



August 29, 20XX

ABC Health Plan  
Attn: Medical Review Office  
PO Box 12345  
Anytown, USA 11111

Patient Name:  
Insurance ID:  
Date of Birth:  
Facility: 123 Medical Center  
Date of Service:  
Total Charges:



## CLINICAL SUMMARY

The patient is a 51-year-old female with a past medical history of breast cancer who presented on 05.21.XX for a CT scan of the chest, abdomen, and pelvis. The patient was initially diagnosed with breast cancer in 20XX after a routine mammogram noted a right breast abnormality and a biopsy subsequently confirmed malignancy. She underwent a right breast mastectomy and sentinel lymph node evaluation in July 20XX. Pathology revealed a Grade 1 invasive ductal carcinoma with 1/14 lymph nodes involved. She was 100% estrogen receptor positive, progesterone positive, HER2/neu negative, and Ki-67 below 5%. A PET scan revealed 2 hypermetabolic left subpectoral nodes, along with post-op changes in right breast and axilla without suspicious FDG uptake. Biopsy of the contralateral node was unsuccessful. She was diagnosed as pT2, pN1 Mx for minimum Stage IIB disease. She was treated with radiation therapy, tamoxifen, and anti-hormonal therapy.

A PET/CT scan in 20XX showed 2 positive left subpectoral nodes; one of these nodes is still present but no longer FDG avid. The one just below it is smaller, decreasing from about 12 to 6 mm and has some decrease in FDG, but is still showing uptake of isotope with a SUVmax of 5.3. The CT scan showed no evidence of disease and no left subpectoral lymph node. In March 20XX, the patient had a routine mammogram that demonstrated scattered fibroglandular elements in the left breast that could obscure a lesion and benign lymph nodes in the left breast. The patient was participating in occupational therapy and complained of right torso pain with motion and palpation, along with swelling/lymphedema anterolateral right torso. She was also seen by pain management.

On 05.21.XX, the patient had a CT scan of the chest, abdomen, and pelvis which demonstrated no evidence of metastasis in the chest, abdomen, and pelvis. The CT scan showed bilateral ovarian cysts present that were larger on the left side, with the left cyst measuring up to 5.8 cm x 5 cm.

Advanced imaging was appropriate and medically necessary for this 51-year-old female with a history of breast cancer. Her medical treatment was indicated per the criteria set forth by **Health Plan Oncology Imaging Guidelines ONC-11.3: Restaging/Recurrence.**



Regards,

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