UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF CALIFORNIA

UNITED STATES OF AMERICA

Plaintiff,

v.

AARON ASHCRAFT

Defendant,

Case No.: 2:22-CR-00087-KJM-1

DEFENDANT'S MOTION FOR RECONSIDERATION

Now comes the Defendant, Aaron David Ashcraft, proceeding pro se Defendant's motion for compassionate release pursuant to 18 U S.C. (c) (1) (A) (i), filed on December 4, 2023 and this Honorable Court's order filed February 9, 2024 denying the motion. The Honorable Judge Kimberly Mueller denied the Defendant's motion without prejudice to renewal with supporting evidence.

BACKGROUND

This Court stipulated the lack of supporting evidence pertaining to the Defendant's Son, Dhameon James Ashcraft, specifically medical reports showing the diagnosis of Multiple Sclerosis and clarification of his age. This Court also requested evidence supporting the Defendant's claim that the only available caretaker is mentally incapacitated and unable to provide care for Dhameon.

EVIDENCE

A. The Defendant's son Dhameon James Ashcraft (age 21) was diagnosed by his physician on October 9, 2023 with Non-Progressive Relapsing Multiple Sclerosis. The supporting evidence, a 94 page health report from Kaiser Permanente, has been included in this motion for reconsideration and is titled "Attachment A". Noted in the attached health report is the diagnosis of Non-Progressive Relapsing Multiple Sclerosis and all underlying conditions that further elaborate the extent of Dhameon's incapacitation. (Attachment A, Page 1, Active Problems). Also included in this report are details of 10 prior surgeries which are relates to a hereditary genetic bone disorder of which the

symptoms have been exaggerated bi-laterally by the symptoms of the Multiple Sclerosis. (Attachment A, Page 4, Procedures).

B. The only available caretaker, the Defendant's spouse Rhonda Morton, suffers numerous mental disorders. The supporting evidence is noted in the attached reports titled "Attachment B", specifically page 3 of "Attachment B". Paramount to the Defendant's claim that Rhonda Morton is mentally incapacitated is an official diagnosis from Heritage Oaks Mental Health facility stating Rhonda suffers from Schizoaffective Bipolar, Alcohol Use Disorder, and Methamphetamine Use Disorder. Page 1 of "Attachment B" Notice of Certification classifies Rhonda as "Gravely Disabled" and unable to care for herself.

C. In addition to the evidence requested by this Court the Defendant has attached a collection of email correspondence between the Defendant and Dhameon detailing some of the struggles Dhameon has encountered without the support of his father, the Defendant. These email correspondences, 4 pages total, are attached to this motion and titled "Attachment C".

CONCLUSION

The Defendant would like to express urgency and seriousness of this situation and would like to include ancillary facts that further illustrate the depth of burden of care for Dhameon. Dhameon has a hereditary genetic bone disorder called Osteochondroma Exostosis which is stated in Attachment A, page 1, Active Problems. This disorder has already handicapped Dhameon with further complications due in part by irregular bone growth and numerous surgeries as noted on page 4, Procedures, in Attachment A. Dhameon has no driver's license, no transportation, no financial support, and is unemployed. The bone disorder and surgeries in conjunction with this form of Multiple Sclerosis have further limited Dhameon's mobility, dexterity, cognitive function, and emotional/mental health.

The Defendant would also like to apologize to this Honorable Court for the delay in presenting supporting evidence. The facility in which the Defendant is incarcerated has limited resources and was in lockdown status with no access to email and phones from January 4, 2024 to February 8, 2024, with additional prior and post intermittent weeks of limited access due to lockdowns initiated as a result of facility wide disciplinary actions. The Defendant asks for this Honorable Court's mercy in granting his release to care for his son. The Defendant will be able to procure immediate employment and will strictly abide by the ruling of this Court and the rules set forth in release and probation guidelines. The Defendant will take his place as a law abiding, contributing member of the community.

In conclusion the Defendant asks this Honorable Court to Grant the original Motion for Compassionate release based on the addition of this evidence and allow the Defendant to care for Dhameon.

Respectfully Submitted,

Dated: March 12, 2024
Sheridan, Oregon

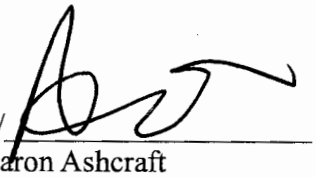
S/
Aaron Ashcraft
Reg. No.: 00025-510
FCI Sheridan Camp
P.O. Box #6000
Sheridan, OR 97378

CERTIFICATE OF SERVICE

I, Aaron Ashcraft certify that I served a true copy of the attached Defendant's Motion For Reconsideration by placing a copy in the United States mail addressed to:

United States Attorney's Office
501 I Street, Suite 10-100
Sacramento, CA 95814

Dated: March 12, 2024
Sheridan, Oregon

S/ 
Aaron Ashcraft
Reg. No.: 00025-510
FCI Sheridan Camp
P.O. Box #6000
Sheridan, OR 97378

Dhameon J Ashcraft

Patient Health Summary, generated on Feb. 25, 2024

Patient Demographics - Male; born Aug. 09, 2002

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
4731 WHITNEY AVE APT 26 *(Home)* CARMICHAEL, CA 95608-2960 *Former (Sep. 26, 2017 - May 26, 2023):* 5910 DULWICH WAY *(Home)* SACRAMENTO, CA 95835-2328	619 776-1005 (Mobile) djtheashcraft@gmail.com adeedpb@gmail.com	English - Spoken (Preferred) English - Written (Preferred)	White, Black or African American / Not Hispanic or Latino	Single/Never Married

Note from Kaiser Permanente Northern California

This document contains information that was shared with Dhameon J Ashcraft. It may not contain the entire record from Kaiser Permanente Northern California.

Allergies

No Known Allergies

Medications

Acetaminophen (Pain Relief, acetaminophen,) 325 mg Oral Tab (Started 1/31/2023)
Take 2 tablets by mouth every 6 hours as needed for mild pain or fever.

Sennosides (Senna) 8.6 mg Oral Tab (Started 1/31/2023)
Take 2 tablets by mouth daily as needed for constipation. May increase up to 4 tablets by mouth 2 times a day as needed for severe constipation. Do not exceed 8 tablets in 24 hours.

methylPREDNISolone (MEDROL) 32 mg Oral Tab (Started 10/9/2023)
take 31 tablets by mouth daily for 5 days.

Cholecalciferol, Vitamin D3, (VITAMIN D3) 25 mcg (1,000 unit) Oral Cap (Started 10/18/2023)
Take 1 capsule by mouth daily or as directed.

Active Problems

Problem	Noted Date	Diagnosed Date
NONPROGRESSIVE RELAPSING MULTIPLE SCLEROSIS	10/09/2023	
FUSION OF CERVICAL SPINE	01/30/2023	
MYELOPATHY, CERVICAL	12/22/2022	
BENIGN NEOPLASM OF VERTEBRAL COLUMN	12/22/2022	
RIGHT ARM PAIN	10/24/2019	
GANGLION CYST OF LEFT DORSAL WRIST	11/11/2014	
EXOSTOSIS	05/20/2010	
MULTIPLE HEREDITARY EXOSTOSIS	05/20/2010	

Immunizations

COVID-19 mRNA LNP-S PF 12yrs-Adult (PFizer-BioNTech,TRIS),External Administration (Given 7/7/2022, 6/14/2022)
DTP (Diphtheria, Tetanus, Pertussis) (Given 1/5/2004, 3/27/2003, 1/16/2003, 11/12/2002)
DTaP (Diphtheria, Tetanus, acellular Pertussis) (Given 2/27/2008)
HAV (Hepatitis A) (Given 8/26/2004)
HAV ped/adol 2 dose sch (Hepatitis A) (Given 2/27/2008)
HBV (Hepatitis B) (Given 8/26/2004, 1/16/2003, 11/12/2002)
HIB HbOC (Haemophilus influenzae b) (Given 1/5/2004, 3/27/2003, 1/16/2003, 11/12/2002)
HPV4 (Human papillomavirus, quadrivalent) (Given 8/12/2014)
HPV9 (Human Papillomavirus) 9 valent (Given 2/15/2017)
MENcn-ACYW (Meningococcal conjugate, groups ACYW-135) (Given 8/12/2014)
MMR (Measles, Mumps, Rubella) (Given 8/11/2003)
MMR-VAR (Measles, Mumps, Rubella, Varicella) (Given 2/27/2008)
PNUcn (Pneumococcal conjugate, pneumonia) (Given 8/26/2004, 3/27/2003, 1/16/2003)
POL-IPV (Polio, Inactivated virus) (Given 2/27/2008, 3/27/2003, 1/16/2003, 11/12/2002)
Tdap (ADACEL) (Tetanus, diphtheria, acellular pertussis) (Given 8/12/2014)
VAR (Varicella, chickenpox) (Given 8/11/2003)

Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Tobacco Cessation: Counseling Given: Not Answered

Alcohol Use	Standard Drinks/Week
Never	0 (1 standard drink = 0.6 oz pure alcohol)

Substance Use	Types	Use/Week
Never		

Sex and Gender Information	Value	Date Recorded
Sex Assigned at Birth	Not on file	

Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	139/75	10/30/2023 8:31 AM PDT	
Pulse	62	10/30/2023 8:31 AM PDT	
Temperature	36.[illegible]°C (98.[illegible])	10/06/2023 6:46 PM PDT	
Respiratory Rate	18	10/06/2023 6:46 PM PDT	
Oxygen Saturation	96%	10/06/2023 6:46 PM PDT	
Inhaled Oxygen Concentration		-	
Weight	70.2 kg (154 lb 12.8 oz)	10/06/2023 6:46 PM PDT	
Height	165.1 cm (5' 5")	10/06/2023 6:46 PM PDT	
Body Mass Index	25.76	10/06/2023 6:46 PM PDT	

Medical Devices

Implanted	Type	Area	Manufacturer	Device Identifier	Model / Serial / Lot
Cage Spinal 17-24mm 12mm X-Core - Log1948560 Implanted: Qty: 1 on 01/30/2023 by JACOB HIRK FENNESSY MD at SAC-HOSPITAL	Orthopedic	N/A: Cervical Spine	NUVASIVE		5962172 / /
Plate Guided 12mm Growth Titan - Log153369 Implanted: Qty: 1 on 08/11/2010 at SAC-HOSPITAL Description: 8 plate 12mm	Plate Implant	Right: Wrist	ORTHOFIX INC 800-266-3349		GP200 / /
Plate Bone Eight-Plate 12mm 2 Hole Orthopedic Pediatric - Log302090 Implanted: Qty: 1 on 12/06/2012 at FOL-OUTPATIENT SURGERY Description: Sterilized on site	Plate Implant	Right: Tibia	ORTHOFIX		GP200 / /
Plate Contour 12mm Guide Growth Sys 2 Hole Eight-Plate Bone Ped Grn - Log441474 Implanted: Qty: 1 on 07/15/2015 by DAVID NEIL SCHIFFMAN MD at FOL-OUTPATIENT SURGERY	Plate Implant	Left: Leg	ORTHOFIX		GP200 / /
Screw Bone Eight-Plate 24mm Orthopedic Guided Growth Plate Pediatric - Log302090 Implanted: Qty: 2 on 12/06/2012 at FOL-OUTPATIENT SURGERY Description: Sterilized on site	Screw Implant	Right: Tibia	ORTHOFIX		GP224 / /
Screw Bone 24mm Eight-Plate Ped Self Tap Cannul Blue Guided Growth Sys - Log441474 Implanted: Qty: 2 on 07/15/2015 by DAVID NEIL SCHIFFMAN MD at FOL-OUTPATIENT SURGERY	Screw Implant	Left: Leg	ORTHOFIX		GP224 / /
Screw Bone 4mm 5mm 54mm Lcp Ss Shrt/ Thrd Sm Bone Cannul Hex Socket Self Drill Self Tap - Log552062 Implanted: Qty: 1 on 04/05/2017 by DAVID NEIL SCHIFFMAN MD at FOL-OUTPATIENT SURGERY Description: Sterilized on premises	Screw Implant	Left: Ankle	SYNTHES		207654 / /
Screw Bone L17 Mm Od3.5 Mm Spi... Cervical Anterior Self Drill Variab... Angle Latex Free - Log1948560 Implanted: Qty: 2 on 01/30/2023 by JACOB HIRK FENNESSY MD at SAC-HOSPITAL	Screws/ Plates/ Wires	N/A: Cervical Spine	NUVASIVE		18008117 / /
Graft Bone Readigraft Cancel... 30ml 1-4mm Frozen Chip Crush - Log1948560 Implanted: Qty: 1 on 01/30/2023 by JACOB HIRK FENNESSY MD at SAC-HOSPITAL Description: Rinsed 3 times per manufacturers recommendations in NaCl lot J2N954 exp 10/2025 and Gentamicin 400mg lot 6128945 exp 02/2024.	Tissue	N/A: Cervical Spine	LIFENET		FCAN3014 / 2219123-1023 /

