></td><td>Labs:

AFP tumor marker, serum:
Diagnosis: Testicular mass
Result: Normal
<table>
<tr><th>Component</th><th>Value</th><th>Reference range</th></tr>
<tr><td>AFP Tumor Marker</td><td>7.7</td><td><=9.0 ng/ml</td></tr>
</table>
HCG, plasma or serum quantitative, tumor marker:
<table>
<tr><th>Component</th><th>Value</th><th>Reference range</th></tr>
<tr><td>HCG, Quantitative</td><td><2.39</td><td>0.00-4.83 mlU/ml</td></tr>
</table>
Result: Normal

LDH:</td><td>File_XXXX 000029 – 000030

File_2XXXX 000134 - 000146</td><td>38-39, 543-555</td></tr>
</table>

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
			Component | **Value** | **Reference range** LDH | 505 | 286-682 U/L **Related record: Patient's information*		
08/22/2018	XXXX, M.D.	XXXX Hematology & Oncology	**Correspondence regarding status of the patient:** Patient was seen and treated today in the Chemo Outpatient Center. Patient may return to work August 23, 2018 **Related record: Labs, Flow sheets*	File_XXXX 000034 – 000035, 000045-000054	41-44, 54-63
08/24/2018	XXXX Medical Office XXXX, M.D.	XXXX Hematology & Oncology	**Follow-up Visit for Testicular Cancer:** **History of present illness:** Patient presented with a history of a seminoma, status post right radical inguinal orchiectomy, presents for follow-up. Radiographic studies failed to show any lymph node mets in the abdomen. Patient had preoperative tumor markers which included beta HCG was normal, alpha-fetoprotein was mildly increased, patient had a repeat studies drawn, requiring today's visit. When seen today, patient is asymptomatic. Repeat alpha-fetoprotein is 7.7 which is in normal range. Patient's alpha-fetoprotein borderline elevation can be associated with a seminoma, patient has no evidence of non seminomatous component to the tumor. Patient therefore was given options of surveillance, single agent carboplatin versus radiation therapy. Having understood all the options, patient wants to follow surveillance option, and will undergo surveillance at periodic intervals following the NCCN guidelines. Patient will be seen for physical examination, CT of the abdomen pelvis, chest x-ray, and blood work prior to return visit.	File_XXXX 000038 - 000044	47-53

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
			Talked to Dr. XXX at XXXX University, his opinion is that any alpha-fetoprotein below 25 should be considered normal in patients with any form of testicular malignancy. Therefore he feels that this patient has a early stage seminoma, and at Indiana University they do not recommend any treatment except for surveillance. Related his communication on phone to patient and his urologist previously. **Assessment:** Impression 1: Stage I seminoma right testicle status post orchectomy. **Plan:** Will continue surveillance, appropriate instructions were given.		
11/12/2018	XXXX Medical Center - EMC Lab Neil Strobl, M.D.	Radiology Diagnostic Radiology	**CT Abdomen and Pelvis with and without Contrast:** **History:** Testicular cancer **Impression:** Unremarkable CT of the abdomen and pelvis. There is no acute intra-abdominal process and there is no evidence for metastatic disease. **Related record: Consent, labs, orders*	File_2XXXX 000157 – 000158, 000055 – 000068, 000159 – 000164, 000147 - 000155	566-567, 64-77, 568-573, 556-564
11/16/2018	XXXX Medical Office XXXX, M.D.	Oncology	**Follow-up Visit for Right Testicular Mass:** **History of present illness:** Patient presented with a history of pure seminoma pT2a is seen in flu. The patient presented with 4-5 weeks of Right testicular mass and tenderness and underwent a radical Right orchiectomy. The patient's ease was discussed with Dr. XXX at XXX University who recommended observation. The patient had a negative CT of the abdomen and pelvis (11/18). No complaints. **Related record: Correspondence, labs*	File_XXXX 000086 – 000092, 000069 - 000085	95-101, 78-94
11/16/2018	XXXX Medical Center		**@1407 hours: Labs:** **Component** | **Value** | **Reference Range** | **Flag** **WBC** | 5.4 | 4.8-10.8 | -	File_2XXXX 000165 - 000183	574-592

