

MRO
1000 Madison Avenue
Suite 100
Norristown, PA 19403
Ph: (610) 994-7500 Opt. 1
Fx: (610) 962-8421

Medical Records Transmittal

Date: 5/26/2018
Request Number: 21776295
Page Count: 74

Your requested medical records are attached.

Patient Name: JEFFREY BODIN
Medical Facility: Children's Hospital of New Orleans

Requester: Jeffrey Bodin
Organization: Personal

Your reference number:

Thank you,
MRO
MROcorp.com



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

All areas designated by an arrow are REQUIRED for valid authorization.

PLACE PATIENT'S LABEL HERE

0445573

1 I authorize Children's Hospital, New Orleans / NAME OF HOSPITAL / PHYSICIAN to receive from to release to

INFORMATION REGARDING:

2 Jeffrey Thomas Bodin SPECIFIC NAME OF HOSPITAL, PHYSICIAN, SERVICE AGENCY OR THIRD PARTY

3 528 Beau Chene Dr Mandeville LA 70471
STREET ADDRESS CITY STATE ZIP CODE

Mail Email : jeffreybodin7.13@gmail.com
 Patient's Name: Jeffrey Thomas Bodin
 Patient's Date of Birth: 05/22/1997
 Service Dates: 01/01/2008 - 01/01/2019

4 I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION:

- | | | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Abstract (H&P, OP, DS, Rad, Lab, Con) | <input checked="" type="checkbox"/> Complete Hospital | <input checked="" type="checkbox"/> History and Physical Report (H&P) |
| <input checked="" type="checkbox"/> Adolescent Behavioral Health | <input checked="" type="checkbox"/> Consultation(s) (Con) | <input checked="" type="checkbox"/> Lab Reports (Lab) |
| <input checked="" type="checkbox"/> Audrey Hepburn CARE Center | <input checked="" type="checkbox"/> Diagnosis, including alcohol and drug abuse | <input checked="" type="checkbox"/> Radiology Results (Rad) |
| <input checked="" type="checkbox"/> Billing Information | <input checked="" type="checkbox"/> Discharge Summary (DS) | <input checked="" type="checkbox"/> Results of HIV testing |
| <input checked="" type="checkbox"/> Clinic Notes | <input checked="" type="checkbox"/> Emergency Room Record (ER) | <input checked="" type="checkbox"/> Report of Operation (OP) |
| <input checked="" type="checkbox"/> Complete Clinic Record | | |
| <input checked="" type="checkbox"/> Other: <u>Any records relating to cancer treatment 2008.</u> | | |

5 I AUTHORIZE the release of HIV test results. I understand I am authorized by law to allow or refuse to allow the release of HIV Test Results. An HIV Test Result is the original document, or copy thereof, transmitted to the medical record from the laboratory or other testing site with the result of an HIV-related test. It does not include any other note, notation, diagnosis, report, or other writing or document.

I AUTHORIZE the release of HIV test results. I DO NOT AUTHORIZE the release of HIV test results.

6 This information is to be released for the purpose of:

Continuation of care Treatment in the facility indicated above Legal services Academic Case Study/Journal Story
 Insurance request Other (please specify purpose) Records Purposes

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the medical records department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____ If I fail to specify an expiration date, event or condition, this authorization will expire in one year.

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form to assure treatment. I understand that I may inspect or copy the information to be used or disclosed, as provided in CFR 42.164.524. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my health information, I can contact the hospital's Privacy Officer.

7 Signature(s) & Date(s) Required

Patient, Parent/Guardian of Minor or Legal Representative Signature <u>X Jeffrey Bodin</u>		Phone Number Home / Cell (985) 520-4713 / (985) 272-8989	
Relationship to Patient or Title of Legal Representative <u>mother</u>	Date MM/DD/YY <u>5/11/18</u>	Time 00:00 am/pm <u>8:20 AM</u>	
Witness Signature <u>X Yvonne D. R. Bodin</u>	Date MM/DD/YY <u>5/11/18</u>	Time 00:00 am/pm <u>8:20 AM</u>	

Electronic Media Requested Language Line: Declined Interpreter's # _____
 CD Processed Name: _____ Date: _____
 Scan to PT Auth

33-75122-3 | 8/7/16 Revised | PDF | 55



Louisiana
DEPARTMENT OF TRANSPORTATION

PERSONAL DRIVER'S LICENSE



UNDER 21 UNTIL
05-22-2018

DOB 05-22-1997

ISSUE DATE 04-05-2016

AUDIT 7048

OFFICE 299

PARISH 52

SEX M

HGT 5'07"

WGT 118

EYES BROWN

**BODIN
JEFFREY THOMAS**
528 BEAU CHEVE DRIVE
MANDEVILLE, LA 70471-2000

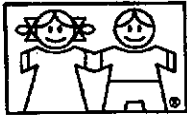
LICENSE NO.	CLASS	EXPIRATION DATE
01086253	E	05-22-2022

ENDORSEMENTS
NONE

REGISTRATION
61

CC Payment Receipt

Transaction Status:	Approved
Transaction Date and Time:	5/26/2018 8:45:59 PM
Transaction Reference No.:	1293999
Approval Code:	0001250353
Order Number:	21776295
Charge Amount:	\$6.50
Credit Card Number:	XXXXXXXXXXXX1006
Credit Card Holder:	Jeffrey T Bodin



CHILDREN'S HOSPITAL

SURGICAL SHORT STAY FORM

5500049316

J

T

0445573

BODIN, JEFFREY

05/22/1997

M

MORALES, JAIME MD

012294

06/09/08

OPS

06:25

Unapproved Abbreviations

Lack of leading zero, MS, MSO, or MgSO, Q.D., Q.O.D., Trailing Zero, U or IU

PROCEDURE/OPERATIVE NOTE

Preoperative Diagnosis: Gu Interferon treatment

Picc line plb

Procedure: Picc line placement

Description & Findings: 5 F

Complications: None

Specimens Removed: None Other

Estimated Blood Loss: None Other

Drains/Packing: None Other

Surgeon:

Assistants: None Other

COOK PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER PLACEMENT INFORMATION REMOVE FOR PATIENT RECORDS

CATHETER: 5.0 FRENCH SINGLE LUMEN

LOT #: 2072660

OPERATOR: Korlanes

REORDER #: PICS-501-MPIS

DATE OF PLACEMENT: 6/9/08 TIME: 0810

VEIN USED: or Basilic Cephalic Median Cubital Other:

CATHETER UTILIZATION: Antibiotics Blood Products Chemotherapy Medications Blood Sampling CVP Monitor TPN Other:

REMARKS/SPECIAL INSTRUCTIONS: place to 30 cm

SIGNATURE: [Signature]

PHONE #: ()

PICC694

DISCHARGE STATUS: Home Other

DISPOSITION:

Diet,

Medications,

Activity,

Follow-up

[Signature]
7/1/08

DATE:

PHYSICIAN SIGNATURE: [Signature]

CHILDREN'S HOSPITAL

SURGICAL SHORT STAY HISTORY AND PHYSICAL

HISTORY OF PRESENT ILLNESS

11/10 Mole, hx of Melanoma, dx in March of this year. Original presentation of ① Ankle swelling, No recent fevers, but ± symptoms & sick contacts.

PAST HISTORY

Immunizations up to date
 Asthma/Pulmonary Disease
 Contagious Contact
 Recent use of Aspirin
 Anesthetic Reactions
 Previous Hospitalizations/Surgeries

Yes No

<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

PERTINENT LABORATORY FINDINGS

Q

PERTINENT PHYSICAL EXAM TO JUSTIFY PROCEDURE

*2cm horizontal scar on ① Ankle } no erythema, ② tenderness,
 Scar on ② groin → lymph node removal } & pus*

HEART: *S1S2 ① RRR ② M1216*

LUNGS: *CTA B/L*

PREOPERATIVE INFORMATION	
Drug, food, and Contact Sensitivities:	<i>NKA</i>
Current Medications: Medication orders have been reconciled with Current Medication List (A3).	<i>Prozac 10 mg P.O. daily</i>
Preoperative Diagnosis:	<i>① Melanoma ② SPTCC Linc</i>

- Assessment unchanged
- Changes noted above

DATE: *6/9/08*

PHYSICIAN SIGNATURE: *M (Shah)*



PROSTHESIS/IMPLANT RECORD & SPECIAL ORDER REQUEST

5500049316T 08/09/08 08:25
BODIN, JEFFREY
05/22/1997 M 0445573 J OPS
MORALES, JAIME MD 012294

CHILDREN'S HOSPITAL

SURGEON:		DATE: 6/9/08
1. Prosthesis or Implant: Catalogue No: Sterilization No: Expiration:	<i>PIC Catheter set</i> <i>PIC5-501 MP15</i> Lot No: Serial No:	Size: <i>5fr.</i> Manufacture: <i>Cook</i>
2. Prosthesis or Implant: Catalogue No: Sterilization No: Expiration:	Lot No: Serial No:	Size: Manufacture:
3. Prosthesis or Implant: Catalogue No: Sterilization No: Expiration:	Lot No: Serial No:	Size: Manufacture:
4. Prosthesis or Implant: Catalogue No: Sterilization No: Expiration:	Lot No: Serial No:	Size: Manufacture:
5. Prosthesis or Implant: Catalogue No: Sterilization No: Expiration:	Lot No: Serial No:	Size: Manufacture:
6. Prosthesis or Implant: Catalogue No: Sterilization No: Expiration:	Lot No: Serial No:	Size: Manufacture:
7. Prosthesis or Implant: Catalogue No: Sterilization No: Expiration:	Lot No: Serial No:	Size: Manufacture:
Remarks:		



CHILDREN'S HOSPITAL

COMPREHENSIVE ADMISSION ASSESSMENT

5500049548 F 06/09/08 18:16
BODIN, JEFFREY
05/22/1997 M 0445573 J 23H
MORALES, JAIME MD 012294

CHILDREN'S HOSPITAL

CHIEF COMPLAINT

allergic reaction to α -interferon

HISTORY OF PRESENT ILLNESS (Location, Quality, Severity, Duration, Timing, Context, Modifiers & Associations)

19 yo M \bar{c} w/o melanoma @ \odot ankle which spread to his \odot inguinal lymph nodes. He was admitted this AM for PICC line placement and IV Interferon. He had a headache afterwards and received morphine. He then began to have abd pain \bar{c} multiple emesis and itching all over. He then received hydrocortisone, zofran, + benadryl. \emptyset signs of resp. distress. The pt. is \bar{c} now resting in \bar{c} UAD

CURRENT MEDICATIONS

Refer to List of Current Medications, A3

PAST MEDICAL HISTORY (illnesses, operations, injuries)

Negative

Tonsillectomy, Adenoidectomy, + PE tubes @ 4 yo

s/p melanoma removal on \odot ankle

s/p \odot inguinal lymph node rem.

s/p appendectomy

Previous blood transfusion: Yes No Reaction: Yes No Explain _____

Immunizations up to date: Yes No If no, explain: _____

Communicable disease exposure in last two weeks: Yes No If yes, explain: _____

BIRTH HISTORY

Type of delivery: Cesarean Vaginal

FT Preterm Post Term

Complications: Yes No

Est. gestational age 33

If yes, _____

Birth weight 4# 302

pre-eclampsia

NICU stay: Yes No

19 days, \oplus apnea

FAMILY MEDICAL HISTORY

Negative

ADVERSE REACTIONS: Drugs, Latex, Food, Tape, Dyes, Other

REACTION TO	SYMPTOM(S)	TREATMENT
NRDA		

FAMILY INFORMATION/SOCIAL HISTORY

Information given by: mother

Primary Caregiver: Dr. Casey / Dr. Morales

Lives with: parents + sister

Number of siblings: 1 sister

Parent(s): Married Single Separated Divorced Custody Issues: _____

REVIEW OF SYSTEMS (ROS) positive history

- General
- Cardiovascular
- Lymphatic/Hematologic
- Endocrine
- HEENMT
- GI/GU
- Musculoskeletal
- Reproductive
- Respiratory
- Skin
- Neuro/Psych
- Developmental

DESCRIBE POSITIVE ROS

see above

PHYSICAL EXAMINATION: Weight 27.1 kg Height 134.8 H.C. T. 96 P. 125 R. 26 B/P 115/72

GENERAL APPEARANCE:

resting in bed in fetal position, minimal distress from abd pain

NL = normal, ABL = abnormal		FINDINGS		NL ABL NA				
	NL	ABL	NA		NL	ABL	NA	
EYES:				HEENT - neck supple, MMU, OP clear CV - RRR, \emptyset m Chest - CTA \oplus , \emptyset crackles, \emptyset wheezes Abd - \oplus TTP over midepigastic area, soft, ND, \oplus BS, \emptyset HSM, \oplus healed surg. incision RUQ Ext - \emptyset edema, CR < 2 sec, \oplus surg incision over \odot abd, \oplus surg incision on \odot ankle Skin - \emptyset rash	GI:			
Conjunctivae and lids:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Abdomen:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pupils and irises:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Liver/spleen:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optic discs/posterior segments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Anus/perineum/rectum:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENMT:					Male:			
External inspection ears/nose:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Penis:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditory canals/TM:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Testes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tonsils:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Female:			
Nasal mucosa/septum:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cervix/vagina:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lips/teeth/gums:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Vulva/labia:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oropharynx/entire oral cavity:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lymphatic:				
Neck:				Neck:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neck:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Axillae:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thyroid:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inguinal:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Respiratory:				Musculoskeletal:				
Respiratory effort:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head/neck/trunk:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest percussion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upper extremities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auscultation lungs:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lower extremities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest:				Skin:				
Chest inspection:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspection:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest palpation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular:				Neuro:				
Heart palpation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOC:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auscultation of heart:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation to time/place/person:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulses:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensory:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Motor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Cranial nerves:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				Deep tendon reflexes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INITIAL DIAGNOSTIC DATABASE/ABNORMAL RESULTS (Labs, ECG, x-rays, etc.)

ASSESSMENT/ADMITTING DIAGNOSIS (Conclusions/Impressions drawn from H&P):

allergic reaction after interferon IV

GOALS OF TREATMENT/TREATMENT PLAN

- ① Benadryl prn
- ② Zofran
- ③ Vitals q4h
- ④ Close monitoring

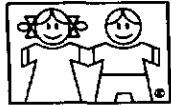
see RAN on progress note

Admit medication orders reconciled with Current Medication List.

If history, physical, or lab values are not greater than 2 hours of patient admission, or assessment unchanged for 2 hours, no further notes are required.

Date 6/9/08

Physician Signature K Falcon



CHILDREN'S HOSPITAL

MEDICAL SHORT STAY RECORD

5500049548 F 06/09/08 18:16
BODIN, JEFFREY
05/22/1997 M 0445573 J 23H
MORALES, JAIME MD 012294

REASON FOR ADMISSION:

Chief Complaint: _____

History of Present Illness: _____

PERTINENT MEDICAL HISTORY:

Yes No

Immunizations up to date

Known Adverse Drug Reactions

Past Medical History _____

Refer to List of Current Medications (A3)

PERTINENT REVIEW OF SYSTEMS: _____

PERTINENT PHYSICAL EXAM: _____

PERTINENT LABORATORY FINDINGS: _____

ASSESSMENT PLAN: *See* _____

Medication orders have been reconciled with Current Medication List (A3).

Physician Signature: _____

Print Name: _____

Date/Time: _____

CHILDREN'S HOSPITAL

33-76510-0
MAR #198
105/071 Revised
Printed on Recycled Paper

H&P/PROGRESS NOTES SECTION 3A

DESCRIPTION OF PROCEDURES (IF DONE)

One hour infusion of interferon $\alpha 2b$

HOSPITAL COURSE SUMMARY:

11 yo M w melanoma of @ lateral ankle w resection spread to the inguinal lymph nodes. s/p resection of melanoma and inguinal nodes. Pt began treatment w interferon $\alpha 2b$ yesterday and develop sharp, stabbing, frontal headache, nausea, and vomiting during the infusion. Pt was treated w Morphine, Benadryl, Pepid and Zofran after the infusion and admitted for observation. A faint urticarial rash was noted on his abdomen that regressed w hydrocortisone. Nausea and vomiting abated. Pt had an uneventful night. Pt scheduled to get one hour of infusion of interferon $\alpha 2b$ before discharge. Before infusion pt treated w Tylenol and codeine, Benadryl, Pepid. Pt tolerated infusion and was discharged.