Procedures

FOREARM EXCISION DEEP SOFT TISSUE MASS (Performed 12/23/2019)
Performed for EXOSTOSIS, MULTIPLE HEREDITARY EXOSTOSIS

BONE SPUR EXCISION (Performed 12/23/2019)
Performed for EXOSTOSIS, MULTIPLE HEREDITARY EXOSTOSIS

ANKLE EPIPHYSIODESIS (Performed 4/5/2017)
Performed for EXOSTOSIS

KNEE EXOSTOSIS EXCISION (Performed 4/5/2017)
Performed for EXOSTOSIS

LOWER EXTREMITY HARDWARE REMOVAL (Performed 4/5/2017)
Performed for EXOSTOSIS

KNEE OR LOWER LEG HARDWARE REMOVAL (Performed 7/15/2015)

KNEE EPIPHYSIODESIS (Performed 7/15/2015)

KNEE EPIPHYSIODESIS (Performed 12/6/2012)
Performed for HISTORY OF RETAINED HARDWARE

WRIST HARDWARE REMOVAL (Performed 12/6/2012)
Performed for HISTORY OF RETAINED HARDWARE

WRIST SYNOVECTOMY (Performed 8/11/2010)

Attachment A

Results

IR DX LUMBAR PUNCTURE. (11/15/2023 3:19 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	FLUOROSCOPIC GUIDED LUMBAR PUNCTURE				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Radio Fluoroscopy

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/15/2023 3:13 PM PST	

Impressions

11/15/2023 3:42 PM PST
Successful fluoroscopic guided lumbar puncture. Samples were submitted to the laboratory for analysis.

Narrative

11/15/2023 3:42 PM PST
FLUOROSCOPIC GUIDED LUMBAR PUNCTURE

** HISTORY **:
21 years old, workup for demyelinating disease. Failed bedside attempt in clinic

COMPARISON: None available.

** FINDINGS **:
Risks, benefits, indications, and alternatives to the procedure were explained to the patient. Risks include bleeding, infection, and nerve injury. All questions were answered. Both written and verbal informed consent was obtained. A time-out was performed to confirm the correct patient, procedure, and site.

Positioned prone on the fluoroscopy table, a suitable trajectory for access to the thecal sac was identified. The overlying skin was prepped and draped in the usual aseptic fashion and then anesthetized via local infiltration of approximately 2 mL lidocaine 1% was used for local and deep anesthesia. A 22-gauge 3-1/2 inch spinal needle was advanced into the thecal sac at the L3 level. Clear colorless CSF obtained on first attempt. Interlaminar technique used

Upon return of clear CSF, a total of 5 mL was sampled and the needle was removed.

The needle was removed. The patient tolerated the procedure well and there were no immediate complications.

Radiation dose to patient: 32.88 uGy
Fluoroscopy time. 0.4 minutes

Procedure Note

PAUL SUNG LEE MD - 11/15/2023

Procedure Note

Formatting of this note might be different from the original.
FLUOROSCOPIC GUIDED LUMBAR PUNCTURE

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Fluoroscopy time. 0.4 minutes

** IMPRESSION **:
Successful fluoroscopic guided lumbar puncture. Samples were submitted to the laboratory for analysis.

Authorizing Provider	Result Type
MARK WAHEED DO	FLUOROSCOPY

MULTIPLE SCLEROSIS PANEL (MULTIPLE SCLEROSIS PANEL (CSF OLIGOCLONAL BANDS, CSF IGG INDEX)) - Final result (11/15/2023 2:23 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Albumin	4,590	3,700 - 5,700 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Comment:
Serum albumin performed at 914 Marina Way South, Richmond, CA 94804. Dir: E. Hosfield, MD

IgG, CSF	1.9	0.4 - 5.2 mg/dL			TPMG REGIONAL LABORATORY, BERKELEY	
IgG	931	600 - 1,600 mg/dL			TPMG REGIONAL LABORATORY, BERKELEY	
Albumin, CSF	17.1	13.4 - 23.7 mg/dL			TPMG REGIONAL LABORATORY, BERKELEY	
Albumin	4,590	3,700 - 5,700 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:
Serum albumin performed at 914 Marina Way South, Richmond, CA 94804. Dir: E. Hosfield, MD

IgG index	0.55	<=0.68			TPMG REGIONAL LABORATORY, BERKELEY

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/15/2023 2:23 PM PST	11/16/2023 2:36 AM PST

Narrative
TPMG REGIONAL LABORATORY, BERKELEY - 11/17/2023 2:32 PM PST
CSF and serum required same day. Front desk: Confirm with patient if spinal tap is done or scheduled before releasing order.

Authorizing Provider	Result Type
MARK WAHEED DO	LABORATORY

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, BERKELEY	1725 Eastshore Highway	Berkeley, CA 94710	
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

MULTIPLE SCLEROSIS PANEL INTERPRETATION - Final result (11/15/2023 1:50 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Oligoclonal bands, CSF, electrophoresis	ABNORMAL				TPMG REGIONAL LABORATORY, BERKELEY	

Comment:
Reference Range for MS Banding (CSF):

Oligoclonal Banding:
Normal: Oligoclonal bands absent or identical bands in Serum and CSF
Borderline: 1 band more in CSF than in Serum
Abnormal: 2 Bands or more in CSF than in Serum

Oligoclonal bands	SEE NOTE				TPMG REGIONAL LABORATORY, BERKELEY

Comment:
Serum: Diffuse Gamma Region
Reference Range for MS Banding (Serum): Diffuse Gamma Region

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/15/2023 1:50 PM PST	11/16/2023 2:36 AM PST

Narrative
TPMG REGIONAL LABORATORY, BERKELEY - 11/17/2023 2:32 PM PST

Narrative
CSF and serum required same day. Front desk: Confirm with patient if spinal tap is done or scheduled before releasing order.

Authorizing Provider	Result Type
MARK WAHEED DO	LABORATORY

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, BERKELEY	1725 Eastshore Highway	Berkeley, CA 94710	

CEREBROSPINAL FLUID PROTEIN (PROTEIN, CSF) - Final result (11/15/2023 1:50 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Protein, CSF	29	15 - 45 mg/dL			KFH SACRAMENTO LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/15/2023 1:50 PM PST	11/15/2023 2:47 PM PST

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	BODY FLUIDS

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	Sacramento, CA 95825	

CEREBROSPINAL FLUID GLUCOSE (GLUCOSE, CSF) - Final result (11/15/2023 1:50 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Glucose, CSF	58	40 - 70 mg/dL			KFH SACRAMENTO LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/15/2023 1:50 PM PST	11/15/2023 2:47 PM PST

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	BODY FLUIDS

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	Sacramento, CA 95825	

CEREBROSPINAL FLUID CELL COUNT AND DIFFERENTIAL (CELL COUNT W DIFFERENTIAL, CSF) - Final result (11/15/2023 1:50 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Tube number, CSF	Tube #1				KFH SACRAMENTO LABORATORY	
Appearance, CSF	CLEAR				KFH SACRAMENTO LABORATORY	
Color, CSF	COLRLESS				KFH SACRAMENTO LABORATORY	
NUCLEATED CELLS, CSF, TUBE A	5	0 - 5 /uL			KFH SACRAMENTO LABORATORY	
RBC's, CSF	26	0 - 5 /uL			KFH SACRAMENTO LABORATORY	
PMN's %, CSF	DIFF NOT PERFORMED				KFH SACRAMENTO LABORATORY	
Specimen volume, CSF	5.0	mL			KFH SACRAMENTO LABORATORY	
CSF tubes, number	1				KFH SACRAMENTO LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/15/2023 1:50 PM PST	11/15/2023 2:48 PM PST

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	BODY FLUIDS

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	Sacramento, CA 95825	

PROTHROMBIN TIME (PT) - Final result (11/13/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
PT	14.3	11.7 - 14.9 second(s)			TPMG REGIONAL LABORATORY, MWS	
PT INR	1.1	Ratio			TPMG REGIONAL LABORATORY, MWS	

Comment:
Recommended Range:
2.0-3.0 for most medical and surgical thromboembolic states.
2.5-3.5 for artificial heart valves and recurrent embolism.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/13/2023 4:31 PM PST	11/14/2023 12:13 AM PST

Authorizing Provider	Result Type
MARK WAHEED DO	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

QUANTIFERON TB TESTING (GAMMA INTERFERON (TB), CD4 AND CD8 T-CELL RESPONSE) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
QFT TB GOLD PLUS INTERPRETATION	Negative	Negative			ARUP LABORATORIES	

Comment:
Interpretive Data: Quantiferon TB Gold Plus

Interferon gamma release is measured for specimens from each of the four collection tubes. A qualitative result (Negative, Positive, or Indeterminate) is based on interpretation of the four values, NIL, MITOGEN minus NIL (MITOGEN-NIL), TB1 minus NIL (TB1-NIL), and TB2 minus NIL (TB2-NIL). The NIL value represents nonspecific reactivity produced by the patient specimen. The MITOGEN-NIL value serves as the positive control for the patient specimen, demonstrating successful lymphocyte activity. The TB1-NIL tube specifically detects CD4+ lymphocyte reactivity specifically stimulated by the TB1 antigens. The TB2-NIL tube detects both CD4+ and CD8+ lymphocyte reactivity, stimulated by TB2 antigens. An overall Negative result does not completely rule out TB infection.

A false-positive result in the absence of other clinical evidence of TB infection is not uncommon. Refer to: Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection --- United States, 2010 (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5905a1.htm), for more information concerning test performance in low-prevalence populations and use in occupational screening.

TB ANTIGEN STIMULATED GAMMA IFN BY CD4 CELLS MINUS NIL	0.00	0.00 - 0.34 IU/mL			ARUP LABORATORIES	
TB ANTIGEN STIMULATED GAMMA IFN BY CD4+CD8 CELLS MINUS NIL	0.00	0.00 - 0.34 IU/mL			ARUP LABORATORIES	
MITOGEN CONTROL, BLOOD	9.67	IU/mL			ARUP LABORATORIES	
TUBERCULIN STIMULATED IFN GAMMA RELEASE, NEG CONTROL	0.11	IU/mL			ARUP LABORATORIES	

Comment:
Performed By: ARUP Laboratories
500 Chipeta Way
Salt Lake City, UT 84108
Laboratory Director: Jonathan R. Genzen, MD, PhD
CLIA Number: 46D0523979

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 9:59 AM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	MICRO - KPHC ONLY

Performing Organization	Address	City/State/ZIP Code	Phone Number
ARUP LABORATORIES	500 Chipeta Way	Salt Lake City, UT 84108	

HEPATITIS C ANTIBODY (HEPATITIS C VIRUS ANTIBODY (HCVAB), PLASMA) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hep C AB	NEGATIVE				TPMG REGIONAL LABORATORY, BERKELEY	

Comment:
Samples should not be taken from patients receiving therapy with high biotin doses (>5 mg/day) until at least 8 hours following the last biotin administration. (Falsely low results are possible.)

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 2:02 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	MICRO - KPHC ONLY

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, BERKELEY	1725 Eastshore Highway	Berkeley, CA 94710	

JC VIRUS ANTIBODY INHIBITION ASSAY - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
JC VIRUS AB INHIBITION	FINAL RSLT: NEGATIVE				QUEST DIAGNOSTICS	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:

REFERENCE RANGE: NEGATIVE

INTERPRETATION:
Positive: Antibodies to JC virus (JCV) detected
indicating the patient has been exposed
to JCV at an undetermined time
Negative: Antibodies to JCV not detected

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 Director: I Maramica MD, PhD

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 9:59 AM PDT

Narrative

Authorizing Provider	Result Type
NON-CPM LAB PROVIDER	MICROBIOLOGY

Performing Organization	Address	City/State/ZIP Code	Phone Number
QUEST DIAGNOSTICS	33608 Ortega Highway	San Juan Capistrano, CA 92690	

JC VIRUS ANTIBODY (JC VIRUS ANTIBODY W REFLEX TO INHIBITION ASSAY) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
JC VIRUS AB	INDETERM				QUEST DIAGNOSTICS	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Comment:

See Inhibition Assay result below for the final antibody result.

Index interpretive criteria:
<0.20 negative
0.20-0.40 indeterminate
>0.40 positive

INTERPRETATION

Negative: Antibodies to JCV not detected.