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF

		x10^3/uL	
RBC	4.57	4.70-6.10x10^6/uL	L
HGB	15.3	14.0-18.0 g/dL	-
HCT	45.1	42.0-52.0%	-
MCV	98.7	80.0-94.0 fL	H
MCH	33.4	27.0-31.0 pg	H
MCHC	33.8	33-.0-37.0 g/dL	-
RDW	12.7	11.5-14.5%	-
Platelets	253	130-400x10^3/uL	-
Neutrophil %	63	50-73%	-
Lymphocyte %	22	25-40%	L
Monocyte %	13	4-10%	H
Eosinophil %	1	1-5%	-
Basophil %	1	0-1%	-
Neutrophil #	3.40	1.80-7.00x10^3/uL	-
Lymphocyte #	1.20	1.80-7.00x10^3/uL	-
Monocyte #	0.70	1.00-0.80x10^3/uL	-
Eosinophil#	0.10	1.00-0.80x10^3/uL	-
Basophil #	0.10	0.00-1.00x10^3/	-

<table>
<tr><th>DATE</th><th>PROVIDER</th><th>SPECIALTY</th><th>OCCURRENCE/TREATMENT</th><th>BATES REF</th><th>PDF REF</th></tr>
<tr><td></td><td></td><td></td><td>uL</td><td></td><td></td></tr>
<tr><td>02/20/2019</td><td>XXXX Medical Center

XXXX, M.D.</td><td>Radiology Diagnostic Radiology</td><td>CT Abdomen and Pelvis with IV Contrast:

History: Testicular carcinoma

Radiation dose: Total DLP 427 mGy*cm

Impression: No evidence of acute intra-abdominal process or metastatic malignancy related to testicular carcinoma

*Related record: Consent, Fax sheets, orders</td><td>File_2XXX X 000194 – 000196

File_XXX X 000117, 000123, 000184 - 000192</td><td>603-605, 126, 132, 593-601</td></tr>
<tr><td>02/26/2019</td><td>XXXX Medical Office</td><td></td><td>@1407 hours: Labs:

<table>
<tr><th>Component</th><th>Value</th><th>Reference Range</th><th>Flag</th></tr>
<tr><td>WBC</td><td>4.4</td><td>4.8-10.8 x10^3/uL</td><td>L</td></tr>
<tr><td>RBC</td><td>4.54</td><td>4.70-6.10x10^6/uL</td><td>L</td></tr>
<tr><td>HGB</td><td>15.5</td><td>14.0-18.0 g/dL</td><td>-</td></tr>
<tr><td>HCT</td><td>45.1</td><td>42.0-52.0%</td><td>-</td></tr>
<tr><td>MCV</td><td>99.4</td><td>80.0-94.0 fL</td><td>H</td></tr>
<tr><td>MCH</td><td>34.0</td><td>27.0-31.0 pg</td><td>H</td></tr>
<tr><td>MCHC</td><td>34.2</td><td>33-.0-37.0 g/dL</td><td>-</td></tr>
<tr><td>RDW</td><td>13.0</td><td>11.5-14.5%</td><td>-</td></tr>
<tr><td>Platelets</td><td>293</td><td>130-400x10^3/uL</td><td>-</td></tr>
<tr><td>Neutrophil %</td><td>55</td><td>50-73%</td><td>-</td></tr>
<tr><td>Lymphocyte %</td><td>28</td><td>25-40%</td><td>-</td></tr>
<tr><td>Monocyte %</td><td>15</td><td>4-10%</td><td>H</td></tr>
</table></td><td>File_XXX X 000124 - 000135</td><td>133-144</td></tr>
</table>