FINAL DIAGNOSIS (ES):

Melanoma s/p interferon infusion w ~~drug~~ resolved drug reaction

DISPOSITION: (Descriptive terms relative to reason for admit)

~~Melanoma s/p w~~ Stable

INSTRUCTIONS TO FAMILY:

Diet: Regular for age

Medications: Benadryl, Pepid, Interferon $\alpha 2b$, Zofran, Prozac 10mg po daily

Activity: Ad Lib

Follow-up: 6/11/08 Home One Clinic for infusion at 2:00 PM

Physician Signature: *[Signature]* 9/26/08

Date/Time: 6/10/08 4:15 PM



CHILDREN'S HOSPITAL

MEDICAL SHORT STAY RECORD

5500056204 F 07/04/08 12:01
BODIN, JEFFREY
05/22/1997 M 0445573 J OPS
MORALES, JAIME MD 012294

PATIENT DATA

REASON FOR ADMISSION:

Chief Complaint: here for Interferon Alpha 2b infusion

History of Present Illness: 11 yo male c melanoma dx in March 2008 @ ankle @ inguinal lymph nodes this is 18th Interferon admin - rxn c 1st dose only -> H/A, rash, @chills

PERTINENT MEDICAL HISTORY:

Immunizations up to date Yes No

Known Adverse Drug Reactions Yes No NKDA

Past Medical History

melanoma s/p excision lymph nodes
s/p appendectomy May 2008

FX: MGF - basal cancer cell

Refer to List of Current Medications (A3)

PERTINENT REVIEW OF SYSTEMS: @pain @ leg, occasional @ foot swelling

PERTINENT PHYSICAL EXAM: gen-awake, alert, NAD HEENT - mmm, OP clear

CV - PRR, high pitched @ heard best @ LUSB

Resp - CTAB, Abd - soft, ND, BS @, @HSM, @ 4 cm incision site RL @

Ext CR < 2 sec, FROM c ↑ pain to palp on @ leg.

@ incision site on @ ankle

PERTINENT LABORATORY FINDINGS:

142 | 110 | 13 | 79 TP6.6 / Alb 4.0 / Tbili 0.4 / AST 192 / Alk phos 164
3.9 | 25 | 0.6 | 8.3 ALT 203

~~2.23 | 11.7 | 231 | 855 | 69L | 12m | B5AL~~ ANC 290

ASSESSMENT PLAN: 11 yo m c melanoma here for Interferon Alpha infusion c ANC 290

Medication orders have been reconciled with Current Medication List (A3).

Physician Signature: JV-dly VARDET

Print Name:

Date/Time: 7/4/08 1:45 pm

33-76510-8
MR #198
105/07 Revised
Dark Blue Sign: DSP/DF

H&P/PROGRESS NOTES SECTION 3A

CHILDREN'S HOSPITAL

DESCRIPTION OF PROCEDURES (IF DONE)

HOSPITAL COURSE SUMMARY:

Pt admitted for Interferon Alpha infusion.
Infusion proceeded w/ difficulties & reactions
noted in patient. Pt will be d/c home
to Neupogen 200mcg sub Q Sat+Sun @ home.
Will return to clinic on Mon for tx

FINAL DIAGNOSIS (ES):

Melanoma

DISPOSITION: (Descriptive terms relative to reason for admit)

INSTRUCTIONS TO FAMILY:

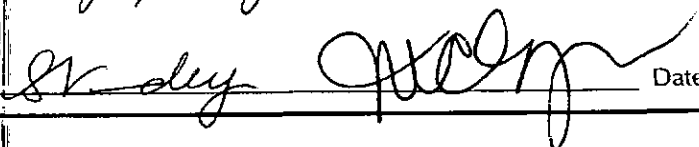
Diet: Neutropenic Diet

Medications: Neupogen 200mcg sub Q on Saturday and
Sunday

Activity: normal

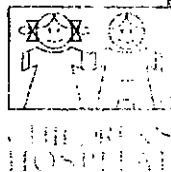
Follow-up: Monday, July 7th in clinic

Physician Signature:



Date/Time:

7/4/08



#5500061603 Adm 8/8/08
D/C 8/8/08

MR

IMAGING STUDIES REPORT (RADIOLOGY)

Medical Record 0445573	Patient Name BODIN, JEFFREY	DOB 05/22/1997	Sex M
Account No 000010844942	Study Date 08/08/2008 14:20:56	Procedure MRI BRAIN W/O & W/CON	
Order Ref.	Referring Physician MORALES, JAIME MD	Reading Doc ARCEMENT, CHRIS	

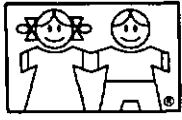
MR BRAIN WITH AND WITHOUT:

There is a small focus of T2 hyperintensity in the right peritrigonal white matter. There is no associated mass effect or or contrast enhancement. The remainder of the brain and ventricular size is within normal limits.

IMPRESSION: SMALL NON-SPECIFIC FOCUS OF T2 HYPERINTENSITY IN THE RIGHT PERITRIGONAL WHITE MATTER, OTHERWISE NORMAL STUDY.

Signed by ARCEMENT, CHRIS

Date 08/08/2008 15:03:38
Electronic Signaure on file



CHILDREN'S HOSPITAL

COMPREHENSIVE ADMISSION ASSESSMENT

10844942 P 08/08/08 12:23
BODIN, JEFFREY
05/22/1997 M 0445573 J HEM
MORALES, JAIME MD 012294

P.....

CHIEF COMPLAINT

11y.o. ♂ \bar{c} melanoma & seizure x 1 day.

HISTORY OF PRESENT ILLNESS (Location, Quality, Severity, Duration, Timing, Context, Modifiers & Associations)

11y.o. ♂ diagnosed melanoma on \bar{c} dorsal foot in March '08. Pt. had resection on 4/08 @ MD Anderson in Texas. Pt. was started on Interferon sub Q injections back in June '08 for therapy. Yesterday, ~~pt~~ @ around 5pm while pt. was sitting on couch \bar{c} sister when he had about a 2-3 min complex partial tonic-clonic seizure. As per mom, pt. did not pee/so afterwards, but was "zoned" out ~ 1hr, but still oriented to place & time. Pt was taken to Vermonte Hosp. via ambulance & had a CT scan contrast of head. ~~Head~~ pt. here for MRI of head & neurology ~~of the~~ consult.

Reviewed "Comprehensive Review of Systems" form (33-75113-2-A1B)

CURRENT MEDICATIONS

prozac 10mg, ciproheptidine 10mg, interferon sub Q injections, zofran.

PAST MEDICAL HISTORY (illnesses, operations, injuries)

Negative

tonsils removed γ @ 4yrs. old
adenoids.

Apr 7 '08: 2 surgeries for melanoma
May '08: appendectomy

BIRTH HISTORY

Type of delivery: Cesarean Vaginal

Complications: Yes No

If yes, mom had pre-eclampsia

FT Preterm Post Term

Est. gestational age: 33 weeks

Birth weight: 4lb 8oz

NICU stay: Yes No 19 days

FAMILY MEDICAL HISTORY

Negative

Previous blood transfusion: Yes No Reaction: Yes No Explain _____

Immunizations up to date: Yes No If no, explain: _____

Communicable disease exposure in last two weeks: Yes No If yes, explain: _____

ADVERSE REACTIONS: Drugs, Latex, Food, Tape, Dyes, Other

REACTION TO	SYMPTOM(S)	TREATMENT
<u>NEBPA</u>		

FAMILY INFORMATION/SOCIAL HISTORY

Information given by: mother Primary Caregiver: _____

Lives with: parents & sister Number of siblings: 1 sister

Parent(s): Married Single Separated Divorced Custody Issues: _____

REVIEW OF SYSTEMS (ROS) positive history

- | | | |
|------------------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> General | <input type="checkbox"/> HEENMT | <input type="checkbox"/> Respiratory |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> GI/GU | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Lymphatic/Hematologic | <input type="checkbox"/> Musculoskeletal | <input type="checkbox"/> Neuro/Psych |
| <input type="checkbox"/> Endocrine | <input type="checkbox"/> Reproductive | <input type="checkbox"/> Developmental |

DESCRIBE POSITIVE ROS

CHILDREN'S HOSPITAL

PHYSICAL EXAMINATION: Weight 65 kg Height 182 cm H.C. T. 97 P. 84 R. 24 B/P 101/55

GENERAL APPEARANCE: Awake, alert, interactive

NL = normal, ABL = abnormal	FINDINGS			NL ABL NA		
	NL	ABL	NA	NL	ABL	NA
EYES:						
Conjunctivae and lids:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Pupils and irises:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>EOM1</u>		
Optic discs/posterior segments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ENMT:						
External inspection ears/nose	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Auditory canals/TM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Tonsils	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Nasal mucosa/septum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lips/teeth/gums	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Oropharynx/entire oral cavity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Neck:						
Neck:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Thyroid:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Respiratory:						
Respiratory effort:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Chest percussion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Auscultation lungs:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>BS CTAB</u>		
Chest:						
Chest inspection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>abrasion</u>		
Chest palpation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>OT RLE</u>		
Cardiovascular:						
Heart palpation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Auscultation of heart:	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1/1 SEM soft</u>		
Pulses:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> See Progress Notes for additional notes						
GI:						
Abdomen:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Liver/spleen:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Anus/perineum/rectum:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Male:						
Penis:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Testes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Female:						
Cervix/vagina:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Vulva/labia:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lymphatic:						
Neck:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Axillae:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Inguinal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Musculoskeletal:						
Head/neck/trunk:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Upper extremities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Lower extremities:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Skin:						
Inspection:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Palpation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Neuro:						
LOC:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Orientation to time/place/person:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Sensory:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Motor:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Cranial nerves (I-XII) intact:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Deep tendon reflexes:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<u>Uvula midline</u>						
						<u>2+ throughout</u>
						<u>unable to # #</u>
						<u>Ⓢ reflexes 2+ pain</u>

INITIAL DIAGNOSTIC DATABASE/ABNORMAL RESULTS (Labs, ECG, x-rays, etc.)

MRI brain

ASSESSMENT/ADMITTING DIAGNOSIS (Conclusions/Impressions drawn from H&P)

- Melanoma (Dx 3/08) ~~(b) (6)~~
- ? Seizures

GOALS OF TREATMENT/TREATMENT PLAN

- MRI brain
- Neuro consult
- Hold Intertum

Handwritten signature and date: 8/18/08

If History and Physical was done greater than 24 hours of patient admission: Assessment unchanged Changes noted above

Date 8-8-08

Physician Signature [Signature]

DESCRIPTION OF PROCEDURES (IF DONE)

x

HOSPITAL COURSE SUMMARY:

11 yo ♂ w/ Melanoma ~~with~~ admitted for stat MRI + Neuro consult 2^o new onset seizures.
 Pt. had 1st episode of complex partial seizure (t-c) yesterday.
 MRI done here was neg.
 Neurology saw pt and has started him on Keppra.
 He will die stable, tolerating PO, Afibin ~~2~~ a Rx for Keppra.
 He will flw ~~2~~ HomeLinc as scheduled on 8/12 and ~~2~~ Neuro in 2 weeks.
 He is scheduled for EEG on Tuesday, 8/12/08

FINAL DIAGNOSIS (ES):

Melanoma
 New onset seizure

DISPOSITION: (Descriptive terms relative to reason for admit)

Stable @ baseline

INSTRUCTIONS TO FAMILY:

Diet: Gen for age

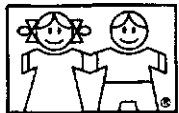
Medications: Keppra 250mg tabs 2qam + 2qpm 7 days; then 2qam + 3qpm

Activity: as tolerated

Follow-up: HomeLinc on 8/12/08 as scheduled

Physician Signature:  8/12/08
 Decemmel 120

Date/Time: 8/8/08 / 1615



CHILDREN'S HOSPITAL

REPORT OF CONSULTATION

10844942 P 08/08/08 12:23
BODIN, JEFFREY
05/22/1997 M 0445573 J HEM
MORALES, JAIME MD 012294

PATIENT

DATE 8/8/08	FROM ATTENDING PHYSICIAN	TO CONSULTANT NEUROLOGY	NOTIFIED BY: DATE & TIME: PERSON NOTIFIED:
CONSULTANT FOR: <input type="checkbox"/> Evaluation & Recommendation <input type="checkbox"/> Include Management <input type="checkbox"/> Write Orders <input type="checkbox"/> Transfer of Patient to Consultant		<input type="checkbox"/> Other	THIS CONSULTATION IS: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine

PERTINENT HISTORY AND SPECIFIC REASON FOR CONSULT:

New onset seizure 1 episode

I have reviewed this patient's Medical Record.

11yo RH boy w hx of melanoma s/p lesion removal left ankle. On Interferon. Pt yesterday while playing in his computer had a sudden onset of loss of consciousness, eyes fixed, unresponsive w tonic-clonic movements w both arms. Episode lasted a few minutes. Confusion in the post ictal state for a brief period. Patient denies aura and he doesn't recall the event. Episode was yesterday night (8/7/08). Patient is been doing well since. Never had similar event before.

<MEDS> Interferon. wt=27.5 also presenting episodes of upper body contractures w flexion of the trunk w/o loss of consciousness. } MRI brain w GAD normal.

<PE> Normal neuro exam. Episodes occur once daily, since the patient started on interferon.

(A/P) first seizure episode in a boy w hx of melanoma. No evidence of metastatic disease on MRI. Possible associated with interferon α . Consider EEG. Start on Keppra 250q. From 11pm x 1 tab for 2 in m 2 in AM x 1 tab \rightarrow (500) (500) 2 AMT 3 HS

to start to take 2 tablets now.

Date 08/08/2008 Time: 2:00 PM

Keppra 2-250=500 mg Nov +

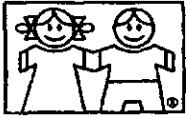
33-75024-1
MR # 6
Revised 10/20/07
2-NCIPink 5/10/08

Signature of Consultation: *Jaime Morales*

MAIRE E. BLAYA, MD
3 HS

CONSULTATIONS SECTION 5A

CHILDREN'S HOSPITAL



CHILDREN'S HOSPITAL

SURGICAL SHORT STAY FORM

5500181549 J F

0445573

BODIN, JEFFREY

05/22/1997 M

BROWN RAYNORDA F.

000588

10/15/09

23H



08:00

Unapproved Abbreviations

Lack of leading zero, MS, MSO, or MgSO, Q.D., Q.O.D., Trailing Zero, U or IU

PROCEDURE/OPERATIVE NOTE

Preoperative Diagnosis: *Abdominal pain*

Procedure: *EGD / Colonoscopy*

Description & Findings:

Complications: None _____

Specimens Removed: None Other _____

Estimated Blood Loss: None Other *see procedure note*

Drains/Packing: None Other _____

Surgeon:

Assistants: None Other _____

DISCHARGE STATUS: Home Other _____

DISPOSITION:

Diet,

Medications,

Activity,

Follow-up

per medicine

DATE: *10/15/09*

PHYSICIAN SIGNATURE: *Christine Blum*

CHILDREN'S HOSPITAL

SURGICAL SHORT STAY HISTORY AND PHYSICAL

HISTORY OF PRESENT ILLNESS 12yo M w/ h/o malignant melanoma w/ abdominal pain here for EGD and Colonoscopy.

PAST HISTORY		Yes	No
Immunizations up to date		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asthma/Pulmonary Disease		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Contagious Contact		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recent use of Aspirin	Motrin	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anesthetic Reactions		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Previous Hospitalizations/Surgeries		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Last Motrin 2 days ago
Appendectomy, inguinal lymph nodes

PERTINENT LABORATORY FINDINGS

$$\begin{array}{c}
 14.2 \\
 \diagup \quad \diagdown \\
 7.4 \quad 307 \\
 \diagdown \quad \diagup \\
 41.3
 \end{array}$$

$$N^{65} L^{22} M^{10} E^2$$

PERTINENT PHYSICAL EXAM TO JUSTIFY PROCEDURE

Abd: Soft, NT/ND, ⊕HSM, ⊕bowel sounds
Gen: A2, O2, NAD.