Indeterminate: Low level reactivity detected, see Inhibition Assay result below for the final antibody result.

Positive: Antibodies to JC virus (JCV) detected indicating the patient has been exposed to JCV at an undetermined time.

The STRATIFY JCV Antibody Test is an enzyme-linked immunosorbent assay (ELISA) designed to detect JCV antibodies to help identify individuals who have been exposed to the virus. Samples with low level reactivity in the detection assay are retested in a confirmation (inhibition) assay to confirm presence or absence of JCV-specific antibodies.

Retrospective analyses of post marketing data from various sources, including observational studies and spontaneous reports obtained worldwide, suggest that the risk of developing PML may be associated with relative levels of serum anti-JCV antibody as measured by anti-JCV antibody index.1

1TYSABRI(natalizumab)US Prescribing Information

Test Performed at:
Quest Diagnostics Nichols Institute
33608 Ortega Highway
San Juan Capistrano, CA 92675-2042 Director: I Maramica MD, PhD

JC VIRUS AB INDEX	125			QUEST DIAGNOSTICS
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 9:59 AM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	MICROBIOLOGY

Performing Organization	Address	City/State/ZIP Code	Phone Number
QUEST DIAGNOSTICS	33608 Ortega Highway	San Juan Capistrano, CA 92690	

LYMPHOCYTE PANEL (LYMPHOCYTE PANEL (CD3, CD19, CD16, CD56, CD4, CD8 ABSOLUTE COUNT AND %), FLOW CYTOMETRY) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CD3/100 cells, qn	80	53 - 83 %			TPMG REGIONAL LABORATORY, MWS	
CD3,count,qn	2,179	665 - 2,451 / uL			TPMG REGIONAL LABORATORY, MWS	
CD4/100 cells, qn	44	27 - 66 %			TPMG REGIONAL LABORATORY, MWS	
CD4 count	1,187	412 - 1,851 / uL			TPMG REGIONAL LABORATORY, MWS	
CD8/100 cells, qn	34	10 - 37 %			TPMG REGIONAL LABORATORY, MWS	
Comment: This test was developed and its performance characteristics determined by TPMG Regional Laboratory. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.						
CD8,count,qn	924	141 - 1,010 / uL			TPMG REGIONAL LABORATORY, MWS	
Comment: This test was developed and its performance characteristics determined by TPMG Regional Laboratory. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.						
CD19/100 cells, qn	16	3 - 27 %			TPMG REGIONAL LABORATORY, MWS	
Comment: This test was developed and its performance characteristics determined by TPMG Regional Laboratory. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.						
CD19,count,qn	443	55 - 621 /uL			TPMG REGIONAL LABORATORY, MWS	
Comment: This test was developed and its performance characteristics determined by TPMG Regional Laboratory. It has not been cleared or approved by the FDA. The laboratory is regulated under CLIA as qualified to perform high-complexity testing. This test is used for clinical purposes. It should not be regarded as investigational or for research.						
CD16+CD56+/100 cells, qn	3	4 - 27 %			TPMG REGIONAL LABORATORY, MWS	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
CD16+CD56+ cells, Bld, Qn	81	74 - 562 /uL			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 4:40 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

HEPATITIS B VIRUS CORE TOTAL ANTIBODY (HEPATITIS B VIRUS CORE ANTIBODY (HBCAB), TOTAL) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HEP B VIRUS CORE AB	NEGATIVE				TPMG REGIONAL LABORATORY, BERKELEY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 1:58 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	MICRO KPHS ONLY

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, BERKELEY	1775 Eastshore Highway	Berkeley, CA 94710	

ALANINE AMINOTRANSFERASE (ALT) (ALT) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ALT	18	0 - 47 U/L			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 2:08 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

ASPARTATE AMINOTRANSFERASE (AST) (AST) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
AST	13	10 - 40 U/L			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 2:08 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

VITAMIN D (VITAMIN D, 25-HYDROXY) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
VITAMIN D, 25-HYDROXY	10	20 - 79 ng/mL			TPMG REGIONAL LABORATORY, MWS	

Comment:

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Reference ranges and interpretive guidelines represent clinical decision
points for healthy adults. Definitive data is lacking for the pediatric age
group. Sufficient range lower limit changed from 25 to 20 ng/mL on 06/04/2012.

Interpretation of 25-OH Vitamin D Levels (ng/mL):

Deficient                    <12
Insufficient                 12-19
Sufficient                   20-79
High                         80-150
Toxic                        >150

This test was developed and its performance characteristics determined by TPMG
Regional Laboratory.  It has not been cleared or approved by the FDA.  The
laboratory is regulated under CLIA as qualified to perform high-complexity
testing.  This test is used for clinical purposes.  It should not be regarded
as investigational or for research.
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 1:58 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

HEPATITIS B VIRUS SURFACE ANTIGEN (HEPATITIS B VIRUS SURFACE ANTIGEN (HBSAG)) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hep B surface AG	NEGATIVE				TPMG REGIONAL LABORATORY, BERKELEY	

Comment:
Used to determine acute, recent, or chronic hepatitis B infection status.

Samples should not be taken from patients receiving therapy with high biotin doses (>5 mg/day) until at least 8 hours following the last biotin administration. (Falsely low results are possible.)

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 1:58 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	MICRO - KPHC ONLY

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, BERKELEY	1725 Eastshore Highway	Berkeley, CA 94710	

VARICELLA ZOSTER VIRUS ANTIBODY - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
VARICELLA ZOSTER VIRUS IGG, EIA	POSITIVE				TPMG REGIONAL LABORATORY, BERKELEY	

Comment:
Positive indicates evidence of immunity or of infection at some time.
Negative indicates no evidence of immunity or previous infection.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 2:00 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	MICRO - KPHC ONLY

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, BERKELEY	1725 Eastshore Highway	Berkeley, CA 94710	

HEPATITIS B VIRUS SURFACE ANTIBODY (HEPATITIS B VIRUS SURFACE ANTIBODY (HBSAB)) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HEP B VIRUS SURFACE ANTIBODY	POSITIVE >/= 10 mIU/mL				TPMG REGIONAL LABORATORY, BERKELEY	

Comment:
When the Hepatitis B surface antibody result is POSITIVE, this indicates a Hepatitis B surface antibody level of >=10 mIU/mL.

Samples that are POSITIVE are considered protective for Hepatitis B immunity in accordance with CDC guidelines.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 1:58 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	MICRO - KPHC ONLY

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, BERKELEY	1725 Eastshore Highway	Berkeley, CA 94710	

IMMUNOGLOBULINS G, A AND M (IGG, IGA, IGM) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
IgG	830	600 - 1,600 mg/dL			TPMG REGIONAL LABORATORY, BERKELEY	
IgA	79	40 - 375 mg/dL			TPMG REGIONAL LABORATORY, BERKELEY	
IgM	51	30 - 190 mg/dL			TPMG REGIONAL LABORATORY, BERKELEY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 2:02 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, BERKELEY	1725 Eastshore Highway	Berkeley, CA 94710	

WHITE BLOOD CELL DIFFERENTIAL (WBC AUTO DIFF) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils, Automated Count	5.1	1.8 - 7.9 K/uL			TPMG REGIONAL LABORATORY, MWS	
Lymphocytes, Automated Count	3.1	0.9 - 3.2 K/uL			TPMG REGIONAL LABORATORY, MWS	
Monocytes, Automated Count	0.8	0.3 - 0.9 K/uL			TPMG REGIONAL LABORATORY, MWS	
Eosinophils, Automated Count	0.2	0.0 - 0.4 K/uL			TPMG REGIONAL LABORATORY, MWS	
Basophils, Automated Count	0.0	0.0 - 0.1 K/uL			TPMG REGIONAL LABORATORY, MWS	
Immature Granulocytes, Automated Count	0.2	0.0 - 0.1 K/uL			TPMG REGIONAL LABORATORY, MWS	
Neutrophils %, Automated count	51	%			TPMG REGIONAL LABORATORY, MWS	
Lymphocytes %, Automated count	33	%			TPMG REGIONAL LABORATORY, MWS	
Monocytes %, Automated Count	8	%			TPMG REGIONAL LABORATORY, MWS	
Eosinophils %, Automated Count	2	%			TPMG REGIONAL LABORATORY, MWS	
Basophils %, Automated Count	0	%			TPMG REGIONAL LABORATORY, MWS	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Immature Granulocytes %, Automated Count	2	%			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 3:03 PM PDT

Narrative

Authorizing Provider	Result Type
MARK WAHEED DO	LABORATORY

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

CBC (COMPLETE BLOOD COUNT) (CBC NO DIFFERENTIAL) - Final result (10/18/2023 9:58 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC COUNT	9.3	3.7 - 11.1 K/uL			TPMG REGIONAL LABORATORY, MWS	
Red blood cells count	5.50	4.10 - 5.70 M/uL			TPMG REGIONAL LABORATORY, MWS	
Hgb	16.9	13.0 - 17.0 g/dL			TPMG REGIONAL LABORATORY, MWS	
Hematocrit	47.7	39.0 - 51.0 %			TPMG REGIONAL LABORATORY, MWS	
MCV	87	80 - 100 fL			TPMG REGIONAL LABORATORY, MWS	
RDW, RBC	11.8	12.0 - 16.5 %			TPMG REGIONAL LABORATORY, MWS	
Platelets count	223	140 - 400 K/uL			TPMG REGIONAL LABORATORY, MWS	
RBC's, nucleated	0	<=0 / 100WC			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/18/2023 9:58 AM PDT	10/18/2023 3:03 PM PDT

Authorizing Provider	Result Type
MARK WAHEED DO	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

EKG 12 OR MORE LEADS W INT & RPT - Final result (10/06/2023 7:04 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
EKG Impression	Sinus bradycardia with sinus arrhythmia Confirmed by Kim MD, Peter (6104) on 10/10/2023 10:18:04 AM				NCAL EKG GE MUSE INTERFACE 12 LEAD	
Cardiac rate	55	BPM			NCAL EKG GE MUSE INTERFACE 12 LEAD	
PR interval	136	ms			NCAL EKG GE MUSE INTERFACE 12 LEAD	
QRS interval	100	ms			NCAL EKG GE MUSE INTERFACE 12 LEAD	
QT interval	388	ms			NCAL EKG GE MUSE INTERFACE 12 LEAD	
QT corrected	371	ms			NCAL EKG GE MUSE INTERFACE 12 LEAD	
Frontal Axis: P	72	degrees			NCAL EKG GE MUSE INTERFACE 12 LEAD	
Frontal Axis: Mean QRS	82	degrees			NCAL EKG GE MUSE INTERFACE 12 LEAD	
Frontal Axis:T	45	degrees			NCAL EKG GE MUSE INTERFACE 12 LEAD	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			10/06/2023 7:04 PM PDT	10/10/2023 10:18 AM PDT

Authorizing Provider	Result Type
DEBRA ANNETTE THOMAS MD	EKG PROCEDURES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NCAL EKG GE MUSE INTERFACE 12 LEAD			

MRI BRAIN WO/W CONTRAST. (09/16/2023 4:44 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Study recommendation, radiology	#d14				NCAL PWS INTERFACE	
RADIOLOGY EXAM DESCRIPTION	MRI BRAIN WITHOUT AND WITH CONTRAST				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Magnetic Resonance

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/16/2023 9:04 PM PDT	

Impressions

09/16/2023 9:21 PM PDT

Few areas of T2 signal abnormality supra and infratentorial brain compatible with demyelinating disease, presumably MS

Enhancement along left brachium pontis and left cerebral peduncle compatible with active/inflammatory component to disease

#d14

+

Action required. +

Narrative

09/16/2023 9:21 PM PDT

Narrative

MRI BRAIN WITHOUT AND WITH CONTRAST

** HISTORY **:
21 years old, associated diagnoses: PARESTHESIA; FUSION OF CERVICAL SPINE; MULTIPLE HEREDITARY EXOSTOSIS.

** TECHNIQUE **:
MR images of the brain acquired without and with 14 mL Clariscan intravenous contrast.

COMPARISON: MRs 9/12/2023, 1/31/2023, 12/20/2022

** FINDINGS **:
BRAIN PARENCHYMA:
Focal areas of T2 prolongation in the supra and infratentorial brain. Regions involved left brachium pontis, left cerebral peduncle and medial geniculate region, and 2 periventricular lesions near atria.

Enhancement along left brachium pontis and left cerebral peduncle compatible with active/inflammatory component to disease

No acute hemorrhage or infarct. No significant mass effect or midline shift.

VENTRICLES/EXTRA-AXIAL SPACES: No hydrocephalus or extra-axial fluid collections.

FLOW VOIDS: Intact.