<table>
<tr><th>DATE</th><th>PROVIDER</th><th>SPECIALTY</th><th>OCCURRENCE/TREATMENT</th><th>BATES REF</th><th>PDF REF</th></tr>
<tr><td></td><td></td><td></td><td>
<table>
<tr><td>Eosinophil %</td><td>2</td><td>1-5%</td><td>-</td></tr>
<tr><td>Basophil %</td><td>0</td><td>0-1%</td><td>-</td></tr>
<tr><td>Neutrophil #</td><td>2.40</td><td>1.80-7.00x10^3/uL</td><td>-</td></tr>
<tr><td>Lymphocyte #</td><td>1.20</td><td>1.80-7.00x10^3/uL</td><td>-</td></tr>
<tr><td>Monocyte #</td><td>0.70</td><td>1.00-0.80x10^3/uL</td><td>-</td></tr>
<tr><td>Eosinophil#</td><td>0.10</td><td>1.00-0.80x10^3/uL</td><td>-</td></tr>
<tr><td>Basophil #</td><td>0.00</td><td>0.00-1.00x10^3/uL</td><td>-</td></tr>
</table>
</td><td></td><td></td></tr>
<tr><td>03/01/2019</td><td>XXXX Medical Office

XXXX, M.D.</td><td>XXXX Hematology & Oncology</td><td>Follow-up Visit for Testicular Seminoma

History of present illness: Patient presented with a history of a early stage testicular seminoma status post orchiectomy, presents today for surveillance. Patient is being followed without adjuvant therapy. In the interval patient is asymptomatic. Workup in the interval included tumor markers, alpha-fetoprotein is 11.3. Beta HCG less than 2.39. CMP shows elevated SGOT SGPT, this will be repeated in 2 weeks.

CT abdomen pelvis shows no evidence of acute intra-abdominal process of metastatic malignancy. Clinical examination failed to show any lymphadenopathy in the neck or axillae, lungs are clear cardiac examination shows normal heart sounds abdomen soft no palpable groin nodes lower extremity free of edema, patient oriented x3 moving all the 4 extremities skin shows no psychologically well adjusted.

Assessment: Impression 1: testicular carcinoma in remission. Continue surveillance following the</td><td>File_XXXX 000143 – 000152, 000136 - 000142, 000152 - 000165</td><td>152-160, 145-151, 161-174</td></tr>
</table>

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
			guidelines. Impression 2: mildly increase the liver enzymes, with normal CT scan, will repeat blood work in 2 weeks. **Plan:** Return visit as scheduled. **Related record: Consent, labs*		
03/15/2019	XXXX Medical Center XXXX, PA-C	Emergency Medicine & Physician Assistant	**Emergency Department Visit for Left Fifth Finger Laceration:** **Related records: Order, medication sheets, others*	File_2XXXX 000229 – 000258	638-667
03/15/2019	XXXX Medical Center XXXX, PA-C	Emergency Medicine & Physician Assistant	**Operative Report for Bedside Wound Closure/Laceration Repair:**	File_2XXXX 000241	650
03/16/2019	XXXX, Case Manager	Case Manager	**Telephone Conversation Regarding Discussion About SCP:**	File_XXXX 000166 - 000169	175-178

<table>
<tr><th>DATE</th><th>PROVIDER</th><th>SPECIALTY</th><th>OCCURRENCE/TREATMENT</th><th>BATES REF</th><th>PDF REF</th></tr>
<tr><td>07/16/2019</td><td>XXXX Medical Office</td><td></td><td>
Labs:

HCG, plasma or serum quantitative, tumor marker:
<table>
<tr><th>Component</th><th>Value</th><th>Reference range</th><th>Flag</th></tr>
<tr><td>HCG, Quantitative</td><td><2.39</td><td>0.00-4.83 mlU/ml</td><td>-</td></tr>
</table>
AFP tumor marker, serum:
<table>
<tr><th>Component</th><th>Value</th><th>Reference range</th><th>Flag</th></tr>
<tr><td>AFP Tumor Marker</td><td>16.0</td><td><=9.0 ng/ml</td><td>H</td></tr>
</table>
CBC with differentiated:
<table>
<tr><th>Component</th><th>Value</th><th>Reference Range</th><th>Flag</th></tr>
<tr><td>WBC</td><td>4.6</td><td>4.8-10.8 x10^3/uL</td><td>L</td></tr>
<tr><td>RBC</td><td>4.37</td><td>4.70-6.10x10^6/uL</td><td>L</td></tr>
<tr><td>HGB</td><td>14.5</td><td>14.0-18.0 g/dL</td><td>-</td></tr>
<tr><td>HCT</td><td>44.0</td><td>42.0-52.0%</td><td>-</td></tr>
<tr><td>MCV</td><td>100.7</td><td>80.0-94.0 fL</td><td>H</td></tr>
<tr><td>MCH</td><td>33.2</td><td>27.0-31.0 pg</td><td>H</td></tr>
<tr><td>MCHC</td><td>32.9</td><td>33-.0-37.0 g/dL</td><td>L</td></tr>
<tr><td>RDW</td><td>13.2</td><td>11.5-14.5%</td><td>-</td></tr>
<tr><td>Platelets</td><td>297</td><td>130-400x10^3/uL</td><td>-</td></tr>
<tr><td>Neutrophil %</td><td>53</td><td>50-73%</td><td>-</td></tr>
<tr><td>Lymphocyte</td><td>29</td><td>25-40%</td><td>L</td></tr>
</table>
</td><td>File_XXXX 000170 - 000183</td><td>179-192</td></tr>
</table>