HEART: RR 60/min

LUNGS: CTA B/L

PREOPERATIVE INFORMATION
Drug, food, and Contact Sensitivities: <u>NKDA</u>
Current Medications: Medication orders have been reconciled with Current Medication List (A3). <u>Motrin (last dose 2 days ago 200mg), Mucinax, Claritin, Sudafed.</u>
Preoperative Diagnosis: <u>Abd pain</u>

- Assessment unchanged
- Changes noted above

DATE: 10/15/09 **PHYSICIAN SIGNATURE:** Gordon Baum



Children's Hospital of New Orleans

Department of Pathology

200 Henry Clay Avenue

New Orleans, LA 70118

Tel: 504-896-9873

Fax: 504-894-5119

SURGICAL PATHOLOGY REPORT

Patient Name: **BODIN, JEFFREY**
Med. Rec. #: 0445573
DOB: 5/22/1997 (Age: 12)
Gender: M
Physician(s): Raynorda Brown

Client: Children's Hospital
Location: SHORT STAY UNIT
Billing #: 5500181549\0
Copy To:

Accession #: **S09-2134**
Obtained: 10/15/2009 10:27
Received: 10/15/2009 10:27
Reported: 10/16/2009 17:23

FINAL DIAGNOSIS

S09-2134

- #1 Duodenal biopsy: Moderate eosinophilia, lymphoid hyperplasia.
- #2 Gastric antrum biopsy: Minimal chronic gastritis, mild eosinophilia, diffuse.
- #3 Gastric body: Normal.
- #4 Esophageal biopsy: Normal.
- #5 Terminal ileum: Lymphoid hyperplasia, marked eosinophilia.
- #6 Cecum/ascending colon: Marked eosinophilia, lymphoid hyperplasia.
- #7 Transverse colon: Moderate eosinophilia, lymphoid hyperplasia.
- #8 Sigmoid colon: Mild eosinophilia, lymphoid hyperplasia.
- #9 Rectum: Lymphoid hyperplasia.

I.A.

tt/10/15/2009

Electronically Signed Out
Randall D. Craver, M.D. - Pathologist

CLINICAL HISTORY

12 year old male, history of malignant melanoma with abdominal pain, taking Motrin.

SPECIMEN(S) RECEIVED

- 1: Duodenum, biopsy x7
- 2: Antrum, biopsy x2
- 3: Gastric body, biopsy x6
- 4: Esophagus, biopsy x2
- 5: Colon, biopsy terminal ileum x8
- 6: Cecum/ascend. bx x4
- 7: transverse Colon, biopsy x2
- 8: Sigmoid colon, biopsy x2
- 9: Rectum, biopsy x4

GROSS DESCRIPTION

Received in a container labeled with the patient's name and:

#1

'Duodenum,' specimen consists of seven tan mucosal biopsies that range in size from 0.2 x 0.1 x 0.1 cm to 0.6 x 0.2 x 0.1 cm, entirely submitted in two cassettes.

#2

'Antrum,' specimen consists of two tan mucosal biopsies that measure 0.2 x 0.2 x 0.1 cm and 0.3 x 0.2 x 0.1 cm, entirely submitted in one cassette.

#3

'Gastric body,' specimen consists of three tan mucosal biopsies that range in size from 0.4 x 0.2 x 0.1 cm to 0.5 x 0.2 x 0.1 cm, entirely submitted in one cassette.

#4

'Esophagus,' specimen consists of two tan mucosal biopsies that each measure 0.4 x 0.2 x 0.1 cm, entirely submitted in one cassette.

#5

'Terminal ileum,' specimen consists of six tan mucosal biopsies that range in size from 0.2 x 0.2 x 0.1 cm to 0.6 x 0.2 x 0.1 cm, entirely submitted in two cassettes.

#6

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#7

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#8

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#9

'Rectum,' specimen consists of four tan mucosal biopsies that range in size from 0.1 x 0.1 x 0.1 cm and 0.6 x 0.3 x 0.1 cm, entirely submitted in one cassette.

CMN

Randall D. Craver, M.D. - Pathologist

MICROSCOPIC DESCRIPTION

#1

Specimen labeled duodenum consists of duodenal mucosa. The overall architecture is intact with long, thin, delicate villi and a villus crypt ratio of 3:1. Superficial epithelium is intact with a normal brush border and a normal complement of intraepithelial lymphocytes. The glands are normal. The lamina propria contains a normal complement of lymphocytes and plasma cells and up to 55 eosinophils per high powered field. No granulomata, telangiectasias, parasites, or metaplasia are identified. There are hyperplastic lymphoid aggregates complete with germinal centers.

#2

Specimen labeled gastric antrum consists of non-oxytic gastric mucosa. The overall architecture is intact. Superficial epithelium is intact with no curved bacillary organisms identified. *Helicobacter pylori* immunostain is negative. Controls stain appropriately. Glands are normal. The lamina propria contains only a minimal number of lymphocytes superficially with up to 15 eosinophils per high powered field, diffusely distributed.

#3

Specimen labeled gastric body consists of oxyntic gastric mucosa. The overall architecture is intact. Superficial epithelium is intact. Glands contain chief and parietal cells. The lamina propria contains a normal.

#4

Specimen labeled esophagus consists of strips of non-keratinizing stratified squamous epithelium. Basal cells are limited to the basal layer. Subepithelial papillae rise halfway to the surface. There is no increased number of intraepithelial eosinophils or neutrophils.

#5

Specimen labeled consists of small intestinal mucosa biopsies. The overall architecture in some are distorted due to the hyperplastic lymphoid aggregates complete with germinal centers. Others are normal with a villus crypt ratio of 3:1. Villi outside the lymphoid aggregates are long, thin and delicate. Superficial epithelium is intact. Glands contain lymphocytic infiltrates, especially around the lymphoid aggregates. The lamina propria contains a normal complement of lymphocytes and plasma cells with an irregular distribution of eosinophils, numbering up to 120 per high powered field. No granulomata are identified.

#6 - 9

Specimens labeled cecum, transverse, sigmoid, and rectum consists of colonic mucosa. The overall architecture is intact. Superficial epithelium is intact. Glands contain a normal goblet cells, abut the muscularis mucosa, and show no abnormal branching or inflammatory infiltrates. The lamina propria contains a normal complement of lymphocytes and plasma cells, hyperplastic lymphoid aggregates complete with germinal centers, and up to 85, 40, 20, and 15 eosinophils per high powered field. No granulomata are identified.

No melanoma is encountered in any section or slide.

PREVIOUS REPORTS:

No previous reports in computer file.

PROCEDURE/ADDENDA**Addendum****Date Ordered:** 10/23/2009**Status:** Signed Out**Date Complete:** 10/23/2009**By:** Tom Tippin**Date Reported:** 10/23/2009

Addendum Diagnosis

#1

Duodenal biopsy: 30-65 mast cells per HPF.

#2

Gastric antrum biopsy: 10-20 mast cells per HPF.

#3

Gastric body biopsy: 20-35 mast cells per HPF.

#4

Esophageal biopsy: 0-5 mast cells per HPF, focal.

Addendum Comment

Biopsies from the duodenum, gastric antrum, gastric body, and esophagus were stained with a CD117 immunostain for mast cells. Controls are adequate. The number of mast cells per high powered field is stated above. In the duodenum, most fields had at least 30 mast cells per high powered field and a single field had up to 65 mast cells per high powered field. The number of mast cells were variable in the gastric antrum and body but present diffusely as in the duodenum. Most of the esophageal mucosa was free of mast cells. An occasional focus had 3-5 mast cells per high powered field.

Mark H. Luquette, M.D.-Pathologist



Children's Hospital of New Orleans

Department of Pathology
200 Henry Clay Avenue
New Orleans, LA 70118

Tel: 504-896-9873 Fax: 504-894-5119

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I.A.

tt/10/15/2009

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Randall D. Craver, M.D. - Pathologist

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CMN

Randall D. Craver, M.D. - Pathologist

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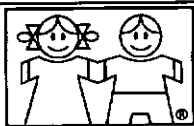
#6 - 9

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PREVIOUS REPORTS:

No previous reports in computer file.



CHILDREN'S HOSPITAL

Pt Name: BODIN, JEFFREY
DOB: 05/22/1997
Age/Sex: 20Y/M
Admit: 05/25/2017 06:00

MRN: 0445573
Acct No: 9011409027
Atn Dr: LeBlanc, Dana MD
Discharge:

Finding Abbr: RAD29

Finding Name: Chest Ap And Lat

Obs DateTime: 05/25/2017 11:33

Result DateTime: 05/25/2017 12:35

Result:

Reading Dr: WASILEWSKA, EWA

CHEST AP LATERAL:

The lungs are symmetrically aerated and clear. The heart size and pulmonary vascularity are within normal limits. Again noted is a small pectus excavatum deformity noted, which is unchanged.

IMPRESSION: No acute pulmonary process.

Electronically Signed By: EWA WASILEWSKA
Electronically Signed on: 25-MAY-2017 12:33:48

Pt Name: BODIN, JEFFREY

MRN: 0445573

Radiology Result Report EDR

Page 1 of 1

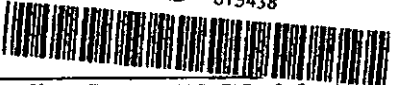
ORE_CONN_Rad_Result.rpt
Printed By: Event Driven Routing
Printed On: 05/25/2017 12:35



INTERIM VISIT FORM HEMATOLOGY/ ONCOLOGY CLINIC

PAGE 1 OF 4

9011409027 Q 05/25/17 06:00 HEM C
BODIN, JEFFREY
DOB: 05/22/1997 020 Y M 0445573
LEBLANC DANA MD 015438



NAME: Jeffrey Bodin AGE: 20y10 SEX: M F MEDICATIONS: See List
DIAGNOSIS: Melanoma ALLERGIES: _____
 Oral Chemotherapy Administered at home as ordered: (Initials) _____

CC: Here for follow up for h/o metastatic melanoma.
HPI: Denies well overall - continues to follow i derm for skin exams. & fever or fatigue

ROS:
General: Activity: Normal Abnormal: _____
Appetite: Normal Abnormal: _____
Fatigue: Normal Abnormal: _____
Fever: Normal Abnormal: _____
Night Sweats: Normal Abnormal: _____
Skin Rash: Normal Abnormal: _____
Weight loss: Normal Abnormal: _____

Eyes: Visual changes Discharge
GI: Abd pain Nausea/vomiting
 Constipation Diarrhea
Pulm: Chest pain Shortness of breath
 Asthma/wheezing Cough
Cardiovasc: Heart murmur
Neuro/Psych: Seizures Ataxia
 Weakness Dev. Delay
 Headache Mood changes
GU: Menarch/LMP: _____
 UTI/kidney/bladder: _____
Derm: Skin rash

Hem/Lymph Nodes: Bruises Petechiae Epistaxis
 Lymph Nodes: _____
 Bleeding: GI: _____ GU: _____
MS: Bone/joint pain/swelling
ENT: Sore throat Mouth sores
 Nasal congestion Rhinorrhea

OK Past, Family & Social History: Reviewed No changes New issues: _____
Initials/Date

PHYSICAL EXAM: General Appearance: AWT, NAT
PSYCH: Mental Status & Mood: Appropriate

NORMAL
HEENT: Eyes: PERLA
 EOMs intact
 No jaundice noted
Ears: TMs clear bilaterally
Nose: Mucosa with normal appearance
Oral Cavity: No labial or oral lesions
Pharynx: clear
Tonsils: normal
NECK: Supple
 No palpable Lymph nodes
 Thyroid not enlarged, non tender

ABNORMAL

 Rhinorrhea Bleeding _____

 Erythematous Exudate
 Enlarged
 Lymph nodes: cervical: _____
supraclavicular: _____
others: _____

I reviewed the CC & HPI with parent/patient and team and concur with above.

Attending Physician's Signature <u>X</u> <u>Dana LeBlanc</u>	Date MM/DD/YY <u>5/25/17</u>	Time 00:00 AM/PM <u>3:45</u>
Team Member's Signature <u>X</u>	Date MM/DD/YY <u>1/1</u>	Time 00:00 AM/PM <u>:</u>

HEMATOLOGY/ONCOLOGY CLINIC CHART
Clinic Note



HEM0010



**INTERIM VISIT FORM
HEMATOLOGY/
ONCOLOGY CLINIC**
PAGE 2 OF 4

9011409027 Q 05/25/17 06:00 HEM C
BODIN, JEFFREY
DOB: 05/22/1997 020 Y M 0445573
LEBLANC DANA MD 015438



	NORMAL	ABNORMAL
CHEST/LUNGS:	<input type="checkbox"/> Symmetrical <input checked="" type="checkbox"/> Well-ventilated bilateral <input type="checkbox"/> Clear to auscultation	<input type="checkbox"/> _____
BREAST:	<input type="checkbox"/> Tanner <input type="checkbox"/> No palpable masses	<input type="checkbox"/> Palpable mass: _____
HEART/CV:	<input type="checkbox"/> Regular rhythm <input checked="" type="checkbox"/> No murmur <input checked="" type="checkbox"/> Pulses <u>2+</u> & symm	<input type="checkbox"/> Murmur: _____ <input type="checkbox"/> _____
ABD:	<input checked="" type="checkbox"/> Cap refill <u>2</u> secs <input checked="" type="checkbox"/> Bowel sounds, non tender <input type="checkbox"/> Liver spleen <input checked="" type="checkbox"/> No palpable masses <input type="checkbox"/> No hernia	<input type="checkbox"/> _____ <input type="checkbox"/> Liver: _____ <input type="checkbox"/> Spleen: _____ <input type="checkbox"/> Palpable mass: _____
GU:	<input type="checkbox"/> Perianal—no lesions <input type="checkbox"/> Tanner <input type="checkbox"/> No rash <input type="checkbox"/> No testicular swelling/mass <input type="checkbox"/> No vulvar/vaginal lesions	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
MUSCULO SKELETAL:	<input type="checkbox"/> Full range of motion <input type="checkbox"/> No edema/cyanosis/clubbing	<input type="checkbox"/> _____ <input type="checkbox"/> _____
SKIN:	<input type="checkbox"/> No rash	<input type="checkbox"/> _____ <input type="checkbox"/> _____
NEURO:	<input type="checkbox"/> Good turgor <input type="checkbox"/> Strength adeq/symm <input type="checkbox"/> CNS 2-12 intact <input type="checkbox"/> Gait normal	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Lymph nodes:	<input type="checkbox"/> DTRs symmetric <input checked="" type="checkbox"/> No significant lymphadenopathy	<input type="checkbox"/> Palpable nodes: _____ <input type="checkbox"/> axillary <u>0</u> <input type="checkbox"/> inguinal <u>0</u> <input type="checkbox"/> others <u>0</u>
<input type="checkbox"/> I examined the patient and concur with above exam.		

ASSESSMENT/DECISION-MAKING:

Stage III melanoma (Duke, metastatic) treated w/ interferon - of therapy since 10/05 (Dr. Hazy @ MD Anderson Dr. Morali) - seizure disorder post interferon - followed by neurology (achner)

Ht:	_____
Wt:	_____
BSA:	_____
LAB RESULTS:	
WBC:	_____
Hgb/Hct:	_____
Plt:	_____
ANC:	_____
Retic:	_____
CMP:	_____

CLINIC PLAN:

1. Chemotherapy: a. if ANC greater than _____ and platelet count greater than _____
See chemo and antiemetics orders.

Team Member's Signature X	Date MM/DD/YY / /	Time 00:00 AM/PM :
Attending Physician's Signature X Dana R. Blum	Date MM/DD/YY 5/25/17	Time 00:00 AM/PM 3:45

HEMOC/INTERIM CLINIC 1/15/15 Revised 1/15/17
HEMATOLOGY/ONCOLOGY CLINIC CHART
Clinic Note



HEM0010



**INTERIM VISIT FORM
HEMATOLOGY/
ONCOLOGY CLINIC**
PAGE 3 OF 4

9011409027 Q 05/25/17 06:00 HEM C
BODIN JEFFREY
DOB: 05/22/1997 020 Y M 0445573
LEBLANC DANA MD 015438



CLINIC PLAN (continued):

- 2. Medications
 - i. _____
 - ii. _____
 - iii. _____
- 3. Transfusions required (See SS order): PRBCs Platelets
- 4. Procedures performed: BMA/BX Lumbar puncture Lumbar puncture with Meds
- 5. Labs: _____
- 6. Radiological studies: CXR
 - Results reviewed and discussed with radiologist
 - Results reviewed and discussed with parents/patient Copy given → CXR clear
- 7. Admit to hospital / short stay (see orders) for: _____
 - I reviewed the assessment and plan with patient/parent and team and concur with the above
 - Medications reconciled with Medication List
 - I reviewed lab results with parent/patient Copy given
- 8. Discussed with parents/patient about: skin safe practices, continue flu v
also for routine skin exams.