EXTRACRANIAL STRUCTURES: No significant abnormality

Procedure Note

ANOOP CRUMSAN NUNDKUMAR MD - 09/16/2023
Formatting of this note might be different from the original.
MRI BRAIN WITHOUT AND WITH CONTRAST

** HISTORY **:
21 years old, associated diagnoses: PARESTHESIA; FUSION OF CERVICAL SPINE; MULTIPLE HEREDITARY EXOSTOSIS.

** TECHNIQUE **:
MR images of the brain acquired without and with 14 mL Clariscan intravenous contrast.

COMPARISON: MRs 9/12/2023, 1/31/2023, 12/20/2022

** FINDINGS **:
BRAIN PARENCHYMA:
Focal areas of T2 prolongation in the supra and infratentorial brain. Regions involved left brachium pontis, left cerebral peduncle and medial geniculate region, and 2 periventricular lesions near atria.

Enhancement along left brachium pontis and left cerebral peduncle compatible with active/inflammatory component to disease

No acute hemorrhage or infarct. No significant mass effect or midline shift.

VENTRICLES/EXTRA-AXIAL SPACES: No hydrocephalus or extra-axial fluid collections.

FLOW VOIDS: Intact.

EXTRACRANIAL STRUCTURES: No significant abnormality

** IMPRESSION **:
Few areas of T2 signal abnormality supra and infratentorial brain compatible with demyelinating disease, presumably MS

Enhancement along left brachium pontis and left cerebral peduncle compatible with active/inflammatory component to disease

#d14

+

Action required. +

Authorizing Provider	Result Type
RADHIKA MUKESH KADAKIA MD	MRI

MRI CERVICAL SPINE NO CONTRAST. (09/12/2023 5:59 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	MRI CERVICAL SPINE WITHOUT CONTRAST				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Magnetic Resonance

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/13/2023 11:0[illegible] AM PDT	

Impressions

09/13/2023 11:16 AM PDT

Postoperative changes at C4-C5 with right osteochondroma. Questionable mass effect on the transiting right nerve roots and deviation of the spinal cord to the left.
+

Narrative

09/13/2023 11:16 AM PDT

MRI CERVICAL SPINE WITHOUT CONTRAST

** HISTORY **:
Male, age 21 years: Cervical tumor removal, returning numbness

** TECHNIQUE **:
MR images of the cervical spine acquired without intravenous contrast.

COMPARISON: CTs 9/11/2023, 12/27/2022, MRs 1[illegible]31/2023, 12/20/2022

** FINDINGS **:
SPINAL CORD: Unremarkable.

DISCS: Question disc desiccation at [illegible]/C7

BONES: Vertebral body height and alignment are not significantly changed. Anterior fusion from C4 to C6

SOFT TISSUES: Unremarkable.

C2-C3: No significant central canal or foraminal stenosis.

C3-C4: No significant central canal or foraminal stenosis.

C4-C5: Postoperative changes with redemonstration of right osteochondroma, questionable mass effect on the transiting right nerve roots. Deviation of the spinal cord to the left.

C5-C6: No significant central canal or foraminal stenosis.

C6-C7: Uncovertebral hypertrophy with mild left foraminal narrowing

C7-T1: Uncovertebral hypertrophy with mild right foraminal narrowing

OTHER: Visualized posterior fossa is unremarkable.

Procedure Note

LILLIAN XIONG MD - 09/13/2023

Procedure Note

Formatting of this note might be different from the original.
MRI CERVICAL SPINE WITHOUT CONTRAST

** HISTORY **:
Male, age 21 years: Cervical tumor removal, returning numbness

** TECHNIQUE **:
MR images of the cervical spine acquired without intravenous contrast.

COMPARISON: CTs 9/11/2023, 12/27/2022, MRs 1/31/2023, 12/20/2022

** FINDINGS **:
SPINAL CORD: Unremarkable.

DISCS: Question disc desiccation at C6/C7

BONES: Vertebral body height and alignment are not significantly changed. Anterior fusion from C4 to C6

SOFT TISSUES: Unremarkable.

C2-C3: No significant central canal or foraminal stenosis.

C3-C4: No significant central canal or foraminal stenosis.

C4-C5: Postoperative changes with redemonstration of right osteochondroma, questionable mass effect on the transiting right nerve roots. Deviation of the spinal cord to the left.

C5-C6: No significant central canal or foraminal stenosis.

C6-C7: Uncovertebral hypertrophy with mild left foraminal narrowing

C7-T1: Uncovertebral hypertrophy with mild right foraminal narrowing

OTHER: Visualized posterior fossa is unremarkable.

** IMPRESSION **:
Postoperative changes at C4-C5 with right osteochondroma. Questionable mass effect on the transiting right nerve roots and deviation of the spinal cord to the left.
+

Authorizing Provider	Result Type
JACOB HIRK FENNESSY MD	MRI

CT CERVICAL SPINE NO CONTRAST. (09/11/2023 2:48 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	CT CERVICAL SPINE WITHOUT CONTRAST				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/11/2023 5:02 PM PDT	

Impressions
09/11/2023 5:13 PM PDT

Impressions

1. C5 corpectomy with C4-C6 anterior fusion in satisfactory position. No hardware failure or fracture.

Narrative

09/11/2023 5:13 PM PDT
CT CERVICAL SPINE WITHOUT CONTRAST

** HISTORY **:
21 years old, cervical spine tumor removal

** TECHNIQUE **:
CT images of the cervical spine acquired without intravenous contrast.

CTDI: 31.39 mGy
DLP: 741.32 mGy-cm

COMPARISON: MR 1/31/2023, CTs 1/31/2023, 12/27/2022

** FINDINGS **:
BONES: Postoperative features are seen at C4-C6 with C5 corpectomy and interbody cage. There is anterior plate fusion C4-C6. Hardware projects in satisfactory position. No further osseous destruction.. The dens is intact, the lateral masses of C1 are normally aligned, and the atlantodental interval is normal.
DISCS: The other disc heights are within normal limits.
SPINAL CANAL: No osseous narrowing of the spinal canal.
SOFT TISSUES: No prevertebral soft tissue swelling. Visualized neck soft tissues are normal.
OTHER: Visualized lung apices are clear.

Procedure Note

JAMES HOWARD SMITH MD - 09/11/2023
Formatting of this note might be different from the original.
CT CERVICAL SPINE WITHOUT CONTRAST

** HISTORY **:
21 years old, cervical spine tumor removal

** TECHNIQUE **:
CT images of the cervical spine acquired without intravenous contrast.

CTDI: 31.39 mGy
DLP: 741.32 mGy-cm

COMPARISON: MR 1/31/2023, CTs 1/31/2023, 12/27/2022

** FINDINGS **:
BONES: Postoperative features are seen at C4-C6 with C5 corpectomy and interbody cage. There is anterior plate fusion C4-C6. Hardware projects in satisfactory position. No further osseous destruction.. The dens is intact, the lateral masses of C1 are normally aligned, and the atlantodental interval is normal.
DISCS: The other disc heights are within normal limits.
SPINAL CANAL: No osseous narrowing of the spinal canal.
SOFT TISSUES: No prevertebral soft tissue swelling. Visualized neck soft tissues are normal.
OTHER: Visualized lung apices are clear.

** IMPRESSION **:
1. C5 corpectomy with C4-C6 anterior fusion in satisfactory position. No hardware failure or fracture.

Authorizing Provider	Result Type
JACOB HIRK FENNESSY MD	CT

XR CERVICAL SPINE. (09/08/2023 4:28 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	XRAY CERVICAL SPINE				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/08/2023 8:08 PM PDT	

Impressions

09/08/2023 8:09 PM PDT
Intact anterior fusion hardware extending from C4 to C6.

Narrative

09/08/2023 8:09 PM PDT
XRAY CERVICAL SPINE

** HISTORY **:
21 years old, POST OP EVALUATION (SPECIFY IN COMMENTS)

** TECHNIQUE **:
2 view(s) of the cervical spine acquired, including AP and lateral.

COMPARISON: Radiograph 5/3/2023

** FINDINGS **:
Normal vertebral body height. No acute fracture. Anterior fusion hardware extending from C4 to C6 appears intact. Normal alignment. Multilevel disc space narrowing. Prevertebral soft tissues are normal.

Procedure Note

DEREK SON VIEN MD - 09/08/2023
Formatting of this note might be different from the original.
XRAY CERVICAL SPINE

** HISTORY **:
21 years old, POST OP EVALUATION (SPECIFY IN COMMENTS)

** TECHNIQUE **:
2 view(s) of the cervical spine acquired, including AP and lateral.

COMPARISON: Radiograph 5/3/2023

** FINDINGS **:
Normal vertebral body height. No acute fracture. Anterior fusion hardware extending from C4 to C6 appears intact. Normal alignment. Multilevel disc space narrowing. Prevertebral soft tissues are normal.

** IMPRESSION **:
Intact anterior fusion hardware extending from C4 to C6.

Authorizing Provider	Result Type
MATTHEW JOSEPH NEDRESKY PA-C	GENERAL RADIOLOGY

EKG 12 OR MORE LEADS W INT & RPT - Final result (07/27/2023 4:34 PM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
EKG Impression	Normal sinus rhythm with sinus arrhythmia Normal ECG Confirmed by Chauhan MD, Vishal (5917) on 7/31/2023 8:25:56 AM				NCAL EKG GE MUSE INTERFACE 12 LEAD	
Cardiac rate	61	BPM			NCAL EKG GE MUSE INTERFACE 12 LEAD	
PR interval	134	ms			NCAL EKG GE MUSE INTERFACE 12 LEAD	
QRS interval	98	ms			NCAL EKG GE MUSE INTERFACE 12 LEAD	
QT interval	364	ms			NCAL EKG GE MUSE INTERFACE 12 LEAD	
QT corrected	366	ms			NCAL EKG GE MUSE INTERFACE 12 LEAD	
Frontal Axis: P	57	degrees			NCAL EKG GE MUSE INTERFACE 12 LEAD	
Frontal Axis: Mean QRS	84	degrees			NCAL EKG GE MUSE INTERFACE 12 LEAD	
Frontal Axis:T	57	degrees			NCAL EKG GE MUSE INTERFACE 12 LEAD	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/27/2023 4:34 PM PDT	07/31/2023 8:25 AM PDT

Narrative

Authorizing Provider	Result Type
PRITIKA GUPTA MD	EKG PROCEDURES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NCAL EKG GE MUSE INTERFACE 12 LEAD			

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	XRAY CERVICAL SPINE				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			05/03/2023 7:29 PM PDT	

Impressions

05/03/2023 7:31 PM PDT
C4-C6 anterior fusion without evidence of hardware failure.

Narrative

05/03/2023 7:31 PM PDT
XRAY CERVICAL SPINE

** HISTORY **:
20 years old, POST OP EVALUATION (SPECIFY IN COMMENTS)

** TECHNIQUE **:
2 view(s) of the cervical spine acquired, including AP and lateral

COMPARISON: Radiograph 1/31/2023

** FINDINGS **:
Anterior fusion hardware at C4-C6. No evidence of hardware failure.

Normal vertebral body height. No acute fracture. Normal alignment. Disc spaces are normal. Prevertebral soft tissues are normal.

Procedure Note

NEIL JENSEN MD - 05/03/2023
Formatting of this note might be different from the original.
XRAY CERVICAL SPINE

** HISTORY **:
20 years old, POST OP EVALUATION (SPECIFY IN COMMENTS)

** TECHNIQUE **:
2 view(s) of the cervical spine acquired, including AP and lateral.

COMPARISON: Radiograph 1/31/2023

** FINDINGS **:
Anterior fusion hardware at C4-C6. No evidence of hardware failure.

Normal vertebral body height. No acute fracture. Normal alignment. Disc spaces are normal. Prevertebral soft tissues are normal.

** IMPRESSION **:
C4-C6 anterior fusion without evidence of hardware failure.

Authorizing Provider	Result Type
MATTHEW JOSEPH NEDRESKY PA-C	GENERAL RADIOLOGY

MRI CERVICAL SPINE WO/W CONTRAST. (01/31/2023 2:42 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	MRI CERVICAL SPINE WITHOUT AND WITH CONTRAST				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Magnetic Resonance

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/31/2023 2:44 PM PST	

Impressions

01/31/2023 3:00 PM PST

Status post C5 corpectomy with C4-C6 anterior fusion and debulking of C5 osteochondroma, improved caliber of the cervical spinal canal and decreased flattening/myomalacia of the cervical cord at this level.

