

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**Emergency Department Note
Signed**

Patient: Anachovich,Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W6A
Attending Dr: Ellenjane G. Tarife APN
Referring Dr:

MR#: M1048066
Acct: V011930464
ADM Date: 10/30/24
Transcribed Dt/Tm: 10/30/24 1806
Dictating Dr: Felsenstein,Bruce MD
Date of Service: 10/30/24 1806

cc: ~

General Information

General Information

Time Seen by Provider: 10/30/24 17:39
Stated Complaint: Fever
Chief Complaint: Post-op Complaint
Triage Attestation:
Reviewed by on

HPI

History of Present Illness

HPI Narrative:

72-year-old male with fever today status post CBD stent placement on 10/25/2024. He had an ultrasound-guided biopsy of pancreatic mass performed during endoscopy. He was discharged from the hospital yesterday. The patient had a pancreatic mass and biliary dilatation. There is presumed pancreatic adenocarcinoma. He was given ibuprofen at 1 PM for fever of 101.5. He denies chest pain, nausea, cough, or urinary symptoms.

Past Medical,Fam,Soc History

Past Medical History

Cardiac: Atrial Fibrillation
Respiratory: Sleep Apnea
Musculoskeletal: Fractures and Gout
Endocrine: Other

Past Surgical History

Gastrointestinal: Colonoscopy and Other
Musculoskeletal: Carpal Tunnel Surgery

Social History

Smoking Status: Never Smoker
Substance Use Type: Alcohol
Consumption Amount: Occasionally

Marital Status

Marital Status: married

Medications and Allergies - ED

Home Medications and Allergies

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
Iosartan 25 mg tablet	25 mg PO DAILY	10/22/24	10/30/24	History

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VAH
 Patient name: Anachovich,Akiva
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metoprolol succinate 50 mg tablet,extended release 24 hr	50 mg PO DAILY	10/22/24	10/30/24	History
tamsulosin 0.4 mg capsule	0.4 mg PO DAILY	10/22/24	10/30/24	History
allopurinol 300 mg tablet	300 mg PO DAILY	10/24/24	10/30/24	History
dicyclomine 10 mg capsule	10 mg PO BID PRN abdominal pain #14 caps	10/29/24	10/30/24	Rx
ibuprofen 400 mg tablet	400 mg PO Q6H PRN moderate pain #30 tabs	11/01/24		Rx

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	10/30/24 16:35

Current Medications:

Active Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Dextrose Dextrose 50% Inj 50 MI Syringe	50 ml IVP 1TIME PRN Blood Sugar - Low	10/30/24 16:37	
Acetaminophen Acetaminophen	1,000 mg in 100 mls @ 400 mls/hr IVPB 1TIME PRN Fever 100.4 or greater Protocol	10/30/24 16:37	

Exam

Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
38.7 C H	79	18	142/87 H	96	Room Air

Emergency Department Note STATUS: Signed 1030-

VAH
 Patient name: Anachovich,Akiva
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10/30/24 16:31	10/30/24 16:31	10/30/24 16:31	10/30/24 16:31	10/30/24 16:31	10/30/24 16:31
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Constitutional

Height: 1.78 m
 Weight: 82.7 kg
 Body Mass Index (BMI): 26.2
 Development: normally developed
 Age range: senior
 Appearance/Distress: no acute distress

Skin

Skin exam: Absent rash

Head

Head exam: Present normocephalic

ENT

ENT exam: Present mucous membranes moist

Eye

Eye exam: Present EOMI and PERRL

Neck

Neck exam: Present supple

Respiratory

Respiratory exam: Present clear to auscultation

Cardiovascular

Cardiovascular exam: Present +S1 and +S2; Absent murmur

GI/Abdominal

GI/Abdominal exam: Present normal bowel sounds and soft; Absent tenderness

Back

Back: normal

Extremities Exam

Extremities exam: Absent edema

Neurological.

Neuro Mental Status: Normal: Alertness, Speech and Orientation

Neuro Motor: absent: weakness

Psychiatric

Attitude: Is cooperative

Course/MDM

Lab Data

6.30# 12.9L 140L
 37.7L

11/01/24 03:56

137 104 18
 3.6 26 0.75 117H

11/01/24 03:56

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Labs:

Lab Results

	10/30/24 16:44	Range/Units
WBC	13.56 H	(4.50-10.50) X10 ³
RBC	5.08	(4.00-6.00) X10 ⁶
Hgb	15.2	(14.0-18.0) g/dl
Hct	44.9	(42.0-54.0) %
MCV	88.4	(84.5-98.7) fl
MCH	29.9	(27.0-31.0) pg
MCHC	33.9	(31.0-35.0) g/dL
RDW	15.6 H	(11.6-14.4) %
Plt Count	203	(150-450) X10 ³
MPV	10.9	(9.4-12.4) fL
Absolute Nucleated RBC	0.00	X10 ³
Neutrophils %	80	%
Band Neutrophils %	5	(0-10) %
Lymphocytes %	10	%
Monocytes %	4	%
Eosinophils %	0	%
Basophils %	1	%
Neutrophils #	11.53 H	(2.03-7.35) X10 ³
Lymphocytes #	1.36	(0.90-4.20) K/MM3
Monocytes #	0.54	(0.05-1.05) K/MM3
Eosinophils #	0.00 L	(0.05-0.74) K/MM3
Basophils #	0.14	(0.00-0.21) K/MM3
Platelet Estimate	ADEQUATE	
Polychromasia	1+	
Anisocytosis	2+	
Macrocytosis	1+	
Ovalocytes	1+	
Acanthocytes (Spur)	1+	
Sodium	131 L	(136-145) mmol/L
Potassium	3.9	(3.5-5.1) mmol/L
Chloride	100	(98-107) mmol/L
Carbon Dioxide	25	(20-31) mmol/L
BUN	23	(9-23) mg/dL
Creatinine	0.80	(0.73-1.18) mg/dL
GFR Calculation	95	
Glucose	100	(74-106) mg/dL
Lactic Acid	0.71	(0.5-2.00) mmol/L
Calcium	9.2	(8.3-10.6) mg/dL
Total Bilirubin	3.6 H	(0.3-1.2) mg/dL
AST	330 H	(<34) U/L
ALT	368 H	(10-49) U/L
Alkaline Phosphatase	671 H	(45-117) U/L
Total Protein	6.7	(5.7-8.2) g/dL
Albumin	4.2	(3.2-4.8) g/dL

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Influenza A (RT-PCR)	Negative	(Negative)
Influenza B (RT-PCR)	Negative	(Negative)
RSV (RT-PCR)	Negative	(Negative)
SARS-CoV-2 (PCR)	Not Detected	(Not Detect)

Radiology Data

Radiology results narrative:

Chest x-ray (1 view) no infiltrate as independently interpreted by me

EKG Data

EKG attestation: Yes I reviewed and interpreted this EKG.

EKG results narrative:

Normal sinus rhythm, 76/min, axis 20 degrees, no ischemic changes; similar 10/22/2024

Vitals

Vital Signs:

Vital Signs

Temperature	38.7 C H	10/30/24 16:31
Pulse Rate	79	10/30/24 16:31
Respiratory Rate	18	10/30/24 16:31
Blood Pressure	142/87 H	10/30/24 16:31
O2 Sat by Pulse Oximetry	96	10/30/24 16:31
Oxygen Delivery Method	Room Air	10/30/24 16:31

Temperature	38.7 C H	10/30/24 16:31
Pulse Rate	79	10/30/24 16:31
Respiratory Rate	18	10/30/24 16:31
Blood Pressure	142/87 H	10/30/24 16:31
O2 Sat by Pulse Oximetry	96	10/30/24 16:31
Oxygen Delivery Method	Room Air	10/30/24 16:31

Medical Decision Making

Medical decision making narrative:

72 y/o male S/P endoscopic pancreatic biopsy 5 days ago has a fever today. Uncertain but may be related to complication from procedure. Initially Blood and urine testing respiratory pathogen p[anel, and chest xray will be done.

WBC 13.56 with 80 neutrophils and 5 bands, Na 131

AST/ALT/ALP 330/368/671 (120/174/324 on 10/26/24), T. Bili 6.7 (10.5 on 10/26/24), Lipase 76 (2154 on 10/26/24)

UA normal

Cxray normal.

A CT abd/pel ordered to R/O intraabdominal complication or infection due to the previous biopsy.

Emergency Department Note STATUS: Signed 1030-

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Discussed with Dr. Micco who will admit.

Discharge Plan

Prescriptions

Will Patient be on anticoag/anti-platelets?: No

Disposition

Clinical Impression:

Fever, Mass of pancreas

Patient Disposition: Admitted In (ED Use Only)

Admission Information

Hospitalization Status: Admit as Inpatient

Level of Care: Oncology

Unit Preference: Oncology

Attending Provider: Matthew J Micco

Discharge Order

Discharge Orders:

Discharge (Routine); Ordered 11/01/24

Ordered By: Ellenjane G. Tarife

Signed By: <Electronically signed by Bruce Felsenstein MD>

11/01/24 1405

Emergency Department Note STATUS: Signed 1030-

**Anachovich, Akiva****Fac:** The Valley Hospital
72 M 12/25/1951**Loc:** West 6A: Oncology
Med Rec Num: M1048066**Attending:** Ellenjane G. Tarife
Reason: Mass of Pancreas**Bed:** W6064-D
Visit: V011930464
Reg Date: 10/30/24**Visit Data**

Last Name: Anachovich	Status:	Left Department
First Name: Akiva	Priority:	2-Emergent
Middle:	Condition:	Good
Birthdate: 12/25/1951	Arrival Date/Time:	10/30/24 16:07
Age: 72	Arrival Mode:	Walk-In
Birth Sex: M	Triaged At:	10/30/24 16:31
Language: English	Time Seen by Provider:	10/30/24 17:39

Stated Complaint: Fever**Chief Complaint:** Post-op Complaint**ED Location:** Charlie Pod**Area:****Station:****Group:****ED Provider:** Felsenstein, Bruce**ED Midlevel Provider:****ED Nurse:** Kim, Michelle**Primary Care Provider:** NotOnStaff, Doctor**Other Provider:** Klavan, Heather Laura; Frank, Michele B.; Gaffin, Neil

Status/Phase	DtTm/Value	User/Action
Left Department	11/01/24 13:45:54	Tarife, Ellenjane G.
Referrals (Provider)	Wood, Kevin C.	Added
Referrals (Provider)	Levykh-Chase, Rena	Added
ADM IN	10/30/24 21:48:20	Allah, Natoshia
Attending Provider	Micco, Matthew J	New
Admitting Provider	Micco, Matthew J	New
Physician	10/30/24 19:15:43	Kim, Michelle
Ed Nurse	Kim, Michelle	Edit
	10/30/24 18:06:18	Felsenstein, Bruce
Referrals (Provider)	NotOnStaff, Doctor	Added
	10/30/24 17:40:51	Imbriani, Matthew
Midlevel Provider	Imbriani, Matthew	Deleted
	10/30/24 17:39:40	Felsenstein, Bruce
Ed Provider	Felsenstein, Bruce	Edit
With Midlevel	10/30/24 17:39:38	Imbriani, Matthew
Midlevel Provider	Imbriani, Matthew	New
Triaged	10/30/24 17:23:08	DelToro, Tracey
Ed Provider	NotOnStaff, Doctor	New
	10/30/24 17:17:34	Balin, Kathleen
Ed Nurse	Balin, Kathleen	New
Received	10/30/24 16:35	Kohles, Linda
Chief Complaint	Post-op Complaint	New
	10/30/24 16:07:29	Geier, Adam
Stated Complaint	Fever	New

Anachovich, Akiva

Fac: The Valley Hospital
72 M 12/25/1951

Loc: West 6A: Oncology
Med Rec Num: M1048066

Bed: W6064-D
Visit: V011930464

Visit Data - Continued

Call Backs

Current Call Details

File Date/Time: 10/31/24 00:08

Edit Number: 1

Call List Call Type	Scheduled Actual	Initiator Phone	Recipient Phone	Status Priority	Action
Clinical Trials Clinical Trials	10/31/24 00:08	<Auto-Generated>	Anachovich, Akiva 201-679-5063	Pending Medium	

Subject/Summary of Call:

Auto-Generated 10/31/24 00:08 EDT:

Complaint(s): Post-op Complaint

Discharge Information

ED Provider: Felsenstein, Bruce
Status: Left Department
Time Seen by Provider: 10/30/24 17:39
Condition: Good
Tried At: 10/30/24 16:31
Other ED Providers: Klavan, Heather Laura
Frank, Michele B.
Gaffin, Neil

Emergency Discharge Date/Time: 10/31/24 00:08
Emergency Discharge Disposition: Admitted In (ED Use Only)
Clinical Impression: Fever
Mass of pancreas
Emergency Discharge Comment:

Admit Intervention Last Done
ED Discharge Assessment 10/30/24 22:49

Query	Result
Patient On Airborne Isolation	No
Temperature	37.7 C
Temperature Conversion	99.9
Temperature Source	Oral
Blood Pressure	124/67
Blood Pressure Mean	86
Pulse Rate	90
Respiratory Rate	17
O2 Sat by Pulse Oximetry	95
Oxygen Delivery Method	Room Air
Is there IV fluid running?	N/A
IV status at DC/Transfer	Site Intact & Labeled
Department	West 6A: Oncology
Teaching Recipient	Patient
Education Session	Admission
Barriers to Learning	None
Communication Tools Used	None Required
Methods	Discussion
Response to Teaching	Verbalized Understanding
Further Instruction Needed	na

Anachovich, Akiva**Fac:** The Valley Hospital
72 M 12/25/1951**Loc:** West 6A: Oncology**Med Rec Num:** M1048066**Bed:** W6064-D**Visit:** V011930464

Discharge Information - Continued

Sensory Perception - Skin Risk Assessment Scale	No Impairment
Moisture - Skin Risk Assessment Scale	Rarely Moist
Activity - Skin Risk Assessment Scale	Walks Frequently
Mobility - Skin Risk Assessment Scale	No Limitations
Nutrition - Skin Risk Assessment Scale	Adequate
Friction & Shear - Skin Risk Assessment Scale	No Apparent Problem
Total Score - Skin Risk Assessment	22

Patient Belongings

10/30/24 17:35

Query	Result
Belongings With Patient At Bedside	Upon Arrival
-Has all Medical Equipment Been Transferred with The patient?	Not Applicable
-Patient Belongings List	Clothing Footwear

Transport

Universal Transfer Summary

Inpatient Discharge Date/Time: 11/01/24 14:56

Inpatient Discharge Disposition: Routine/Home

Inpatient Discharge Comment:

Instructions:

Stand-Alone Forms: Patient Portal Access Form

Prescriptions: ibuprofen

Tarife, Ellenjane G.