DISCHARGE PLAN

- 1. Chemotherapy:
 - i. Methotrexate _____ mg PO/IV/IM x 1 today
 - ii. Continue 6MP _____ mg PO _____
 - iii. _____
- 2. Medications
 - a. Pen Vee K _____ mg PO BID
 - b. Folic acid 1 mg PO Q day
 - c. PCP prophylaxis: _____
 - d. Others: _____
- 3. Consults / referrals: 5/24/17 12:45pm
- 4. Return to clinic: 1st MD visit Labs only Chemo only Admit Transfusion Other: _____

Physician orders for return visit.

 - Labs: CBC D&P CMP BMP Mg&PO₄ Retic Other: _____
 - Home labs: _____
 - Tests/studies: CXR - AP & lat.
- PROCEDURES: BMA/BX Lumbar puncture
- 5. MEDICATION ORDERS FOR NEXT CLINIC VISIT EMLA cream one application to IV site prior to needle stick
 - Synera patch (one patch) to IV site prior to needle stick
- 6. Heparin Flush: Port-A-Cath 20 units heparin for intermittent heparinization 300 units heparin prior to removing needle
Central line or PICC 20 units heparin for intermittent heparinization per lumen(s)
Pheresis catheter 20 units heparin for intermittent heparinization per lumen(s) 100 units heparin daily per lumen(s)
- 7. Other: highly when i labs & CXR until 10 weeks off of therapy
→ then will refer to adult provider for yearly labs & exam

<input type="checkbox"/> Fax to PCP		
Team Member's Signature X	Date MM/DD/YY / /	Time 00:00 AM/PM :
Attending Physician's Signature X <u>Dana LeBlanc</u>	Date MM/DD/YY 5/25/17	Time 00:00 AM/PM 3:45

HEMOC-INTERIMCLINIC 10911 Revised 1/04/11 111117

HEMATOLOGY/ONCOLOGY CLINIC CHART
Clinic Note

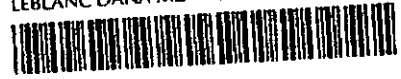


HEM0010



**INTERIM VISIT FORM
HEMATOLOGY/
ONCOLOGY CLINIC**
PAGE 4 OF 4

9011409027 Q 05/25/17 06:00 HEM C
BODIN JEFFREY
DOB: 05/22/1997 020 Y M 0445573
LEBLANC DANA MD 015438



I reviewed the assessment and plan with parents / patient and team members and cc
Initials _____ I spent _____ hours / 30 minutes

I personally supervised the infusion of _____ for _____ hours / _____ minutes
Initials _____ No complications complications: _____

I personally supervised the transfusion of _____ for _____ hours / _____ minutes
Initials _____ No complications complications: _____

MORE than 50 percent of my time was spent on educating, counseling caretaker about diagnosis, risks and treatment plans.

READY TO BE SCANNED

Attending Physician's Signature	Initials	Date MM/DD/YY	Time 00:00 AM/PM
X <i>[Signature]</i>	JOX	5/25/17	3:45

DISCHARGE INSTRUCTIONS: (CHECK ALL THAT APPLY)

- Return to clinic appointment given
- Verbalize understanding of follow up care
- Test times, NPO status and instructions given
- Verbalize understanding of medication(s) prescribed/administered
- Contact us for any fever greater than 100.4 degrees
- Contact us for any complications or concerns
- Parent/guardian instructed to carry a copy of the patient's current medications to share with their physicians and in the event of an emergency.
- Pain Score: 0 Visual Analog Cries Faces

PARENT'S INITIALS	NURSE'S INITIALS
X JB	X [Signature]

Nurse's Signature	Initials	Date MM/DD/YY	Time 00:00 AM/PM
X <i>[Signature]</i>	NO	5/25/17	12:45 PM

DATE	TIME	NOTES
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BODIN, JEFFREY Pt # 9009008005 HEM Q 5/30/2016 - 5/30/2016 OPT LA0220 e Lab OP DSCH Report 6/21/2016
tdengel

CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

CLINICAL LABORATORY REPORT

Patient: BODIN, JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9009008005
DOB: 05/22/1997 Age: 19Y Sex: M
Location: HEM
Admit Date: 05/30/2016
Discharge Date:
Admitting Physician: MORALES, JAIME

M6959 COLL: 05/30/2016 12:07 REC: 05/30/2016 12:15 PHYS: MORALES, JAIME

MISC TEST

TEST NAME	P53 Mutation Analysis, Plasma Based (Leumeta)
RESULT	SEE SCAN REPORT
REFERENCE LAB	ARUP

END OF REPORT

Page: 1

Patient: BODIN, JEFFREY

Report Printed: 06/21/2016 08:30

INTERIM REPORT

Patient ID(MR#): 0445573

Location: HEM

CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

Patient: BODIN, JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9009008005
DOB: 05/22/1997 Age: 19Y Sex: M
Location: HEM
Admit Date: 05/30/2016
Discharge Date:
Admitting Physician: MORALES, JAIME

CLINICAL LABORATORY REPORT

M6623 COLL: 05/30/2016 06:00 REC: 05/30/2016 09:40 PHYS: MORALES, JAIME

MISC TEST REQUEST CREDITED
HIS CANCEL

M6624 COLL: 05/30/2016 12:07 REC: 05/30/2016 12:15 PHYS: MORALES, JAIME

COMP METABOLIC PANEL

SPEC APPEAR NO VIS HEMOLYS
SODIUM 143 [134-144] MMOL/L
POTASSIUM 4.2 [3.4-5.5] MMOL/L
CHLORIDE 106 [98-107] MMOL/L
CO2 30 [20-31] MMOL/L
GLUCOSE 73 [65-110] MG/DL
BUN 8 [7-21] MG/DL
CREATININE 0.8 [0.2-1.4] MG/DL

eGFR, AFRICAN AMERICA

>60

eGFR, NON-AFR AMERICA

>60
CALCIUM 8.9 [8.5-10.4] MG/DL
TOTAL PROTEIN 7.6 [6.5-8.0] GM/DL
ALBUMIN 4.5 [3.0-4.8] GM/DL
BILIRUBIN TOTAL 0.4 [0.2-1.3] MG/DL
AST 8 [8-53] U/L
ALKALINE PHOS 91 [39-253] U/L
ALT 22 [7-56] U/L

CBC

WBC 5.62 [3.70-11.70] 10exp3/UL
RBC 5.31 [4.50-5.90] 10exp6/UL
HGB 16.2 [13.5-17.5] GM/DL
HCT H 46.9 [35.0-46.0] %
MCV 88.3 [75.0-97.0] FL
MCH 30.5 [24.0-32.0] PG
MCHC 34.5 [31.0-35.0] GM/DL
PLATELETS 317 [135-450] 10exp3/UL
RDW-SD 36.5 [35.1-46.3] FL
RDW-CV L 11.4 [11.5-15.4] %
MPV 9.8 [8.6-12.4] FL
ABS NRBC 0.00 [0] 10exp3/UL
NRBC 0.0 [0] /100 WBC

CONTINUED

Page: 1

Patient: BODIN, JEFFREY

Report Printed: 05/31/2016 08:30

INTERIM REPORT

Patient ID(MR#): 0445573

Location: HEM

CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

CLINICAL LABORATORY REPORT

Patient: BODIN, JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9009008005
DOB: 05/22/1997 Age: 19Y Sex: M
Location: HEM
Admit Date: 05/30/2016
Discharge Date:
Admitting Physician: MORALES, JAIME

M6624 COLL: 05/30/2016 12:07 REC: 05/30/2016 12:15 PHYS: MORALES, JAIME

DIFFERENTIAL

DIFFERENTIAL	AUTOMATED		
ABS NEUTROPHIL	2.73	[1.80-8.00]	10exp3/UL
ABS LYMPHOCYTE	2.25	[1.20-5.20]	10exp3/UL
ABS MONOCYTE	0.53	[0.23-0.65]	10exp3/UL
ABS EOSINOPHIL	0.03	[0.00-0.39]	10exp3/UL
ABS BASOPHIL	H 0.07	[0]	10exp3/UL
NEUTROPHILS	49		%
LYMPHOCYTES	40		%
MONOCYTES	9		%
EOSINOPHILS	1		%
BASOPHILS	1		%

END OF REPORT

Page: 2

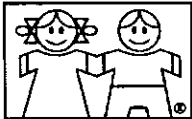
Patient: BODIN, JEFFREY

Report Printed: 05/31/2016 08:30

INTERIM REPORT

Patient ID(MR#): 0445573

Location: HEM



CHILDREN'S
HOSPITAL

Pt Name: BODIN, JEFFREY
DOB: 05/22/1997
Age/Sex: 19Y/M
Admit: 05/30/2016 06:00

MRN: 0445573
Acct No: 9009008005
Atn Dr: Morales, Jaime MD
Discharge:

Finding Abbr: RAD29

Finding Name: Chest Ap And Lat

Obs DateTime: 05/30/2016 11:58

Result DateTime: 05/30/2016 12:06

Result:

Reading Dr: CONGENI, JANE

CHEST AP AND LAT :

. Lungs are symmetrically aerated and are clear. Heart size and pulmonary vascularity are within normal limits. Aortic arch is left-sided. No bony abnormalities are present.

. IMPRESSION: NORMAL CHEST

. Electronically Signed By: JANE CONGENI

. Electronically Signed on: 30-MAY-2016 12:05:32

Pt Name: BODIN, JEFFREY

MRN: 0445573

Radiology Result Report EDR

Page 1 of 1

ORE_CONN_Rad_Result.rpt

Printed By: Event Driven Routing

Printed On: 05/30/2016 12:06

ARUP LABORATORIES | www.aruplab.com

500 Chipeta Way, Salt Lake City, Utah 84108-1221
 phone: (801) 583-2787, toll free: (800) 522-2787
 Jerry W. Hussong, MD, Director of Laboratories

Patient Report | **FINAL**

BODIN, JEFFREY PID# 0445573
 M6959 BODIN, JEFFREY
 L28123282 HEM 19Y1 M 05/22/1997
 MISCTS
 BODIN, JEFFREY
 L28123282 1207
 MISCTS-BLOOD-P53 MORALES, JAIME 05/30/2016
 GENE MUTATION SEND M6959 MISC
 ANALYSIS MISCTS



*4/19/18
 VMB/AB*

Patient: BODIN, JEFFREY

DOB: 5/22/1997
Gender: Male
Patient Identifiers: 1ARUP0001883892, 0445573
Visit Number (FIN): L28123282
Collection Date: 5/30/2016 12:07

P53 Mutation Analysis, Plasma-Based (Leumeta)

ARUP test code 2013484

P53 Mutation Analysis, Leumeta	See Note Performed at: Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675
P53 Exon 4 Mutation Analysis	See Note Performed at: Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675
P53 Exon 5 Mutation Analysis	See Note Performed at: Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675
P53 Exon 6 Mutation Analysis	See Note Performed at: Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675
P53 Exon 7 Mutation Analysis	See Note Performed at: Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675
P53 Exon 8 Mutation Analysis	See Note Performed at: Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675
P53 Exon 9 Mutation Analysis	See Note Performed at: Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675
P53 Mutation Analysis, Interpretation	See Note

TEST	RESULT	UNITS	REFERENCE RANGE
P53 Mutations, Leumeta			
Specimen Type:	BLOOD		
PARAFFIN BLOCK NUMBER:	NOT GIVEN		
P53 Mutations, Leumeta	NEGATIVE		NEGATIVE
Interpretation	SEE BELOW		

This result was reviewed and interpreted by K.A. Lynch, M.D.

H - high L - low * - abnormal C - critical

Patient: BODIN, JEFFREY
 ARUP Accession: 16-151-400225
 10639
 Page 1 of 2
 Printed: 6/18/2016 15:46



NATIONAL REFERENCE LABORATORY

ARUP LABORATORIES | www.aruplab.com

500 Chipeta Way, Salt Lake City, Utah 84108-1221
 phone: (801) 583-2787, toll free: (800) 522-2787
 Jerry W. Hussong, MD, Director of Laboratories

Patient Report | FINAL

Based on sequence analysis, no mutations were detected in the p53 gene exons 4-9.

Mutations in p53 tumor suppressor gene occur in greater than 50% of adult human cancers. The p53 gene mutations usually correlate with poor outcome and early recurrence in cancer. Testing was performed on P53 exon 4-9 which account for >90% mutations in p53 gene. We cannot rule out the possibilities of mutation in other sites of the gene.

The total nucleic acid was extracted from patient's plasma, PB/BM cells or paraffin embedded tissues. PCR reactions are performed to amplify exon 4-9 of p53 gene. The PCR products are then purified and sequenced in both forward and reverse directions. All mutations, deletions and insertions detected in the P53 exons 4-9 will be reported.

This assay does not detect large deletions in the p53 gene. For (17p-) please refer to FISH assay. The sensitivity of this sequencing assay is 20% of mutant cell in the background of normal cells.

This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.
 Performed at: Quest Diagnostics, 33608 Ortega Hwy, San Juan Capistrano, CA 92675

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
P53 Mutation Analysis, Leumeta	16-151-400225	5/30/2016 12:07	6/2/2016 09:51	6/18/2016 15:44
P53 Exon 4 Mutation Analysis	16-151-400225	5/30/2016 12:07	6/2/2016 09:51	6/18/2016 15:44
P53 Exon 5 Mutation Analysis	16-151-400225	5/30/2016 12:07	6/2/2016 09:51	6/18/2016 15:44
P53 Exon 6 Mutation Analysis	16-151-400225	5/30/2016 12:07	6/2/2016 09:51	6/18/2016 15:44
P53 Exon 7 Mutation Analysis	16-151-400225	5/30/2016 12:07	6/2/2016 09:51	6/18/2016 15:44
P53 Exon 8 Mutation Analysis	16-151-400225	5/30/2016 12:07	6/2/2016 09:51	6/18/2016 15:44
P53 Exon 9 Mutation Analysis	16-151-400225	5/30/2016 12:07	6/2/2016 09:51	6/18/2016 15:44
P53 Mutation Analysis, Interpretation	16-151-400225	5/30/2016 12:07	6/2/2016 09:51	6/18/2016 15:44

END OF CHART

BODIN, JEFFREY

 L28123282
 MISCTS

H - high L - low * - abnormal C - critical

Patient: BODIN, JEFFREY
 ARUP Accession: 16-151-400225
 10639
 Page 2 of 2
 Printed: 6/18/2016 15:46



NATIONAL REFERENCE LABORATORY



INTERIM VISIT FORM HEMATOLOGY/ ONCOLOGY CLINIC

PAGE 1 OF 4

9009008005 Q 05/30/16 06:00 HEM J
BODIN, JEFFREY
DOB: 05/22/1997 019 Y M 0445573
MORALES, JAIME MD 012294



NAME: Jeffrey Bodin AGE: 19y SEX: M F MEDICATIONS: See List
DIAGNOSIS: melanoma ALLERGIES: _____
 Oral Chemotherapy Administered at home as ordered: (initials)

CC: Doing well. No new skin lesions
HPI: or reports of abnormal moles. coming to Flx with dermatology and neurology

ROS: General: Activity: Normal Abnormal: _____
Appetite: Normal Abnormal: _____
Fatigue: Normal Abnormal: _____
Fever: Normal Abnormal: _____
Night Sweats: Normal Abnormal: _____
Skin Rash: Normal Abnormal: _____
Weight loss: Normal Abnormal: _____

Eyes: 4 Visual changes 4 Discharge
GI: 4 Abd pain 4 Nausea/vomiting
4 Constipation 4 Diarrhea
Pulm: 4 Chest pain 4 Shortness of breath
4 Asthma/wheezing 4 Cough
Cardiovasc: 4 Heart murmur
Neuro/Psych: 4 Seizures 7 NOT Ataxia
4 Weakness SEVERE Dev. Delay
4 Headache DOWN Mood changes
GU: _____ Menarch/LMP: _____
UTI/kidney/bladder: _____
Derm: 4 Skin rash

Hem/Lymph Nodes: Bruises Petechiae Epistaxis
 Lymph Nodes
 Bleeding: GI: _____ GU: _____
MS: 4 Bone/joint pain/swelling
ENT: 4 Sore throat 4 Mouth sores
4 Nasal congestion 4 Rhinorrhea

Past, Family & Social History: Reviewed No changes New issues: _____
Initials/Date _____

PHYSICAL EXAM: General Appearance: _____
PSYCH: Mental Status & Mood: _____

HEENT: Eyes: NORMAL
 PERLA
 EOMs intact
 No Jaundice noted
Ears: TMs clear bilaterally
Nose: Mucosa with normal appearance
Oral Cavity: No labial or oral lesions
Pharynx: clear
Tonsils: normal
NECK: Supple
 No palpable Lymph nodes
 Thyroid not enlarged, non tender

ABNORMAL

 Rhinorrhea Bleeding _____
 _____ _____
 Erythematous Exudate
 Enlarged
 Lymph nodes: cervical: _____
supraclavicular: _____
others: _____

I reviewed the CC & HPI with parent/patient and team and concur with above.