Narrative

01/31/2023 3:00 PM PST

MRI CERVICAL SPINE WITHOUT AND WITH CONTRAST

** HISTORY **:
20 years old, post op eval following C5 corpectomy and tumor resection

** TECHNIQUE **:
MR images of the cervical spine acquired without and with 7 ml Gadavist intravenous contrast.

COMPARISON: CTs 1/31/2023, 12/27/2022, Radiographs 1/31/2023, 1/30/2023, 12/13/2022, 8/12/2013, MR 12/20/2022

** FINDINGS **:
SPINAL CORD: Posterior fossa contents are unremarkable. Improved caliber of the cervical spinal canal at the C5 level following partial corpectomy and debulking of the right sided osteoma. There is persistent T2 prolongation and leftward displacement of the spinal cord within the canal at the C5 level. Postcontrast enhanced images are limited secondary to metallic artifact from the corpectomy and fusion construct. Within the limitations of exam, no discrete abnormal cord enhancement demonstrated.

DISCS: No significant disc space height loss.

BONES: Postsurgical changes are present following C4-C6 anterior fusion and C5 corpectomy. Debulking of the exophytic osseous lesion, arising from the right C5 pedicle with improved caliber of the cervical canal.

SOFT TISSUES: Mild prevertebral soft tissue swelling, expected postoperatively.

C2-C3: No canal or foraminal stenosis.

C3-C4: No canal or foraminal stenosis.

C4-C5: Status post debulking of the exophytic lesion arising from the right C5 pedicle with improved caliber of the canal. Persistent narrowing/effacement of the right foramen. Left neuroforamen remains patent.

C5-C6: Postsurgical changes with improved caliber of the cervical canal. No significant foraminal narrowing

C6-C7: No significant canal or foraminal stenosis.

C7-T1: No significant canal or foraminal stenosis.

OTHER: Visualized posterior fossa is normal.

Procedure Note

BRIAN CHRISTOPHER DAHLIN MD - 01/31/2023

MRI CERVICAL SPINE WITHOUT AND WITH CONTRAST

** HISTORY **:
20 years old, post op eval following C5 corpectomy and tumor ressection

** TECHNIQUE **:
MR images of the cervical spine acquired without and with 7 mL Gadavist intravenous contrast.

COMPARISON: CTs 1/31/2023, 12/27/2022, Radiographs 1/31/2023, 1/30/2023, 12/13/2022, 8/12/2013, MR 12/20/2022

** FINDINGS **:
SPINAL CORD: Posterior fossa contents are unremarkable. Improved caliber of the cervical spinal canal at the C5 level following partial corpectomy and debulking of the right sided osteoma. There is persistent T2 prolongation and leftward displacement of the spinal cord within the canal at the C5 level. Postcontrast enhanced images are limited secondary to metallic artifact from the corpectomy and fusion construct. Within the limitations of exam, no discrete abnormal cord enhancement demonstrated.

DISCS: No significant disc space height loss.

BONES: Postsurgical changes are present following C4-C6 anterior fusion and C5 corpectomy. Debulking of the exophytic osseous lesion, arising from the right C5 pedicle with improved caliber of the cervical canal.

SOFT TISSUES: Mild prevertebral soft tissue swelling, expected postoperatively.

C2-C3: No canal or foraminal stenosis.

C3-C4: No canal or foraminal stenosis.

C4-C5: Status post debulking of the exophytic lesion arising from the right C5 pedicle with improved caliber of the canal. Persistent narrowing/effacement of the right foramen. Left neuroforamen remains patent.

C5-C6: Postsurgical changes with improved caliber of the cervical canal. No significant foraminal narrowing

C6-C7: No significant canal or foraminal stenosis.

C7-T1: No significant canal or foraminal stenosis.

OTHER: Visualized posterior fossa is normal.

** IMPRESSION **:
Status post C5 corpectomy with C4-C6 anterior fusion and debulking of C5 osteochondroma, improved caliber of the cervical spinal canal and decreased flattening/myelomalacia of the cervical cord at this level.

Authorizing Provider	Result Type
JACOB HIRK FENNESSY MD	MRI

CT CERVICAL SPINE NO CONTRAST. (01/31/2023 9:39 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	CT CERVICAL SPINE WITHOUT CONTRAST				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/31/2023 9:55 AM PST	

Impressions

01/31/2023 10:09 AM PST

THE FOLLOWING DETAILS REPRESENT PERTINENT SUMMARY ONLY AND DOES NOT CONSTITUTE THE ENTIRETY OF THE REPORT
PLEASE SEE BODY/FINDINGS OF REPORT FOR ALL RELEVANT DETAILS

Status post partial surgical resection of C5 osteochondroma mass with improvement of the regional bony spinal canal size.

Anterior surgical fusion and hardwares of C4-6. Please see procedure report for relevant details.

Clinical follow up according to care plan.

Narrative

01/31/2023 10:09 AM PST

CT CERVICAL SPINE WITHOUT CONTRAST

** HISTORY **:
20 years old, post op eval s/p tumor ressection

** TECHNIQUE **:
CT images of the cervical spine acquired without intravenous contrast.

CTDI: 13.3 mGy
DLP: 295.15 mGy-cm

COMPARISON: CT 12/27/2022

** FINDINGS **:
BONES: Status post anterior surgical fusion procedure at C4-6 with partial resection of the central C5 vertebral body and surgical vertebral strut device placement at C5. Partial resection of the exophytic bony osteochondroma mass medially at C5 with improvement of the bony spinal canal size. Vertebral body height and alignment are unchanged. The dens is intact, the lateral masses of C1 are normally aligned, and the atlantodental interval is normal. No acute fracture or subluxation.
DISCS: Disc space heights are unchanged.
SPINAL CANAL: CT is suboptimal modality for evaluation of the included intraspinal structures. Assessment of the intraspinal region is limited by surgical hardware beam hardening artifacts.
SOFT TISSUES: Postsurgical soft tissue changes of the left anterior neck soft tissues. Postsurgical changes and fluid within the upper-mid prevertebral soft tissues.

Individual axial levels as follows:
C2-3: Bony spinal canal and foramen are unchanged.

C3-4: Bony spinal canal and foramen are unchanged.

C4-5: Partial resection of the included C5 osteochondroma mass with improvement of the bony spinal canal size. Bony foramen are unchanged.

C5-6: Bony spinal canal and foramen are unchanged.

C6-7: Bony spinal canal and foramen are unchanged.

C7-T1: Bony spinal canal and foramen are unchanged.

OTHER: Visualized lung apices are clear.

Procedure Note

GEORGE CHIN-PUNG LAI DO - 01/31/2023

CT CERVICAL SPINE WITHOUT CONTRAST

** HISTORY **:
20 years old, post op eval s/p tumor ressection

** TECHNIQUE **:
CT images of the cervical spine acquired without intravenous contrast.

CTDI: 13.3 mGy
DLP: 295.15 mGy-cm

COMPARISON: CT 12/27/2022

** FINDINGS **:
BONES: Status post anterior surgical fusion procedure at C4-6 with partial resection of the central C5 vertebral body and surgical vertebral strut device placement at C5. Partial resection of the exophytic bony osteochondroma mass medially at C5 with improvement of the bony spinal canal size. Vertebral body height and alignment are unchanged. The dens is intact, the lateral masses of C1 are normally aligned, and the atlantodental interval is normal. No acute fracture or subluxation.
DISCS: Disc space heights are unchanged.
SPINAL CANAL: CT is suboptimal modality for evaluation of the included intraspinal structures. Assessment of the intraspinal region is limited by surgical hardware beam hardening artifacts.
SOFT TISSUES: Postsurgical soft tissue changes of the left anterior neck soft tissues. Postsurgical changes and fluid within the upper-mid prevertebral soft tissues.

Individual axial levels as follows:
C2-3: Bony spinal canal and foramen are unchanged.

C3-4: Bony spinal canal and foramen are unchanged.

C4-5: Partial resection of the included C5 osteochondroma mass with improvement of the bony spinal canal size. Bony foramen are unchanged.

C5-6: Bony spinal canal and foramen are unchanged.

C6-7: Bony spinal canal and foramen are unchanged.

C7-T1: Bony spinal canal and foramen are unchanged.

OTHER: Visualized lung apices are clear.

** IMPRESSION **:
THE FOLLOWING DETAILS REPRESENT PERTINENT SUMMARY ONLY AND DOES NOT CONSTITUTE THE ENTIRETY OF THE REPORT
PLEASE SEE BODY/FINDINGS OF REPORT FOR ALL RELEVANT DETAILS

Status post partial surgical resection of C5 osteochondroma mass with improvement of the regional bony spinal canal size.

Anterior surgical fusion and hardwares of C4-6. Please see procedure report for relevant details.

Clinical follow up according to care plan.

Authorizing Provider	Result Type
JACOB HIRK FENNESSY MD	CT

XR CERVICAL SPINE. (01/31/2023 9:34 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	XRAY CERVICAL SPINE				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/31/2023 11:24 AM PST	

Impressions

01/31/2023 11:26 AM PST
Status post recent C4-C6 fusion. No acute radiographic complications.

Narrative

01/31/2023 11:26 AM PST
XRAY CERVICAL SPINE

** HISTORY **:
20 years old, s/p fusion

** TECHNIQUE **:
2 view(s) of the cervical spine acquired, including AP and lateral.

COMPARISON: Radiograph 1/30/2023

** FINDINGS **:
Anterior and interbody fusion C4-C6. Disc spaces are normal. Moderate expected prevertebral soft tissue swelling. Airways patent. Surgical drain in place.

Procedure Note

BRADEN WARNER BOICE MD - 01/31/2023
Formatting of this note might be different from the original.
XRAY CERVICAL SPINE

** HISTORY **:
20 years old, s/p fusion

** TECHNIQUE **:
2 view(s) of the cervical spine acquired, including AP and lateral.

COMPARISON: Radiograph 1/30/2023

** FINDINGS **:
Anterior and interbody fusion C4-C6. Disc spaces are normal. Moderate expected prevertebral soft tissue swelling. Airways patent. Surgical drain in place.

** IMPRESSION **:
Status post recent C4-C6 fusion. No acute radiographic complications.

Authorizing Provider	Result Type
JENNIFER TUYET NGUYEN PA-C	GENERAL RADIOLOGY

CBC (COMPLETE BLOOD COUNT) WITH DIFFERENTIAL (CBC W AUTOMATED DIFFERENTIAL) - Final result (01/31/2023 6:48 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC COUNT	12.2	3.7 - 11.1 K/uL			KFH SACRAMENTO LABORATORY	
Red blood cells count	4.59	4.10 - 5.70 M/uL			KFH SACRAMENTO LABORATORY	
Hgb	14.1	13.0 - 17.0 g/dL			KFH SACRAMENTO LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hematocrit	40.6	39.0 - 51.0 %			KFH SACRAMENTO LABORATORY	
MCV	88	80 - 100 fL			KFH SACRAMENTO LABORATORY	
RDW, RBC	11.2	12.0 - 16.5 %			KFH SACRAMENTO LABORATORY	
Platelets count	237	140 - 400 K/uL			KFH SACRAMENTO LABORATORY	
RBC's, nucleated	0	<=0 / 100WC			KFH SACRAMENTO LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/31/2023 6:48 AM PST	01/31/2023 7:02 AM PST

Narrative

Authorizing Provider	Result Type
JAMES ARELLANO PA-C	LABORATORY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	Sacramento, CA 95825	

CHEMISTRY PANEL (CHEM 7 (NA, K, CL, CO2, BUN, GLUC, CR)) - Final result (01/31/2023 6:48 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	140	135 - 145 mEq/L			KFH SACRAMENTO LABORATORY	
Potassium	4.0	3.5 - 5.3 mEq/L			KFH SACRAMENTO LABORATORY	
Chloride	106	100 - 111 mEq/L			KFH SACRAMENTO LABORATORY	
CO2	26	24 - 33 mEq/L			KFH SACRAMENTO LABORATORY	
Anion gap, ser/plas	8	5 - 16 mEq/L			KFH SACRAMENTO LABORATORY	
BUN	5	7 - 27 mg/dL			KFH SACRAMENTO LABORATORY	
GLUCOSE, RANDOM	146	60 - 159 mg/dL			KFH SACRAMENTO LABORATORY	

Comment:
Borderline range of 160 - 199 mg/dL suggests follow-up. Results greater than or equal to 200 mg/dL is suggestive of diabetes in the setting of classical symptoms.

