BETH ISRAEL HOSPITAL
Passaic, New Jersey

CONSULTATION RECORD

PATIENT IDENTIFICATION
565

Name Mer·ic, Joseph

Hospital No. 274697

Doctor Dr. O. Gonzales

Date of Admission 3/13/84

Consulting Service or Physician S. Goel, M.D. Date of Request 3/19/84

Report requested regarding A liver biopsy.

Signature of attending physician

CONSULTATION REPORT

Includes Findings — Recommendations — Diagnosis

DATE 3/19/84

Thank you very much for the consultation.

This 65 year old man was admitted on 3/13/84, with complaints of increasing weakness, loss of weight, anorexia. On examination, he was found to have an enlarged liver, and he was workedup to have multiple defects in the liver, and was admitted for further workup.

After admission, he underwent a GI series that revealed a duodenal deformity, because of the ulcer, in the posterior wall of the bulb. He was also scheduled to have a barium enema which could not be successfully completed, and after that he had a GI consultation with Dr. Ruben wh o did a colonoscopy and revealed no other abnormality of the colon. He underwent a CT-scan of the abdomen showing multiple lesions of the liver with a large mass in the center, the liver had multiple other masses consistent with metastatic disease.
Lab work showed a highly elevated alk. phos, and elevation of LDH with a bilirubin of 2.2. He has been seen by Dr. Uhm for oncology consultation, and the possibility of angiosarcoma of the liver, because of exposure to chemicals has been considered. Because of the multiple lesions of the liver, and no primary node, he is scheduled for a laparotomy and liver biopsy.

On examination, patient is well built healthy man; neck no masses. abdomen soft, nontender, liver is enlarged. Extremities-no varicosities.

WORKING DIAGNOSIS: Multiple defects in the liver, possible metasatic disease.

PLAN: Exploratory laparotomy and liver biopsy.

d 3/19
t3/19 jh

BETH ISRAEL HOSPITAL
CERTIFIED PHOTOCOPY

S. GOEL, M.D.

Signature of consultant

MEDICAL RECORD FORM
Form 617UL 3m379

CONSULTATION RECORD

URL 13355

BETH ISRAEL HOSPITAL
PASSAIC, NEW JERSEY

Room No: 565
Name: Menica, Joseph
Hospital No: 274697
Doctor: DR. GOEL
Date of Operation: 3-20-84

OPERATIVE REPORT

PRE-OP DIAGNOSIS: HEPATOMEGALY WITH MULTIPLE MASSES IN THE LIVER.
POSSIBLE METASTATIC DISEASE.
POSSIBLE ANGIOSARCOMA.

POST-OP DIAGNOSIS: HEPATOMEGALY WITH MULTIPLE LOBULAR MASSES, FROZEN SECTION
FINAL REPORT PENDING.

SURGEON DR. GOEL ASSISTANT DR. BAPINEEDU ANESTHETIST GENERAL

ESTIMATED BLOOD LOSS: 75-100 cc

OPERATION: EXPLORATORY LAPAROTOMY, LIVER BIOPSY.

FINDING On exploration, the patient was found to have a huge massive heptomegaly and the liver was diffusely purplish, reddish in color. The liver had multiple formed lobulations of small and large size which were not very well delineated and merging with liver tissues. The surface of the liver was also lobulated in places where there were no discrete nodules as usually seen in metastatic disease. The omentum and colon was adherent to the undersurface of the liver with vascular adhesions. There was no gross abnormality found in the abdomen.

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OPERATIVE PROCEDURE After the anesthesia, the abdomen was painted, prepared and draped. The right paramedian incision was made and deepened. The anterior rectus sheath was incised and the rectus muscle was retracted laterally and the posterior rectus sheath and peritoneum were opened. There was found to be straw colored fluid in the peritoneal cavity. It was found that the omentum was adherent to the liver with perivascular adhesions which were left intact.

The rest of the abdomen was explored and the stomach, duodenum, pancreas and the small and large bowel were traced and found to have no gross abnormality except some adhesions between the loops of the small bowel and the cecum to the right paracolic gutter. There were no mass lesions in the colon or small bowel. The incision was extended upward and exposure of the liver was palpable

URL 13356

	Room No:	561
BETH ISRAEL HOSPITAL	Name:	Menice, Joseph
PASSAIC, NEW JERSEY	Hospital No.	274697
OPERATIVE REPORT	Doctor:	DR. GOEL
Continuation	Date of Operation:	

OPERATIVE PROCEDURE (continued) PAGE: 2

and found to be massively enlarged and purplish and red in color. There were multiple lobulations which were not discrete from the other liver tissues but was merging with the liver tissue.