**The Valley Hospital
4 Valley Health Plaza
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**Discharge Summary
Signed**

Patient: Anachovich, Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W6A
Attending Dr: Ellenjane G. Tarife APN
Referring Dr:

MR#: M1048066
Acct: V011930464
ADM Date: 10/30/24
Transcribed Dt/Tm: 11/01/24 1342
Dictating Dr: Ellen-Jane Tarife, APN
Date of Service: 11/01/24 1342

cc: Levykh-Chase, Rena MD~

<Statement entered by Gazala Dave, MD - 11/01/24 16:18>

Chart reviewed, case discussed with PA, Agree with assessment and recommendations.

Discharge Plan

Prescriptions

Med Rec & Prescriptions:

New

ibuprofen 400 mg Tablet

400 mg PO Q6H PRN (Reason: moderate pain) Qty: 30 ORF

Continued

metoprolol succinate 50 mg tablet extended release 24 hr

50 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

tamsulosin 0.4 mg capsule

0.4 mg PO DAILY

Patient Comments:

TAKE 1 CAPSULE BY MOUTH EVERY DAY

losartan 25 mg tablet

25 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

allopurinol 300 mg tablet

300 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

dicyclomine 10 mg capsule

10 mg PO BID PRN (Reason: abdominal pain) Qty: 14 ORF

Discontinued

atorvastatin 10 mg tablet

10 mg PO DAILY

Patient Comments:

TAKE 1 TABLET BY MOUTH EVERY DAY

Will Patient be on anticoag/anti-platelets?: No

Disposition

Condition: Good

Patient name: Anachovich,Akiva
Account #: V011930464

Patient Disposition: Routine/Home

Discharge Information

Instructions for Patient and Follow-up Providers:

Continue medications as listed above.

As your liver enzymes are elevated, please hold Atorvastatin for now.

Follow up with PCP Dr. Chase post discharge.

Follow up with oncology Dr. Wood in 7-10 days to review final pathology and treatment planning.

If you develop persistent fevers, chills, uncontrolled pain, intractable nausea/vomiting, return to the ER for further evaluation.

Forms/Letters:: Patient Portal Access Form

Referrals/Follow Up with (Timeframe)::

NotOnStaff,Doctor, MD [Primary Care Provider] -

Levykh-Chase,Rena, MD [Doctor of Medicine] -

Wood,Kevin C., MD [Doctor of Medicine] - 1 week (follow up 7-10 days)

Discharge Order

Discharge Orders:

Discharge (Routine); Ordered 11/01/24

Ordered By: Ellenjane G. Tarife

Final Diagnosis: Fever

Patient/Caregiver Discharge Instructions

Diet upon discharge: advance to your usual diet

Activity upon discharge: resume usual activities as tolerated

Exam**Vital Signs**

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
36.8 C	61	16	146/92 H	99	Room Air
11/01/24 08:35	11/01/24 12:40	11/01/24 12:40	11/01/24 12:40	11/01/24 12:40	11/01/24 12:40

Exam Findings

Exam Findings:

Physical exam:

Constitutional: overweight nontoxic male in bed

Integumentary: warm, dry, intact, normal color and turgor without lesions, jaundice

HEENT: normocephalic, atraumatic

Cardiovascular: normal S1,S2, no murmur, no rubs, clicks, thrills, or gallops. No edema, capillary refill

Patient name: Anachovich, Akiva
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< 2 secs, neck supple, no JVD. No clubbing or cyanosis noted.

Respiratory: nonlabored breathing. Lung sounds clear to auscultation bilaterally with normal diaphragmatic excursion. Trachea midline. No wheezes or rales noted.

Gastrointestinal: abdomen soft, nontender, nondistended and without masses. Normal bowel sounds present in all 4 quadrants. No organomegaly or hernia.

Genitourinary: no CVA tenderness. no suprapubic pain or tenderness

Neurological: awake, alert, and oriented x3, nonfocal

Psychiatric: normal mood, cooperative, no memory loss

Musculoskeletal: normal ROM in all extremities. No joint enlargement or tenderness. Motor power and strength 5/5 in both upper and lower extremities. Normal gait. Spine normal without deformity or tenderness.

Extremities: no cyanosis, clubbing or edema. Peripheral pulses intact, no calf pain or tenderness

Constitutional

Height: 1.78 m

Weight: 82.7 kg

Body Mass Index (BMI): 26.2

Provider Information

Admission Info

Date of Admission:

October 30, 2024

Discharge Date: 11/01/24

Final Diagnoses::

Fever

Pancreatic Adenocarcinoma

HTN

HLD

Gout

BPH

HPI/Hospital Course

HPI/Hospital Course::

Mr. Anachovich is a 72 year old male with medical history of HTN, HLD, Gout, BPH, newly diagnosed pancreatic neoplasm who presents to the Valley Hospital 10/30/2024 complaining of fever with T max 101 F.

He denies any new infectious symptoms such as burning with urination, cough, shortness of breath, any new skin rashes, any new diarrhea. He was recently discharged from Valley Hospital on 10/29/2024. At this time, he initially presented with jaundice. This was found to be obstructive jaundice secondary to suspected pancreatic neoplasm. MRI was performed which was suspicious for pancreatic duct. The patient had EUS and ERCP with stent placement and biopsy of the pancreatic head mass on 10/25/2024. Admission was complicated by ERCP induced pancreatitis. Lipase and liver enzymes downtrending, and the patient was ultimately cleared for discharge with plan for close follow-up with

GI in the outpatient setting. FNA pancreatic head mass showed detached strips of markedly atypical columnar glandular epithelium with rare minute foci of atypical glands in fibrotic stroma, suspicious for adenocarcinoma.

In the ER, t max was 38.7 C, Presenting labs revealed leukocytosis with a WBC of 13.56, stable hemoglobin of 15.2 and 44.9, platelets 203,000. Chemistry with hyponatremia sodium 131, BUN 23 creatinine 0.80, total bilirubin 3.6, AST 330, ALT 368, alk phos 671. Lipase 71. Urinalysis positive for urobilinogen negative for infection. Respiratory PCR negative. Chest x-ray revealed no acute cardiopulmonary process. CT abdomen and pelvis with contrast revealed acute pancreatitis likely secondary to recent biopsy. Scattered peritoneal implants. Mesenteric adenopathy presumably related to pancreatic neoplastic disease. Patient admitted, gastroenterology and oncology consulted.

During hospitalization, he was seen by oncology. He underwent FNA of peritoneal biopsy to confirm stage 4 disease on 10/31/2024 but this was not enough yield so he underwent core biopsy peritoneal nodule today with Dr. Arams. Oncology discussed with patient and spouse that likely diagnosis is stage 4 pancreas cancer, nonoperable. He would be a candidate for Folfirinox. Oncology will arrange follow up in 7-10 days to review final pathology and treatment planning. Patient cleared for discharge per oncology.

He was seen by gastroenterology who believed that fevers were likely reactive, and that advanced malignancy was likely pancreatic adenocarcinoma. No further GI intervention indicated.

10/1/2024: Patient seen and examined, with wife at bedside. Reports upper abdominal pain that is mild, improves with ibuprofen. He was febrile this morning with Tmax of 101 °F. Appreciate oncology consult, plans for CT-guided peritoneal biopsy to confirm stage IV disease and confirm pathology. Patient seen by gastroenterology, suspected fevers from noninfectious pancreatitis. Recommendations for IV fluids, blood cultures. Continue hospitalization
Code Status Upon Discharge:

10/31/24 00:46
Code Status Routine
Resuscitation Status: Full Code

Recent Labs

Recent Labs:

Laboratory Last Values

WBC	6.30 X10 ³ (4.50-10.50) D	11/01/24 03:56
RBC	4.24 X10 ⁶ (4.00-6.00)	11/01/24 03:56
Hgb	12.9 g/dl (14.0-18.0) L	11/01/24 03:56
Hct	37.7 % (42.0-54.0) L	11/01/24 03:56
MCV	88.9 fl (84.5-98.7)	11/01/24 03:56
MCH	30.4 pg (27.0-31.0)	11/01/24 03:56
MCHC	34.2 g/dL (31.0-35.0)	11/01/24 03:56
RDW	15.8 % (11.6-14.4) H	11/01/24 03:56

Patient name: Anachovich,Akiva
Account #: V011930464

Plt Count	140 X10 ³ (150-450) L	11/01/24 03:56
MPV	11.6 fL (9.4-12.4)	11/01/24 03:56
Immature Gran % (Auto)	1.6 % (0.0-0.6) H	11/01/24 03:56
Absolute Nucleated RBC	0.00 X10 ³	11/01/24 03:56
Neutrophils %	71 %	11/01/24 03:56
Band Neutrophils %	6 % (0-10)	10/31/24 03:44
Lymphocytes %	14 %	11/01/24 03:56
Monocytes %	11 %	11/01/24 03:56
Eosinophils %	3 %	11/01/24 03:56
Basophils %	1 %	11/01/24 03:56
Immature Gran #	0.10 X10 ³ (0.00-0.10)	11/01/24 03:56
Neutrophils #	4.45 X10 ³ (2.03-7.35)	11/01/24 03:56
Lymphocytes #	0.89 X10 ³ (0.90-4.20) L	11/01/24 03:56
Monocytes #	0.66 X10 ³ (0.05-1.05)	11/01/24 03:56
Eosinophils #	0.16 X10 ³ (0.05-0.74)	11/01/24 03:56
Basophils #	0.04 X10 ³ (0.00-0.21)	11/01/24 03:56
Variant Lymphocytes	2 % (0-10)	10/31/24 03:44
Platelet Estimate	DECREASED L	11/01/24 03:56
Polychromasia	1+	10/31/24 03:44
Anisocytosis	1+	10/31/24 03:44
Macrocytosis	1+	10/31/24 03:44
Ovalocytes	1+	10/30/24 16:44
Acanthocytes (Spur)	1+	10/30/24 16:44
PT	14.9 Sec (12.0-14.2) H	10/31/24 13:00
INR	1.2 (0.9-1.1) H	10/31/24 13:00
Sodium	137 mmol/L (136-145)	11/01/24 03:56
Potassium	3.6 mmol/L (3.5-5.1)	11/01/24 03:56
Chloride	104 mmol/L (98-107)	11/01/24 03:56
Carbon Dioxide	26 mmol/L (20-31)	11/01/24 03:56
BUN	18 mg/dL (9-23)	11/01/24 03:56
Creatinine	0.75 mg/dL (0.73-1.18)	11/01/24 03:56
GFR Calculation	102	11/01/24 03:56
Glucose	117 mg/dL (74-106) H	11/01/24 03:56
Lactic Acid	0.71 mmol/L (0.5-2.00)	10/30/24 16:44
Calcium	8.4 mg/dL (8.3-10.6)	11/01/24 03:56
Phosphorus	3.2 mg/dL (2.4-5.1)	11/01/24 03:56
Magnesium	2.0 mg/dL (1.6-2.6)	11/01/24 03:56
Total Bilirubin	2.2 mg/dL (0.3-1.2) H	11/01/24 03:56
Direct Bilirubin	2.6 mg/dL (0.0-0.3) H	10/31/24 09:56
AST	138 U/L (<34) H	11/01/24 03:56
ALT	254 U/L (10-49) H	11/01/24 03:56
Alkaline Phosphatase	596 U/L (45-117) H	11/01/24 03:56
Total Protein	5.8 g/dL (5.7-8.2)	11/01/24 03:56
Albumin	3.5 g/dL (3.2-4.8)	11/01/24 03:56
Lipase	76 U/L (12-53) H	10/30/24 16:44
Urine Color	Yellow (Yellow)	10/30/24 17:52
Urine Clarity	Clear (Clear)	10/30/24 17:52
Urine pH	6.0 (5.0-8.0)	10/30/24 17:52
Ur Specific Gravity	1.027 (1.003-1.035)	10/30/24 17:52
Urine Protein	Trace mg/dL (Neg - Trace)	10/30/24 17:52

Urine Glucose (UA)	Negative mg/dL (NEGATIVE)	10/30/24 17:52
Urine Ketones	Negative mg/dL (Negative)	10/30/24 17:52
Urine Occult Blood	Negative (Negative)	10/30/24 17:52
Urine Nitrate	Negative (Negative)	10/30/24 17:52
Urine Bilirubin	Negative mg/dL (NEGATIVE)	10/30/24 17:52
Urine Urobilinogen	2.0 mg/dL (<2.0) H	10/30/24 17:52
Ur Leukocyte Esterase	Negative Leu/uL (Negative)	10/30/24 17:52
Urine RBC	1 /HPF (0-5)	10/30/24 17:52
Urine WBC	2 /HPF (0-5)	10/30/24 17:52
Urine Mucus	RARE /HPF (Small)	10/30/24 17:52
Adenovirus (PCR)	Not Detected (Not Detect)	10/30/24 18:35
B. pertussis DNA (PCR)	Not Detected (Not Detect)	10/30/24 18:35
B.parapertussis DNA PCR	Not Detected (Not Detect)	10/30/24 18:35
C. pneumoniae DNA (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Coronavirus OC43 (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Coronavirus HKU1 (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Coronavirus 229E (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Coronavirus NL63 (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Human Metapneumovir PCR	Not Detected (Not Detect)	10/30/24 18:35
Influenza A (RT-PCR)	Negative (Negative)	10/30/24 16:44
Influenza Type A (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Influenza B (RT-PCR)	Negative (Negative)	10/30/24 16:44
Influenza Type B (PCR)	Not Detected (Not Detect)	10/30/24 18:35
M. pneumoniae (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Parainfluenza 1 (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Parainfluenza 2 (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Parainfluenza 3 (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Parainfluenza 4 (PCR)	Not Detected (Not Detect)	10/30/24 18:35
RSV (RT-PCR)	Negative (Negative)	10/30/24 16:44
RSV (PCR)	Not Detected (Not Detect)	10/30/24 18:35
Enterovirus/Rhino (PCR)	Not Detected (Not Detect)	10/30/24 18:35
SARS-CoV-2 (PCR)	Not Detected (Not Detect)	10/30/24 16:44
SARS-CoV-2 RNA (NAA)	Not Detected (Not Detect)	10/30/24 18:35

Diagnostic Imaging

Radiology Impressions:

ITS Impressions

Chest X-Ray 10/30/24 18:10

IMPRESSION:

1. No acute cardiopulmonary process.

Electronically Signed by: Gary E Geil, MD 10/30/2024 8:34 PM

Abdomen/Pelvis CT 10/30/24 20:25

IMPRESSION:

VAH
Patient name: Anachovich,Akiva
Account #: V011930464

7

1. Acute pancreatitis likely secondary to recent biopsy.
2. Scattered peritoneal implants noted again.
3. Mesenteric adenopathy presumably related to pancreatic neoplastic disease.