Attending Physician's Signature <u>X</u>	Date MM/DD/YY <u>5/30/16</u>	Time 00:00 AM/PM <u>6:00</u>
Team Member's Signature <u>X</u>	Date MM/DD/YY <u>1/1</u>	Time 00:00 AM/PM <u>:</u>

HEMATOLOGY/ONCOLOGY CLINIC CHART
Clinic Note



HEM0010



**INTERIM VISIT FORM
HEMATOLOGY/
ONCOLOGY CLINIC**

9009008005 Q 05/30/16 06:00 HEM J
BODIN, JEFFREY
DOB: 05/22/1997 019 Y M 0445573
MORALES, JAIME MD 012294



	NORMAL	ABNORMAL
CHEST/LUNGS:	<input type="checkbox"/> Symmetrical <input type="checkbox"/> Well-ventilated bilateral <input type="checkbox"/> Clear to auscultation	<input type="checkbox"/> _____
BREAST:	<input type="checkbox"/> Tanner <input type="checkbox"/> No palpable masses	<input type="checkbox"/> Palpable mass: _____
HEART/CV:	<input type="checkbox"/> Regular rhythm <input type="checkbox"/> No murmur <input type="checkbox"/> Pulses _____ & symm	<input type="checkbox"/> Murmur: _____ <input type="checkbox"/> _____
ABD:	<input type="checkbox"/> Cap refill _____ secs <input checked="" type="checkbox"/> Bowel sounds, non tender <input type="checkbox"/> Liver spleen <input type="checkbox"/> No palpable masses <input type="checkbox"/> No hernia	<input type="checkbox"/> _____ <input type="checkbox"/> Liver: _____ <input type="checkbox"/> Spleen: _____ <input type="checkbox"/> Palpable mass: _____
GU:	<input type="checkbox"/> Perianal—no lesions <input type="checkbox"/> Tanner <input type="checkbox"/> No rash <input type="checkbox"/> No testicular swelling/mass <input type="checkbox"/> No vulvar/vaginal lesions	<input type="checkbox"/> _____
MUSCULO SKELETAL:	<input type="checkbox"/> Full range of motion <input type="checkbox"/> No edema/cyanosis/clubbing <input type="checkbox"/> No rash	<input type="checkbox"/> _____
SKIN:	<input type="checkbox"/> Good turgor <input type="checkbox"/> Strength adeq/symm <input type="checkbox"/> Ns 2-12 intact <input type="checkbox"/> Gait normal	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
NEURO:	<input type="checkbox"/> DTRs symmetric <input type="checkbox"/> No significant lymphadenopathy	<input type="checkbox"/> _____ <input type="checkbox"/> _____
Lymph nodes:		<input type="checkbox"/> Palpable nodes: _____ <input type="checkbox"/> axillary _____ <input type="checkbox"/> inguinal _____ <input type="checkbox"/> others _____

Post surgical scar
 (2) foot
 (2) inguinal area
 intact
 No inguinal
 lymphadenopathy

ASSESSMENT/DECISION-MAKING:

- Stage III melanoma
 EORTC therapy (Interferon) 10/08

CLINIC PLAN:

1. Chemotherapy: a. If ANC greater than _____ and platelet count greater than _____
 i. See chemo and antiemetics orders.

- Serial disorder post
 Interferon followed by
 neurology

Ht:	_____
Wt:	_____
BSA:	_____
LAB RESULTS:	
WBC:	_____
Hgb/Hct:	_____
Plt:	_____
ANC:	_____
Retic:	_____
CMP:	_____

Team Member's Signature X	Date MM/DD/YY / /	Time 00:00 AM/PM :
Attending Physician's Signature X	Date MM/DD/YY 5/30/16	Time 00:00 AM/PM 1:

HEMATOLOGY/ONCOLOGY CLINIC CHART
 Clinic Note



HEM0010



**INTERIM VISIT FORM
HEMATOLOGY/
ONCOLOGY CLINIC**
PAGE 3 OF 4

9009008005 Q 05/30/16 06:00 HEM J
BODIN, JEFFREY
DOB: 05/22/1997 019 Y M 0445573
MORALES, JAIME MD 012294



CLINIC PLAN (continued):

- 2. Medications
 - i. _____
 - ii. _____
 - iii. _____
- 3. Transfusions required (See SS order): PRBCs Platelets
- 4. Procedures performed: BMA/BX Lumbar puncture Lumbar puncture with Meds
- 5. Labs: _____
- 6. Radiological studies: CXR Day - NO evidence of disease
 - Results reviewed and discussed with radiologist
 - Results reviewed and discussed with parents/patient Copy given
- 7. Admit to hospital / short stay (see orders) for: _____
 - I reviewed the assessment and plan with patient/parent and team and concur with the above
 - Medications reconciled with Medication List
 - I reviewed lab results with parent/patient Copy given

8. Discussed with parents/patient about: Sun safe practices. Follow up with dermatology for skin checks.

DISCHARGE PLAN

- 1. Chemotherapy:
 - i. Methotrexate FLUP mg PO/IV/IM x 1 today
 - ii. Continue 6MP _____ mg PO
 - iii. _____
- 2. Medications
 - a. Pen Vee K _____ mg PO BID
 - b. Folic acid 1 mg PO Q day
 - c. PCP prophylaxis: _____ PS3 mutation test today
 - d. Others: _____ Urinal follow next

- 3. Consults / referrals: lycan 5/29/16 HA
- 4. Return to clinic: lycan MD visit Labs only Chemo only Admit Transfusion Other: _____

Physician orders for return visit.

- Labs: CBC D&P CMP BMP Mg&PO, Retic Other: _____
- Home labs: _____
- Tests/studies: Chest XRay AP + lateral

- PROCEDURES: BMA/BX Lumbar puncture

- 5. MEDICATION ORDERS FOR NEXT CLINIC VISIT EMLA cream one application to IV site prior to needle stick
 - Synera patch (one patch) to IV site prior to needle stick
- 6. Heparin Flush: Port-A-Cath 20 units heparin for intermittent heparinization 300 units heparin prior to removing needle
 - Central line or PICC 20 units heparin for intermittent heparinization per lumen(s)
 - Pheresis catheter 20 units heparin for intermittent heparinization per lumen(s) 100 units heparin daily per lumen(s)

7. Other: * yearly exam with labs + chest Xray until 10 years off therapy - then refer to adult provider for yearly exam - NO labs

Fax to PCP

Team Member's Signature X	<u>XRay unless clinically indicated, yearly labs</u>	Date MM/DD/YY / /	Time 00:00 AM/PM :
Attending Physician's Signature X	<u>[Signature]</u>	Date MM/DD/YY 5/30/16	Time 00:00 AM/PM 1 :

HEMOC/INTERIMCLINIC 1 09 15 Revised PDF (05 11) 17

HEMATOLOGY/ONCOLOGY CLINIC CHART
Clinic Note



HEM0010

9009008005 Q 05/30/16 06:00 HEM J
BODIN, JEFFREY
 DOB: 05/22/1997 019 Y M 0445573
 MORALES, JAIME MD 012294



INTERIM VISIT FORM
HEMATOLOGY/
ONCOLOGY CLINIC
 PAGE 4 OF 4

I reviewed the assessment and plan with parents / patient and team members and concur with the above.
 Initials I spent ___ hours / ___ minutes
 I personally supervised the infusion of _____ for ___ hours / ___ minutes
CHEMOTHERAPY/MEDICATION
 Initials No complications complications: _____
 I personally supervised the transfusion of _____ for ___ hours / ___ minutes
 Initials No complications complications: _____
 MORE than 50 percent of my time was spent on educating, counseling caretaker about diagnosis, risks and treatment plans. _____

READY TO BE SCANNED

Attending Physician's Signature X	Initials	Date MM/DD/YY / /	Time 00:00 AM/PM :
---------------------------------------------	----------	----------------------	-----------------------

DISCHARGE INSTRUCTIONS: (CHECK ALL THAT APPLY)

- Return to clinic appointment given
- Verbalize understanding of follow up care
- Test times, NPO status and instructions given
- Verbalize understanding of medication(s) prescribed/administered
- Contact us for any fever greater than 100.4 degrees
- Contact us for any complications or concerns
- Parent/guardian instructed to carry a copy of the patient's current medications to share with their physicians and in the event of an emergency.
- Pain Score: _____ Visual Analog Cries Faces

(985) 264-1680

PARENT'S INITIALS X JS	NURSE'S INITIALS X JW
----------------------------------	---------------------------------

Nurse's Signature X <i>Wathinson</i>	Initials JW	Date MM/DD/YY 5/30/16	Time 00:00 AM/PM 1:50
------------------------------------------------	----------------	--------------------------	--------------------------

DATE	TIME	NOTES
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CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

Patient: BODIN,JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9008102452
DOB: 05/22/1997 Age: 18Y Sex: M
Location: HEM
Admit Date: 01/21/2016
Discharge Date:
Admitting Physician: MORALES,JAIME

CLINICAL LABORATORY REPORT

H2837 COLL: 01/21/2016 06:00 REC: 02/19/2016 04:33 PHYS: MORALES,JAIME

MISC TEST REQUEST CREDITED
Cancelled by lab, specimen was not received

H2838 COLL: 01/21/2016 06:00 REC: 02/19/2016 04:33 PHYS: MORALES,JAIME

COMP METABOLIC PANEL REQUEST CREDITED
Cancelled by lab, specimen was not received

CBC REQUEST CREDITED
Cancelled by lab, specimen was not received

DIFFERENTIAL REQUEST CREDITED
Cancelled by lab, specimen was not received

END OF REPORT

Page: 1
Patient: BODIN,JEFFREY
Report Printed: 02/19/2016 08:30
INTERIM REPORT

Patient ID(MR#): 0445573
Location: HEM



INTERIM VISIT FORM HEMATOLOGY/ ONCOLOGY CLINIC

CHILDREN'S
HOSPITAL

PAGE 1 OF 4

9008102452 Q 01/21/16 06:03 HEM J

BODIN, JEFFREY
DOB: 05/22/1997 018 Y M 0443573
MORALES, JAIME MD 012294



1-21-16

NAME: Jeffrey Bodin AGE: 18 yrs SEX: M F MEDICATIONS: See List
 DIAGNOSIS: Melanoma Stage III ALLERGIES: _____
 Oral Chemotherapy Administered at home as ordered: (initials)

CC:
HPI:

Mother called to R/S to 2/4/16 @ 1pm. - Jwatt/luism

ROS:
General: Activity: Normal Abnormal: _____
 Appetite: Normal Abnormal: _____
 Fatigue: Normal Abnormal: _____
 Fever: Normal Abnormal: _____
 Night Sweats: Normal Abnormal: _____
 Skin Rash: Normal Abnormal: _____
 Weight loss: Normal Abnormal: _____
 Hem/Lymph Nodes: Bruises Petechiae Epistaxis
 Lymph Nodes: _____
 Bleeding: GI: _____ GU: _____
 MS: _____ Bone/joint pain/swelling
 ENT: _____ Sore throat _____ Mouth sores
 _____ Nasal congestion _____ Rhinorrhea

Eyes: _____ Visual changes _____ Discharge
 GI: _____ Abd pain _____ Nausea/vomiting
 _____ Constipation _____ Diarrhea
 Pulm: _____ Chest pain _____ Shortness of breath
 _____ Asthma/wheezing _____ Cough
 Cardiovasc: _____ Heart murmur _____
 Neuro/Psych: _____ Seizures _____ Ataxia
 _____ Weakness _____ Dev. Delay
 _____ Headache _____ Mood changes
 GU: _____ Menarch/LMP: _____
 _____ UTI/kidney/bladder: _____
 Derm: _____ Skin rash

Past Family & Social History: Reviewed No changes New issues: _____
 Initials/Date

PHYSICAL EXAM: General Appearance: _____
 PSYCH: Mental Status & Mood: _____

HEENT: Eyes: PERLA EOMs intact No jaundice noted
 Ears: TMs clear bilaterally
 Nose: Mucosa with normal appearance
 Oral Cavity: No labial or oral lesions
 Pharynx: clear
 Tonsils: normal
 NECK: Supple No palpable Lymph nodes Thyroid not enlarged, non tender

NORMAL **ABNORMAL**

 Rhinorrhea _____ Bleeding _____
 _____ _____
 Erythematous _____ Exudate
 Enlarged
 Lymph nodes: cervical: _____ supraclavicular: _____ others: _____

I reviewed the CC & HPI with parent/patient and team and concur with above.

X Attending Physician's Signature	Date MM/DD/YY / /	Time 00:00 AM/PM :
X Team Member's Signature	Date MM/DD/YY / /	Time 00:00 AM/PM :

HEMATOLOGY/ONCOLOGY CLINIC CHART
 Clinic Note

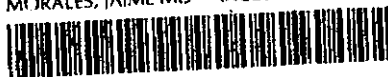


HEM0010



**INTERIM VISIT FORM
HEMATOLOGY/
ONCOLOGY CLINIC**
PAGE 2 OF 4

9008102452 Q 01/21/16 06:00 HEM I
BODIN, JEFFREY
DOB: 05/22/1997 U18 Y M 0445573
MORALES, JAIME MD 012294



	NORMAL	ABNORMAL
CHEST/LUNGS:	<input type="checkbox"/> Symmetrical <input type="checkbox"/> Well-ventilated bilateral <input type="checkbox"/> Clear to auscultation	<input type="checkbox"/> _____
BREAST:	<input type="checkbox"/> Tanner <input type="checkbox"/> No palpable masses	<input type="checkbox"/> Palpable mass: _____
HEART/CV:	<input type="checkbox"/> Regular rhythm <input type="checkbox"/> No murmur <input type="checkbox"/> Pulses _____ & symm	<input type="checkbox"/> Murmur: _____ <input type="checkbox"/> _____
ABD:	<input type="checkbox"/> Cap refill _____ secs <input type="checkbox"/> Bowel sounds, non tender <input type="checkbox"/> Liver spleen <input type="checkbox"/> No palpable masses <input type="checkbox"/> No hernia	<input type="checkbox"/> _____ <input type="checkbox"/> Liver: _____ <input type="checkbox"/> Spleen: _____ <input type="checkbox"/> Palpable mass: _____
GU:	<input type="checkbox"/> Perianal—no lesions <input type="checkbox"/> Tanner <input type="checkbox"/> No rash <input type="checkbox"/> No testicular swelling/mass <input type="checkbox"/> No vulvar/vaginal lesions	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
MUSCULO SKELETAL:	<input type="checkbox"/> Full range of motion <input type="checkbox"/> No edema/cyanosis/clubbing	<input type="checkbox"/> _____ <input type="checkbox"/> _____
SKIN:	<input type="checkbox"/> No rash <input type="checkbox"/> Good turgor	<input type="checkbox"/> _____ <input type="checkbox"/> _____
NEURO:	<input type="checkbox"/> Strength adeq/symm <input type="checkbox"/> CNs 2-12 intact <input type="checkbox"/> Gait normal	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Lymph nodes:	<input type="checkbox"/> DTRs symmetric <input type="checkbox"/> No significant lymphadenopathy	<input type="checkbox"/> Palpable nodes: _____ <input type="checkbox"/> axillary _____ <input type="checkbox"/> inguinal _____ <input type="checkbox"/> others _____
<input type="checkbox"/> I examined the patient and concur with above exam.		

