

SACRAMENTO PULMONARY & CRITICAL CARE ASSOCIATES

2500 Medical Plaza Drive, Suite 320

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PULMONARY CONSULTATION NOTE

Patient:	JOHNSON, MARGARET A.	DOB:	03/15/1952	MRN:	847291
DOS:	11/10/2025	Provider:	David Chen, MD	Visit Type:	New Consult

CHIEF COMPLAINT

Evaluation of pulmonary nodule discovered on screening CT.

HISTORY OF PRESENT ILLNESS

Mrs. Johnson is a 72-year-old female referred for evaluation of a pulmonary nodule. She underwent annual low-dose CT lung cancer screening on 10/15/2025 given her significant smoking history. The CT revealed an 18mm part-solid nodule in the right upper lobe, posterior segment. She denies any respiratory symptoms including cough, hemoptysis, dyspnea, or chest pain. She reports stable exercise tolerance, able to walk 1-2 blocks before mild dyspnea related to her known COPD. No recent weight loss, night sweats, or fever. No history of tuberculosis exposure or prior lung disease other than COPD.

Follow-up PET-CT on 10/28/2025 showed the nodule to be FDG-avid with SUVmax of 4.2, which raises concern for malignancy. No evidence of mediastinal lymphadenopathy or distant metastases.

PAST MEDICAL HISTORY

1. COPD - diagnosed 2018, currently on tiotropium and albuterol PRN
2. Hypertension - well controlled on lisinopril
3. Hyperlipidemia - on atorvastatin
4. Osteoarthritis - bilateral knees
5. Former smoker - 40 pack-year history, quit 2017

SURGICAL HISTORY

Cholecystectomy (2005), Right total knee replacement (2019)

CURRENT MEDICATIONS

1. Tiotropium 18mcg inhaler daily
2. Albuterol 90mcg inhaler PRN
3. Lisinopril 10mg daily
4. Atorvastatin 20mg daily
5. Acetaminophen 650mg PRN for arthritis
6. Calcium/Vitamin D supplement daily

ALLERGIES

Penicillin (rash), Sulfa drugs (hives)

SOCIAL HISTORY

Former smoker: 40 pack-years (1 pack/day x 40 years), quit 8 years ago in 2017.

Alcohol: Occasional glass of wine with dinner.

Occupation: Retired school teacher.

Lives with husband. Independent in all ADLs. Has two adult children locally.

FAMILY HISTORY

Father died of lung cancer at age 68 (heavy smoker). Mother died of stroke at 82. Brother with COPD. No family history of other malignancies.

REVIEW OF SYSTEMS

Constitutional: No fever, chills, night sweats, or unintentional weight loss.

Respiratory: Baseline mild dyspnea on exertion. No cough, hemoptysis, wheezing.

Cardiovascular: No chest pain, palpitations, or edema.

Gastrointestinal: No nausea, vomiting, abdominal pain, or changes in bowel habits.

Musculoskeletal: Chronic bilateral knee pain, stable.

Neurological: No headaches, weakness, or sensory changes.

All other systems reviewed and negative.

PHYSICAL EXAMINATION

Vitals: BP 132/78, HR 76, RR 16, Temp 98.4°F, SpO2 96% on room air, Weight 156 lbs, Height 5'4"

General: Well-appearing, comfortable, in no acute distress.

HEENT: Normocephalic, atraumatic. Oropharynx clear. No cervical lymphadenopathy.

Cardiovascular: Regular rate and rhythm. No murmurs, rubs, or gallops.

Pulmonary: Decreased breath sounds bilaterally consistent with COPD. No wheezes, rhonchi, or crackles. No dullness to percussion. Normal chest wall expansion.

Abdomen: Soft, non-tender, non-distended. No hepatosplenomegaly.

Extremities: No clubbing, cyanosis, or edema. Bilateral knee surgical scars noted.

Neurological: Alert and oriented x3. Grossly non-focal.

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DIAGNOSTIC STUDIES

CT Chest (10/15/2025): 18mm part-solid nodule in RUL posterior segment with spiculated margins and 12mm solid component. No lymphadenopathy. Emphysematous changes bilaterally.

PET-CT (10/28/2025): FDG-avid RUL nodule, SUVmax 4.2. No mediastinal or hilar lymph node uptake. No evidence of distant metastatic disease.

Pulmonary Function Tests (11/05/2025):

- FEV1: 1.52L (62% predicted)
- FVC: 2.38L (78% predicted)
- FEV1/FVC: 64%
- DLCO: 58% predicted

Interpretation: Moderate obstructive ventilatory defect with reduced diffusion capacity.

Labs (11/08/2025): CBC within normal limits. BMP normal. PT/INR normal.

ASSESSMENT

- 1. Right upper lobe pulmonary nodule, suspicious for malignancy** - 18mm part-solid nodule with spiculated margins and FDG-avidity (SUVmax 4.2). Lung-RADS 4B. Brock model probability of malignancy 68%. Given patient's smoking history and PET findings, tissue diagnosis is warranted prior to consideration of definitive therapy.
- 2. COPD, moderate severity** - Stable on current regimen. FEV1 62% predicted. Will factor into procedure planning.
- 3. Former smoker** - 40 pack-year history, quit 8 years. High risk for lung cancer.

PLAN

- 1. Tissue Diagnosis:** Recommend robotic-assisted transbronchial biopsy with electromagnetic navigation and CT fluoroscopy guidance. This approach is preferred over CT-guided transthoracic biopsy given:
 - Peripheral location accessible via airways
 - Lower pneumothorax risk (important given underlying COPD)
 - Ability to sample mediastinal nodes if needed
- 2. Pre-procedure workup:**
 - Labs: CBC, CMP, PT/INR - obtained
 - EKG - to be obtained
 - Anesthesia pre-op evaluation scheduled
- 3. Prior Authorization:** Will submit request to Medicare for robotic bronchoscopy procedure. Medical necessity

documentation attached.

4. **Patient Education:** Discussed findings, differential diagnosis, and procedural options with patient and husband. They understand the concern for malignancy and agree with proceeding to biopsy. Risks, benefits, and alternatives discussed. Questions answered. Patient consents to proceed pending insurance authorization.

5. **Follow-up:** Will schedule procedure once authorization obtained. Results to be discussed at follow-up visit. If malignancy confirmed, will coordinate with thoracic surgery and oncology.

David Chen, MD

Pulmonary & Critical Care Medicine

Board Certified - Pulmonary Disease, Critical Care Medicine

NPI: 1234567890

Electronically signed: 11/10/2025 4:32 PM

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