Electronically Signed by: Gary E Geil, MD 10/30/2024 10:53 PM

Needle Aspiration CT 10/31/24 13:50

Impression:

Percutaneous fine needle aspiration of right peritoneal lesion under CT guidance.

Electronically Signed by: Michael Warhit, MD 10/31/2024 3:20 PM

Abdomen Biopsy CT 11/01/24 10:29

Impression:

Percutaneous biopsy under CT guidance.

Electronically Signed by: Ronald Arams, MD 11/1/2024 12:52 PM

Consults

Consults:

Visit Care Team	Role	Provider Type
Doctor NotOnStaff, MD	Primary Care Provider	Doctor of Medicine
Specialty:		
Address:		
Phone:		
Fax:		

Neil Gaffin, MD	Other Providers	Doctor of Medicine
Specialty:	Infectious Diseases	
	Medical	
Address:	947 LINWOOD AVENUE, SUITE 2E, Ridgewood, NJ, 07450	
Phone:	(201) 447-6468	
Fax:	(201) 447-3189	

Michele B. Frank, MD	Other Providers	Doctor of Medicine
Specialty:	Hematology/Oncology	
Address:	VMG - Hematology/Oncology, One Valley Health Plaza, Paramus, NJ,	

VAH
Patient name: Anachovich,Akiva
Account #: V011930464

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07652
Phone: 201-634-5578
Fax: 201-986-4702

Heather Laura Klavan, MD
Other Providers Doctor of Medicine
Specialty: Gastroenterology
Address: 466 Old Hook Road, Suite 1, Emerson, NJ, 07630
Phone: 201-967-8221
Fax: 201-967-0340

Bruce Felsenstein, MD
Emergency Provider Doctor of Medicine
Specialty: Emergency Medicine
Address: The Valley Hospital, Ridgewood, NJ, 07450
Phone: (201)447-8300
Fax: (201)251-3467

Ellenjane G. Tarife, APN
Attending Provider Advanced Practice Nurse
Specialty: Nurse Practitioner
Address: 4 Valley Health Plaza, CDU, Paramus, NJ, 07652
Phone: 201-447-8618
Fax: 201-251-3302

Matthew J Micco, MD
Admit Provider Doctor of Medicine
Specialty: Internal Medicine
Address: 4 Valley Health Plaza, Paramus, NJ, 07652
Phone: 201-447-8618
Fax: 201-251-3302

Time Spent with Patient

Time:

Total time spent providing and/or coordinating discharge services: 48 minutes

Signed By: <Electronically signed by Ellenjane G. Tarife APN> 11/01/24 1356
<Electronically signed by Gazala Dave, MD> 11/01/24 1618

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**Hospitalist History & Physical
Signed**

Patient: Anachovich, Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W6A
Attending Dr: Matthew J Micco MD
Referring Dr:

MR#: M1048066
Acct: V011930464
ADM Date: 10/30/24
Transcribed Dt/Tm: 10/30/24 2321
Dictating Dr: Micco, Matthew J MD
Date of Service: 10/30/24 2321

cc: ~

History of Present Illness

History of present illness:

Mr. Anachovich is a 72 year old male with PMHx of HTN, HLD, Gout, and BPH, and newly diagnosed pancreatic neoplasm who presents to the hospital complaining of fever. The patient and his wife report that the fever started shortly after he got home from the hospital. Fever was into the 101's. The patient came back to the hospital for evaluation. Denies any new infectious symptoms such as burning with urination, cough, shortness of breath, any new skin rashes, any new diarrhea. He and his wife are concerned regarding the source of infection.

Discharge summary from 10/29/2024 reviewed the patient initially presented with jaundice. This was found to be obstructive jaundice secondary to suspected pancreatic neoplasm. MRI was performed which was suspicious for pancreatic duct. The patient had EUS and ERCP with stent placement and biopsy of the pancreatic head mass on 10/25/2024. Admission was complicated by ERCP induced pancreatitis. Lipase and liver enzymes are downtrending, and the patient is ultimately cleared for discharge with plan for close follow-up with GI in the outpatient setting.

Past Medical History: Above

Past Surgical History: Recent ERCP and EUS

Family History: Deferred

Social History: Hx of Tobacco Use, Occasional Alcohol Use, No Drugs

Review of Systems:

Constitutional: **Reports Fever** ; Denies Chills ; Denies Malaise ; No Unintentional Weight Loss

HEENT: Denies Vision Changes ; Denies Hearing Loss ; No URI Symptoms ; Denies Sore Throat

Cardiovascular: Denies Chest Pain ; Denies Leg Swelling

Respiratory: Denies SOB ; Denies Cough

GI: Denies Abdominal Pain ; Denies Nausea or Vomiting ; Denies Constipation or Diarrhea

GU: Denies Dysuria ; Denies Hematuria ; Denies changes in Urinary Frequency

MSK: Denies Neck and Back Pain ; Denies Injury

Endocrine: Denies Excessive Thirst ; Denies Temperature Intolerance

Lymph: Denies Lymphadenopathy

Skin: Denies Rash ; Denies Itching ; Denies Lesions

Neurologic: Denies Dizziness ; Denies Headache ; Denies Weakness

Psychiatric: Denies Depression ; Denies Anxiety ; Denies Hallucinations

Physical Exam:

Constitutional: Well Appearing ; No Acute Distress

HEENT: Normocephalic ; Atraumatic ; PERRLA ; EOMI ; Moist Mucous Membranes

Cardiovascular: RRR ; Normal S1 S2 ; No M/R/G ; No Leg Swelling

Hospitalist History & Physical STATUS: Signed 1030-

Patient name: Anachovich,Akiva
Account #: V011930464

Respiratory: CTABL ; **Subtle Rales in LUL field** ; No Wheezes or Rhonchi
GI: Bowel Sounds Normal ; No Tenderness ; No Distension
Skin: No Jaundice ; No Rash
MSK: No Tenderness ; No Deformity
Neurologic: Symmetric Smile and Palate Elevation ; No Focal Weakness ; AAO x 4
Psychiatric: No Suicidal or Homicidal Ideation ; No Hallucinations ; Behavior Normal

Assessment and Plan

Fever - The patient presents as described above. Workup was initiated in the ED. There is leukocytosis up to 13.5. This is stable over the past 3 days from admission, however this did go up suddenly on 10/27/2024. There is no significant anemia. Neutrophils are elevated to 11.5. There is stable hyponatremia to 131. No other electrolyte abnormalities. The patient does have elevated bilirubin to 3.6, however this is down trended from previously. Liver enzymes have bumped again into the 300s. Lipase continues to downtrend. Broad infectious workup has been initiated. Viral panel is negative at this time. CTAP was performed which did not reveal any new fluid collections or concerns abscess. UA is not suggestive of infection. EKG and implant reviewed, NSR.

- The patient has not been given any antibiotics, and fever is resolving at this time
- Blood cultures have been obtained
- At this time, we will hold off on any antibiotics in the absence of obvious source of infection
- Consult GI for reevaluation
- Tylenol 650 mg every 6 hours PRN For fever

Pancreatic Adenocarcinoma

- As discussed above, the patient has been diagnosed with pancreatic neoplasm as of last admission. Pathology reports are back and reveal Pancreatic Adenocarcinoma.
- Oncology Consultation to Establish Care
- Encourage Excellent OP Follow up with Surgery/Oncology

HTN

- BP is a bit soft at present
- Hold home Losartan and Toprol XL

HLD

- Continue home Atorvastatin 10 mg daily

Gout

- Continue home Allopurinol 300 mg daily

BPH

- Continue Flomax 0.4 mg daily

DVT Prophylaxis: Heparin 5000 U TID

Code Status: Full Code. The patient's wife is HCP.

Medications and Allergies

Home Medications and Allergies

Home Medications

Hospitalist History & Physical STATUS: Signed 1030-

VAH
 Patient name: Anachovich,Akiva
 Account #: V011930464

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Medication	Instructions	Recorded	Confirmed	Type
atorvastatin 10 mg tablet	10 mg PO DAILY	10/22/24	10/30/24	History
losartan 25 mg tablet	25 mg PO DAILY	10/22/24	10/30/24	History
metoprolol succinate 50 mg tablet,extended release 24 hr	50 mg PO DAILY	10/22/24	10/30/24	History
tamsulosin 0.4 mg capsule	0.4 mg PO DAILY	10/22/24	10/30/24	History
allopurinol 300 mg tablet	300 mg PO DAILY	10/24/24	10/30/24	History
dicyclomine 10 mg capsule	10 mg PO BID PRN abdominal pain #14 caps	10/29/24	10/30/24	Rx

Current Medications:

Active Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Dextrose Dextrose 50% Inj 50 MI Syringe	50 ml IVP 1TIME PRN Blood Sugar - Low	10/30/24 16:37	
Acetaminophen Acetaminophen	1,000 mg in 100 mls @ 400 mls/hr IVPB 1TIME PRN Fever 100.4 or greater Protocol	10/30/24 16:37	

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	10/30/24 16:35

Exam

Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
99.9 F H	90	17	124/67	95	Room Air
10/30/24 22:49	10/30/24 22:49	10/30/24 22:49	10/30/24 22:49	10/30/24 22:49	10/30/24 22:49

Hospitalist History & Physical STATUS: Signed 1030-

VAH
Patient name: Anachovich,Akiva
Account #: V011930464

4

Constitutional

Height: 1.78 m

Weight: 182 lb 5.156 oz

Body Mass Index (BMI): 26.2

Results

Labs

13.56H 15.2 203
44.9

10/30/24 16:44

131L 100 23 100
3.9 25 0.80

10/30/24 16:44

Labs:

Short CBC

	10/30/24 16:44
WBC	13.56 H
Hgb	15.2
Hct	44.9
Plt Count	203
Neutrophils #	11.53 H

BMP

	10/30/24 16:44
Sodium	131 L
Potassium	3.9
Chloride	100
Carbon Dioxide	25
BUN	23
Creatinine	0.80
Glucose	100
Calcium	9.2

Liver Function

	10/30/24 16:44
Total Bilirubin	3.6 H
AST	330 H
ALT	368 H
Alkaline Phosphatase	671 H

Hospitalist History & Physical STATUS: Signed 1030-

VAH
Patient name: Anachovich,Akiva
Account #: V011930464

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Albumin	4.2
---------	-----

Urine

	10/30/24 17:52
Urine Color	Yellow
Urine Clarity	Clear
Urine pH	6.0
Ur Specific Gravity	1.027
Urine Protein	Trace
Urine Glucose (UA)	Negative

Impressions
ITS Impressions

Chest X-Ray 10/30/24 18:10

IMPRESSION:

1. No acute cardiopulmonary process.

Electronically Signed by: Gary E Geil, MD 10/30/2024 8:34 PM

Abdomen/Pelvis CT 10/30/24 20:25

IMPRESSION:

1. Acute pancreatitis likely secondary to recent biopsy.
2. Scattered peritoneal implants noted again.
3. Mesenteric adenopathy presumably related to pancreatic neoplastic disease.

