

## Paragraph 2

HISTORY OF PRESENT ILLNESS: Ms. [\*\*NAME\*\*] is a [\*\*AGE\*\*]-year-old female with prior history of left breast cancer who is referred to [\*\*LOCATION\*\*] to discuss surgical management of her left lung nodule which was picked up on CT scanning for surveillance. The patient's chest CT obtained at an outside institution showed an incidental finding of a left lower lobe pleural nodule, which she brought with her to clinic today for further review. Ms. [\*\*Name\*\*] reports to be doing well, with no change in her baseline level of shortness of breath, but denies any difficulty breathing, cough or hemoptysis. She feels essentially back to baseline and plays golf one day a week. Otherwise, Ms. [\*\*NAME \*\*] has no other pulmonary complaints and has never smoked tobacco or inhaled second hand smoke. She does report several years of intermittent reflux, which worsened after eating rough foods. She underwent an upper GI study for this, which showed a small hiatal hernia as well as a moderate- sized sliding hiatal hernia. She subsequently underwent an abdominal CT for evaluation for mesenteric ischemia and was felt to have a dilated pancreatic duct. Due to suspected head pathology on imaging (although the final report is pending), she underwent an MRI, which confirmed no pancreatic pathology. Given this, Ms. [\*\*NAME \*\*] has been trying to avoid fatty and fried foods, which has improved her reflux. Ms. [\*\*NAME \*\*] does report recent onset of sleep apnea, for which she is using CPAP every night for the last month. She tolerates this well without complaints of dry mouth, gasping for air, or undue sleepiness. Ms. [\*\*NAME \*\*] was seen in our [\*\*LOCATION\*\*] clinic on [\*\*DATE\*\*] at which time it was determined that in order to obtain a tissue diagnosis of this left lower lobe lesion a VATS approach would be utilized. She presents today for further pre-operative planning. Currently, Ms. [\*\*DATE\*\*] denies any pulmonary symptoms, fevers, chills, cough or weight loss.

PAST MEDICAL HISTORY: 1. CARDIAC RISK FACTORS: Hypertension, Hyperlipidemia 2. CARDIAC HISTORY: None 3. OTHER PAST MEDICAL HISTORY: Left lower lobe pulmonary nodule