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Creatinine	0.80	<=1.34 mg/dL			KFH SACRAMENTO LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/31/2023 6:48 AM PST	01/31/2023 7:02 AM PST

Narrative

Authorizing Provider	Result Type
JAMES ARELLANO PA-C	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	Sacramento, CA 95825	

WHITE BLOOD CELL DIFFERENTIAL (WBC AUTO DIFF) - Final result (01/31/2023 6:48 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils, Automated Count	10.4	1.8 - 7.9 K/uL			KFH SACRAMENTO LABORATORY	
Lymphocytes, Automated Count	0.8	0.9 - 3.2 K/uL			KFH SACRAMENTO LABORATORY	
Monocytes, Automated Count	0.9	0.3 - 0.9 K/uL			KFH SACRAMENTO LABORATORY	
Eosinophils, Automated Count	0.0	0.0 - 0.4 K/uL			KFH SACRAMENTO LABORATORY	
Basophils, Automated Count	0.0	0.0 - 0.1 K/uL			KFH SACRAMENTO LABORATORY	
Immature Granulocytes, Automated Count	0.1	0.0 - 0.1 K/uL			KFH SACRAMENTO LABORATORY	
Neutrophils %, Automated count	85	%			KFH SACRAMENTO LABORATORY	
Lymphocytes %, Automated count	7	%			KFH SACRAMENTO LABORATORY	
Monocytes %, Automated Count	8	%			KFH SACRAMENTO LABORATORY	
Eosinophils %, Automated Count	0	%			KFH SACRAMENTO LABORATORY	
Basophils %, Automated Count	0	%			KFH SACRAMENTO LABORATORY	
Immature Granulocytes %, Automated Count	0	%			KFH SACRAMENTO LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/31/2023 6:48 AM PST	01/31/2023 7:02 AM PST

Narrative

Authorizing Provider	Result Type
JAMES ARELLANO PA-C	LABORATORY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	Sacramento, CA 95825	

XR CERVICAL SPINE. (01/30/2023 1:17 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	XRAY CERVICAL SPINE				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/30/2023 1:21 PM PST	

Impressions

01/30/2023 1:22 PM PST
Postsurgical changes with anatomic alignment.

Narrative

01/30/2023 1:22 PM PST
XRAY CERVICAL SPINE

** HISTORY **:
20 years old, intra-op

** TECHNIQUE **:
2 view(s) of the cervical spine acquired, including AP and lateral.

COMPARISON: CT 12/27/2022, MR 12/20/2022

** FINDINGS **:
Normal vertebral body height and alignment. Patient is status post C5 corpectomy with C4-C6 anterior fusion. Surgical hardware is intact.

Procedure Note

AMIT ASHOK RAHEJA MD - 01/30/2023

Procedure Note

Formatting of this note might be different from the original.
XRAY CERVICAL SPINE

** HISTORY **:
20 years old, intra-op

** TECHNIQUE **:
2 view(s) of the cervical spine acquired, including AP and lateral.

COMPARISON: CT 12/27/2022, MR 12/20/2022

** FINDINGS **:
Normal vertebral body height and alignment. Patient is status post C5 corpectomy with C4-C6 anterior fusion. Surgical hardware is intact.

** IMPRESSION **:
Postsurgical changes with anatomic alignment.

Authorizing Provider	Result Type
JAMES ARELLANO PA-C	GENERAL RADIOLOGY

SURGICAL PATHOLOGY - Final result (01/30/2023 11:16 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
PATHOLOGY REPORT	Provider: JACOB HIRK FENNESSY M.D. Collected: 1/30/2023 Case #: SACS23-2534 Surgical Pathology Report FINAL PATHOLOGIC DIAGNOSIS SOFT TISSUE, C5 TUMOR, CORPECTOMY: - CONSISTENT WITH OSTEOCHONDROMA. GREGORY SCOTT MOES M.D. ** Report Electronically Signed by GSM ** Comment This specimen was diagnosed and signed out at: Kaiser Oakland Medical Center CLIA License # 05D0602613 3600 Broadway Oakland, CA 94611 (510) 752-6813 IPR:YZ				KFH SACRAMENTO LABORATORY	

Attachment A

Microscopic Description
A microscopic examination has been performed. The microscopic findings support the diagnosis.

Clinical History
BENIGN NEOPLASM, VERTEBRAL COLUMN MULTIPLE HEREDITARY EXOSTOSIS

Gross Description
Received in formalin labeled with the patient's name (Ashcraft,Dhameon), medical record number (13095514), designated as "C5 tumor" and consists of 2.3 x 2.3 x 0.3 cm aggregate of multiple tan-white firm tissue, entirely submitted in 1 following decalcification.

rgh/2/1/2023
Specimen(s) Received
A:CERVICAL SPINAL CORD TUMOR - C5 TUMOR

Patient Name:
ASHCRAFT, DHAMEON J
Med. Rec #:
13095514 DOB/ Age: 8/9/2002 (Age: 20) Sex: M
Facility:
Sacramento Med Ctr
Location:
INPATIENT NURSING

Sacramento Pathology
2025 Morse Ave.
Sacramento, CA 95825
Priya Brink, M.D.
Laboratory Director

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
BONE RESECTION (BONE RESECTION)			01/30/2023 11:16 AM PST	

Narrative

Authorizing Provider	Result Type
JACOB HIRK FENNESSY MD	PATHOLOGY/CYTOLOGY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	Sacramento, CA 95825	

PROTHROMBIN TIME (PT) - Final result (01/30/2023 7:33 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
PT	14.4	11.7 - 14.9 second(s)			KFH SACRAMENTO LABORATORY	
PT INR	1.1	Ratio			KFH SACRAMENTO LABORATORY	

Comment:
Recommended Range:
2.0-3.0 for most medical and surgical thromboembolic states.
2.5-3.5 for artificial heart valves and recurrent embolism.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/30/2023 7:33 AM PST	01/30/2023 7:51 AM PST

Narrative

KFH SACRAMENTO LABORATORY - 01/30/2023 8:09 AM PST
For pre-op.

Authorizing Provider	Result Type
JACOB HIRK FENNESSY MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	Sacramento, CA 95825	

SARS-COV-2 (COVID-19), MOLECULAR ASSAY, NAA/PCR (SARS-COV-2, NAA (COVID-19), SURVEILLANCE, PRE-OP) - Final result (01/27/2023 4:00 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Specimen source	NP/OP				TPMG REGIONAL LAB, BERKELEY	
SARS-COV-2 (COVID-19) PANEL, NAA	COVID NOT DETECTED				TPMG REGIONAL LAB, BERKELEY	

Comment: Nasopharynx/Oropharynx source.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/27/2023 4:00 PM PST	01/27/2023 10:57 PM PST

Narrative

TPMG REGIONAL LAB, BERKELEY - 01/28/2023 2:28 PM PST
Asymptomatic patient being tested pre-procedure or pre-op

Authorizing Provider	Result Type
JACOB HIRK FENNESSY MD	MICRO - KPHC ONLY

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LAB, BERKELEY	1795 Second Street	Berkeley, CA 94710	

ABO-RH TYPING (ABO-RH TYPING (MEDICAL CENTER)) - Final result (01/23/2023 4:35 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ABO+Rh group type	O POS				KFH SACRAMENTO LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:35 PM PST	01/23/2023 4:40 PM PST

Narrative

KFH SACRAMENTO LABORATORY - 01/23/2023 5:14 PM PST
No previous ABORH historical record is available.
Confirmation test ordered by the Transfusion Service Dept.

Authorizing Provider	Result Type
MATTHEW JOSEPH NEDRESKY PA-C	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	Sacramento, CA 95825	

NON-FASTING LIPID PANEL (LIPID PANEL, NON-FASTING (CHOL, DHDL, TRIG, CALC LDL W REFLEX TO DLDL)) - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Cholesterol	163	<=239 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Comment:
Reference Ranges for Cholesterol: (mg/dL)

Age Range	Optimal	Normal Risk	High Risk
0-18 yrs	<170	170-199	>199
18-150 yrs	<200	200-239	>239

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
TRIGLYCERIDE, NONFASTING	51	<=879 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Comment:
Nonfasting triglycerides vary depending on timing and composition of last meal. If nonfasting triglyceride levels are >440 mg/dL, consider ordering fasting triglycerides to better assess risk.

HDL	63	>=40 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Comment:
Reference Range for HDL Cholesterol: (mg/dL)

Age Range	Low	Normal	Optimal
Male: 0-18 yrs	<40	40-45	>45
Male: 18-150 yrs	<40	40-59	>59
Female: 0-18 yrs	<40	40-45	>45
Female: 18-150 yrs	<50	50-59	>59

LDL CALCULATED, NONFASTING	90	<=159 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Comment:
Reference Range for LDL Calculated: (mg/dL)

Age Range	Optimal	Low Risk	Normal Risk	High Risk	Very High Risk
0-18 yrs		<110	110-129	>129	
18-150 yrs	<100	100-129	130-159	160-189	>189

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:25 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

CREATININE AND CALCULATED GLOMERULAR FILTRATION RATE (CREATININE W GFR, CALCULATED) - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Creatinine	1.04	<=1.34 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Estimated Glomerular Filtration Rate	>60	>=60 mL/min/ 1.73 m2			TPMG REGIONAL LABORATORY, MWS	

Comment:
Estimated GFR (eGFR) helps us know how the kidneys are working. eGFR is based on the creatinine blood test result, age, sex, and body size. Monitoring eGFR over time helps us understand changes in kidney function.

Actual kidney function may be better or worse than the estimated GFR because blood creatinine levels are affected by body make up, diet, hydration, genetics, and more.

Multiple eGFR values are used to determine chronic kidney disease (CKD) stages, defined by the following ranges:

eGFR 45 - 59 = Stage 3a
eGFR 30 - 44 = Stage 3b
eGFR 15 - 29 = Stage 4
eGFR under 15 = Stage 5

Values for eGFR before 05/25/2022 will appear in lab results under "Past results".

---	---	---			TPMG REGIONAL LABORATORY, MWS	
---	---	---			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:25 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

RED BLOOD CELL ANTIBODY SCREEN (MEDICAL CENTER) (RBC ANTIBODY SCREEN (MEDICAL CENTER)) - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
AB screen, blood	Negative				KFH SACRAMENTO LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/23/2023 4:33 PM PST

Narrative

KFH SACRAMENTO LABORATORY - 01/23/2023 5:39 PM PST
Date of Surgery->1/30/2023
Location of Surgery->SAC - Sacramento
Informed consent obtained: The advantages, risks, and complications of transfusion therapy, as well as the alternatives (including no transfusion), have been explained to the patient and/or family.->No

Authorizing Provider	Result Type
MATTHEW JOSEPH NEDRESKY PA-C	LABORATORY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	Sacramento, CA 95825	

ABO-RH TYPING (ABO-RH TYPING (MEDICAL CENTER)) - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ABO+Rh group type	O POS				KFH SACRAMENTO LABORATORY	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/23/2023 4:33 PM PST

Narrative

KFH SACRAMENTO LABORATORY - 01/23/2023 5:39 PM PST
Date of Surgery->1/30/2023
Location of Surgery->SAC - Sacramento
Informed consent obtained: The advantages, risks, and complications of transfusion therapy, as well as the alternatives (including no transfusion), have been explained to the patient and/or family.->N

Authorizing Provider	Result Type
MATTHEW JOSEPH NEDRESKY PA-C	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave	Sacramento, CA 95825	

BLOOD UREA NITROGEN (BUN) (BUN) - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
BUN	8	7 - 27 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:29 AM PST

Narrative

Authorizing Provider	Result Type
JACOB HIRK FENNESSY MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

ALANINE AMINOTRANSFERASE (ALT) (ALT) - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ALT	11	0 - 47 U/L			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:25 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

THYROID STIMULATING HORMONE (TSH) (TSH) - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
TSH	2.4	0.4 - 4 uIU/m			TPMG REGIONAL LABORATORY, MWS	

Comment:
Order "TSH, Pregnant" for pregnant patients. TSH reference range is 0.1-3.0 uIU/mL for pregnant patients.

Test performed on Siemens Atellica. Values obtained with different TSH assays cannot be used interchangeably.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:25 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

POTASSIUM - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Potassium	4.3	3.5 - 5.3 mEq/L			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:25 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

VITAMIN B12 (COBALAMIN) - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vitamin B12	194	>=200 pg/mL			TPMG REGIONAL LABORATORY, MWS	

Comment:
Samples should not be taken from patients receiving therapy with high biotin doses (i.e. > 5 mg/day) until at least 8 hours following the last biotin administration (falsely elevated results are possible). Performed on Roche Cobas e801; results from different methods should NOT be used interchangeably when serially monitoring patients.