ASSESSMENT/DECISION-MAKING:

Ht: _____
 Wt: _____
 BSA: _____
LAB RESULTS:
 WBC: _____
 Hgb/Hct: _____
 Plt: _____
 ANC: _____
 Retic: _____
 CMP: _____

CLINIC PLAN:

- Chemotherapy: a. If ANC greater than _____ and platelet count greater than _____
 - See chemo and antiemetics orders.
 - _____

Team Member's Signature X	Date MM/DD/YY / /	Time 00:00 AM/PM :
Attending Physician's Signature X	Date MM/DD/YY / /	Time 00:00 AM/PM :

HEMOC/INTERIMCLINIC 1/09/15 Rev. 01/15 POC 1105 1/11/07
HEMATOLOGY/ONCOLOGY CLINIC CHART
 Clinic Note



HEM0010



**INTERIM VISIT FORM
HEMATOLOGY/
ONCOLOGY CLINIC**
PAGE 3 OF 4

9008102452 Q 01.21/16 06:01 HEM J
BODIN, JEFFREY
DOB: 05/22/1997 018 Y M 0445573
MORALES, JAIME MD 012294



CLINIC PLAN (continued):

- 2. Medications
 - i. _____
 - ii. _____
 - iii. _____
- 3. Transfusions required (See SS order): PRBCs Platelets
- 4. Procedures performed: BMA/BX Lumbar puncture Lumbar puncture with Meds
- 5. Labs: _____
- 6. Radiological studies: _____
 - Results reviewed and discussed with radiologist
 - Results reviewed and discussed with parents/patient Copy given
- 7. Admit to hospital / short stay (see orders) for: _____
 - I reviewed the assessment and plan with patient/parent and team and concur with the above
 - Medications reconciled with Medication List
 - I reviewed lab results with parent/patient Copy given
- 8. Discussed with parents/patient about: _____

DISCHARGE PLAN

- 1. Chemotherapy:
 - i. Methotrexate _____ mg PO/IV/IM x 1 today
 - ii. Continue 6MP _____ mg PO _____
 - iii. _____
 - 2. Medications
 - a. Pen Vee K _____ mg PO BID
 - b. Folic acid 1 mg PO Q day
 - c. PCP prophylaxis: _____
 - d. Others: _____
 - 3. Consults / referrals: _____
 - 4. Return to clinic: _____ MD visit Labs only Chemo only Admit Transfusion Other: _____
- Physician orders for return visit.**
- Labs: CBC D&P CMP BMP Mg&PO₄ Retic Other: _____
 - Home labs: _____
 - Tests/studies: _____
- PROCEDURES: BMA/BX Lumbar puncture
- 5. MEDICATION ORDERS FOR NEXT CLINIC VISIT EMLA cream one application to IV site prior to needle stick
 - Synera patch (one patch) to IV site prior to needle stick
 - 6. Heparin Flush: Port-A-Cath 20 units heparin for intermittent heparinization 300 units heparin prior to removing needle
 Central line or PICC 20 units heparin for intermittent heparinization per lumen(s)
 Pheresis catheter 20 units heparin for intermittent heparinization per lumen(s) 100 units heparin daily per lumen(s)
 - 7. Other: _____

Fax to PCP

Team Member's Signature X	Date MM/DD/YY / /	Time 00:00 AM/PM :
Attending Physician's Signature X	Date MM/DD/YY / /	Time 00:00 AM/PM :

HEMOC:INTERIMCLINIC (1/19/15) Revised 1/19/15 LOS 1/15/17

HEMATOLOGY/ONCOLOGY CLINIC CHART
Clinic Note



HEM0010



**INTERIM VISIT FORM
HEMATOLOGY/
ONCOLOGY CLINIC**
PAGE 4 OF 4

9008102452 Q 01/21/16 06:00 HEM J
BODIN, JEFFREY
DOB: 05/22/1997 018 Y M 0445573
MORALES, JAIME MD 012294



Initials I reviewed the assessment and plan with parents / patient and team members and concur with the above.
I spent _____ hours / _____ minutes

Initials I personally supervised the infusion of _____ CHEMOTHERAPY/MEDICATION for _____ hours / _____ minutes
 No complications complications: _____

Initials I personally supervised the transfusion of _____ for _____ hours / _____ minutes
 No complications complications: _____

MORE than 50 percent of my time was spent on educating, counseling caretaker about diagnosis, risks and treatment plans. _____

READY TO BE SCANNED

Attending Physician's Signature X	Initials	Date MM/DD/YY / /	Time 00:00 AM/PM :
---------------------------------------------	----------	----------------------	-----------------------

DISCHARGE INSTRUCTIONS: (CHECK ALL THAT APPLY)

- Return to clinic appointment given
- Verbalize understanding of follow up care
- Test times, NPO status and instructions given
- Verbalize understanding of medication(s) prescribed/administered
- Contact us for any fever greater than 100.4 degrees
- Contact us for any complications or concerns
- Parent/guardian instructed to carry a copy of the patient's current medications to share with their physicians and in the event of an emergency.
- Pain Score: _____ Visual Analog Cries Faces

PARENT'S INITIALS X	NURSE'S INITIALS X
-------------------------------	------------------------------

Nurse's Signature X	Initials	Date MM/DD/YY / /	Time 00:00 AM/PM :
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DATE	TIME	NOTES
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CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

Patient: BODIN, JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9007276216
DOB: 05/22/1997 Age: 18Y Sex: M
Location: CLN
Admit Date: 09/10/2015
Discharge Date:
Admitting Physician: PRASAD, PINKI

CLINICAL LABORATORY REPORT

H3748 COLL: 09/10/2015 10:50 REC: 09/10/2015 10:52 PHYS: PRASAD, PINKI

COMP METABOLIC PANEL

SPEC APPEAR NO VIS HEMOLYS
SODIUM 142 [134-144] MMOL/L
POTASSIUM 3.8 [3.4-5.5] MMOL/L
CHLORIDE 106 [98-107] MMOL/L
CO2 31 [20-31] MMOL/L
GLUCOSE L 56 [65-110] MG/DL
BUN 10 [7-21] MG/DL
CREATININE 0.6 [0.1-1.4] MG/DL
eGFR, AFRICAN AMERICA >60
eGFR, NON-AFR AMERICA >60
CALCIUM L 8.4 [8.5-10.4] MG/DL
TOTAL PROTEIN 8.0 [6.5-8.0] GM/DL
ALBUMIN 4.3 [3.0-4.8] GM/DL
BILIRUBIN TOTAL 0.2 [0.2-1.3] MG/DL
AST 16 [8-53] U/L
ALKALINE PHOS 99 [39-253] U/L
ALT 31 [7-56] U/L

CBC

WBC 5.65 [3.70-11.70] 10exp3/UL
RBC 5.26 [4.50-5.90] 10exp6/UL
HGB 16.0 [13.5-17.5] GM/DL
HCT H 46.4 [35.0-46.0] %
MCV 88.2 [75.0-97.0] FL
MCH 30.4 [24.0-32.0] PG
MCHC 34.5 [31.0-35.0] GM/DL
PLATELETS 370 [135-450] 10exp3/UL
RDW-SD 36.3 [35.1-46.3] FL
RDW-CV L 11.4 [11.5-15.4] %
MPV 9.4 [8.6-12.4] FL
ABS NRBC 0.00 [0] 10exp3/UL
NRBC 0.0 [0] /100 WBC

DIFFERENTIAL

SEGS 47 %
LYMPHOCYTES 37 %
MONOCYTES 10 %
EOSINOPHILS 1 %
BASOPHILS 2 %
ATYPICAL LYMPHS 3 %

CONTINUED

Page: 1

Patient: BODIN, JEFFREY

Report Printed: 09/11/2015 08:30

INTERIM REPORT

Patient ID(MR#): 0445573

Location: CLN

CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

Patient: BODIN,JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9007276216
DOB: 05/22/1997 Age: 18Y Sex: M
Location: CLN
Admit Date: 09/10/2015
Discharge Date:
Admitting Physician: PRASAD,PINKI

CLINICAL LABORATORY REPORT

H3748 COLL: 09/10/2015 10:50 REC: 09/10/2015 10:52 PHYS: PRASAD,PINKI

DIFFERENTIAL (CONTINUED)

ABS NEUTROPHIL	2.65	[1.80-8.00]	10exp3/UL
ABS LYMPHOCYTE	2.26	[1.20-5.20]	10exp3/UL
ABS MONOCYTE	0.57	[0.23-0.65]	10exp3/UL
ABS EOSINOPHIL	0.06	[0.00-0.39]	10exp3/UL
ABS BASOPHIL	0.11	[0]	10exp3/UL
DIFFERENTIAL		MANGAL	
PLT ESTIMATE		NORMAL	
RBC MORPHOLOGY		NORMAL	

IGG/AME

IGG	698	[510-1275]	MG/DL
IGA	68.4	[70.6-315.4]	MG/DL
IGM	31.6	[35.5-251.3]	MG/DL
IGE	42.1	[0-158]	IU/ML

END OF REPORT

Page: 2

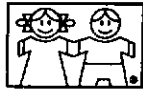
Patient: BODIN,JEFFREY

Report Printed: 09/11/2015 08:30

INTERIM REPORT

Patient ID(MR#): 0445573

Location: CLN



**LATE EFFECTS
 CLINIC
 VISIT**

CHILDREN'S HOSPITAL PAGE 1 OF 4

DATE:
 Jeffrey Bodin

9007276216 D 09/10/15 08:27 CLN J
BODIN, JEFFREY
 DOB: 05/22/1997 018 Y M 0445573
 PRASAD, PINKI MD 013706



ANNUAL HISTORY & PHYSICAL

Date: **9-10-15**

PRIMARY DIAGNOSIS: Stage IIIA Melanoma of left ankle	DIAGNOSIS DATE: 03/2008	OFF THERAPY DATE: 10/02/2008
INTERVAL MEDICAL HISTORY: <i>migraines, narcolepsy, peripheral neuropathy, seizure syndrome</i> <i>Dr. Sherri Lacey</i> <i>last seizure last July</i>		
ER VISITS: <i>None</i>		
INTERVAL FAMILY/SOCIAL HISTORY: <i>No changes</i>	INTERVAL SCHOOL HISTORY: <i>senior in HS - St. Paul's</i> <i>doing ok - @ 1st in class</i> <i>very accommodating</i>	
INTERVAL IMMUNIZATION HISTORY: <i>UTD</i>		
CURRENT MEDICATIONS: <i>AMERAL i caffeine, butalbital (migraines), OTC allergy</i>	ALLERGIES:	

REVIEW OF SYSTEMS:

GENERAL:

Activity Normal Abnormal: _____ Appetite Normal Abnormal: _____
 Fatigue Normal Abnormal: _____ Fever None Present: *2 1/2 weeks*
 Night Sweats None Present: _____ Skin Rash None Present: _____
 Weight Loss None Present: _____

HEM/LYMPH NODES:

Bruises None Present: _____ Lymph Nodes _____
 Petechiae None Present: _____ Bleeding None Present: _____
 GI: _____ GU: _____

MS:

Bone/Joint Pain/Swelling None Present: _____

ENT:

Sore Throat None Present _____ Mouth sores None Present: _____
 Nasal Congestion None Present: *seasonal allergies* Rhinorrhea None Present: *seasonal allergies*
receiving weekly allergy shots

EYES:

Visual Changes None Present: _____ Eye discharge None Present: _____

GI:

Abdominal Pain None Present: _____ Nausea/Vomiting None Present: _____
 Constipation None Present: _____ Diarrhea None Present: _____

PULM:

Chest Pain None Present: _____ Shortness of breath None Present: _____
 Asthma/Wheezing None Present: _____ Cough None Present: _____

CARDIOVASC: Heart Murmur None Present: _____

NEURO/PSYCH: Seizures None Present: *last seizure 1 year* Ataxia None Present: _____
 Weakness None Present: *white on amphetamine* Dev. delay None Present: _____

Mood Changes None Present: _____ Diagnosed w/ narcolepsy by neurologist at Josner

Peripheral neuropathy
 GU: Meharch/LMP: _____ UTI/Kidney/Bladder: _____

DERM: Skin Rash: _____

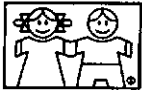
HEMOC/LATEBIL (09/14) Revised 11/01/15 1 Bond/

HEMATOLOGY/ONCOLOGY
 Late Effects Clinic Interim Visit



HEM0010

BODIN, JEFFREY
DOB: 05/22/1997 018 Y M 0445573
PRASAD, PINKI MD 013706



LATE EFFECTS CLINIC VISIT

DATE: 9.10.15



CHILDREN'S HOSPITAL PAGE 2 OF 4

PHYSICAL EXAMINATION:

HR: 93	Temp: 97.9	Wt: 47kg	SA: _____	HC: _____
VS: RR: 18	BP: 130/69	Ht: 171.2	Performance: _____	BMI: 16

PHYSICAL EXAM: General Appearance: Thin appearing male, NAD

PSYCH: Mental Status & Mood:

NORMAL

ABNORMAL

HEENT: Eyes:

- PERLA
- EOMs intact
- No jaundice noted

Ears:

- TMs clear bilaterally

Nose:

- Mucosa with normal appearance

Rhinorrhea _____ Bleeding _____

Oral Cavity:

- No oral lesions
- Pharynx: clear
- Tonsils: normal

_____ _____

Erythematous Exudate

Enlarged

NECK:

- Supple
- No palpable Lymph node
- Thyroid not enlarged, Non tender

Lymph node: Cervical: _____

Supraclavicular: _____

Others: _____

CHEST/LUNGS:

- Symmetrical
- Well-ventilated bilateral
- Clear to auscultation

BREAST:

- Tanner _____
- No palpable masses

Palpable mass: _____

HEART/CV:

- Regular rhythm
- No murmur
- Pulses 2+ & symm
- Cap refill < 3 secs

Murmur present: _____

NYHA class: I II _____ III _____ IV _____

ABD:

- Bowel sounds present, Non tender
- Liver/spleen
- No palpable masses
- No hernia
- Perianal—no lesions

Liver: _____

Spleen: _____

Palpable mass: _____

GU:

- Tanner _____
- No rash
- No testicular swelling/mass
- No vulvar/vaginal lesions

} deferred

MUSCULO SKELETAL:

- Full ROM
- No edema/cyanosis/clubbing

SKIN:

- No rash
- Good turgor

NEURO:

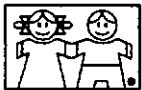
- Strength adeq/symm
- CNS 2-12 intact
- Gait normal
- DTRs symmetric

HEMOC/LATE/CLIN (09/14) Review: (PDI) 1-5 1 (Rev)

HEMATOLOGY/ONCOLOGY Late Effects Clinic Interim Visit



HEM0010



CHILDREN'S HOSPITAL

LATE EFFECTS CLINIC VISIT

PAGE 3 OF 4

DATE: **9.10.15**

9007276216 D 09/10/15 08:27 CLN J

BODIN, JEFFREY
 DOB: 05/22/1997 018 Y M 0445573
 PRASAD, PINKI MD 013706



ASSESSMENT:

18 yr. old with history of metastatic stage IIIA melanoma of left ankle
 - treated with interferon, completed therapy in 10/2008

- multiple issues w/ allergy and sinus issues
- Hx of seizure D/O
- Hx of neurolepsy

Anthracyclines _____ Last Echo _____ Next Echo in _____ years
 Alkylating Agent Bleomycin _____ Last PFT's _____
 Lab results reviewed

PLAN:

Diagnostics: _____

Education:
 Binder with health links given Yes No
 Treatment summary given Yes No
 Assessed by Social Worker

Referrals: _____

Immunizations:
 Flu shot Other: _____
 Gardasil - *received already*

Return Visit: _____ *Jan 2016*
 Primary oncologist Dr. Jaime Morales Late Effects Clinic: prn

DIAGNOSTIC EVALUATION (labs, radiology, diagnostics): 172.9

TO BE DONE AT NEXT VISIT:

Labs:
 CBC & diff *#1*
 CMP *#2* *9/10/15*
 Mg & PO4
 Lipid Panel
 FSH Other:
 LH
 Anti-mullerian hormone
D IgG, IgA, IgM, IgE - Done 9/10/15 #3

Radiology:
 Dexa scan

Diagnostics:
 Echo/EKG (with strain) Other:
 PFT's

Referral: _____

MORE than 50 percent of my time was spent on educating, counseling caretaker about diagnosis, risks and treatment plans.