<table>
<tr><th>DATE</th><th>PROVIDER</th><th>SPECIALTY</th><th>OCCURRENCE/TREATMENT</th><th>BATES REF</th><th>PDF REF</th></tr>
<tr><td></td><td></td><td></td><td>
<table>
<tr><td>%</td><td></td><td></td><td></td></tr>
<tr><td>Monocyte %</td><td>17</td><td>4-10%</td><td>H</td></tr>
<tr><td>Basophil %</td><td>1</td><td>0-1%</td><td>-</td></tr>
<tr><td>Neutrophil Absolute</td><td>2.44</td><td>1.80-7.00x10^3/uL</td><td>-</td></tr>
<tr><td>Lymphocyte Absolute</td><td>1.33</td><td>1.00-4.00x10^3 uL</td><td>-</td></tr>
<tr><td>Monocyte Absolute</td><td>0.78</td><td>0.10-0.80 x10^3/uL</td><td>-</td></tr>
<tr><td>Basophil Absolute</td><td>0.05</td><td>0.00-0.36x10^3/uL</td><td>-</td></tr>
<tr><td>Anisocytosis</td><td>Occasional</td><td>-</td><td>-</td></tr>
<tr><td>Poiilocytosis</td><td>Occasional</td><td>-</td><td>-</td></tr>
<tr><td>WBC</td><td>4.6</td><td>X10^3/uL</td><td></td></tr>
</table>
</td><td></td><td></td></tr>
<tr><td>07/23/2019</td><td>XXXX Medical Center

XXXX, M.D.</td><td>XXXX Hematology & Oncology</td><td>CT Abdomen Pelvis with/without IV Contrast:

History: Abnormal liver function tests. History of right testicular cancer

Radiation dose: Total DLP 956 mGy*cm

Impression: Grossly normal CT scan of the abdomen and pelvis.

*Related record: Orders, medication sheets, flow sheets, plan of care</td><td>File_XXXX 000184 - 000192</td><td>193-201</td></tr>
<tr><td>07/25/2019</td><td>XXXX Medical Office

XXXX, M.D.</td><td>XXXX Hematology & Oncology</td><td>Office Visit for Seminoma Right Testis:

History of present illness: Patient presented with a history of a seminoma right testis status post orchiectomy, returns today for surveillance. In the interval patient is asymptomatic. workup consisted of alpha-fetoprotein 16.0. HCG less than 2.39. CT abdomen pelvis, dated 07/23/2019, grossly normal CT scan of the abdomen and pelvis.</td><td>File_XXXX 000193 - 000214</td><td>202-223</td></tr>
</table>