Electronically Signed by: Gary E Geil, MD 10/30/2024 10:53 PM

Signed By: <Electronically signed by Matthew J Micco MD> 10/31/24 0141

Hospitalist History & Physical STATUS: Signed 1030-

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**Consult Note
Signed**

Patient: Anachovich,Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W6A
Attending Dr: Ellenjane G. Tarife APN
Referring Dr:

MR#: M1048066
Acct: V011930464
ADM Date: 10/30/24
Transcribed Dt/Tm: 11/01/24 1123
Dictating Dr: Gaffin,Neil MD
Date of Service: 11/01/24 1123

cc: ~

History of Present Illness

Data of Consult

Requesting Physician:
Ellenjane G. Tarife

Primary Care Provider:
Doctor NotOnStaff

Consult Narrative

Chief Complaint::

None when I saw him

History of present illness:

72-year-old gentleman recently diagnosed pancreatic cancer recent biliary stent complicated by pancreatitis came in with fever blood cultures are negative when I saw him he had no complaints whatsoever he was given a dose of ceftriaxone. He is eager to go home no joint pain no shortness of breath chest pain no abdominal pain no diarrhea no dysuria

Past medical history as noted

Home meds reviewed

No known antibiotic allergies

Social family review of system per chart

Physical awake alert appears comfortable answers questions appropriately

Vital signs blood pressure 140/80 heart rate 63 temperature 98.2

Eyes anicteric sclera conjunctive clear and extremities moist

Neck supple

Chest clear

Cardiac regular

Abdomen soft nontender

Extremities no edema no IV phlebitis

No skin rash

Labs radiology reviewed

Impression metastatic pancreatic cancer transient fever no positive cultures

At this point can be discharged home from my standpoint with outpatient follow-up discussed with hospitalist

Past Medical,Fam,Soc History

Past Medical History

Cardiac: Atrial Fibrillation

Respiratory: Sleep Apnea

Musculoskeletal: Fractures and Gout

Endocrine: Other

Past Surgical History

Gastrointestinal: Colonoscopy and Other
Musculoskeletal: Carpal Tunnel Surgery

Social History

Smoking Status: Never Smoker
Substance Use Type: Alcohol
Consumption Amount: Occasionally
Lives With: Spouse

Marital Status

Marital Status: married

Medications and Allergies

Home Medications and Allergies

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
atorvastatin 10 mg tablet	10 mg PO DAILY	10/22/24	10/30/24	History
losartan 25 mg tablet	25 mg PO DAILY	10/22/24	10/30/24	History
metoprolol succinate 50 mg tablet,extended release 24 hr	50 mg PO DAILY	10/22/24	10/30/24	History
tamsulosin 0.4 mg capsule	0.4 mg PO DAILY	10/22/24	10/30/24	History
allopurinol 300 mg tablet	300 mg PO DAILY	10/24/24	10/30/24	History
dicyclomine 10 mg capsule	10 mg PO BID PRN abdominal pain #14 caps	10/29/24	10/30/24	Rx

Current Medications:

Active Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Allopurinol Allopurinol 300 Mg Tablet	300 mg PO DAILY SCH Protocol	10/31/24 10:00	11/01/24 08:30 300 mg Administration
Dextrose Dextrose 50% Inj 50 ML Syringe	50 ml IVP 1TIME PRN Blood Sugar - Low	10/30/24 16:37	
Famotidine Famotidine 40 Mg Tablet	40 mg PO DAILY SCH	10/31/24 10:00	11/01/24 08:30 40 mg Administration

Heparin Sodium (Porcine) Heparin (Porcine) 5,000 Unit/ MI Vial	5,000 unit SUB-Q Q8HR SCH	10/31/24 06:00	11/01/24 05:29 5,000 unit Administration
Acetaminophen Acetaminophen	1,000 mg in 100 mls @ 400 mls/hr IVPB 1TIME PRN Fever 100.4 or greater Protocol	10/30/24 16:37	
Ibuprofen Ibuprofen 400 Mg Tablet	400 mg PO Q6H PRN moderate pain	10/31/24 08:53	10/31/24 22:00 400 mg Administration
Losartan Potassium Losartan Potassium 25 Mg Tablet	25 mg PO DAILY SCH	10/31/24 09:30	11/01/24 08:31 25 mg Administration
Metoprolol Succinate Metoprolol Succinate 50 Mg Tab	50 mg PO DAILY SCH	10/31/24 09:30	11/01/24 08:31 50 mg Administration
Tamsulosin HCl Tamsulosin Hcl 0.4 Mg Capsule	0.4 mg PO DAILY SCH	10/31/24 10:00	11/01/24 08:31 0.4 mg Administration

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	10/30/24 16:35

Exam

Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
98.2 F	63	18	140/80 H	96	Room Air
11/01/24 08:35	11/01/24 08:31	11/01/24 03:56	11/01/24 08:31	11/01/24 03:56	11/01/24 07:15

VAH
 Patient name: Anachovich,Akiva
 Account #: V011930464

4

Constitutional

Height: 1.78 m
 Weight: 82.7 kg
 Body Mass Index (BMI): 26.2

Results

Labs

6.30# 12.9L 140L
 37.7L

11/01/24 03:56

137 104 18
 3.6 26 0.75 117H

11/01/24 03:56

Labs:

Short CBC

	11/01/24 03:56
WBC	6.30 D
Hgb	12.9 L
Hct	37.7 L
Plt Count	140 L
Neutrophils #	4.45

BMP

	11/01/24 03:56
Sodium	137
Potassium	3.6
Chloride	104
Carbon Dioxide	26
BUN	18
Creatinine	0.75
Glucose	117 H
Calcium	8.4

Liver Function

	11/01/24 03:56
Total Bilirubin	2.2 H
AST	138 H
ALT	254 H
Alkaline Phosphatase	596 H
Albumin	3.5

Impressions

Impression:

ITS Impressions

Chest X-Ray 10/30/24 18:10

IMPRESSION:

1. No acute cardiopulmonary process.

Electronically Signed by: Gary E Geil, MD 10/30/2024 8:34 PM

Abdomen/Pelvis CT 10/30/24 20:25

IMPRESSION:

1. Acute pancreatitis likely secondary to recent biopsy.
2. Scattered peritoneal implants noted again.
3. Mesenteric adenopathy presumably related to pancreatic neoplastic disease.

Electronically Signed by: Gary E Geil, MD 10/30/2024 10:53 PM

Needle Aspiration CT 10/31/24 13:50

Impression:

Percutaneous fine needle aspiration of right peritoneal lesion under CT guidance.

Electronically Signed by: Michael Warhit, MD 10/31/2024 3:20 PM

Assessment/Plan

(1) Mass of pancreas:

Status: Acute

(2) Fever:

Status: Acute

(3) Peritoneal carcinomatosis:

Status: Acute

Time Spent with Provider

Total Time spent with Patient::

Total time (face-to-face and unit/floor) spent with patient was [] minutes, with more than 50% spent in counseling and coordination of care.

VAH

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Patient name: Anachovich, Akiva

Account #: V011930464

Signed By: <Electronically signed by Neil Gaffin MD>

11/01/24 1124

**The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652**

**GI Consult
Signed**

Patient: Anachovich, Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W6A
Attending Dr: Ellenjane G. Tarife APN
Referring Dr:

MR#: M1048066
Acct: V011930464
ADM Date: 10/30/24
Transcribed Dt/Tm: 10/31/24 0846
Dictating Dr: Klavan, Heather L. MD
Date of Service: 10/31/24 0846

cc: ~

History of Present Illness

Data of Consult

Requesting Physician:
Ellenjane G. Tarife

Primary Care Provider:
Doctor NotOnStaff

Consult Narrative

Narrative:
Reason for consult:
recent ERCP

HPI:

72 yo M hx pancreatic mass and biliary obstruction s/p EUS/ERCP with stent placement on 10/25/24, discharged yesterday and then developed fever 101.5.
labs show wbc 14 from 13, stable bili.
ct scan showing patent stent

CT a/p

IMPRESSION:

1. Acute pancreatitis likely secondary to recent biopsy.
2. Scattered peritoneal implants noted again.
3. Mesenteric adenopathy presumably related to pancreatic neoplastic disease.

Labs: reviewed

Imaging: reviewed

ROS - NEGATIVE for: (unless otherwise stated)

Gen: fevers/chills, weight loss

CV: chest pain, palpitations

Pulm: SOB

Abd: abd pain, n/v, diarrhea, constipation, melena, hematochezia

Patient name: Anachovich, Akiva
Account #: V011930464

Physical Exam-

Vital signs - reviewed

GENERAL APPEARANCE: well appearing, jaundice

EYES: + scleral icterus, PERRLA, normal conjunctiva

NECK: supple.

RESPIRATORY: , clear to auscultation b/l, no wheezes-ales-rhonchi

CARDIOVASCULAR: regular rate, regular rhythm, S1S2, no murmurs

ABDOMEN: soft, mild epigastric ttp, no rebound, no hepatomegaly, +BS

MUSCULOSKELETAL: no edema or cyanosis of extremities

PSYCHIATRIC: alert

Pmhx/Pshx - reviewed and as listed unless otherwise specified

Soc hx/Fhx - reviewed and as listed unless otherwise specified

Allergies/Meds - reviewed and as listed unless otherwise specified

ASSESSMENT AND PLAN:

panc head mass s/p EUS/ERCP + stent placement, presents with fever.

CT scan with patent biliary stent and pancreatitis.

discussed case with Dr Patel - no role for MRCP. highly unlikely from the stent.

suspect fever is from noninfectious pancreatitis

- IV fluids
- blood cultures
- consult oncology
- consult IR for biopsy of peritoneal nodule

Past Medical, Fam, Soc History**Past Medical History**

Cardiac: Atrial Fibrillation

Respiratory: Sleep Apnea

Musculoskeletal: Fractures and Gout

Endocrine: Other

Past Surgical History

Gastrointestinal: Colonoscopy and Other

Musculoskeletal: Carpal Tunnel Surgery

Social History

Smoking Status: Never Smoker

Substance Use Type: Alcohol

Consumption Amount: Occasionally

Lives With: Alone

Marital Status

Marital Status: married

Medications and Allergies**Home Medications and Allergies****Home Medications**

VAH
 Patient name: Anachovich,Akiva
 Account #: V011930464

Medication	Instructions	Recorded	Confirmed	Type
atorvastatin 10 mg tablet	10 mg PO DAILY	10/22/24	10/30/24	History
losartan 25 mg tablet	25 mg PO DAILY	10/22/24	10/30/24	History
metoprolol succinate 50 mg tablet,extended release 24 hr	50 mg PO DAILY	10/22/24	10/30/24	History
tamsulosin 0.4 mg capsule	0.4 mg PO DAILY	10/22/24	10/30/24	History
allopurinol 300 mg tablet	300 mg PO DAILY	10/24/24	10/30/24	History
dicyclomine 10 mg capsule	10 mg PO BID PRN abdominal pain #14 caps	10/29/24	10/30/24	Rx

Current Medications:

Active Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Allopurinol Allopurinol 300 Mg Tablet	300 mg PO DAILY SCH Protocol	10/31/24 10:00	
Atorvastatin Calcium Atorvastatin Calcium 10 Mg Tablet	10 mg PO 1TIME ONE	10/31/24 21:00 10/31/24 21:01	
Dextrose Dextrose 50% Inj 50 MI Syringe	50 ml IVP 1TIME PRN Blood Sugar - Low	10/30/24 16:37	
Heparin Sodium (Porcine) Heparin (Porcine) 5,000 Unit/ MI Vial	5,000 unit SUB-Q Q8HR SCH	10/31/24 06:00	10/31/24 05:26 5,000 unit Administration
Acetaminophen Acetaminophen	1,000 mg in 100 mls @ 400 mls/hr IVPB 1TIME PRN Fever 100.4 or greater Protocol	10/30/24 16:37	

Losartan Potassium Losartan Potassium 25 Mg Tablet	25 mg PO DAILY SCH	10/31/24 21:00	
Metoprolol Succinate Metoprolol Succinate 50 Mg Tab	50 mg PO DAILY SCH	10/31/24 10:00	
Tamsulosin HCl Tamsulosin Hcl 0.4 Mg Capsule	0.4 mg PO DAILY SCH	10/31/24 10:00	

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	10/30/24 16:35

Exam

Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
98.4 F	81	20	129/84	98	Room Air
10/31/24 03:43	10/31/24 03:43	10/31/24 03:43	10/31/24 03:43	10/31/24 03:43	10/31/24 07:39

Constitutional

Height: 1.78 m
 Weight: 82.7 kg
 Body Mass Index (BMI): 26.2

Assessment/Plan

Time Spent with Provider

Total Time spent with Patient::

Total time (face-to-face and unit/floor) spent with patient was [] minutes, with more than 50% spent in counseling and coordination of care.

Results

Labs

VAH
 Patient name: Anachovich,Akiva
 Account #: V011930464

5

10/31/24 03:44

14.60H 13.9L 150
 40.7L

10/31/24 03:44

132L 100 17 175H
 3.6 26 0.75

Labs:

Short CBC

	10/30/24 16:44	10/31/24 03:44
WBC	13.56 H	14.60 H
Hgb	15.2	13.9 L
Hct	44.9	40.7 L
Plt Count	203	150
Neutrophils #	11.53 H	12.70 H

BMP

	10/30/24 16:44	10/31/24 03:44
Sodium	131 L	132 L
Potassium	3.9	3.6
Chloride	100	100
Carbon Dioxide	25	26
BUN	23	17
Creatinine	0.80	0.75
Glucose	100	175 H
Calcium	9.2	8.7

Liver Function

	10/30/24 16:44
Total Bilirubin	3.6 H
AST	330 H
ALT	368 H
Alkaline Phosphatase	671 H
Albumin	4.2

Urine

	10/30/24 17:52
Urine Color	Yellow
Urine Clarity	Clear
Urine pH	6.0

VAH
Patient name: Anachovich,Akiva
Account #: V011930464

6

Ur Specific Gravity	1.027
Urine Protein	Trace
Urine Glucose (UA)	Negative

Impressions

Impression:

ITS Impressions

Chest X-Ray 10/30/24 18:10

IMPRESSION:

1. No acute cardiopulmonary process.

Electronically Signed by: Gary E Geil, MD 10/30/2024 8:34 PM

Abdomen/Pelvis CT 10/30/24 20:25

IMPRESSION:

1. Acute pancreatitis likely secondary to recent biopsy.
2. Scattered peritoneal implants noted again.
3. Mesenteric adenopathy presumably related to pancreatic neoplastic disease.