Reference Ranges for Vitamin B12:

Normal: Greater than or equal to 200 pg/mL
Borderline: 200-300 pg/mL

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:25 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

CHLORIDE - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Chloride	103	100 - 111 mEq/L			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:29 AM PST

Narrative

Authorizing Provider	Result Type
JACOB HIRK FENNESSY MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

CALCIUM, SERUM - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Calcium	10.2	8.8 - 10.5 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Comment:
Gadolinium-containing or any ionic contrast media administered within the last 24 hrs may result in falsely low calcium levels.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:25 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

HEMOGLOBIN A1C - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hgb A1c %	5.1	<=5.6 %			TPMG REGIONAL LABORATORY, MWS	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ESTIMATED AVERAGE GLUCOSE	100	85 - 126 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 2:15 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

CBC (COMPLETE BLOOD COUNT) (CBC NO DIFFERENTIAL) - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC COUNT	5.7	3.7 - 11.1 K/uL			TPMG REGIONAL LABORATORY, MWS	
Red blood cells count	5.37	4.10 - 5.70 M/uL			TPMG REGIONAL LABORATORY, MWS	
Hgb	16.1	13.0 - 17.0 g/dL			TPMG REGIONAL LABORATORY, MWS	
Hematocrit	48.7	39.0 - 51.0 %			TPMG REGIONAL LABORATORY, MWS	
MCV	91	80 - 100 fL			TPMG REGIONAL LABORATORY, MWS	
RDW, RBC	11.5	12.0 - 16.5 %			TPMG REGIONAL LABORATORY, MWS	
Platelets count	218	140 - 400 K/uL			TPMG REGIONAL LABORATORY, MWS	
RBC's, nucleated	0	<=0 / 100WC			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 2:01 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

SODIUM - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	150	135 - 145 mEq/L			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:25 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

MAGNESIUM - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
MAGNESIUM	[illegible]	1.7 - 2.3 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:25 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

GLUCOSE - Final result (01/23/2023 4:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
GLUCOSE, RANDOM	92	60 - 159 mg/dL			TPMG REGIONAL LABORATORY, MWS	

Comment:
Borderline range of 160 - 199 mg/dL suggests follow-up. Results greater than or equal to 200 mg/dL is suggestive of diabetes in the setting of classical symptoms.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/23/2023 4:31 PM PST	01/24/2023 7:25 AM PST

Narrative

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	BLOOD

Performing Organization	Address	City/State/ZIP Code	Phone Number
TPMG REGIONAL LABORATORY, MWS	914 Marina Way South	Richmond, CA 94804	

CT CERVICAL SPINE NO CONTRAST. (12/27/2022 2:01 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	CT CERVICAL SPINE WITHOUT CONTRAST				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			12/27/2022 4:44 PM PST	

Impressions

12/27/2022 5:02 PM PST

Exophytic bony tumor arising from the cortex of the right C5 pedicle and right posterior vertebral body compatible with osteochondroma causing cord compression at C4-5 with myelopathy and myelomalacia and displacing the cervical cord leftward. Bulk of the exophytic tumor component measures 1.3 x 1.8 x 1.4 cm AP, transverse, craniocaudal

Images interpreted in conjunction with the cervical spine MRI from one week prior.

Narrative

12/27/2022 5:02 PM PST

Narrative

CT CERVICAL SPINE WITHOUT CONTRAST

** HISTORY **:
20 years old, preoperative planning. C4-5 bony tumor cord compression.

** TECHNIQUE **:
CT images of the cervical spine acquired without intravenous contrast.

CTDI: 10.62 mGy
DLP: 208.48 mGy-cm

COMPARISON: MR 12/20/2022

** FINDINGS **:
Images interpreted in conjunction with the cervical spine MRI from one week prior.

Exophytic bony tumor arising from the cortex of the right C5 pedicle and right posterior vertebral body compatible with osteochondroma causing cord compression at C4-5 with myelopathy and myelomalacia and displacing the cervical cord leftward. Bulk of the exophytic tumor component measures 1.3 x 1.8 x 1.4 cm AP, transverse, craniocaudal

SOFT TISSUES: No prevertebral soft tissue swelling. Visualized neck soft tissues are normal.

C2-C3: No canal or foraminal stenosis.

C3-C4: Mild spinal canal narrowing with effacement of the dorsal thecal sac preserved ventrally. Mild right, moderate left foraminal narrowing

C4-C5: Large osteochondroma causing severe spinal canal stenosis displacing the cord leftward causing cord compression with myelopathy and myelomalacia.
No significant foraminal stenosis. Mild right foraminal narrowing

C5-C6: Moderate spinal canal narrowing with ventral and dorsal thecal sac effacement. Cervical cord displaced leftward. Mild foraminal narrowing bilateral.

C6-C7: No spinal canal stenosis. Mild foraminal narrowing bilateral.

C7-T1: No spinal canal stenosis. Mild foraminal narrowing bilateral.

OTHER: Visualized lung apices are clear.

Procedure Note

PAUL SUNG LEE MD - 12/27/2022

CT CERVICAL SPINE WITHOUT CONTRAST

** HISTORY **:
20 years old, preoperative planning. C4-5 bony tumor cord compression.

** TECHNIQUE **:
CT images of the cervical spine acquired without intravenous contrast.

CTDI: 10.62 mGy
DLP: 208.48 mGy-cm

COMPARISON: MR 12/20/2022

** FINDINGS **:
Images interpreted in conjunction with the cervical spine MRI from one week prior.

Exophytic bony tumor arising from the cortex of the right C5 pedicle and right posterior vertebral body compatible with osteochondroma causing cord compression at C4-5 with myelopathy and myelomalacia and displacing the cervical cord leftward. Bulk of the exophytic tumor component measures 1.3 x 1.8 x 1.4 cm AP, transverse, craniocaudal

SOFT TISSUES: No prevertebral soft tissue swelling. Visualized neck soft tissues are normal.

C2-C3: No canal or foraminal stenosis.

C3-C4: Mild spinal canal narrowing with effacement of the dorsal thecal sac preserved ventrally. Mild right, moderate left foraminal narrowing

C4-C5: Large osteochondroma causing severe spinal canal stenosis displacing the cord leftward causing cord compression with myelopathy and myelomalacia.
No significant foraminal stenosis. Mild right foraminal narrowing.

C5-C6: Moderate spinal canal narrowing with ventral and dorsal thecal sac effacement. Cervical cord displaced leftward. Mild foraminal narrowing bilateral.

C6-C7: No spinal canal stenosis. Mild foraminal narrowing bilateral.

C7-T1: No spinal canal stenosis. Mild foraminal narrowing bilateral.

OTHER: Visualized lung apices are clear.

** IMPRESSION **:
Exophytic bony tumor arising from the cortex of the right C5 pedicle and right posterior vertebral body compatible with osteochondroma causing cord compression at C4-5 with myelopathy and myelomalacia and displacing the cervical cord leftward. Bulk of the exophytic tumor component measures 1.3 x 1.8 x 1.4 cm AP, transverse, craniocaudal

Images interpreted in conjunction with the cervical spine MRI from one week prior.

Authorizing Provider	Result Type
JACOB HIRK FENNESSY MD	CT

MRI THORACIC SPINE NO CONTRAST. (12/20/2022 5:30 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	MRI THORACIC SPINE WITHOUT CONTRAST				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Magnetic Resonance

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			12/21/2022 11:46 AM PST	

Impressions

12/21/2022 12:29 PM PST

Unremarkable MRI thoracic spine.

Narrative

12/21/2022 12:29 PM PST

MRI THORACIC SPINE WITHOUT CONTRAST

** HISTORY **:
20 years old,

** TECHNIQUE **:
MR images of the thoracic spine acquired without intravenous contrast.

COMPARISON: None available.

** FINDINGS **:
SPINAL CORD: Unremarkable.

DISCS: Grossly maintained.

BONES: Vertebral body height and alignment are grossly maintained. Marrow signal is normal.

SOFT TISSUES: Normal.

SPINAL CANAL: No significant canal or foraminal stenosis.

OTHER: None.

Procedure Note

LILLIAN XIONG MD - 12/21/2022

Formatting of this note might be different from the original.

MRI THORACIC SPINE WITHOUT CONTRAST

** HISTORY **:
20 years old,

** TECHNIQUE **:
MR images of the thoracic spine acquired without intravenous contrast.

COMPARISON: None available.

** FINDINGS **:
SPINAL CORD: Unremarkable.

DISCS: Grossly maintained.

BONES: Vertebral body height and alignment are grossly maintained. Marrow signal is normal.

SOFT TISSUES: Normal.

SPINAL CANAL: No significant canal or foraminal stenosis.

OTHER: None.

** IMPRESSION **:
Unremarkable MRI thoracic spine.

Authorizing Provider	Result Type
FRANKLIN T L LUM MD	MRI

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	MRI CERVICAL SPINE WITHOUT CONTRAST				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Magnetic Resonance

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			12/21/2022 11:35 AM PST	

Impressions

12/21/2022 12:28 PM PST

Severe central canal narrowing with lateral displacement of the spinal cord at C4-C5 secondary to osseous lesion, likely representing an osteochondroma. T2 signal within the cord from mass effect of the osseous lesion.
Recommend noncontrast CT of the C-spine for surgical planning.

Action required. +

Narrative

12/21/2022 12:28 PM PST

MRI CERVICAL SPINE WITHOUT CONTRAST

** HISTORY **:
Male, age 20 years: Myelopathy

** TECHNIQUE **:
MR images of the cervical spine acquired without intravenous contrast.

COMPARISON: None available.

** FINDINGS **:
SPINAL CORD: T2 hyperintense signal within the cord at the level of the osseous lesion posterior to C4-C5

DISCS: Grossly maintained

BONES: Vertebral body heights are maintained. Straightening of the normal cervical lordosis. Marrow signal is unremarkable.

SOFT TISSUES: Unremarkable.

C2-C3: No significant central canal or foraminal stenosis.

C3-C4: Mild left foraminal narrowing

C4-C5: Severe central canal narrowing with lateral displacement of the spinal cord. Osseous structure that appears to demonstrate marrow signal extending into the central canal measuring 15 x 9 mm with a mushroom configuration and likely medullary continuity with the adjacent C5 superior endplate. Causing severe right foraminal narrowing

C5-C6: No significant central canal or foraminal stenosis.

C6-C7: No significant central canal or foraminal stenosis.

C7-T1: No significant central canal or foraminal stenosis.

OTHER: Visualized posterior fossa is normal.

Procedure Note

LILLIAN XIONG MD - 12/21/2022

Procedure Note

Formatting of this note might be different from the original.

MRI CERVICAL SPINE WITHOUT CONTRAST

** HISTORY **:
Male, age 20 years: Myelopathy

** TECHNIQUE **:
MR images of the cervical spine acquired without intravenous contrast.

COMPARISON: None available.

** FINDINGS **:
SPINAL CORD: T2 hyperintense signal within the cord at the level of the osseous lesion posterior to C4-C5

DISCS: Grossly maintained

BONES: Vertebral body heights are maintained. Straightening of the normal cervical lordosis. Marrow signal is unremarkable.

SOFT TISSUES: Unremarkable.

C2-C3: No significant central canal or foraminal stenosis.

C3-C4: Mild left foraminal narrowing

C4-C5: Severe central canal narrowing with lateral displacement of the spinal cord. Osseous structure that appears to demonstrate marrow signal extending into the central canal measuring 15 x 9 mm with a mushroom configuration and likely medullary continuity with the adjacent C5 superior endplate. Causing severe right foraminal narrowing

C5-C6: No significant central canal or foraminal stenosis.

C6-C7: No significant central canal or foraminal stenosis.

C7-T1: No significant central canal or foraminal stenosis.

OTHER: Visualized posterior fossa is normal.

** IMPRESSION **:
Severe central canal narrowing with lateral displacement of the spinal cord at C4-C5 secondary to osseous lesion, likely representing an osteochondroma. T2 signal within the cord from mass effect of the osseous lesion.
Recommend noncontrast CT of the C-spine for surgical planning.

Action required. +

Authorizing Provider	Result Type
FRANKLIN T L LUM MD	MRI

XR SCOLIOSIS INIT STUDY. (12/13/2022 1:31 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	XRAY SCOLIOSIS SPINE				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			12/13/2022 1:54 PM PST	

Impressions

12/13/2022 1:57 PM PST
No significant scoliosis.