Liver sutures were applied on the edge of the left lobe of the liver and wedge of the liver excised and sutured. The wedge was submitted for frozen section and on recent discussion with the pathologist found to have marked inflammatory reaction with a large amount of giant cell and there was no evidence of any carcinomatous cells and there was reported to be some sort of hepatitis and part of generalized liver disease. Another wedge of the liver was removed after applying liver sutures and sent as a routine specimen to pathology. There was some oozing from the vascular liver from where the biopsy was taken and some Avitene was applied. Perfect hemostasis achieved.

The peritoneum was closed with continuous 0 Vicryl stitches and retention suture soft #2 silk applied. Anterior rectus sheath closed with figure of eight 0 Vicryl sutures. The retention sutures were applied. The dressings were applied. The patient was transferred to the recovery room in good condition.

JAN 1987

BETH ISRAEL HOSPITAL
CERTIFIED PHOTOCOPY

DR. GOEL

BETH ISRAEL HOSPITAL
PASSAIC, N. J.

PATHOLOGICAL REPORT

274697

Name Memice, Joseph **Age** 65 **Room** 565 **Hosp. No.** 114717

Pre-operative Diagnosis Liver mass **Date** 3/20/84

Post-operative Diagnosis

Specimens Submitted A. Liver biopsy B. Liver biopsy

Surgeon, Dr. Goel/O. Gonzlaes

Laboratory No. 84s918 **Date of Report** 4/3/84

Gross Examination

A. Received fresh is one wedge-shaped portion of yellowish-brown, soft tissue measuring 1.2 x 0.6 x 0.3 cm. One section was submitted for frozen section and is labeled F.S. The rest of the tissue is submitted entirely.

FROZEN SECTION DIAGNOSIS: Probable inflammatory reaction
To await parafin sections (SL)

B. Received fresh is a portion of yellowish-pink, soft tissue measuring 2 x 1 x 0.8 cm. The cut surface reveals a finely nodular surface. The entire specimen is submitted. (MB)

MICROSCOPIC DIAGNOSIS: A. Portion of liver showing changes consistent with angiosarcoma, acute and chronic inflammation and glycogen nuclei

B. Portion of liver showing fatty change, glycogen nuclei and regenerative changes of the hepatocytes

Comment: The slides on this case were sent to Dr. Kenneth M. Klein Director of Surgical Pathology, UMDNJ, University Hosp., Newark, NJ for consultation. See attached report.

An additional consultation report from AFIP will follow.

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MVBodas.

Meera Bodas, M.D. Pathologist

APR 1358

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY

UNIVERSITY HOSPITAL

100 BERGEN STREET • NEWARK, N. J. 07103

SURGICAL PATHOLOGY REPORT

Name Menice, Joseph Age Sex Surg. Path. No. C084-2831

Address C/O Dr. M. Bodas Location Beth Israel Hist. No.

Date Spec. Rec'd. 3-29-84 Date of Report 3-29-84 Service/Physician

Relevant Clinical Data: R/O Angiosarcoma of Liver

Nature of Specimen: Liver Biopsies: Slides for Consultation (84s918 A&B)

Pathological Description:

GROSS: Received are two slides for consultation, 84s918 A&B, from Beth Israel, Passaic, N.J., with two blank slides for each.

DIAGNOSIS: A) Angiosarcoma of liver with moderate chronic inflammation, and focal ground glass hepatocytic change and glycogen nuclei, clinically from wedge biopsy

B) Reactive changes with fatty change, focal hepatocytic and kupffer cell dysplasia, focal sinusoidal dilatation and hepatocytic ground glass change and glycogen nuclei in liver, consistent with vinyl-chloride exposure, clinically from wedge biopsy.

NOTE: The pathological lesions noted in B are typical for those reported in individuals exposed to vinyl-chloride except for the fatty change and glycogen nuclei. These latter could represent the effect of recent starvation and/or diabetes mellitus. One aspect of vinyl chloride-induced liver injury not seen in this section, however, is the presence of portal fibrosis and portal vein sclerosis which is usually found in more than 50% of the reported cases and has been responsible for a pre-sinusodial type of portal hypertension associated with pronounced splenomegaly.
To eliminate the possibility that the ground-glass or induction type change of the hepatocytes was due to an undiagnosed chronic Hepatitis B virus infection, a Shikata aldehyde fuchsin stain was performed which was negative.