Electronically Signed by: Gary E Geil, MD 10/30/2024 10:53 PM

Signed By: <Electronically signed by Heather L. Klavan MD> 10/31/24 1037

The Valley Hospital
4 Valley Health Plaza
Paramus, NJ 07652

**HEM/ONC Consult
Signed**

Patient: Anachovich,Akiva
DOB: 12/25/1951
Age/Sex: 72 M
Loc: W6A
Attending Dr: Ellenjane G. Tarife APN
Referring Dr:

MR#: M1048066
Acct: V011930464
ADM Date: 10/30/24
Transcribed Dt/Tm: 10/31/24 1027
Dictating Dr: Depierro,Elisa M. APN
Date of Service: 10/31/24 1027

cc: ~

History of Present Illness

Data of Consult

Requesting Physician:
Ellenjane G. Tarife

Primary Care Provider:
Doctor NotOnStaff

Consult Narrative

Chief Complaint:

pnacreas mass

History of present illness:

Mr. Anachovich is a 72 year old male with PMHx of HTN, HLD, Gout, and BPH, and newly diagnosed pancreatic neoplasm who presents to the hospital complaining of fever. The patient and his wife report that the fever started shortly after he got home from the hospital. Fever was into the 101's. The patient came back to the hospital for evaluation. Of note, patient was just discharged on 10/29/24. On that admission, presented with obstructive jaundice. The patient had EUS and ERCP with stent placement and biopsy of the pancreatic head mass on 10/25/2024. Admission was complicated by ERCP induced pancreatitis. FNA pancreatic head mass DETACHED STRIPS OF MARKEDLY ATYPICAL COLUMNAR GLANDULAR EPITHELIUM WITH RARE MINUTE FOCI OF ATYPICAL GLANDS IN FIBROTIC STROMA,SUSPICIOUS FOR ADENOCARCINOMA. CT Chest was clean and CT A/P showed evidence of peritoneal carcinomatosis.

ROS: feeling better, denies n/v/d/c or abd pain. decreased appetite, but eating. denies weakness/fatigue.

Physical Exam:

Constitutional: Well Appearing, sitting up in chair

HEENT: Normocephalic ; Atraumatic ; PERRLA ; EOMI; **sclera icteric** Moist Mucous Membranes

Cardiovascular: RRR ; Normal S1 S2

Respiratory: CTA, no rhonchi, wheeze

GI: Bowel Sounds Normal ; No Tenderness ; No Distension

Skin: **pale, jaundice**

MSK: No Tenderness ; No Deformity

Neurologic: CN grossly intact AA0x4

Psychiatric: normal behavior, calm

Past Medical,Fam,Soc History

Past Medical History

VAH
Patient name: Anachovich,Akiva
Account #: V011930464

2

Cardiac: Atrial Fibrillation
Respiratory: Sleep Apnea
Musculoskeletal: Fractures and Gout
Endocrine: Other

Past Surgical History

Gastrointestinal: Colonoscopy and Other
Musculoskeletal: Carpal Tunnel Surgery

Social History

Smoking Status: Never Smoker
Substance Use Type: Alcohol
Consumption Amount: Occasionally
Lives With: Alone

Marital Status

Marital Status: married

Medications and Allergies

Home Medications and Allergies

Home Medications

Medication	Instructions	Recorded	Confirmed	Type
atorvastatin 10 mg tablet	10 mg PO DAILY	10/22/24	10/30/24	History
losartan 25 mg tablet	25 mg PO DAILY	10/22/24	10/30/24	History
metoprolol succinate 50 mg tablet,extended release 24 hr	50 mg PO DAILY	10/22/24	10/30/24	History
tamsulosin 0.4 mg capsule	0.4 mg PO DAILY	10/22/24	10/30/24	History
allopurinol 300 mg tablet	300 mg PO DAILY	10/24/24	10/30/24	History
dicyclomine 10 mg capsule	10 mg PO BID PRN abdominal pain #14 caps	10/29/24	10/30/24	Rx

Current Medications:

Active Medications

Generic Name Trade Name	Dose Route Freq PRN Reason	Start Stop	Last Admin Dose Admin
Allopurinol Allopurinol 300 Mg Tablet	300 mg PO DAILY SCH Protocol	10/31/24 10:00	10/31/24 08:59 300 mg Administration
Atorvastatin Calcium Atorvastatin Calcium 10 Mg Tablet	10 mg PO 1TIME ONE	10/31/24 21:00 10/31/24 21:01	

Dextrose Dextrose 50% Inj 50 MI Syringe	50 ml IVP 1TIME PRN Blood Sugar - Low	10/30/24 16:37	
Famotidine Famotidine 40 Mg Tablet	40 mg PO DAILY SCH	10/31/24 10:00	10/31/24 08:59 40 mg Administration
Heparin Sodium (Porcine) Heparin (Porcine) 5,000 Unit/ MI Vial	5,000 unit SUB-Q Q8HR SCH	10/31/24 06:00	10/31/24 05:26 5,000 unit Administration
Acetaminophen Acetaminophen	1,000 mg in 100 mls @ 400 mls/hr IVPB 1TIME PRN Fever 100.4 or greater Protocol	10/30/24 16:37	
Ibuprofen Ibuprofen 400 Mg Tablet	400 mg PO Q6H PRN moderate pain	10/31/24 08:53	10/31/24 09:00 400 mg Administration
Losartan Potassium Losartan Potassium 25 Mg Tablet	25 mg PO DAILY SCH	10/31/24 09:30	
Metoprolol Succinate Metoprolol Succinate 50 Mg Tab	50 mg PO DAILY SCH	10/31/24 09:30	
Tamsulosin HCl Tamsulosin Hcl 0.4 Mg Capsule	0.4 mg PO DAILY SCH	10/31/24 10:00	10/31/24 08:59 0.4 mg Administration

Allergies

Allergy/AdvReac	Type	Severity	Reaction	Status	Date / Time
No Known Allergies	Allergy			Verified	10/30/24 16:35

Exam

VAH
 Patient name: Anachovich,Akiva
 Account #: V011930464

4

Vital Signs

Vital Signs:

Last Vital Signs

Temp	Pulse	Resp	BP	Pulse Ox	O2 Del Method
38.3 C H	91	20	137/68 H	98	Room Air
10/31/24 09:01	10/31/24 09:05	10/31/24 03:43	10/31/24 09:05	10/31/24 03:43	10/31/24 07:39

Constitutional

Height: 1.78 m
 Weight: 82.7 kg
 Body Mass Index (BMI): 26.2

Results

Labs

14.60H 13.9L 40.7L 150

10/31/24 03:44

132L 100 17 175H
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10/31/24 03:44

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BMP

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Potassium	3.9	3.6
Chloride	100	100
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BUN	23	17
Creatinine	0.80	0.75
Glucose	100	175 H
Calcium	9.2	8.7

Liver Function

	10/30/24 16:44
Total Bilirubin	3.6 H
AST	330 H
ALT	368 H
Alkaline Phosphatase	671 H
Albumin	4.2

Urine

	10/30/24 17:52
Urine Color	Yellow
Urine Clarity	Clear
Urine pH	6.0
Ur Specific Gravity	1.027
Urine Protein	Trace
Urine Glucose (UA)	Negative

Impressions

Impression:

ITS Impressions

Chest X-Ray 10/30/24 18:10

IMPRESSION:

1. No acute cardiopulmonary process.

Electronically Signed by: Gary E Geil, MD 10/30/2024 8:34 PM

Abdomen/Pelvis CT 10/30/24 20:25

IMPRESSION:

1. Acute pancreatitis likely secondary to recent biopsy.
2. Scattered peritoneal implants noted again.
3. Mesenteric adenopathy presumably related to pancreatic neoplastic disease.

Electronically Signed by: Gary E Geil, MD 10/30/2024 10:53 PM

Assessment/Plan

- (1) Mass of pancreas:
Status: Acute

Patient name: Anachovich, Akiva
Account #: V011930464

Assessment and plan:

72 y/o male, ECOG 0, presented initially with obstructive jaundice, s/p ERCP and CBD stent. Imaging w/u consistent with primary pancreatic head mass with peritoneal carcinomatosis. FNA pancreatic head mass, was highly suspicious for adenocarcinoma, but not definitive.

-Plan for CT guided peritoneal biopsy to confirm Stage 4 disease and confirm pathology, send molecular. We can always send for Guardant as outpatient as well.

-Discussed with patient and wife the likely diagnosis of Stage 4 pancreas cancer, nonoperable.

-Discussed standard of care therapy with chemotherapy regimens, he is ECOG 0 and would be candidate for FOLFIRINOX.

-We will arrange for outpatient followup with Dr. Wood in 7-10 days to review final pathology and treatment planning.

-If cleared from infectious standpoint, we could opt to place port on admission as well.

(2) Fever:

Status: Acute

(3) Peritoneal carcinomatosis:

Status: Acute

Time Spent with Provider

Total Time spent with Patient::

Total time (face-to-face and unit/floor) spent with patient was [] minutes, with more than 50% spent in counseling and coordination of care.

Signed By: <Electronically signed by Elisa M. DePierro APN>

10/31/24 1352

The Valley Hospital
4 Valley Health Plaza
Paramus NJ 07652
(201) 447-8200
ECG 12 Lead EKG
Signed

Patient Name: Anachovich,Akiva
Patient DOB: 12/25/1951
Patient Status: ADM IN
Service Date/Time: 10/30/24 1637
Procedure(s): ECG 12 Lead EKG
Procedure Performed: 10/30/24 1647

Unit Number: M1048066
Patient Location: W6A /W6064-D
Account Number: V011930464
Report Number: 1030-00177 @ Signed
Ordering Doctor: Lee,Peter MD
Order # : 1030-0170

Test Reason :
Blood Pressure : */* mmHG
Vent. Rate : 76 BPM Atrial Rate : 76 BPM
P-R Int : 142 ms QRS Dur : 74 ms
QT Int : 400 ms P-R-T Axes : 81 20 33 degrees
QTcB Int : 450 ms

Normal sinus rhythm
Normal ECG
When compared with ECG of 22-Oct-2024 17:56,
No significant change was found

Referred By: Confirmed By: HOWARD GOLDSCHMIDT, MD

Electronically Signed By: Howard Goldschmidt MD 10/31/24 1205
Created By: Howard Goldschmidt MD
Report Date/Time: 10/30/24 1647

THE VALLEY HOSPITAL
Dept of Pathology & Laboratory Medicine
201-447-8232

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S. Brandt, M.D., FCAP, Assoc. Director
E. Eapen, M.D., FCAP

SUMMARY DISCHARGE REPORT

*** HEMATOLOGY ***

Date Time	11/1/24 0356	10/31/24 0344	10/30/24 1644	Reference	Units
WBC	6.30(*a) #	14.60(*a) H	13.56(*a) H	[4.50-10.50]	X10 ³
RBC	4.24(*a)	4.58(*a)	5.08(*a)	[4.00-6.00]	X10 ⁶
HGB	12.9(*a) L	13.9(*a) L	15.2(*a)	[14.0-18.0]	g/dl
HCT	37.7(*a) L	40.7(*a) L	44.9(*a)	[42.0-54.0]	%
MCV	88.9(*a)	88.9(*a)	88.4(*a)	[84.5-98.7]	fL
MCH	30.4(*a)	30.3(*a)	29.9(*a)	[27.0-31.0]	pg
MCHC	34.2(*a)	34.2(*a)	33.9(*a)	[31.0-35.0]	g/dL
RDW	15.8(*a) H	15.9(*a) H	15.6(*a) H	[11.6-14.4]	%
Plt	140(*a) L	150(*a)	203(*a)	[150-450]	X10 ³
MPV	11.6(*a)	11.1(*a)	10.9(*a)	[9.4-12.4]	fL
Neut %	71(*a)	81(*a)	80(*a)		%
IG%	1.6(A) H			[0.0-0.6]	%

(A) See (B), (*a)

(B) *Reference range has not been validated for this age range.*

Band%		6(*a)	5(*a)	[0-10]	%
Lymph %	14(*a)	3(*a)	10(*a)		%
Variant Lymphs		2(*a)		[0-10]	%
Mono %	11(*a)	7(*a)	4(*a)		%
Eos %	3(*a)	1(*a)	0(*a)		%
Baso %	1(*a)	0(*a)	1(*a)		%
NRBC#	0.00(*a)	0.00(*a)	0.00(*a)		X10 ³
Neut #	4.45(*a)	12.70(*a) H	11.53(*a) H	[2.03-7.35]	X10 ³
IG#	0.10(C)			[0.00-0.10]	X10 ³

(C) See (D), (*a)

(D) *Reference range has not been validated for this age range.*

Lymph #	0.89(*a) L	0.73(*a) L	1.36(*a)	[0.90-4.20]	X10 ³
Mono #	0.66(*a)	1.02(*a)	0.54(*a)	[0.05-1.05]	X10 ³
Eos #	0.16(*a)	0.15(*a)	0.00(*a) L	[0.05-0.74]	X10 ³
Baso #		0.00(*a)	0.14(*a)	[0.00-0.21]	K/MM3
Baso#	0.04(*a)			[0.00-0.21]	X10 ³

NOTES: (*a) Paramus Lab
Valley Hospital Laboratories
4 Valley Health Plaza, Paramus, NJ 07652

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

THE VALLEY HOSPITAL
Dept of Pathology & Laboratory Medicine
201-447-8232

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E. Eapen, M.D., FCAP

SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011930464		MR#: M1048066		Loc: W6A		(Cont'd)	
*** HEMATOLOGY CONTINUED... ***									
Date	11/1/24	10/31/24	10/30/24						
Time	0356	0344	1644					Reference	Units
Plt Est	DECREASED(E) L		ADEQUATE(*b)		ADEQUATE(*b)				
	(E) See (F). (*b)								
	(F) A Manual Differential has been performed.								
Polychromasia				1+(*b)		1+(*b)			
Anisocytosis				1+(*b)		2+(*b)			
Macrocytosis				1+(*b)		1+(*b)			
Oval						1+(*b)			
Acantho						1+(*b)			
*** COAGULATION ***									
Date	10/31/24								
Time	1300								
PT		14.9(G) H						[12.0-14.2]	Sec
	(G) See (H). (*b)								
	(H) ***** Please note change in reference range. *****								
INR		1.2(*b) H						[0.9-1.1]	
*** URINALYSIS ***									
Date	10/30/24								
Time	1752								
Ur Color		Yellow(*b)						[Yellow]	
Ur Clarity		Clear(*b)						[Clear]	
Ur Glu (UA)		Negative(*b)						[NEGATIVE]	mg/dL
NOTES: (*b) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652									

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Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