READY TO BE SCANNED

Physician's Signature X <i>[Signature]</i>	Date MM/DD/YY 09/10/15	Time 00:00 am/pm 10:20 AM
------------------------------------------------------	---------------------------	-------------------------------------

HEMOC/LATEBIL (09/14) Revised (PDF 1.55 1 Bond)
HEMATOLOGY/ONCOLOGY
 Late Effects Clinic Interim Visit



HEM0010



SUMMARY OF CANCER TREATMENT

Demographics		
Name: Jeffrey Bodin	Sex: Male	Date of Birth: 05/22/1997
PCP:		
Cancer Diagnosis		
Diagnosis: Melanoma of left ankle	Sites involved/stage: Stage IIIA/T2aN2a	
Date of Diagnosis: 03/2008	Age at Diagnosis: 10yrs. 9 months	Date Therapy Completed: 10/02/2008
Relapse(s):		
Treatment Center: MD Anderson Cancer Center; LSUHSC, Children's Hospital New Orleans, 200 Henry Clay Avenue, New Orleans, LA 70118		Medical Record #: MD Anderson 074-46-52 CHNOLA: 0445573
Primary Oncologist: Dr. Cynthia Herzog (MD Anderson Cancer Center) Dr. Jaime Morales (Children's Hospital of New Orleans)		
Surgeon: MD Anderson Cancer Center		
Radiation Oncologist: n/a		
Transplant Physician: n/a		
Long Term Follow-Up: Dr. Pinki Prasad (504) 896-9740		
Family History Cancer:	Other Family History:	
CANCER TREATMENT SUMMARY		
Protocol/Treatment:	On Study: NO	
Chemotherapy		
Drug Name	Route	Selected Cumulative Dose (Unit or mg/m ²) when Applicable
Interferon alpha 2B	IV	400 million units/m ²
Interferon alpha 2B	SQ	155 million units/m ²
Surgery		
Surgery	Date	Surgeon
Primary excision of melanoma on left ankle with sentinel node mapping	03/15/2008	MD Anderson Cancer Center
Appendectomy	05/13/2008	MD Anderson Cancer Center
PICC Line Insertion	06/09/2008	Children's Hospital of New Orleans
Radiation: n/a		
Transplant: n/a		
Treatment Complications/Late Effects		
Problem	Status	
Neurologic: Seizures while on interferon		
Neurologic: Peripheral neuropathy		



Potential Late Effects		
Potential Late Effect	Exposure	Screening Recommendations
Any Cancer History		Annual Physical Exam with PCP Annual Cancer Screening by age Regular exercise Avoid cigarette smoking, excess alcohol consumption or illicit drugs Eat a well balanced, low fat diet
Any Cancer History	Biologics Interferon Alpha 2B	Insufficient information currently available regarding late effects of biological agents
Dental Problems	Any chemotherapy exposure	Regular Dental Exams
General Recommendations		
Immunizations	Any cancer experience	Recommend annual Flu shot Recommend (HPV vaccination or Gardasil) series
Summary prepared by: Pinki Prasad, MD, MPH		Date prepared: 01/15/2015

CHILDREN'S
HOSPITAL
200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

Patient: BODIN, JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9005669537
DOB: 05/22/1997 Age: 17Y Sex: M
Location: HEM
Admit Date: 01/05/2015
Discharge Date:
Admitting Physician: MORALES, JAIME

CLINICAL LABORATORY REPORT

F6315 COLL: 01/02/2015 11:53 REC: 01/31/2015 04:33 PHYS: MORALES, JAIME

COMP METABOLIC PANEL

REQUEST CREDITED
Cancelled by lab, specimen was not received

LDH

REQUEST CREDITED
Cancelled by lab, specimen was not received

URIC ACID

REQUEST CREDITED
Cancelled by lab, specimen was not received

CBC

REQUEST CREDITED
Cancelled by lab, specimen was not received

DIFFERENTIAL

REQUEST CREDITED
Cancelled by lab, specimen was not received

END OF REPORT

Page: 1
Patient: BODIN, JEFFREY
Report Printed: 01/31/2015 08:30
INTERIM REPORT

Patient ID(MR#): 0445573
Location: HEM

CHILDREN'S
HOSPITAL
200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

Patient: BODIN,JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9005669537
DOB: 05/22/1997 Age: 17Y Sex: M
Location: HEM
Admit Date: 01/05/2015
Discharge Date:
Admitting Physician: MORALES,JAIME

CLINICAL LABORATORY REPORT

M1750 COLL: 01/05/2015 12:12 REC: 01/05/2015 12:13 PHYS: MORALES,JAIME

COMP METABOLIC PANEL

SPEC APPEAR NO VIS HEMOLYS
SODIUM 140 [134-144] MMOL/L
POTASSIUM 3.8 [3.4-5.5] MMOL/L
CHLORIDE 105 [98-107] MMOL/L
CO2 29 [20-31] MMOL/L
GLUCOSE 73 [65-110] MG/DL
BUN 11 [7-21] MG/DL
CREATININE 0.6 [0.1-1.4] MG/DL
eGFR,AFRICAN AMERICA

N/A DUE TO AGE

eGFR,NON-APR AMERICA

N/A DUE TO AGE

CALCIUM 9.3 [8.5-10.4] MG/DL
TOTAL PROTEIN 7.9 [6.5-8.0] GM/DL
ALBUMIN 4.4 [3.0-4.8] GM/DL
BILIRUBIN TOTAL 0.2 [0.2-1.3] MG/DL
AST 13 [8-53] U/L
ALKALINE PHOS 107 [39-253] U/L
ALT 23 [7-56] U/L

LDH 142 [100-300] U/L

URIC ACID 4.7 [2.0-7.0] MG/DL

CBC

WBC 8.22 [3.70-11.70] 10exp3/UL
RBC 4.98 [3.70-5.50] 10exp6/UL
HGB 14.7 [11.3-15.1] GM/DL
HCT 42.5 [35.0-46.0] %
MCV 85.3 [75.0-97.0] FL
MCH 29.5 [24.0-32.0] PG
MCHC 34.6 [31.0-35.0] GM/DL
PLATELETS 274 [135-450] 10exp3/UL
RDW-SD 37.7 [35.1-46.3] FL
RDW-CV 12.3 [11.5-15.4] %
MPV 9.7 [8.6-12.4] FL
ABS NRBC 0.00 [0] 10exp3/UL
NRBC 0.0 [0] /100 WBC

DIFFERENTIAL

SEGS 73 %
LYMPHOCYTES 22 %

CONTINUED

Page: 1

Patient: BODIN,JEFFREY
Report Printed: 01/06/2015 08:30
INTERIM REPORT

Patient ID(MR#): 0445573

Location: HEM

CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

Patient: BODIN, JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9005669537
DOB: 05/22/1997 Age: 17Y Sex: M
Location: HEM
Admit Date: 01/05/2015
Discharge Date:
Admitting Physician: MORALES, JAIME

CLINICAL LABORATORY REPORT

MI750 COLL: 01/05/2015 12:12 REC: 01/05/2015 12:13 PHYS: MORALES, JAIME

DIFFERENTIAL (CONTINUED)

MONOCYTES	4	%
EOSINOPHILS	1	%
ABS NEUTROPHIL	6.00	[1.80-8.00] 10exp3/UL
ABS LYMPHOCYTE	1.81	[1.20-5.20] 10exp3/UL
ABS MONOCYTE	0.33	[0.23-0.65] 10exp3/UL
ABS EOSINOPHIL	0.08	[0.00-0.39] 10exp3/UL
DIFFERENTIAL	MANUAL	
PLT ESTIMATE	NORMAL	
ANISOCYTOSIS	1+	
TEAR DROPS	FEW	

END OF REPORT

Page: 2

Patient: BODIN, JEFFREY

Report Printed: 01/06/2015 08:30

INTERIM REPORT

Patient ID(MR#): 0445573

Location: HEM

1115A



**INTERIM VISIT FORM
HEMATOLOGY/
ONCOLOGY CLINIC 15-15**

9005669537 Q 01/05/15 06:00
BODIN, JEFFREY
05/22/1997 M 0445573 J HEM
MORALES, JAIME MD 01229

CHILDREN'S HOSPITAL
PAGE 1 OF 4

NAME: Jeffrey Bodin AGE: 16y SEX: M F MEDICATIONS: See List
DIAGNOSIS: Met. Melanoma ALLERGIES: NKA
 Oral Chemotherapy Administered at home as ordered: (initials)

CC: Doing well. -> still with neck pain +
HPI: migraine complaints resolved by neurology
No new moles. Had seizure last
year - seen by neurologist -> attributed to
amitriptyline. Person had MRI brain which

I reviewed the CC & HPI with parent/patient and team and concur with above. (initials) was negative

ROS:
General: Activity: Normal Abnormal: _____
Appetite: Normal Abnormal: _____
Fatigue: Normal Abnormal: _____
Fever: Normal Abnormal: _____
Night Sweats: Normal Abnormal: _____
Skin Rash: Normal Abnormal: _____
Weight loss: Normal Abnormal: _____
Hem/Lymph Nodes: Bruises Petechiae Epistaxis
 Lymph Nodes: _____
 Bleeding GI: _____ GU: _____
MS: Bone/joint pain/swelling
ENT: Sore throat Mouth sores
 Nasal congestion Rhinorrhea

Eyes: Visual changes Discharge
GI: Abd pain Nausea/vomiting
 Constipation Diarrhea
Pulm: Chest pain Shortness of breath
 Asthma/wheezing Cough
Cardiovasc: Heart murmur
Neuro/Psych: Seizures Ataxia
 Weakness Dev. Delay
 Headache Mood changes
GU: Menarch/LMP: _____
 UTI/kidney/bladder: _____
Derm: Skin rash
PERFORMANCE SCORE: _____

IM IM Past, Family & Social History: Reviewed No changes New issues: _____
(initials) Date

PHYSICAL EXAM: General Appearance: _____
PSYCH: Mental Status & Mood: _____

HEENT: Eyes:	<input checked="" type="checkbox"/> PERLA <input checked="" type="checkbox"/> EOMs intact <input checked="" type="checkbox"/> No jaundice noted	ABNORMAL <input type="checkbox"/>
Ears:	<input checked="" type="checkbox"/> TMs clear bilaterally	<input type="checkbox"/>
Nose:	<input checked="" type="checkbox"/> Mucosa with normal appearance	<input type="checkbox"/> Rhinorrhea <input type="checkbox"/> Bleeding <input type="checkbox"/>
Oral Cavity:	<input checked="" type="checkbox"/> No labial or oral lesions Pharynx: <input checked="" type="checkbox"/> clear Tonsils: <input checked="" type="checkbox"/> normal	<input type="checkbox"/> Erythematous <input type="checkbox"/> Exudate <input type="checkbox"/> Enlarged
NECK:	<input checked="" type="checkbox"/> Supple <input checked="" type="checkbox"/> No palpable Lymph nodes <input checked="" type="checkbox"/> Thyroid not enlarged, non tender	<input type="checkbox"/> Lymph nodes: cervical: _____ supraclavicular: _____ others: _____

Attending Physician's Signature X <u>[Signature]</u>	Date MM/DD/YY <u>1/5/15</u>	Time 00:00 AM/PM <u>1:57</u>
Team Member's Signature X <u>[Signature]</u>	Date MM/DD/YY <u>1/1</u>	Time 00:00 AM/PM <u>:</u>

HEMATOLOGY/ONCOLOGY
Clinic Note



HEM0010



INTERIM VISIT FORM HEMATOLOGY/ ONCOLOGY CLINIC 1-5-15

PAGE 2 OF 4

9005669537 Q 01/05/15 06:00
BODIN, JEFFREY
05/22/1997 M 0445573 J HEM
MORALES, JAIME MD 01229

	NORMAL	ABNORMAL
CHEST/LUNGS:	<input checked="" type="checkbox"/> Symmetrical <input checked="" type="checkbox"/> Well-ventilated bilateral <input checked="" type="checkbox"/> Clear to auscultation	<input type="checkbox"/>
BREAST:	<input type="checkbox"/> Tanner <input checked="" type="checkbox"/> No palpable masses	<input type="checkbox"/> Palpable mass: _____
HEART/CV:	<input checked="" type="checkbox"/> Regular rhythm <input checked="" type="checkbox"/> No murmur <input checked="" type="checkbox"/> Pulses _____ & symm <input checked="" type="checkbox"/> Cap refill _____ secs	<input type="checkbox"/> Murmur: _____ <input type="checkbox"/>
ABD:	<input checked="" type="checkbox"/> Bowel sounds, non tender <input checked="" type="checkbox"/> Liver spleen <input checked="" type="checkbox"/> No palpable masses <input checked="" type="checkbox"/> No hernia	<input type="checkbox"/> <input type="checkbox"/> Liver: _____ <input type="checkbox"/> Spleen: _____ <input type="checkbox"/> Palpable mass: _____
GU:	<input checked="" type="checkbox"/> Perianal—no lesions <input type="checkbox"/> Tanner <input type="checkbox"/> No rash <input type="checkbox"/> No testicular swelling/mass <input type="checkbox"/> No vulvar/vaginal lesions	<input type="checkbox"/>
MUSCULO SKELETAL:	<input checked="" type="checkbox"/> Full range of motion <input checked="" type="checkbox"/> No edema/cyanosis/clubbing <input checked="" type="checkbox"/> No rash	<input type="checkbox"/>
SKIN:	<input checked="" type="checkbox"/> Good turgor <input checked="" type="checkbox"/> Strength adeq/symm <input checked="" type="checkbox"/> CMs 2-12 intact	<input type="checkbox"/>
NEURO:	<input checked="" type="checkbox"/> Gait normal <input checked="" type="checkbox"/> DTRs symmetric <input checked="" type="checkbox"/> No significant lymphadenopathy	<input type="checkbox"/>
Lymph nodes:		<input checked="" type="checkbox"/> Palpable nodes: _____ <input type="checkbox"/> axillary _____ <input type="checkbox"/> inguinal _____ <input type="checkbox"/> others _____
<input type="checkbox"/> I examined the patient and concur with above exam.		

+ post surgical scar in abd

+ lymphadenopathy

ASSESSMENT/DECISION-MAKING:

- Stage III Melanoma off therapy (Interferon) 10/08

Ht: _____
Wt: _____
BSA: _____
LAB RESULTS:
WBC: <i>8.22</i>
Hgb/Hct: <i>14.7/42.5</i>
Plt: <i>274</i>
ANC: <i>6000</i>
Retic: _____
CMP: _____

CLINIC PLAN:

1. Chemotherapy: a. If ANC greater than _____ and platelet count greater than _____
i. See chemo and antiemetics orders.

- No evidence of recurrence

- Chronic neuropathic pain + migraines post Interferon

- Seizure disorder

Team Member's Signature X	Date MM/DD/YY <i>1/1</i>	Time 00:00 AM/PM :
Attending Physician's Signature X <i>M...</i>	Date MM/DD/YY <i>1/5/15</i>	Time 00:00 AM/PM :

HEMOC/INTERIMCLINIC 1 09/14 Revised | PDF 1 05 1 1x17
HEMATOLOGY/ONCOLOGY
Clinic Note



HEM0010



CHILDREN'S HOSPITAL

INTERIM VISIT FORM HEMATOLOGY/ ONCOLOGY CLINIC

PAGE 3 OF 4

1-5-15

9005669537 Q 01/05/15 06:00
BODIN, JEFFREY
05/22/1987 M 0445573 J HEM
MORALES, JAIME MD 01229

CLINIC PLAN (continued):

- 2. Medications:
 - i. _____
 - ii. _____
 - iii. _____
- 3. Transfusions required (See SS order): PRBCs Platelets
- 4. Procedures performed: BMA/BX Lumbar puncture Lumbar puncture with Meds
- 5. Labs: CXray + Labs NL
- 6. Radiological studies:
 - Results reviewed and discussed with radiologist
 - Results reviewed and discussed with parents/patient Copy given
 - I reviewed the assessment and plan with patient/parent and team and concur with the above
 - Medications reconciled with Medication List
 - I reviewed lab results with parent/patient Copy given
- 7. Admit to hospital / short stay (see orders) for: OSM soft practices / Under mutation for monitoring
- 8. Discussed with parents/patient about: 1/22/2015 10 AM

DISCHARGE PLAN

- 1. Chemotherapy:
 - i. Methotrexate Refer to Dr. Prasad Late Effects mg PO/IV/IM x today
 - ii. Continue 6MP Dr. PO Lacase Genetics 1-22-15 @ 10 AM
 - iii. _____ (give phone #)
 - 2. Medications:
 - a. Pen Vee K _____ mg PO BID
 - b. Folic acid 1 mg PO QD
 - c. PCP prophylaxis: _____
 - d. Others: NO Neurology at Ochsner for neuropathy/nerve
 - 3. Consults / referrals: 1/4/2016 Ochsner
 - 4. Return to clinic: Yes MD visit Labs only Chemo only Admit Transfusion Other: _____
- Physician orders for return visit:
- Labs: CBC D&P CMP BMP Mg&PO Retic Other: P53 gene mutation analysis
 - Home tests: _____
 - Tests/studies: Chest X Ray A? + Lacase

- Procedures: BMA/BX Lumbar puncture
- 5. MEDICATION ORDERS FOR NEXT CLINIC VISIT EMLA cream prior to needle stick Synera patch prior to needle stick
- 6. Heparin Flush: Port-A-Cath 20 units heparin for intermittent heparinization PRN 300 units heparin prior to removing needle
Central line or PICC 20 units heparin for intermittent heparinization per lumen PRN
Pheresis catheter 20 units heparin for intermittent heparinization per lumen PRN 100 units heparin daily PRN
- 7. Other: _____

Will coordinate testing on 4/2015
has been seen by Genetics

* Patient requested to have genetic testing done & will refer to Dr. Lacase. will also recommend P53 mutation testing

Team Member's Signature X	Date MM/DD/YY 1/1	Time 00:00 AM/PM :
Attending Physician's Signature X	Date MM/DD/YY 1/5/15	Time 00:00 AM/PM :

HEMATOLOGY/ONCOLOGY
Clinic Note



HEM0010



RADIOLOGY IMAGING STUDIES REPORT

Medical Record 0445573	Patient Name BODIN, JEFFREY	DOB 05/22/1997	Sex M
Account No 009005669537	Study Date 01/05/2015 12:19:48	Procedure CHEST - AP & LAT	
Order Ref.	Referring Physician MORALES, JAIME MD	Reading Doc ARCEMENT, CHRIS	

CHEST AP AND LATERAL :

LUNGS ARE SYMMETRICALLY AERATED AND ARE CLEAR. HEART SIZE AND PULMONARY VASCULARITY IS WITHIN NORMAL LIMITS. THERE IS A MILD SCOLIOSIS.