TUMOR REGISTRY

YES ____ NO ____

UMDNJ - FORM - CH 7305

BETH ISRAEL HOSPITAL
CERTIFIED PHOTOCOPY

Pathologist

THIS SPACE RESERVED FOR BINDING

URL 13359

UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY
UNIVERSITY HOSPITAL
100 BERGEN STREET • NEWARK, N. J. 07103

SURGICAL PATHOLOGY REPORT

Name Menice, Joseph Age Sex Surg Path. No. C084-2831

Address c/o Dr. M. Bodas Location Beth Israel Hist. No

Date Spec. Rec'd 3-29-84 Date of Report 3-29-84 Service/Physician

Relevant Clinical Data R/O Angiosarcoma of Liver

Nature of Specimen Liver Biopsies: Slides for Consultation (84s913 A&B)

Pathological Description

REFERENCES:

1) Berk, P.D. et al: Annals Int. Med.:84: 717-731, 1976

2) Makk, L. etaal: Cancer: 37: 149-163, 1976.

3) Marstellar, H.S. et al: Annals N.Y. Acad. Sci.: 246: 95-134, 1975.

4) Popper, H., & Thomas, L.B.: Ibid: 246: 172-194, 1975.

5) Thomas, L.B. et al: N. Eng. S. Med.: 292: 17-22, 1975.

THIS SPACE RESERVED FOR BINDING

URL 13360

BETH ISRAEL HOSPITAL
CERTIFIED PHOTOCOPY

SLIDES BEING SENT
UNDER SEPARATE COVER

TUMOR REGISTRY
YES ____ NO ____

Pathologist

BETH ISRAEL HOSPITAL
PASSAIC, NJ

114717 565-0

CONSENT FOR OPERATIVE
AND DIAGNOSTIC PROCEDURE

[illegible] GONZALES M 45 4-27-18
[illegible] 15 5455A

Patient [illegible] Date of Birth [illegible] PL PASSAIC
[illegible] CAIM

Place [illegible] Time [illegible] Date [illegible]

1. I hereby authorize Doctor S Goel, MD and whomever he may designate as his associates and/or assistants to perform upon undersigned patient the following operative and/or diagnostic procedure(s):

a. Exploratory laparotomy, liver biopsy

b. My physician has explained, and I understand the nature of the above-listed procedure(s), including its/their purpose, consequences, risks and possible alternatives.

c. Supplemental Information: [illegible]

2. I understand that during the course of the procedure(s) unforeseen conditions may become apparent which require an extension of the original procedure(s) or different procedure(s) from that described above. I therefore authorize my physician, his associates and/or assistants to perform such surgical procedures as they, in the exercise of their professional judgment, deem necessary and desirable.

3. In addition to the risks and consequences of which I have been made aware as noted above, I have also been informed that there are other risks which are inherent in the performance of any surgical or anesthetic procedure. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me about the results of the operation or procedure(s) which I have authorized.

4. I authorize my physician and Beth Israel Hospital either to preserve for scientific or teaching purposes or for use in the treatment of other living persons, or to dispose of any tissues, body parts or organs removed as a necessary part of my care, except as noted here: [illegible]

BETH ISRAEL HOSPITAL
CERTIFIED PHOTOCOPY

5. I request and authorize the administration of a transfusion of blood and blood components to me as necessary during my procedure(s) and such additional transfusions as may be deemed advisable in the judgment of my physician, his associates and/or assistants. My doctor has explained to me that transfusions of blood and blood components are not always successful in producing a desirable result and that there is a possibility of ill effects from transfusions, such as the transmission of infectious hepatitis or other disease, blood impairments or untoward blood reactions. I understand that the blood supplied is incidental to the rendition of medical services and that no guarantee or warranty of fitness or quality shall apply.

6. I consent to having photographs taken of me by a photographer selected and approved by Beth Israel Hospital for the purpose of advancing medical education. I also consent to the use and publication of such photographs, in whole or in part, at the discretion of the hospital. I hereby release the hospital, its personnel and any other persons participating in my care from all liability which may arise from the taking, use or publication of such photographs.

7. I have had sufficient opportunity to discuss my condition and treatment with my physician, his associates and/or assistants. I believe that I have adequate knowledge upon which to base an informed consent to the proposed procedure(s).

[illegible] [illegible]

[illegible] CONSENT FOR OPERATIVE & DIAGNOSTIC PROCEDURE

UBL 1384

Because the patient is an unemancipated minor (years of age) or is unable to sign for the following reasons:

I have read the consent and was present when the above-named doctor gave the explanation to

Name of Patient

or to the undersigned.