THE VALLEY HOSPITAL
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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011930464		MR#: M1048066	Loc: W6A	(Cont'd)
*** URINALYSIS CONTINUED... ***						
Date	10/30/24				Reference	Units
Time	1752					
Ur Bilirubin	Negative(*c)				[NEGATIVE]	mg/dL
Ur Keto	Negative(*c)				[Negative]	mg/dL
Ur SG	1.027(*c)				[1.003-1.035]	
Ur Blood	Negative(*c)				[Negative]	
Ur PH	6.0(*c)				[5.0-8.0]	
Ur Prot	Trace(*c)				[Neg - Trace]	mg/dL
Ur Uro	2.0(*c) H				[<2.0]	mg/dL
Ur Nitrite	Negative(*c)				[Negative]	
Ur Leu Esterase	Negative(*c)				[Negative]	Leu/uL
Ur RBC	1(*c)				[0-5]	/HPF
Ur WBC	2(*c)				[0-5]	/HPF
Ur Mucus	RARE(*c)				[Small]	/HPF
*** CHEMISTRY ***						
Date	11/1/24	-----10/31/24-----				
Time	0356	0956	0344		Reference	Units
NA	137(*c)		132(*c) L		[136-145]	mmol/L
K	3.6(*c)		3.6(*c)		[3.5-5.1]	mmol/L
CL	104(*c)		100(*c)		[98-107]	mmol/L
CO2	26(*c)		26(*c)		[20-31]	mmol/L
BUN	18(*c)		17(*c)		[9-23]	mg/dL
NOTES: (*c) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652						

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

THE VALLEY HOSPITAL
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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011930464		MR#: M1048066		Loc: W6A		(Cont'd)	
*** CHEMISTRY CONTINUED ***									
Date	11/1/24	-----10/31/24-----							
Time	0356	0956		0344			Reference	Units	
Creat	0.75(I)	0.75(K)		[0.73-1.18]		mg/dL			
	(I) See (J), (*d)								
	(J)								
	Important Notification for Patients with Acetaminophen Toxicity								
	NAPQI is a metabolite of acetaminophen.								
	Concentrations of approximately >8mg/L								
	(levels seen in acetaminophen toxicity),								
	may lead to falsely depressed results of creatinine.								
	(K) See (J), (*d)								
eGFR	102(L)	102(N)							
	(L) See (M), (*d)								
	(M)	***Multiply Result by 1.21 if African American**							
	Description	eGFR Value							
	Mild decrease to Normal eGFR	>60							
	Moderate decrease in eGFR	30-59							
	Severe decrease in eGFR	15-29							
	Kidney failure	<15							
	The eGFR is an MDRD study equation.								
	(N) See (M), (*d)								
Glu	117(*d) H	175(*d) H		[74-106]		mg/dL			
CA	8.4(*d)	8.7(*d)		[8.3-10.6]		mg/dL			
NOTES:	(*d) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652								

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Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

THE VALLEY HOSPITAL
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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011930464		MR#: M1048066	Loc: W6A	(Cont'd)	
*** CHEMISTRY CONTINUED ***							
Date	11/1/24		-----10/31/24-----				
Time	0356		0956	0344	Reference	Units	
Phos		3.2(O)		4.2(Q)		[2.4-5.1]	mg/dL
(O)	See (P). (*e)						
(P)	As per Siemens Customer Notification: In certain disease states, where significantly elevated M-Protein levels occur, there is a potential for interference in Inorganic Phosphorus assay from specific monoclonal M-protein, resulting in falsely elevated results.						
(Q)	See (P). (*e)						
MG		2.0(*e)		1.9(*e)		[1.6-2.6]	mg/dL
TBIL		2.2(*e)	H	3.2(*e)	H	[0.3-1.2]	mg/dL
Direct Bili				2.6(*e)	H	[0.0-0.3]	mg/dL
AST		138(*e)	H	277(*e)	H	[<34]	U/L
ALT		254(*e)	H	382(*e)	H	[10-49]	U/L
TP		5.8(*e)		6.3(*e)		[5.7-8.2]	g/dL
Alb		3.5(*e)		3.9(*e)		[3.2-4.8]	g/dL
Alk Phos		596(*e)	H	796(*e)	H	[45-117]	U/L
Date	10/30/24						
Time	1644				Reference	Units	
NA		131(*e)	L			[136-145]	mmol/L
K		3.9(*e)				[3.5-5.1]	mmol/L
CL		100(*e)				[98-107]	mmol/L
CO2		25(*e)				[20-31]	mmol/L
BUN		23(*e)				[9-23]	mg/dL
NOTES: (*e) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652							

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011930464		MR#: M1048066		Loc: W6A		(Cont'd)											
*** CHEMISTRY CONTINUED ***																			
Date		10/30/24																	
Time		1644				Reference		Units											
Creat		0.80(R)				[0.73-1.18]		mg/dL											
(R)	See (S). (*f)																		
(S)	***Important Notification for Patients with Acetaminophen Toxicity*** NAPQI is a metabolite of acetaminophen. Concentrations of approximately >8mg/L (levels seen in acetaminophen toxicity), may lead to falsely depressed results of creatinine.																		
eGFR		95(T)																	
(T)	See (U). (*f)																		
(U)	***Multiply Result by 1.21 if African American** <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Description</td> <td>eGFR Value</td> </tr> <tr> <td>Mild decrease to Normal eGFR</td> <td>>60</td> </tr> <tr> <td>Moderate decrease in eGFR</td> <td>30-59</td> </tr> <tr> <td>Severe decrease in eGFR</td> <td>15-29</td> </tr> <tr> <td>Kidney failure</td> <td><15</td> </tr> </table> The eGFR is an MDRD study equation.									Description	eGFR Value	Mild decrease to Normal eGFR	>60	Moderate decrease in eGFR	30-59	Severe decrease in eGFR	15-29	Kidney failure	<15
Description	eGFR Value																		
Mild decrease to Normal eGFR	>60																		
Moderate decrease in eGFR	30-59																		
Severe decrease in eGFR	15-29																		
Kidney failure	<15																		
Glu		100(*f)				[74-106]		mg/dL											
Lactic		0.71(*f)				[0.5-2.00]		mmol/L											
CA		9.2(*f)				[8.3-10.6]		mg/dL											
TBIL		3.6(*f)	H			[0.3-1.2]		mg/dL											
AST		330(*f)	H			[<34]		U/L											
ALT		368(*f)	H			[10-49]		U/L											
TP		6.7(*f)				[5.7-8.2]		g/dL											
Alb		4.2(*f)				[3.2-4.8]		g/dL											
NOTES: (*f) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652																			

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

THE VALLEY HOSPITAL
Dept of Pathology & Laboratory Medicine
201-447-8232

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R. Mazziotta, M.D., FCAP, Director
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D. Infantino, M.D., FCAP

S. Brandt, M.D., FCAP, Assoc. Director
E. Eapen, M.D., FCAP

SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011930464		MR#: M1048066		Loc: W6A		(Cont'd)	
*** CHEMISTRY CONTINUED ***									
Date		10/30/24							
Time		1644				Reference		Units	
Alk Phos		671(*g)	H			[45-117]	U/L		
Lip		76(*g)	H			[12-53]	U/L		
*** SEROLOGY ***									
Date		10/30/24							
Time		1835				Reference		Units	
Adenovirus		(V)				[Not Detect]			
(V)		Not Detected							
		See also (*g)							
Coronavirus 229		(W)				[Not Detect]			
(W)		Not Detected							
		See also (*g)							
Coronavirus HKU		(X)				[Not Detect]			
(X)		Not Detected							
		See also (*g)							
Coronavirus NL6		(Y)				[Not Detect]			
(Y)		Not Detected							
		See also (*g)							
NOTES: (*g) Paramus Lab									
Valley Hospital Laboratories									
4 Valley Health Plaza, Paramus, NJ 07652									

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Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011930464	MR#: M1048066	Loc: W6A	(Cont'd)
*** SEROLOGY CONTINUED... ***					
Date	10/30/24				
Time	1835			Reference	Units
Coronavirus OC43	(Z)			[Not Detect]	
(Z) Not Detected See also (*h)					
Metapneumovirus	(AA)			[Not Detect]	
(AA) Not Detected See also (*h)					
Rhino/Entero	(AB)			[Not Detect]	
(AB) Not Detected See also (*h)					
Influenza Virus	(AC)			[Not Detect]	
(AC) Not Detected See also (*h)					
Influenza Virus	(AD)			[Not Detect]	
(AD) Not Detected See also (*h)					
Parainfluenza 1	(AE)			[Not Detect]	
(AE) Not Detected See also (*h)					
NOTES: (*h) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652					

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Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011930464	MR#: M1048066	Loc: W6A	(Cont'd)
*** SEROLOGY CONTINUED... ***					
Date	10/30/24				
Time	1835			Reference	Units
Parainfluenza 2	(AF)			[Not Detect]	
(AF) Not Detected See also (*i)					
Parainfluenza 3	(AG)			[Not Detect]	
(AG) Not Detected See also (*i)					
Parainfluenza 4	(AH)			[Not Detect]	
(AH) Not Detected See also (*i)					
RSV	(AI)			[Not Detect]	
(AI) Not Detected See also (*i)					
Bordetella pert	(AJ)			[Not Detect]	
(AJ) Not Detected See also (*i)					
C. pneumoniae	(AK)			[Not Detect]	
(AK) Not Detected See also (*i)					
NOTES: (*i) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652					

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011930464		MR#: M1048066	Loc: W6A	(Cont'd)
*** SEROLOGY CONTINUED... ***						
Date	10/30/24					
Time	1835				Reference	Units
M. pneumoniae	(AL)				[Not Detect]	
(AL) Not Detected See also (*j)						
B. parapertussis	(AM)				[Not Detect]	
(AM) Not Detected See also (*j)						
SARS-CoV-2 RNA	(AN)				[Not Detect]	
(AN) Not Detected See also (AO), (*j) (AO) Testing was performed by multiplex PCR using the BioMerieux FilmArray and the BioFire Respiratory 2.1 Assay.						
Test	Date	Time	Result	Reference	Units	
FLU A PCR	10/30/24	1644	(AP)	[Negative]		
(AP) Negative See also (AQ), (*j) (AQ) Testing was performed by RT-PCR using the GeneXpert DX System and the Cepheid Xpert Xpress SARS-CoV-2/FLU/RSV Assay. For Use Under an Emergency Use Authorization (EUA) Only						
NOTES: (*j) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652						

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Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

THE VALLEY HOSPITAL
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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva		Acct#: V011930464		MR#: M1048066	Loc: W6A	(Cont'd)
Test	Date	Time	Result	Reference	Units	
FLU B PCR	10/30/24	1644	(AR)	[Negative]		
(AR) Negative See also (AS). (*k) (AS) Testing was performed by RT-PCR using the GeneXpert DX System and the Cepheid Xpert Xpress SARS-CoV-2/FLU/RSV Assay. For Use Under an Emergency Use Authorization (EUA) Only						
RSV PCR	10/30/24	1644	(AT)	[Negative]		
(AT) Negative See also (AU). (*k) (AU) Testing was performed by RT-PCR using the GeneXpert DX System and the Cepheid Xpert Xpress SARS-CoV-2/FLU/RSV Assay. For Use Under an Emergency Use Authorization (EUA) Only						
SARS-CoV-2 PCR	10/30/24	1644	(AV)	[Not Detect]		
(AV) Not Detected See also (AW). (*k) (AW) Testing was performed by RT-PCR using the GeneXpert DX System and the Cepheid Xpert Xpress SARS-CoV-2/FLU/RSV Assay. For Use Under an Emergency Use Authorization (EUA) Only						
AOT	10/30/24	1822	(AX)			
(AX) Add on tests Added See also (*k)						
NOTES: (*k) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652						

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Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva	Acct#: V011930464	MR#: M1048066	Loc: W6A	(Cont'd)	
Test	Date	Time	Result	Reference	Units
AOT	10/30/24	1954	(AY)		
(AY) Add on tests Added See also (*1)					
NOTES: (*1) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652					

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Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

THE VALLEY HOSPITAL
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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva Acct#: V011930464 MR#: M1048066 Loc: W6A (Cont'd)

*** MICROBIOLOGY SPECIMEN SUMMARY ***

Col	Date	Time	Specimen #	Source	Sp Desc	P/F	Organisms
>	10/30/24	1752	24:BC0019104S	Bld Venous		P	<none>
>	10/30/24	1644	24:BC0019105S	Bld Venous		P	<none>

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva Age/Sex: 72/M Acct: V011930464 MR# M1048066

THE VALLEY HOSPITAL
Dept of Pathology & Laboratory Medicine
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SUMMARY DISCHARGE REPORT

Name: Anachovich, Akiva	Acct#: V011930464	MR#: M1048066	Loc: W6A	(Cont'd)
*** MICROBIOLOGY ***				
Collection Date: 10/30/24				
Blood Culture (*m) <i>Preliminary</i> No growth after four days.				
Blood Culture (*m) <i>Preliminary</i> No growth after four days.				
NOTES: (*m) Paramus Lab Valley Hospital Laboratories 4 Valley Health Plaza, Paramus, NJ 07652				

*C = Critical H = Abnormal High L = Abnormal Low A = Abnormal

Patient: Anachovich, Akiva

Age/Sex: 72/M

Acct: V011930464

MR# M1048066

Printed
11/02/24 1737

The Valley Hospital
Department of Pathology
223 North Van Dien Ave, Ridgewood NJ 07450-2736
Phone 201-447-8242
Fax 201-447-8657

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D. Infantino, MD, FCAP
E. Eapen, MD, FCAP
S. Gupta, MD, FCAP

Surgical Pathology Report

Name: Anachovich,Akiva	Age/Sex: 72/M	Attend Dr: Ellen-Jane Tarife, APN
Acct#: V011930464	MR#: M1048066	DOB: 12/25/1951
Reg: 10/30/24	Disch: 11/01/24	Status: DIS IN
		Location: W6A

Received: 11/01/24-1540 **Subm. Dr:** Arams,Ronald MD **Spec#:** S24-16593
Collection Date: 11/01/24

COPIES TO:

Arams,Ronald MD
Depierro,Elisa M. APN
Frank,Michele B. MD

~

Clinical Diagnosis

Pancreatic mass

Source of Specimen

Core biopsy omentum

Diagnosis

OMENTUM, CORE BIOPSY: METASTATIC ADENOCARCINOMA. SEE NOTE.