IMPRESSION: NO ACUTE PULMONARY DISEASE.

Signed by ARCEMENT, CHRIS

Date 01/05/2015 12:44:31
Electronic Signature on file
504-896-9566

RAD/MR129 | MR# 129 | (08/11) Revised | PDF

RADIOLOGY REPORTS
Radiology Reports

01/05/2015 12:44:31



*RA0020 WWW.RAYPAX.COM

CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

Patient: BODIN,JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9003752905
DOB: 05/22/1997 Age: 16Y Sex: M
Location: HEM
Admit Date: 01/09/2014
Discharge Date:
Admitting Physician: MORALES,JAIME

CLINICAL LABORATORY REPORT

H1067 COLL: 01/09/2014 13:30 REC: 01/09/2014 13:33 PHYS: MORALES,JAIME

COMP METABOLIC PANEL

SPEC APPEAR NO VIS HEMOLYS
SODIUM 140 [134-144] MMOL/L
POTASSIUM 3.6 [3.4-5.5] MMOL/L
CHLORIDE 104 [98-107] MMOL/L
CO2 29 [20-31] MMOL/L
GLUCOSE 104 [65-110] MG/DL
BUN 10 [7-21] MG/DL
CREATININE 0.7 [0.1-1.4] MG/DL

eGFR,AFRICAN AMERICA

N/A DUE TO AGE

eGFR,NON-AFR AMERICA

N/A DUE TO AGE

CALCIUM 9.0 [8.5-10.4] MG/DL
TOTAL PROTEIN 7.0 [6.5-8.0] GM/DL
ALBUMIN 4.0 [3.0-4.8] GM/DL
BILIRUBIN TOTAL 0.2 [0.2-1.3] MG/DL
AST 13 [8-53] U/L
ALKALINE PHOS 124 [65-350] U/L
ALT 18 [7-56] U/L

LDH 132 [100-300] U/L

URIC ACID 4.8 [2.0-7.0] MG/DL

CBC

WBC 3.60 [3.70-11.70] 10exp3/UL
RBC 4.62 [3.70-5.50] 10exp6/UL
HGB 13.4 [11.3-15.1] GM/DL
HCT 39.7 [35.0-46.0] %
MCV 85.9 [75.0-97.0] FL
MCH 29.0 [24.0-32.0] PG
MCHC 33.8 [31.0-35.0] GM/DL
PLATELETS 226 [135-450] 10exp3/UL
RDW-SD 38.0 [35.1-46.3] FL
RDW-CV 12.2 [11.5-15.4] %
MPV 9.6 [8.6-12.4] FL
ABS NRBC 0.00 [0] 10exp3/UL
NRBC 0.0 [0] /100 WBC

DIFFERENTIAL

SEGS 21 %
LYMPHOCYTES 62 %

CONTINUED

Page: 1
Patient: BODIN,JEFFREY
Report Printed: 01/10/2014 08:30
INTERIM REPORT

Patient ID(MR#): 0445573
Location: HEM

CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

CLINICAL LABORATORY REPORT

Patient: BODIN, JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9003752905
DOB: 05/22/1997 Age: 16Y Sex: M
Location: HEM
Admit Date: 01/09/2014
Discharge Date:
Admitting Physician: MORALES, JAIME

H1067 COLL: 01/09/2014 13:30 REC: 01/09/2014 13:33 PHYS: MORALES, JAIME

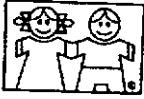
DIFFERENTIAL (CONTINUED)

MONOCYTES	14	%
EOSINOPHILS	2	%
ATYPICAL LYMPHS	1	%
ABS NEUTROPHIL	15 0.76	[1.80-8.00] 10exp3/UL
ABS LYMPHOCYTE	2.27	[1.20-5.20] 10exp3/UL
ABS MONOCYTE	0.50	[0.23-0.65] 10exp3/UL
ABS EOSINOPHIL	0.07	[0.00-0.39] 10exp3/UL
DIFFERENTIAL	MANUAL	
PLT ESTIMATE	NORMAL	
ANISOCYTOSIS	OCCASIONAL	
TEAR DROPS	OCCASIONAL	

END OF REPORT

Page: 2
Patient: BODIN, JEFFREY
Report Printed: 01/10/2014 08:30
INTERIM REPORT

Patient ID(MR#): 0445573
Location: HEM



CHILDREN'S HOSPITAL

Interim Visit Form - Clinic Version

HEMATOLOGY/ONCOLOGY DEPARTMENT



Date: 1-9-14 DX: met. melanoma

NAME: Jeffrey Bodin AGE: 16y SEX: M F MEDICATIONS: See List
 DIAGNOSIS: met. melanoma ALLERGIES: NKA

Oral Chemotherapy

Administered at home as ordered: (initials)

CC: Active, doing well.
 HPI: Continue to follow with derm abdx.
No new skin lesions or warts reported

I reviewed the CC & HPI with parent/patient and team and concur with above. (initials)

ROS: increased normal decreased negative positive

General: activity appetite fatigue fever night sweats skin rash weight loss

Hem/LN: bruises petechiae bleeding

MS: bone/joint pain/swelling

ENT: sore throat mouth sores
 nasal congestion rhinorrhea
 Eyes: visual changes eye discharge
 GI: abd pain N/V
 constipation diarrhea
 Pulm: chest pain SOB
 asthma/wheezing cough
 Cardiovasc: heart murmur
 Neuro/Psych: seizures anxiety
 weakness dev. delay
 mood changes
 GU: menarch/LMP:
 UTI/kidney/bladder:
 Derm: skin rash

Past, Family & Social History: reviewed no changes new issues:

Initials/date: JS/1/9/14

HR: 61 Temp: 97.0 Wt: 50.8 Kg SA: _____ HC: _____
 VS: RR: 20 BP: 128/58 Ht: 169.5cm Performance: _____

PHYSICAL EXAM: General Appearance: _____

PSYCH: Mental Status & Mood: _____

NORMAL

HEENT: Eyes: PERLA EOMs intact No Jaundice noted

Ears: TMs clear bilaterally

Nose: Mucosa with normal appearance

Oral Cavity: No labial or oral lesions
 Pharynx: clear
 Tonsils: normal

NECK: No palpable LN Thyroid not enlarged, NT

ABNORMAL

rhinorrhea bleeding
 erythematous exudate
 enlarged
 LN: cervical: _____
 supraclavicular: _____
 others: _____

I have reviewed the physical exam with parents/patient and team and concur with the above.

Attending Physician's Signature  X	Date MM/DD/YY <u>1/9/14</u>	Team Member's Signature  X	Date MM/DD/YY <u>1/1</u>
-----------------------------------------------------------------------------------------------------------------------------	--------------------------------	----------------------------------------------------------------------------------------------------------------------	-----------------------------

HEMOC (03/13) Revised
 INTERIMCLINIC - Bond DS 11x17

CLINIC PLAN (continued):

Name: Jeffrey Bodin

4. Labs: _____

5. Radiological studies: _____

- Results reviewed and discussed with radiologist
- Results reviewed and discussed with parents/patient Copy given

CXray + Labs today
Normal

6. Admit to hospital / short stay (see orders) for: _____

7. Discussed with parents/patient about: _____

E/O Dermatology @ Sun
Soft practices again discussed

DISCHARGE PLAN

1. Chemotherapy:

- i. Methotrexate _____ mg PO/IV/IM x 1 today
- ii. Continue 6MP _____ mg PO _____
- iii. _____

2. Medications

- a. Pen Vee K _____ mg PO BID
- b. Folic acid 1 mg PO QD
- c. PCP prophylaxis: _____
- d. Others: _____

3. Consults / referrals: _____

4. Return to clinic: yes

- MD visit Labs only Chemo only Admit Transfusion Other: _____

Labs: CBC D&P CMP BMP Mg&PO, Retic Other: LDH

Home labs: _____

Folic Acid

Tests/studies: Chest Xray ART lateral

Procedures: BMA/BX LP

5. Others: _____

6. Fax to PCP

Initials I reviewed the assessment and plan with parents / patient and team members and concur with the above.

I spent _____ hours / _____ minutes

Initials I personally supervised the infusion of _____ for _____ hours / _____ minutes
Chemotherapy/medication

complications complications: _____

Initials I personally supervised the transfusion of _____ for _____ hours / _____ minutes

complications complications: _____

Attending Physician's Signature <u>X</u> <u>[Signature]</u>	Date MM/DD/YY <u>2/19/14</u>	Team Member's Signature <u>X</u>	Date MM/DD/YY <u>1/1</u>
----------------------------------------------------------------	---------------------------------	-------------------------------------	-----------------------------

CHEMOTHERAPY:

6/10 - Interferon α 2b 20million units IV > 60min

Discharge Medications:

PCP Prophylaxis:

Antiemetics:

Neupogen:

Return to Clinic:

6-11-08

Labs Needed:

Scans/Procedures Needed:

Medications Needed:



RADIOLOGY IMAGING STUDIES REPORT

Medical Record 0445573	Patient Name BODIN, JEFFREY	DOB 05/22/1997	Sex M
Account No 009003752905	Study Date 01/09/2014 13:42:56	Procedure CHEST - AP & LAT	
Order Ref. III	Referring Physician MORALES, JAIME MD	Reading Doc ARCEMENT, CHRIS	

CHEST AP LAT:

There is a mild pectus deformity. Chest is otherwise within normal limits.

Signed by ARCEMENT, CHRIS

Date 01/09/2014 13:58:14
Electronic Signature on file
504-896-9566

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01/09/2014 13:58:14



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CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

CLINICAL LABORATORY REPORT

Patient: BODIN,JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9003209518
DOB: 05/22/1997 Age: 16Y Sex: M
Location: HEM
Admit Date: 09/13/2013
Discharge Date:
Admitting Physician: MORALES,JAIME

M4579 COLL: 09/16/2013 07:59 REC: 10/15/2013 04:32 PHYS: MORALES,JAIME

COMP METABOLIC PANEL

REQUEST CREDITED
Cancelled by lab, specimen was not received

LDH

REQUEST CREDITED
Cancelled by lab, specimen was not received

URIC ACID

REQUEST CREDITED
Cancelled by lab, specimen was not received

CBC

REQUEST CREDITED
Cancelled by lab, specimen was not received

DIFFERENTIAL

REQUEST CREDITED
Cancelled by lab, specimen was not received

END OF REPORT

Page: 1

Patient: BODIN,JEFFREY

Report Printed: 10/15/2013 08:30

INTERIM REPORT

Patient ID(MR#): 0445573

Location: HEM

CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
(504) 896-9490

CLINICAL LABORATORY REPORT

Patient: BODIN,JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9001572537
DOB: 05/22/1997 Age: 15Y Sex: M
Location: CLN
Admit Date: 09/14/2012
Discharge Date:
Admitting Physician: MORALES,JAIME

M5478 COLL: 09/17/2012 11:25 REC: 09/17/2012 11:26 PHYS: MORALES,JAIME

COMP METABOLIC PANEL

SPEC APPEAR NO VIS HEMOLYS
SODIUM 142 [134-144] MMOL/L
POTASSIUM 4.3 [3.5-5.0] MMOL/L
CHLORIDE 105 [98-107] MMOL/L
CO2 28 [20-31] MMOL/L
GLUCOSE 87 [65-110] MG/DL
BUN 12 [7-21] MG/DL
CREATININE 0.6 [0.1-1.4] MG/DL

eGFR,AFRICAN AMERICA

N/A DUE TO AGE

eGFR,NON-AFR AMERICA

N/A DUE TO AGE

CALCIUM 9.0 [8.5-10.4] MG/DL
TOTAL PROTEIN 7.1 [6.0-8.0] GM/DL
ALBUMIN 4.4 [3.0-4.8] GM/DL
BILIRUBIN TOTAL 0.4 [0.2-1.3] MG/DL
AST 18 [8-53] U/L
ALKALINE PHOS 258 [65-350] U/L
ALT 21 [7-56] U/L

LDH 165 [100-300] U/L

URIC ACID 5.3 [2.0-7.0] MG/DL

CBC

WBC 5.65 [3.70-11.70] 10exp3/UL
RBC 4.98 [3.70-5.50] 10exp6/UL
HGB 15.1 [11.3-15.1] GM/DL
HCT 43.8 [35.0-46.0] %
MCV 88.0 [75.0-97.0] FL
MCH 30.3 [24.0-32.0] PG
MCHC 34.5 [31.0-35.0] GM/DL
PLATELETS 235 [135-450] 10exp3/UL
RDW-SD 40.7 [35.1-46.3] FL
RDW-CV 12.7 [11.5-15.4] %
MPV 9.4 [8.6-12.4] FL
ABS NRBC 0.00 [0] 10exp3/UL
NRBC 0.0 [0] /100 WBC

DIFFERENTIAL

SEGS 39 %
BANDS 1 %

CONTINUED

Page: 1

Patient: BODIN,JEFFREY

Report Printed: 09/18/2012 08:30

INTERIM REPORT

Patient ID(MR#): 0445573

Location: CLN

CHILDREN'S
HOSPITAL

200 Henry Clay Avenue
New Orleans, Louisiana 70118
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CLINICAL LABORATORY REPORT

Patient: BODIN, JEFFREY
Patient ID (MR#): 0445573
Hospital Account #: 9001572537
DOB: 05/22/1997 Age: 15Y Sex: M
Location: CLN
Admit Date: 09/14/2012
Discharge Date:
Admitting Physician: MORALES, JAIME

M5478 COLL: 09/17/2012 11:25 REC: 09/17/2012 11:26 PHYS: MORALES, JAIME

DIFFERENTIAL (CONTINUED)

LYMPHOCYTES	46	%
MONOCYTES	5	%
EOSINOPHILS	2	%
ATYPICAL LYMPHS	7	%
ABS NEUTROPHIL	2.26	[1.80-8.00] 10exp3/UL
ABS LYMPHOCYTE	3.00	[1.50-6.50] 10exp3/UL
ABS MONOCYTE	0.28	[0.23-0.65] 10exp3/UL
ABS EOSINOPHIL	0.11	[0.00-0.27] 10exp3/UL
DIFFERENTIAL	MANUAL	
PLT ESTIMATE	NORMAL	
ANISOCYTOSIS	FEW	

END OF REPORT

Page: 2

Patient: BODIN, JEFFREY

Report Printed: 09/18/2012 08:30

INTERIM REPORT

Patient ID(MR#): 0445573

Location: CLN



RADIOLOGY IMAGING STUDIES REPORT

Medical Record 0445573	Patient Name BODIN,JEFFREY	DOB 05/22/1997	Sex M
Account No 009001572537	Study Date 09/17/2012 11:23:44	Procedure CHEST - AP & LAT	
Order Ref.	Referring Physician MORALES, JAIME MD	Reading Doc CONGENI, JANE MD	

CHEST AP AND LAT :

Lungs are symmetrically aerated and are clear. Heart size and pulmonary vascularity are within normal limits. Aortic arch is left-sided. No bony abnormalities are present.

IMPRESSION: NORMAL CHEST

Signed by CONGENI, JANE MD

Date 09/17/2012 11:27:20
Electronic Signature on file
504-896-9566

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9/17/2012 11:27:20



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