

Re: Mrs Jennifer Anne Cameron

## ***Narrabri Medical Centre***

110 Tibbereena Street

Narrabri NSW 2390

Ph: (02) 67922949

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20th May 2022

Dr Peter Girardi  
Tamara Private Hospital  
2-6 Dean Street  
TAMWORTH NSW 2340  
P:0267 667 685  
F:0267 665 129

Dear Peter

**Re: Mrs Jennifer Cameron**  
**19 Jenkins Street**  
**NARRABRI 2390**  
**D.O.B:16/5/1956**

My record no.: **02632**

Medicare no.:2212 13304 2 / 2

Phone no.:67922009

0400485795

**Ulcerated BCC right chin - incompletely excised.**

Thank you for seeing Mrs Jennifer Cameron, age 66yrs, whom I consulted today. I reprint for your information my history and examination findings together with relevant Past History, Allergies and Current Medications.

**History:**

Came in for review.

- Recent surgical path result indicated that she has incompletely excised ulcerated BCC with positive deep margin.
- Happy to be referred out for further excision because of its site.
- Raises no other complain.

**General:** Lethargy. No fevers. Malaise. No recent overseas travel.

**CVS:** No chest pain. No orthopnoea. No ankle swelling.

**Respiratory:** No dyspnoea.

**Psych:**

Poor sleep. No early morning wakening. No suicidal thoughts. No substance abuse.

**Examination:**

Adult female who appears to be in a good general condition.

**General:**

BP (Sitting-Left arm): 122/81

Pulse (Sitting): 93                      Regular

Not dehydrated.

MSE: Stable

**CVS:** No praecordial thrill. No pericardial rub.

JVP: 0cm



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Apex beat: 5th intercostal space, 0cm from the midline

Ankle Oedema: N

Heart sounds: x2

Murmur: None

**Respiratory:** No respiratory distress. No recession. Not using accessory muscles. No wheeze. Normal percussion on Right. Normal percussion on Left. Normal air entry on Left. Normal air entry on Right. No creps.

**GIT:** No abdominal tenderness. No guarding. No rigidity. No rebound. No distension. No hepatomegaly. No splenomegaly. Normal bowel sounds.

**Endocrine:** No tremor. No proptosis. No lid lag. No myxoedema. No goitre. No thyroid nodule. No buffalo hump. No Hirsutism.

**Skin:** Stitches where nodular lesion existed under right chin.

**Reason for contact:**

Ulcerated BCC right chin - incompletely excised

**Past History:**

Date	Condition
14 April 2008	Low abdominal pain
18 July 2008	Hypertension
18 July 2008	Itchy skin
18 November 2009	Ventricular trigeminy runs
8 March 2010	Cervical spondylosis
19 February 2013	Lethargy
4 September 2013	Epigastric pain
13 December 2013	Lymphadenitis (Left)
28 February 2014	Ventricular bigeminy
9 May 2014	Asthma - Infective exacerbation
9 May 2014	Asthma action plan performed
16 August 2014	Subungual hyperpigmented spot ?cause
21 October 2014	BCC (Basal Cell Carcinoma)
12 January 2015	Burping
12 January 2015	Iron deficiency - anaemia
24 March 2015	Asthma - Infective exacerbation
24 March 2015	Lump behind (R) ear
14 April 2015	Punch biopsy skin
29 June 2015	Facial skin lesions for review
16 December 2015	Gum Infection
2 February 2016	Mouth - Ulcer
26 October 2016	Meningioma, cranial
8 February 2017	Joint pain - multiple joints
18 March 2017	4th and 5th fingers Injury (Right)
18 March 2017	Fall
28 March 2017	Conjunctivitis - bacterial (Right)
13 May 2017	Vaccination
11 October 2017	GORD (Gastro-oesophageal Reflux Disease)
13 November 2017	Haemophilus infection
17 April 2018	Weight gain
3 May 2018	Uterine fibroids
8 May 2018	Bacterial conjunctivitis (Bilateral)
8 May 2018	URTI - Viral
3 December 2018	Epigastric pain
1 March 2019	Multinodular thyroid
25 July 2019	Thyroidectomy
18 December 2019	Hypothyroidism
14 October 2021	SCC (Squamous Cell Carcinoma)
20 October 2021	Hyperkalaemia

**Allergies:**

No known allergies/adverse reactions.



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**Family History:**

2021

Mother had MI in her 40yrs but survived it, and later died at 52ys due to massive CVA.

Father has AF. Alve aged 90yrs

Has a sister and two brothers - all alive and well.

**Social History:**

2021

Lives with her husband - both independant

2 adult sons - reside in Narrabri and Sydney

**Current Medications:**

Drug Name	Strength	Dosage	Reason	Last script
ACIMAX EC Tablet (Omeprazole (as magnesium))	20mg	1 tab daily	GORD (Gastro-oesop hageal Reflux Disease)	14/04/2022
ATACAND Tablet (Candesartan cilexetil)	32mg	1 tab daily		14/04/2022
BREO ELLIPTA Powder Inh (Fluticasone furoate/Vilanterol (as trifenate))	100mcg/25mcg	1 inhale daily Per her respiratory physician	Asthma	14/04/2022
DILTIAZEM SANDOZ CD Capsule (Diltiazem hydrochloride)	180mg	1 tab daily m.d.u.		22/04/2022
LEVOTHYROXINE SODIUM Tablet (Levothyroxine sodium)	100mcg	1 tab Monday, Tues, Wednesday Thurs - friday and 2 tablets on the Saturday and Sunday from 18/06/2020	Hypothyroidis m	16/08/2021
VENTOLIN CFC-FREE Inhaler (Salbutamol (as sulfate))	100mcg/dose	1-2 puffs 4hrly as required		21/01/2009

**Investigation Results:**

Start Patient : CAMERON, JENNIFER

19 JENKINS STREET, NARRABRI NSW 2390

Birthdate: 16/05/1956 Age: Y66 Sex: F

Telephone:

Your Reference :

MO Reference : 6324083A001

Medicare Number: 2212133041

Phone Enquiries:

Referred by : Dr OKWUN OJAH

Addressee : Dr OKWUN OJAH

238369GK

Lab. Reference: 6324083A001

Requested: Thursday, 12 May 2022

Performed: Thursday, 12 May 2022

Test name: SURGICAL PATHOLOGY

Provider name: SYDPATH

**SURGICAL PATHOLOGY REPORT**

Accession: S-22-09337

Specimen:

R side neck

Clinical Information:

Excision biopsy raised lesion ?nodular BC

**DIAGNOSTIC SUMMARY:**

Right side neck skin excision: Ulcerated basal cell carcinoma, positive deep margin.

**Macroscopic Description:**

Labelled "R side neck punch biopsy raised lesion", the specimen consists



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of an 18x9x1mm unoriented ellipse of skin with a central 8mm linear defect and surrounding area of cream discolouration. Block 1A- two central transverse sections, one divided in two fragments; 1B- central transverse section; 1C- transverse section both ends (en face margins). All embedded. [SC]

Microscopic Description:

Right side neck. Sections of sun damaged skin to reticular dermis show ulcerated, nodular and infiltrative basal cell carcinoma at least 2.5 mm thick and reaching reticular dermis. No lymphovascular or perineural invasion is seen. The carcinoma involves the deep margin over at least a 3 mm front and is 1.8 mm from the transverse margin.

Reported By: Dr Stephen Wong (02)83829259 16/5/2022

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Thankyou for your care and assistance.

Yours sincerely



Dr Okwun Ojah

2383696K MBBCH FRACGP FACRRM GDFM LLB LLM FACLM GDLP