Note: Immunohistochemical staining will be performed in an attempt to further characterize the tumor and will be reported in an addendum.

CPT: 88305; 88342; 88341 x 6
Dictated: 11/02/2024 05:20:59 PM DI
Reported by:Dorian Infantino

Electronically signed by Dorian Infantino on 11/02/24 - 1736.

Macroscopic Examination

Patient :Anachovich,Akiva

Acct#:V011930464

Spec #:S24-16593

The Valley Hospital
Department of Pathology
223 North Van Dien Ave, Ridgewood NJ 07450-2736
Phone 201-447-8242
Fax 447-8657

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Surgical Pathology Report Continued

Name: Anachovich, Akiya

Acct#: V011930464

Spec #: S24-16593

The specimen is labeled with the patient's name, surgical number, and as "omentum core biopsy" on the requisition slip and "patient name" on container label. Received in formalin are pale to tan cores of soft tissue aggregating 1.7 x 0.5 x 0.1 cm. The specimen is entirely submitted in two cassettes A1-A2.

NS

Dictated: 11/01/2024 03:43:10 PM

Patient: Anachovich, Akiya

Acct#: V011930464

Spec #: S24-16593

The Valley Hospital
4 Valley Health Plaza
Paramus NJ 07652
(201) 447-8200

DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich,Akiva

Patient DOB: 12/25/1951 Patient Sex: M

Patient Status: REG ER

Date of Service: 10/30/24

Accession: A0003889705VAH

Modality: XR

Unit Number: M1048066

Patient Location: ED.VH /

Account Number: V011930464

Report Number: 1030-01132 @ Signed

Ordering Doctor: Felsenstein,Bruce MD

Procedure(s): XR Chest 1V Frontal Only

Signed

CHEST FRONTAL VIEW

Indication: Fever

Comparison: 10/22/2024

FINDINGS:

Lungs: Lung parenchyma is clear and well expanded. Normal pulmonary vascularity.

Heart and Mediastinum: Normal heart size and mediastinal contours.

Pleura and Chest Wall: There are no pleural effusions or pneumothoraces.

Skeleton: Appropriate for age.

Other: Negative.

IMPRESSION:

1. No acute cardiopulmonary process.

Electronically Signed by: Gary E Geil, MD 10/30/2024 8:34 PM

Approved By: Gary E Geil MD 10/30/24 2034

The Valley Hospital
4 Valley Health Plaza
Paramus NJ 07652
(201) 447-8200

DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich, Akiva

Patient DOB: 12/25/1951 Patient Sex: M

Patient Status: ADM IN

Date of Service: 11/01/24

Accession: A0003892289VAH

Modality: CT

Unit Number: M1048066

Patient Location: W6A /W6064-D

Account Number: V011930464

Report Number: 1101-00395 @ Signed

Ordering Doctor: DePierro, Elisa M. APN

Procedure(s): CT biopsy abdomen percutaneous

Signed

Reason for Procedure: core biopsy peritoneal nodule

Admitting Diagnosis: Mass of Pancreas

.....
CORE BIOPSY ABDOMINAL MASS (CT GUIDED)

Dose reduction techniques were utilized (automated exposure control, mA/kV adjustment for patient size, iterative reconstruction).

The patient was placed on the CT table and the right omental mass was identified. The abdomen was prepped and draped in sterile fashion. 1% Xylocaine administered. Under CT guidance, multiple core biopsies were performed with an 18-gauge needle using coaxial technique. The patient tolerated the procedure well.

Impression:

Percutaneous biopsy under CT guidance.

Electronically Signed by: Ronald Arams, MD 11/1/2024 12:52 PM

Approved By: Ronald Arams MD 11/01/24 1251

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The Valley Hospital
4 Valley Health Plaza
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DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich,Akiva

Patient DOB: 12/25/1951 Patient Sex: M

Patient Status: ADM IN

Date of Service: 10/31/24

Accession: A0003890565VAH

Modality: CT

Unit Number: M1048066

Patient Location: W6A /W6064-D

Account Number: V011930464

Report Number: 1031-00723 @ Signed

Ordering Doctor: DePierro,Elisa M. APN

Procedure(s): CT guided FNA

Signed

Reason for Procedure: pancreas cancer, peritoneal carcinomatosis

Admitting Diagnosis: Mass of Pancreas

.....
FNA BIOPSY (CT GUIDED)

Dose reduction techniques were utilized (automated exposure control, mA/kV adjustment for patient size, iterative reconstruction).

The patient was placed on the CT table and the right sided peritoneal lesion was identified. The overlying skin surface was prepped and draped in sterile fashion. Under CT guidance, two 22 gauge fine needle aspirates were obtained. Specimen was placed in formalin and sent to laboratory. A sterile dressing was applied. Patient tolerated procedure well.

Impression:

Percutaneous fine needle aspiration of right peritoneal lesion under CT guidance.

Electronically Signed by: Michael Warhit, MD 10/31/2024 3:20 PM

Approved By: Michael Warhit MD 10/31/24 1516

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4 Valley Health Plaza
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DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich, Akiva

Patient DOB: 12/25/1951 Patient Sex: M
Patient Status: ADM IN
Date of Service: 10/30/24
Accession: A0003890053VAH
Modality: CT

Unit Number: M1048066

Patient Location: R-EDMED /EDMED-R02
Account Number: V011930464
Report Number: 1030-01176 @ Signed
Ordering Doctor: Felsenstein, Bruce MD
Procedure(s): CT abdomen pelvis w con

Signed

CT ABDOMEN AND PELVIS WITH CONTRAST

HISTORY: Fever-S/P pancreatic biopsy

TECHNIQUE: CT abdomen and pelvis with intravenous contrast.

One of the following dose optimization techniques was utilized in the performance of this exam: Automated exposure control; adjustment of the mA and/or kV according to the patient's size; or use of an iterative reconstruction technique. Specific details can be referenced in the facility's radiology CT exam operational policy.

CONTRAST: Intravenous and oral.

COMPARISON: CT abdomen and pelvis with contrast 10/22/2024

FINDINGS:

CT ABDOMEN:

Lower Chest: Negative.

Liver: Normal size. Smooth contour and normal parenchymal attenuation. There is no intrahepatic or extrahepatic biliary dilatation. Pneumobilia noted. There is a biliary stent in satisfactory position that is new since the last exam. Previously noted intrahepatic biliary dilatation has been relieved since the last exam.

Gallbladder: Moderately distended, similar to previous.

Pancreas: Mildly enlarged and edematous pancreatic head compared to the prior study with peripancreatic fat stranding and inflammatory change inferior to the uncinate process that is new since the last exam. Pancreatic duct diameter in the body of the pancreas is about 6.5 mm which is not significantly changed.

Spleen: Mild splenomegaly is unchanged.

Adrenal Glands: Normal.

Kidneys: Small left renal cyst. Tiny cortical cyst in the right kidney also. No change. No obstruction or urolithiasis.

Peritoneum and Intestines: Mild free fluid in the most dependent part of the pelvis. No free air. Scattered air-fluid
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DIAGNOSTIC IMAGING REPORT

Patient Name: Anachovich, Akiva
Unit Number: M1048066
Report Number: 1030-01176
Account Number: V011930464
Patient Location: R-EDMED

levels. Air distended loops of large and small bowel. No bowel wall thickening. No evidence of appendicitis. Scattered peritoneal implants noted again. One of the largest is in the right mid abdomen measures about 21 mm in diameter.

Retroperitoneum and Mesentery: Redemonstration of scattered enlarged mesenteric lymph nodes most numerous in the region of the pancreas. One of the largest has a short axis diameter of about 11 mm, series 2 image 129.

Aorta: The aorta is normal in size and contour without evidence of dissection.

Spine: No significant abnormalities noted.

Abdominal Wall: There is no evidence of umbilical or ventral abdominal wall hernia.

CT PELVIS:

Bladder: No luminal calculi or masses. No wall thickening.

Rectum: Normal.

Pelvic Organs: Moderate prostatomegaly

Sacrum and Pelvis: No significant osseous or articular abnormalities are observed.

Inguinal Regions: There is no pathological appearing inguinal lymphadenopathy.

IMPRESSION:

1. Acute pancreatitis likely secondary to recent biopsy.
2. Scattered peritoneal implants noted again.
3. Mesenteric adenopathy presumably related to pancreatic neoplastic disease.

Electronically Signed by: Gary E Geil, MD 10/30/2024 10:53 PM

Approved By: Gary E Geil MD 10/30/24 2240

Copies to: ~

DATE: 11/02/24 @ 0042
USER: PHABRGJOB

Valley Hospital *Live* FMA
Medication Discharge Summary Report

11/02/24		MEDICATION DISCHARGE SUMMARY	
Name	Amuchovich, Akiva	Admit Date	10/30/24
Unit Num	M1048066	Discharge Date	11/01/24
Account Num	V011330464	Status	DIS IN
Allergies	No Known Allergies		
ADMINISTRATIVE PERIOD: 0700 10/30/24 to 0659 10/31/24		START/STOP	

SODIUM CHLORIDE 0.9% 1,000 ML
(SODIUM CHLORIDE 0.9% 1,000 ML BKG)
0 mL/HR IV . QOH/ONE
Rx #: 19033257

10/30/24	DC 1638	PHABRGJOB
10/30/24	CAN 1913	MRIN3
	ACK 0019	SBERTHI

READI-CAT 2 (BARIUM SULFATE 2% 450 MG BTL (READI-CAT 2))
900 ML PO 1xDay: One Time Only/ONE
Rx #: 19033959

10/30/24	2034	MRIN3 at 2111 GAVE: 900 ML
10/30/24		Barcode Medication: READI-CAT 2
		NDC/DIN: 3290974403 (SOURCE: eMAR)
		Barcode Medication: READI-CAT 2
		NDC/DIN: 3290974403 (SOURCE: eMAR)
		Rule: MAR.FIRST - MAR: First Admin Education
		Rule: MAR.FIRST - MAR: First Admin Education
		ED 2036 BPHAKKA
		ED 2036 BPHAKKA
		DC 2036 PHABRGJOB
		ACK 2111 MRIN3

OMITROQUE 300 (OMITROQUE 300 MG/ML) 100 ML VIAL)
100 ML . ROUTE . STR-MED/ONE
Rx #: 19034129

10/30/24	2210	
10/30/24	DC 2214	STR MED
	DM 2214	Blanche

HEPARIN SODIUM (HEPARIN (POCINS)) 5,000 UNIT/ML VIAL)
5,000 UNIT SUB-Q Q8HR: Every 8 Hours
Rx #: 19034460

10/31/24	ED 0052	INALLER
	ACK 0101	SBERTHI
	OS60	SBERTHI at 0526 GAVE: 5,000 UNIT
		Barcode Medication: HEPARIN SODIUM
		NDC/DIN: 6332326203 (SOURCE: eMAR)
		Admin Queries
		MAR Subcutaneous Injection Site: Lower Abdominal Quadrant
		Rule: MAR.FIRST - MAR: First Admin Education
		Rule: MAR.FIRST - MAR: First Admin Education

ZILOPREM (alliprantinol 300 MG TABLET)
300 MG PO Daily
Rx #: 19034465

10/31/24	ED 0056	INALLER
	ACK 0101	SBERTHI

DATE: 11/02/24 @ 0042
USER: PHARJOB

Valley Hospital +Live+ EMA
Medication Discharge Summary Report

11/02/24

Name Runchovich, Alva

Unit Num M1040065

Medication Discharge Summary

Account Num V011930464

ADMINISTRATION PERIOD:

0700 10/30/24 TO 0659 10/31/24 (CONTINUED)

START/STOP

ARONVASTATIN CALCIUM (ARONVASTATIN CALCIUM 10 MG TABLET)

10 MG PO 1x/day: One Time Only/ONE

Rx #: 19034466

10/31/24 | ED 0056 | INALLET
10/31/24 | ACK 0101 | SBERTHI

LOSARTAN POTASSIUM (LOSARTAN POTASSIUM 25 MG TABLET)

25 MG PO Daily

Rx #: 19034467

10/31/24 | ED 0052 | MICNA
| ED 0056 | INALLET
| ACK 0101 | SBERTHI
| HO 0136 | MICNA
| ACK 0155 | SBERTHI

Toprol XL (NITROPEROLOL SUCCINATE 50 MG TAB)

50 MG PO Daily

Comments: DO NOT CRUSH

Rx #: 19034468

10/31/24 | ED 0056 | INALLET
| ACK 0101 | SBERTHI
| HO 0137 | MICNA
| ACK 0136 | SBERTHI

TRASBUDOSIN HCL (TRASBUDOSIN HCL 0.4 MG CAPSULE)

0.4 MG PO Daily

Comments: DO NOT OPEN CAPSULE

Rx #: 19034469

10/31/24 | ED 0056 | INALLET
| ACK 0101 | SBERTHI
| | |

ACETAMINOPHEN 100 MG

(ACETAMINOPHEN 1,000 MG/100 ML PIGGYBACK)

400 MG/HR 1x/day: One Time Only/ERN

ERN Reason: Fever 100.4 or greater

Comments: ONCE THE OTHERWY STODER HAS BEEN PENETRATED

IT MUST BE USED WITHIN 6 HOURS.