The above consent is given on the patient's behalf by:

Witness to Signature | Signature of Closest Relative or Legal Guardian

Relationship

Treating Physician: I declare that I have personally explained to the patient the nature of the patient's condition, the procedure(s) to be undertaken, the risks and consequences and the alternative treatments as described above on:

Date 3/17/84 Time AM/PM Signature of Physician

I authorize Dr. She or such associates as he may elect, to administer one or more of the following anesthetics: general

The anesthesiologist has explained to me the nature of these anesthetics, the route of administration, their usual effects and the following risks attendant on their use, as follows: as discussed

Witness to Signature | Joseph Mikmice

Because the patient is an unemancipated minor (years of age) or is unable to sign for the following reasons:

I have read the consent and was present when the above-named doctor gave the explanation to

Name of Patient

or to the undersigned.

The above consent is given on the patient a behalf by.

Witness to Signature | Signature of Closest Relative or Legal Guardian

Relationship

BETH ISRAEL HOSPITAL
CERTIFIED PHOTOCOPY

Anesthesiologist: I declare that I have personally explained to the patient the nature of the anesthetics, the route of administration, the usual effects and the risks attendant on their use.

Date 3/19/84 Time AM/PM Signature of Anesthesiologist

URL 13362

BETH ISRAEL HOSPITAL
PASSAIC, NJ

OPERATING ROOM FLOWSHEET

[redacted]

Date: 9/20/84 | O.R. Room: 2 | Service: Gen | Patient Room #: 865D

Pt. Going To: ☑ Rec ☐ ICU ☐ Floor | ☑ Major ☐ Minor

Time Pt. Arrives: 10:45 ☑ AM ☐ PM | Operation Start: 11:10 ☑ AM ☐ PM

Operation End: 12:05 ☐ AM ☐ PM | Time Out: 12:10 ☐ AM ☑ PM

Tourniquet Time: On @ — ☐ AM ☐ PM Off @ — ☐ AM ☐ PM | ☐ Emerg. Op. ☑ Elective Op.

Attending Surgeon: Gee

Scrub Nurses (Last Name, First Initial): J Maglio ORT

Asst. Surgeon: Fagenedu

Circulating Nurses (Last Name, First Initial): J Fitzgerald RN

Anesthesiologist: Ram

Mode of Administration: ☑ General ☐ Local ☐ Spinal ☑ Monitor

Pre-Operative Diagnosis: Liver Mass

Post-Operative Diagnosis: Same

Operative Procedure: Exploratory Laparotomy / Liver Biopsy

Spec. Notations
Monitor Leads: K
Incision:
Ground Plate:
IV Site:

Implants:

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CERTIFIED PHOTOCOPY

X-ray Taken ☐ Yes ☑ No | Drains: | COUNTS:

Cath. — | Infection Case: ☐ 1 ☑ 2 ☐ 3 ☐ 4

Recovery Room: Valley Lake 242

Pt. Grounded By: [redacted]

Specimens To: Prep. Soc. (Path.)

Blood Prod. Sent To:

Dyes: Chems:

Position of Patient: ☐ Prone ☑ Supine ☐ Lithotomy ☐ Lateral ☐ Other

4 x 4	
Lap Pads	
Baby Laps	Correct
Peanuts	
Needles	
Instruments	
Sign for Count	Scrub J Maglio ORT
	Circulate J Fitzgerald RN

Remarks:

Humidity: 50%

MEDICAL RECORD

Form 299

UAL 13363

BETH ISRAEL HOSPITAL
Passaic, N. J.

RESPIRATORY THERAPY DEPARTMENT

TREATMENT RECORD

DIAGNOSIS ____________________ DILUTION RATIO AND CONC. OF GAS ____________

MEDICATION ____________________ TYPE OF THERAPY ____________

DURATION OF A TREATMENT ____________________ TIMES PER DAY ____________

THERAPEUTIC OBJECTIVES ____________________

CMH_2O ____________________ No. OF DAYS ____________

DATE	TIME	TYPE and DOSE OF MED. and TREATMENT	SIGNATURE	DURATION OF TREATMENT and PATIENT REACTIONS
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		[illegible]		[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]		[illegible]	[illegible]	[illegible]
		[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		[illegible]	[illegible]	[illegible]
3/[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
		[illegible]	[illegible]	[illegible]
3/22	[illegible]	[illegible]	[illegible]	[illegible]
3/23	[illegible]	[illegible]	[illegible]	[illegible]
3/24	8 [illegible]	IS [illegible]	[illegible]	[illegible]
	11 [illegible]	IS [illegible]	[illegible]	[illegible]

BETH ISR[illegible]
CERTIFIED PHOTO[illegible]

ATTENDING PHYSICIAN'S SIGNATURE ____________________

URL 13364