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CC: .....

May 14, 2012

Dear Sir/Madam,

**Re: Greg Price**  
**DoB:** 05-Apr-1981  
**PHN:** 727367110  
**Appt:**

**Address:** Box 266  
Calgary AB TOM OAO  
**Tel:** 999-4427

**Priority:** Routine

**Reason for referral:** Testes cancer...metastatic

**Current Investigations:**

I saw this 31 yr old in the office this AM in the company of his parents. He was referred to my colleague Dr \_\_\_\_\_ last week but he is currently away and as there was an obvious urgent nature to the referral this was directed to my clinic.

The current workup indicates this fellow has right testicular cancer with bulky retroperitoneal metastatic disease. The CT @ PLC from 23 April 2012 shows large confluent nodal masses around the IVC plus alarming compression of the same. The chest is clear by CT and CXR, I cannot find any nodal mets on clinical exam today. The scrotal ultrasound from 01 May 2012 shows the right testicle is almost completely replaced with the tumor.

The patient started to experience right sacroiliac pain about Dec 2011 and indeed points exactly to the SI joint today. It is inconsistent with MSK pain as it was not related to position/exercise however. The pain in the back remains the main symptom with some evolving element of pain in the right periumbilical area. there is minimal local testes pain however. He has no constitutional symptoms, appetite is good, weight is stable etc.

There is no history of cryptorchidism or trauma and the rest of the medical history is unremarkable.

Tumor markers are negative ...alpha fetoprotein 1.9...beta HCG 3.

This will most likely be Seminoma and he is scheduled for an urgent right inguinal orchidectomy in 2 days time.

I briefly discussed with Dr \_\_\_\_\_ this PM and he would like to see him next week to plan initial chemotherapy.

I believe there is some urgency about starting the chemo in view of the pain and occlusion of the IVC....the patient is starting to experience lower limb edema.

Below is the related medical information of the patient:

Thank you for seeing this patient in consultation. I look forward to your assessment.

Sincerely,

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