Rx #: 19033256

10/30/24 | ACK 0019 | SBERTHI

DEXTROSE 50% ABDOJECT (DEXTROSE 50% INJ 50 ML SYRINGE)

50 ML IVB 1x/day: One Time Only/ERN

ERN Reason: Blood Sugar - Low

Total Doses: Max 1 (0 of 1 Given)

Dose Ins: Blood sugar less than or equal to 50

Comments: Blood sugar less than or equal to 50

Rx #: 19033258

10/30/24 | ACK 0019 | SBERTHI

DATE: 11/02/24 @ 0042
USER: FHABRGJOB

Valley Hospital +Live+ EHA
Medication Discharge Summary Report

11/02/24

Name Ruchovich, Alva

Unit Num M104B066

Medication Discharge Summary

Account Num V011930464

ADMINISTRATION PERIOD:

0700 10/31/24 to 0659 11/01/24

START/
STOP

HEPARIN SODIUM (HEPARIN (PORCINE)) 5,000 UNIT/ML VIAL)
5,000 UNIT SUB-Q QHR: Every 6 Hours
Rx #: 19034460

10/31/24	*1400 KCH02 at 1202 for ct bx
	2200 DVEVER2 at 2200 GAVE: 5,000 UNIT
	Barcode Medication: HEPARIN SODIUM
	NDC/DIN: 6332326203 (SOURCE: eMAR)
	Admin Queries
	MAR Subcutaneous Injection Site: Mid Lower Abdomen
	0600 DVEVER2 at 0529 GAVE: 5,000 UNIT
	Barcode Medication: HEPARIN SODIUM
	NDC/DIN: 6332326203 (SOURCE: eMAR)
	Admin Queries
	MAR Subcutaneous Injection Site: Mid Lower Abdomen
	Rule: MAR.TEACH - MAR: Day 2 & 3 Education
	Rule: MAR.TEACH - MAR: Day 2 & 3 Education

ZYLOPERID (Ziloperidol 300 MG TABLET)

300 MG PO Daily
Rx #: 19034465

10/31/24	1000 KCH02 at 0859 GAVE: 300 MG
	Barcode Medication: ZYLOPERID
	NDC/DIN: 0904657261 (SOURCE: eMAR)

ATORVASTATIN CALCIUM (ATORVASTATIN CALCIUM 10 MG TABLET)

10 MG PO 1x/day: One time only/ONE
Rx #: 19034466

10/31/24	2100 DVEVER2 at 2200 GAVE: 10 MG
	Barcode Medication: ATORVASTATIN CALCIUM
	NDC/DIN: 0904629061 (SOURCE: eMAR)
	DC 2101 FHABRGJOB

LOSARTAN POTASSIUM (LOSARTAN POTASSIUM 25 MG TABLET)

25 MG PO Daily
Rx #: 19034467

10/31/24	DC 0913 KCH02
	ACK 0914 KCH02

TOPROL XL (METOPROLOL SUCCINATE 50 MG TAB)

50 MG PO Daily
Comments: DO NOT CRUSH
Rx #: 19034468

10/31/24	DC 0913 KCH02
	ACK 0914 KCH02

TRANSUDOSIN HCL (TRANSUDOSIN HCL 0.4 MG CAPSULE)

0.4 MG PO Daily
Comments: DO NOT OPEN CAPSULE
Rx #: 19034469

10/31/24	1000 KCH02 at 0859 GAVE: 0.4 MG
	Barcode Medication: TRANSUDOSIN HCL
	NDC/DIN: 6373956710 (SOURCE: eMAR)

DATE: 11/02/24 @ 0042
USER: PHARCOJOB

Valley Hospital +Live+ EMA
Medication Discharge Summary Report

11/02/24

Name Ramechovich, Alva

Unit Num M104B066

Medication Discharge Summary

Account Num V011930464

ADMINISTRATION PERIOD:

0700 10/31/24 TO 0659 11/01/24 (Continued)

START/
STOP

PRAMOTIDINE (PRAMOTIDINE 40 MG TABLET)
40 MG PO Daily
Rx #: 19035117

10/31/24 | ACK 0855 KCHO2
| ED 0855 FIRSTY
| 1000 KCHO2 at 0859 GAVE: 40 MG
| Barcode Medication: PRAMOTIDINE
| NDC/DIN: 5026930411 (SOURCE: EMA)
| Rule: MAR.FIRST - MAR: First Admin Education
| Rule: MAR.FIRST - MAR: First Admin Education

TOPROL XL (METOPROLOL SUCCINATE 50 MG TAB)
50 MG PO Daily
Comments: DO NOT CRUSH
Rx #: 19035223

10/31/24 | ED 0918 KCHO2
| ED 0926 DCHANG
| 0930 KCHO2 at 1144 GAVE: 50 MG
| Barcode Medication: Toprol XL
| NDC/DIN: 51079017020 (SOURCE: Default NDCs)
| Rule: MAR.FIRST - MAR: First Admin Education
| ACK 0957 KCHO2
| *1000 KCHO2 at 1144 930dose given
| Rule: MAR.FIRST - MAR: First Admin Education

LOSARTAN POTASSIUM (LOSARTAN POTASSIUM 25 MG TABLET)
25 MG PO Daily
Rx #: 19035224

10/31/24 | ED 0918 KCHO2
| ED 0926 DCHANG
| 0930 KCHO2 at 1143 GAVE: 25 MG
| Barcode Medication: LOSARTAN POTASSIUM
| NDC/DIN: 68004034601 (SOURCE: Default NDCs)
| Rule: MAR.FIRST - MAR: First Admin Education
| ACK 0957 KCHO2
| *1000 KCHO2 at 1144 930 dose given
| Rule: MAR.FIRST - MAR: First Admin Education

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This document is part of the legal medical record.

DATE: 11/02/24 @ 0042
USER: PHABGJOB

Valley Hospital +Live+ EMA

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Medication Discharge Summary Report

11/02/24

Name **Rumchovich, Alva**

Unit Num **M104B066**

Medication Discharge Summary

Account Num **V011930464**

ADMINISTRATION PERIOD:

0700 10/31/24 TO 0659 11/01/24 (continued)

CEFTRIAXONE 1 GM/DSW 50 ML
(ceftriaxone 1 gm/dsw 50 ml, p1607BCK)
150 Mls/HR IVPB 1xDay: One Time only/ONE
Rx #: 19037159

START/STOP	
10/31/24	ED 1558 BMDROX
10/31/24	ED 1558 BMDROX
	ACK 1609 KCHO2
	ACK 1612 KCHO2
	REJACK 1630 KCHO2
	missing . please thank you.
	ACK 1643 KCHO2
	1700 KCHO2 at 1749 GAVE: 150 Mls/HR
	Barcode Medication: ceftriaxone 1 gm/dsw
	NDC/DIN: 0336500241 (SOURCE: EMAH)
	Admin Queries
	Increase/Decrease: Started Container Volume: 50 Elapsed Time: 0m Infusion Rate: 150
	Waste/Volume Adjustment: 0 End Date: 10/31/24 Start Date: 10/31/24
	Rule: MAR.FIRST - MAR: First Admin Education
	Rule: MAR.FIRST - MAR: First Admin Education
	DC 1719 PHABGJOB
	INFUSION 1749 KCHO2: Started, Dose Rate: / Rate: 150 Mls/HR
	Intake: / Cumulative Intake: / Container Volume: 50 mls, Site:
	Queries
	Increase/Decrease: Started Container Volume: 50 Elapsed Time: 0m Infusion Rate: 150
	Waste/Volume Adjustment: 0 End Date: 10/31/24 Start Date: 10/31/24
	INFUSION 1611 KCHO2: Infused, Dose Rate: / Rate: 0 Mls/HR
	Intake: 50 mls, Cumulative Intake: 50 mls, Container Volume: 0 mls, Site:
	Queries
	Increase/Decrease: Infused Cumulative Dose: 1 Cumulative Intake (bag): 50
	Cumulative Intake (Rx): 50 Container Volume: 0 Elapsed Time: 22m Infusion Intake: 50
	Infusion Rate: 0 Waste/Volume Adjustment: 0 End Date: 10/31/24 Start Date: 10/31/24

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This document is part of the legal medical record.

DATE: 11/02/24 @ 0042
USER: PHARCOJOB

Valley Hospital +Live+ EMA

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Medication Discharge Summary Report

11/02/24

Name **Rumchovich, Alva**

Unit Num **M104B066**

Account Num **V011930464**

Medication Discharge Summary

ADMINISTRATION PERIOD:

0700 10/31/24 to 0659 11/01/24 (continued)

START/STOP

IBUPROFEN (IBUPROFEN 400 MG TABLET)
400 MG PO Q6H/PRN
PRN Reason: moderate pain
RX #: 19035116

10/31/24 | ACK 0855 KCH02
| ED 0855 EESTY
| 0900 KCH02 at 0900 GAVE: 400 MG
| Barcode Medication: IBUPROFEN
| NDC/DIN: 0904585361 (SOURCE: eMAR)
| Admin Queries
| Medication Given For Pain/Respirations: Pain Functional Pain Level:
| 4 - Distracts Me, can do Acceptable Pain Level 1-10: 3 Functional Pain Score: 1 - 4 Mild
| Rule: MAR.FIRST - MAR: First Admin Education
| Rule: MAR.FIRST - MAR: First Admin Education
| 0950 RBA38883 by KCH02 at 0950
| Reassessment: Pain Assessment
| Functional Pain Level: 1
| Acceptable Pain Level 1-10: 3
| Scale: 1
| Functional Pain Score: 0 - No Pain
| Reassessment: Reason for Medication Administ
| Medication Given For Pain/Respirations: 1
| 2200 DYERH2 at 2200 GAVE: 400 MG
| Barcode Medication: IBUPROFEN
| NDC/DIN: 0904585361 (SOURCE: eMAR)
| Admin Queries
| Medication Given For Pain/Respirations: Pain Prevention
| 2250 RBA38883 by DYERH2 at 2250
| Reassessment: Pain Assessment
| Activity: 1
| CTY: 1
| Pace: 1
| Legs: 1
| Consoleability: 1
| Total Pain Score: 0
| Scale: 2
| Reassessment: Reason for Medication Administ
| Medication Given For Pain/Respirations: 1

ADMINISTRATION PERIOD:
0700 11/01/24 to 0659 11/02/24

START/STOP

11/02/24

Name: Anachovich, Alvin

Unit Num **ML048066**

Medication Discharge Summary

Account Num **V011930464**

ADMINISTRATION PERIOD

0700 11/01/24 to 0659 11/02/24 (continued)

START

ACETAMINOPHEN 100 MG

{ACETAMINOPHEN 1,000 MG/100 ML PIGGYBACK},

400 MTS/HR TYPE 1xDay: One Time only/PR

PRN Reason: Fever 100.4 or greater

Comments: ONCE THE OBTAIN STOPPER HAS BEEN PENETRATED

IT MUST BE USED WITHIN 6 HOURS.

RX #: 19033256

110/30/241 DC 1456 DISCHARGE

DEXTROSE 50% ABBOJECT (DEXTROSE 50% INJ 50 ML SYRINGE)

50 ML IVP 1xDay: One Time Only/PRN

ERN Reason: Blood sugar - low

Total Doses: Max 1 (0 of 1 Given)

Dose Ins: Blood sugar less than or equal to 50

Comments: Blood sugar less than or equal to 50

RX #: 19033250

110/30/24 DC 1456 DISCHARGE

IBUPROFEN (IBUPROFEN 400 MG TABLET)

400 MG PO Q6H/PRN

PRN Reason: moderate pain

RX #: 19035116

10/31/24	DC 1456	DISCHARGE
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This document is part of the legal medical record

11/02/24

Name Rumanovich, Alva

Unit Num M104B066

Account Num V011930464

Medication Discharge Summary

Legends

Activity Codes

* - Not Administered
ACK - Acknowledged Order
CAN - Cancel
DC - Discontinue
DM - Dispensing Machine
ED - Edit or Verification
HO - Hold
INFUSION - Infusion In Progress
REASSESS - Reassessment
REJACK - Reject Acknowledgement

Reason Codes

Site Codes

Administered By

User User Name/Type
DEVBR2 - Danielle Everett RN

User User Name/Type
KCHO2 - Kyungae Cho RN

User User Name/Type
MKIN3 - Michelle Kim RN

User User Name/Type
SBRTH - Sarah Berthieu RN

Pharmacy

User User Name
BNUROV - Brian Mulroy PHA
IMALLR - Luke V. Mallett RPh

User User Name
BTHAKR - Bhonak Thakkar
NCCMA - Matthew J Nicco MD

User User Name
DCHANG - D. N. Chang RPh
MKIN3 - Michelle Kim RN

User User Name
KCHO2 - Kyungae Cho RN
PBRV - Patricia Esly RPh

Allergy History

Date Time User Name
01/04/17 2030 Lyon Norranes

Database Type
PCM New

Allergy
No Known Allergies

04/04/19 1905 Marlene A. Gomez
Status: Verified
OLD: Status: Verified
NEW: Status: Verified

01/04/17 2030
PCM

Verify

No Known Allergies

10/04/20 0636 Marlene A. Gomez
Status: Verified
OLD: Status: Verified
NEW: Status: Verified

04/04/19 1905
PCM

Confirm

No Known Allergies

10/22/24 1537 Doninga Almain-Ocden
Status: Verified
NEW: Status: Verified

04/04/19 1905
PCM

Verify

No Known Allergies

10/22/24 2339 Luke V. Mallett
Status: Verified
NEW: Comments:
User acknowledged allergy record in PHA.

10/22/24 1537
PCM

Acknowledge

No Known Allergies

10/30/24 1635 Linda Kohles
Status: Verified
NEW: Status: Verified

10/30/24 1537
PCM

Verify

No Known Allergies

10/30/24 2036 Bhonak Thakkar
Status: Verified
NEW: Comments:

10/30/24 1635
PHA, VAH

Acknowledge

No Known Allergies

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This document is part of the legal medical record.

DATE: 11/02/24 @ 0042
USER: PHARGJOB

Valley Hospital *Live* EHA
Medication Discharge Summary Report

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11/02/24			
Name <i>Amachovich, Alva</i>	Unit Num <i>M104B065</i>	Medication Discharge Summary	Account Num <i>V011930464</i>

User acknowledged allergy record in EHA.