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
			Assessment: Impression 1: Seminoma right testicle status post orchiectomy, no clinical recurrence of the disease. Impression 2: Mildly increased beta HCG of questionable significance will complete workup with CT chest and ultrasound of the testicle. **Plan:** Return visit as scheduled. **Related record, labs, others, correspondence*		
08/16/2019	XXXX Medical Center XXXX, M.D.	Radiology Diagnostic Radiology	**@1514 hours: CT Chest with IV Contrast:** **History:** Testicular seminoma. Elevated tumor markers. Staging exam. Prior tobacco use. **Radiation use:** Total DLP 145 mGy*cm **Impression:** • No evidence of acute cardiopulmonary disease • Mild emphysema with minimal biapical pleural/parenchymal scarring **Related record: Patient's information, orders, consent, medication sheets, flow sheets*	File_XXXX 000215 - 000229	224-238
08/16/2019	XXXX Medical Center Nell Strobl, M.D.	Radiologist	**@1549 hours: Ultrasound Scrotum:** **History:** Seminoma status post orchiectomy **Impression:** • Status post right orchiectomy • Extensive left testicular microlithiasis. Continued sonographic follow-up is recommended • Left spermatocele • Small complex left epididymal head cyst, unchanged from 2018	File_XXXX 000230 - 000233	239-242
08/30/2019	XXXX Medical Office Amy Sawin, RN	Registered Nurse	**@1426 hours Telephone Conversation Regarding US Scrotum Result:** Returned patient call regarding recent US scrotum, CT Chest. Test results reviewed with Susie Carr, NP. No changes to scan. Patient given results. Patient will	File_XXXX 000234 - 000237	243-246

<table>
<tr><th>DATE</th><th>PROVIDER</th><th>SPECIALTY</th><th>OCCURRENCE/TREATMENT</th><th>BATES REF</th><th>PDF REF</th></tr>
<tr><td></td><td></td><td></td><td>follow-up with appointment in October.</td><td></td><td></td></tr>
<tr><td>11/06/2019</td><td>XXXX Medical Office

Mukund K. XXXX, M.D.</td><td>Hematology & Oncology</td><td>Office Visit for Evaluation and Opinion of Seminoma Right Testis:

History of present illness: Patient who presents to the XXXX Medical Oncology Office at XXXX Medical Center for evaluation and opinion regarding right with no clinical signs of recurrence. diagnosed in July 2008. Patient had CT of the abdomen pelvis, CT of the chest, in July 2019 and was reported to be without any signs of metastasis. Patient was also noted today increase in alpha-fetoprotein in February and again in July of this year. Patient denies any symptoms of chest pain, shortness of breath, bone pain, blood in the stool or urine. The referring physician Rugel-Aizprua, Marcela, MD

Assessment and plan: Right testicular seminoma with no signs of recurrence. CBC shows normal he hemoglobin, normal platelet count, WBC 3.6 with ANC of ANC of 1500. Albumin 5.4 total protein 8.1 blood sugar 111. Alpha-fetoprotein and HCG pending, Return visit in 3 months.

*Related record: Patient’s information, medication sheets</td><td>File_XXXX 000247 – 000254, 000238 - 000246</td><td>256-263, 247-255</td></tr>
<tr><td>11/06/2019</td><td>XXXX Medical Center</td><td></td><td>Labs:

@1040 hours:

<table>
<tr><th>Component</th><th>Value</th><th>Reference Range</th><th>Flag</th></tr>
<tr><td>WBC</td><td>3.6</td><td>4.8-10.8 x10^3/uL</td><td>L</td></tr>
<tr><td>RBC</td><td>4.42</td><td>4.70-6.10x10^6/uL</td><td>L</td></tr>
<tr><td>HGB</td><td>15.2</td><td>14.0-18.0 g/dL</td><td>-</td></tr>
<tr><td>HCT</td><td>44.3</td><td>42.0-52.0%</td><td>-</td></tr>
<tr><td>MCV</td><td>100.3</td><td>80.0-94.0</td><td>H</td></tr>
</table></td><td>File_XXXX 000255 - 000276</td><td>264-285</td></tr>
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<tr><th>DATE</th><th>PROVIDER</th><th>SPECIALTY</th><th>OCCURRENCE/TREATMENT</th><th>BATES REF</th><th>PDF REF</th></tr>
<tr><td></td><td></td><td></td><td>
<table>
<tr><td></td><td></td><td>fL</td><td></td></tr>
<tr><td>MCH</td><td>34.5</td><td>27.0-31.0 pg</td><td>H</td></tr>
<tr><td>MCHC</td><td>34.4</td><td>33-.0-37.0 g/dL</td><td>-</td></tr>
<tr><td>RDW</td><td>12.8</td><td>11.5-14.5%</td><td>-</td></tr>
<tr><td>Platelets</td><td>255</td><td>130-400x10^3/uL</td><td>-</td></tr>
<tr><td>Neutrophil %</td><td>43</td><td>50-73%</td><td>L</td></tr>
<tr><td>Lymphocyte %</td><td>40</td><td>25-40%</td><td>-</td></tr>
<tr><td>Monocyte %</td><td>13</td><td>4-10%</td><td>H</td></tr>
<tr><td>Eosinophil %</td><td>4</td><td>1-5%</td><td>-</td></tr>
<tr><td>Basophil %</td><td>0</td><td>0-1%</td><td>-</td></tr>
<tr><td>Neutrophil #</td><td>1.50</td><td>1.80-7.00x10^3/uL</td><td>L</td></tr>
<tr><td>Lymphocyte #</td><td>1.59</td><td>1.80-7.00x10^3/uL</td><td>-</td></tr>
<tr><td>Monocyte #</td><td>0.50</td><td>1.00-0.80x10^3/uL</td><td>-</td></tr>
<tr><td>Eosinophil#</td><td>0.10</td><td>1.00-0.80x10^3/uL</td><td>-</td></tr>
<tr><td>Basophil #</td><td>0.10</td><td>0.00-1.00x10^3/uL</td><td>-</td></tr>
</table>
</td><td></td><td></td></tr>
<tr><td>02/04/2020</td><td>XXXX Medical Center Lab</td><td></td><td>
Labs
<table>
<tr><th>Component</th><th>Value</th><th>Reference Range</th><th>Flag</th></tr>
<tr><td>WBC</td><td>5.5</td><td>4.8-10.8 x10^3/uL</td><td>-</td></tr>
<tr><td>RBC</td><td>4.31</td><td>4.70-6.10x10^6/</td><td>L</td></tr>
</table>
</td><td>File_XXXX 000277 - 000284</td><td>286-293</td></tr>
</table>

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
			uL		
			HGB 14.5 14.0-18.0 g/dL -		
			HCT 42.7 42.0-52.0% -		
			MCV 99.0 80.0-94.0 fL H		
			MCH 33.6 27.0-31.0 pg H		
			MCHC 33.9 33-.0-37.0 g/dL -		
			RDW 12.7 11.5-14.5% -		
			Platelets 271 130-400x10^3/uL -		
			Neutrophil % 51 50-73% L		
			Lymphocyte % 32 25-40% -		
			Monocyte % 15 4-10% H		
			Eosinophil % 2 1-5% -		
			Basophil % 1 0-1% -		
			Neutrophil # 2.80 1.80-7.00x10^3/uL -		
			Lymphocyte # 1.80 1.80-7.00x10^3/uL -		
			Monocyte # 0.80 1.00-0.80x10^3/uL -		
			Eosinophil# 0.10 1.00-0.80x10^3/uL -		
			Basophil # 0.10 0.00-1.00x10^3/uL -		
02/11/2020	XXXX Medical	XXXX Hematology	**Office Visit for Surveillance of Seminoma Right Test:**	File_XXXX 000285 –	294-303,

DATE	PROVIDER	SPECIALTY	OCCURRENCE/TREATMENT	BATES REF	PDF REF
	Office Nic XXXX, M.D.	& Oncology	**History of present illness:** Patient presented with history of seminoma right test, presents today for surveillance. Original diagnosis 2018, status post orchiectomy and currently undergoing surveillance. In the interval, patient reports he has been doing well. Patient denies any weight loss, bone pain or palpable mass. Patient denies any questions or concerns at this time. Labs reviewed and shows alpha fetoprotein 8.8. White blood cell count 5.5, hemoglobin 14.5, platelets 271 and ANC 2.8. **Assessment:** Impression 1 seminoma of right testicle Labs reviewed discussed with patient No clinical sign of disease recurrence noted, patient to continue surveillance. Patient is given order alpha fetoprotein, scrotal ultrasound, CT chest and CT chest/abdomen to be performed prior to follow-up visit. Patient verbalizes understanding and is in agreement with this plan. **Plan:** Return visit on 05/26/2020 **Related record: Labs, correspondence, clinical notes*	000294, 000295-000312	304-321