Narrative

12/13/2022 1:57 PM PST
XRAY SCOLIOSIS SPINE

** HISTORY **:
20 years old, SCOLIOSIS, FOLLOW UP RADIOGRAPH

** TECHNIQUE **:
2 views of the thoracic and lumbar spine acquired.

COMPARISON: Radiograph 8/12/2013

** FINDINGS **:
Stable vertebral body height and alignment. Disc spaces are normal. No significant scoliosis.

Procedure Note

ROBERT PAUL OCHI MD - 12/13/2022
Formatting of this note might be different from the original.
XRAY SCOLIOSIS SPINE

** HISTORY **:
20 years old, SCOLIOSIS, FOLLOW UP RADIOGRAPH

** TECHNIQUE **:
2 views of the thoracic and lumbar spine acquired.

COMPARISON: Radiograph 8/12/2013

** FINDINGS **:
Stable vertebral body height and alignment. Disc spaces are normal. No significant scoliosis.

** IMPRESSION **:
No significant scoliosis.

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

XR RIGHT HAND. (11/08/2022 4:18 PM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	XRAY RIGHT HAND				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/09/2022 12:40 PM PST	

Impressions

11/09/2022 12:44 PM PST
No acute osseous abnormality.

2nd and 3rd proximal phalangeal exostoses.

Partially visualized ulnar chronic deformity.

Narrative

11/09/2022 12:44 PM PST
XRAY RIGHT HAND

** HISTORY **:
20 years old, PAIN WITHOUT TRAUMA

** TECHNIQUE **:
3 view(s) of the right hand acquired.

COMPARISON: Radiographs 9/17/2019, 1/26/2018

** FINDINGS **:
No acute fracture or dislocation. Partially visualized chronic deformity of the right ulna.
Chronic appearing corticated deformities of the 2nd and 3rd proximal phalanges with exostoses measuring 3 mm.
No significant degenerative changes.

Procedure Note

RANJIT SINGH SANDHU MD - 11/09/2022
Formatting of this note might be different from the original.
XRAY RIGHT HAND

** HISTORY **:
20 years old, PAIN WITHOUT TRAUMA

** TECHNIQUE **:
3 view(s) of the right hand acquired.

COMPARISON: Radiographs 9/17/2019, 1/26/2018

** FINDINGS **:
No acute fracture or dislocation. Partially visualized chronic deformity of the right ulna.
Chronic appearing corticated deformities of the 2nd and 3rd proximal phalanges with exostoses measuring 3 mm.
No significant degenerative changes.

** IMPRESSION **:
No acute osseous abnormality.

2nd and 3rd proximal phalangeal exostoses.

Partially visualized ulnar chronic deformity.

Authorizing Provider	Result Type
NATHAN LEWIS TAYLOR MD	GENERAL RADIOLOGY

Attachment A

XR LEFT FEMUR. (11/03/2022 11:03 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	XRAY LEFT FEMUR				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/03/2022 12:24 PM PDT	

Impressions

11/03/2022 12:33 PM PDT
Stable multiple bony exostoses.

Narrative

11/03/2022 12:33 PM PDT
XRAY LEFT FEMUR

** HISTORY **:
20 years old, PAIN WITHOUT TRAUMA

** TECHNIQUE **:
2 view(s) of the left femur acquired.

COMPARISON: Radiographs 11/3/2022, 9/17/2019, 12/6/2012, CTs 11/4/2016, 7/1/2015, 3/2/2015, 8/18/2014, 8/12/2013, 9/28/2012

** FINDINGS **:
No acute fracture or dislocation.

Multiple bony exostoses are again noted, the largest involving the posterolateral femur.

Procedure Note

ROBERT PAUL OCHI MD - 11/03/2022
Formatting of this note might be different from the original.
XRAY LEFT FEMUR

** HISTORY **:
20 years old, PAIN WITHOUT TRAUMA

** TECHNIQUE **:
2 view(s) of the left femur acquired.

COMPARISON: Radiographs 11/3/2022, 9/17/2019, 12/6/2012, CTs 11/4/2016, 7/1/2015, 3/2/2015, 8/18/2014, 8/12/2013, 9/28/2012

** FINDINGS **:
No acute fracture or dislocation.

Multiple bony exostoses are again noted, the largest involving the posterolateral femur.

** IMPRESSION **:
Stable multiple bony exostoses.

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	GENERAL RADIOLOGY

XR RIGHT FEMUR. (11/03/2022 11:00 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RADIOLOGY EXAM DESCRIPTION	XRAY RIGHT FEMUR				NCAL PWS INTERFACE	

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/03/2022 11:01 AM PDT	

Impressions

11/03/2022 11:05 AM PDT
Stable appearance of multiple exostoses arising from the distal femur, proximal tibia, and proximal fibula.

Narrative

11/03/2022 11:05 AM PDT

Narrative

XRAY RIGHT FEMUR

** HISTORY **:
20 years old, PAIN WITHOUT TRAUMA

** TECHNIQUE **:
2 view(s) of the right femur acquired.

COMPARISON: Radiograph 9/17/2019

** FINDINGS **:
Multiple exostoses of the distal femur, proximal tibia, and proximal fibula are unchanged in appearance. The largest arises from the posterolateral aspect of the distal femur measuring 3.8 cm. No evidence of acute fracture.

Procedure Note

ALVIN JOHN YAMAMOTO MD - 11/03/2022
Formatting of this note might be different from the original.
XRAY RIGHT FEMUR

** HISTORY **:
20 years old, PAIN WITHOUT TRAUMA

** TECHNIQUE **:
2 view(s) of the right femur acquired.

COMPARISON: Radiograph 9/17/2019

** FINDINGS **:
Multiple exostoses of the distal femur, proximal tibia, and proximal fibula are unchanged in appearance. The largest arises from the posterolateral aspect of the distal femur measuring 3.8 cm. No evidence of acute fracture.

** IMPRESSION **:
Stable appearance of multiple exostoses arising from the distal femur, proximal tibia, and proximal fibula.

Authorizing Provider	Result Type
DONNA LEE MARIANO MD	GENERAL RADIOLOGY

SURGICAL PATHOLOGY - Final result (12/23/2019 11:39 AM PST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
PATHOLOGY REPORT	Provider: NATHAN LEWIS TAYLOR M.D. Collected: 12/23/2019 Case #: SACS19-31513 Surgical Pathology Report FINAL PATHOLOGIC DIAGNOSIS BONE, RIGHT ULNA, RESECTION: OSTEOCHONDROMA, PLEASE SEE COMMENT MALATHY KAPALI M.D.				KFH SACRAMENTO LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

**

Report Electronically Signed by MK **

Comment
Grossly the lesion is received as an aggregate of bone fragments and is adequately sampled. On microscopic examination the lesion shows thickened hyaline cartilaginous cap which matures into bony trabeculae. There is no evidence of atypia within the cartilage. Hemorrhage is noted within the intertrabecular space. The morphology of the lesion is consistent with osteochondroma.

Microscopic Description
A microscopic examination has been performed. The microscopic findings support the diagnosis.

Clinical History
Forearm excision soft tissue mass deep

Gross Description
The specimen is received in formalin filled container, labeled with the patient's name (Ashcraft, Dhameon), medical record number (13095514), and "exostosis right

ulnar" consists of a 8.0 x 7.5 x 4.2 cm aggregate of bone fragments. The articular cartilage shows eburnation. The medullary bone is tan, friable and hemorrhagic. The resection margin of the larger portions are inked BLACK and BLUE.
It is serially sectioned and representative sections are submitted in cassette A1-A7 following decalcification:

A1-2 largest portion; decal
A3-4 second larger portion; decal
A5-7 additional sections of bone; random; decal

eml/12/24/2019
Specimen(s) Received
A:BONE EXOSTOSIS - EXOSTOSIS RIGHT ULNAR; R/O MALIGNANCY

Patient Name: ASHCRAFT, DHAMEON J
Med. Rec #: 13095514
DOB/Age: 8/9/2002 (Age: 17) Sex: M
Facility: Sacramento Med Ctr
Location: INPATIENT NURSING

Sacramento Pathology
2025 Morse Ave.
Sacramento, CA 95825
Tel:

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
	916-973-7260 Fax: 916-973-7283 Priya Brink, M.D. Laboratory Director					

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
BONE RESECTION (BONE RESECTION)			12/23/2019 11:39 AM PST	

Narrative

Authorizing Provider	Result Type
NATHAN LEWIS TAYLOR MD	PATHOLOGY/CYTOLOGY

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH SACRAMENTO LABORATORY	2025 Morse Ave.	SACRAMENTO, CA 95825	

XR RIGHT FOREARM. (09/17/2019 3:56 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/17/2019 3:56 PM PDT	

Impressions

09/18/2019 12:58 PM PDT

1. Very large exostosis is noted arising from the distal ulna, significantly increased in size from the prior examination. There is foreshortening of the ulna deformity of the distal radius and ulna.

2. Additional exostoses are noted arising from the distal radius.

3. Marked dislocation is noted of the radial head with associated deformity

Narrative

09/18/2019 12:58 PM PDT

RIGHT WRIST AND RIGHT FOREARM

** HISTORY **:
Followup

** FINDINGS **:
Comparison: 01/26/2018

Technique: 3 radiographs of the right wrist were obtained. She radiographs of the right forearm are obtained.

Very large exostosis is noted arising from the distal ulna, significantly increased in size from the prior examination. There is foreshortening of the ulna deformity of the distal radius and ulna.

Additional exostoses are noted arising from the distal radius.

Marked dislocation is noted of the radial head with associated deformity.

Procedure Note

Procedure Note

Formatting of this note might be different from the original.
RIGHT WRIST AND RIGHT FOREARM

** HISTORY **:
Followup

** FINDINGS **:
Comparison: 01/26/2018

Technique: 3 radiographs of the right wrist were obtained. She radiographs of the right forearm are obtained.

Very large exostosis is noted arising from the distal ulna, significantly increased in size from the prior examination. There is foreshortening of the ulna deformity of the distal radius and ulna.

Additional exostoses are noted arising from the distal radius.

Marked dislocation is noted of the radial head with associated deformity.

** IMPRESSION **:
1. Very large exostosis is noted arising from the distal ulna, significantly increased in size from the prior examination. There is foreshortening of the ulna deformity of the distal radius and ulna.

2. Additional exostoses are noted arising from the distal radius.

3. Marked dislocation is noted of the radial head with associated deformity

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

XR LEG LENGTH. (09/17/2019 3:55 PM PDT)

Anatomical Region	Laterality	Modality
Leg, Lower extremity, Extremity	N/A	Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/17/2019 3:55 PM PDT	

Impressions

09/18/2019 2:29 PM PDT
1. Leg lengths as described.

2. Multiple exostoses and associated deformities.

Narrative

09/18/2019 2:29 PM PDT

Narrative

XRAY LEG LENGTH

** HISTORY **:
17 year old boy, exostoses

** TECHNIQUE **:

AP views of both lower extremities were acquired with a ruler placed centrally.

** FINDINGS **:
The right femur measures approximately 49 cm.

The left femur measures approximately 49 cm.

The right tibia measures approximately 36.5 cm.

The left tibia measures approximately 38 cm.

The right lower extremity measures approximately 85.5 cm. The left lower extremity measures approximately 87 cm.

Multiple exostoses are noted involving the femurs, tibias, and fibulas. Associated deformities are noted. Orthopedic screws are noted across both medial malleoli.

Procedure Note

ARVIND SONIK MD - 09/18/2019
Formatting of this note might be different from the original.
XRAY LEG LENGTH

** HISTORY **:
17 year old boy, exostoses

** TECHNIQUE **:

AP views of both lower extremities were acquired with a ruler placed centrally.

** FINDINGS **:
The right femur measures approximately 49 cm.

The left femur measures approximately 49 cm.

The right tibia measures approximately 36.5 cm.

The left tibia measures approximately 38 cm.

The right lower extremity measures approximately 85.5 cm. The left lower extremity measures approximately 87 cm.

Multiple exostoses are noted involving the femurs, tibias, and fibulas. Associated deformities are noted. Orthopedic screws are noted across both medial malleoli.

** IMPRESSION **:
1. Leg lengths as described.

2. Multiple exostoses and associated deformities.

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

XR RIGHT FEMUR. (09/17/2019 2:58 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/17/2019 2:58 PM PDT	

Impressions

09/18/2019 12:53 PM PDT

Multiple exostoses, as described. The large pedunculated exostoses of the distal right femur increased in size.

Narrative

09/18/2019 12:53 PM PDT

RIGHT FEMUR

** HISTORY **:
Followup

** FINDINGS **:
Comparison: 3/31/17

Technique: 4 radiographs of the right femur were obtained.

Large pedunculated exostoses are noted arising from the distal right femur, increased in size from the prior examination.

Broadening is noted in the neck of the proximal right femur, likely representing a sessile exostoses, similar to the prior examination.

Exostoses are properly visualized arising from the proximal tibia and fibula.

Procedure Note

ARVIND SONIK MD - 09/18/2019

Formatting of this note might be different from the original.
RIGHT FEMUR

** HISTORY **:
Followup

** FINDINGS **:
Comparison: 3/31/17

Technique: 4 radiographs of the right femur were obtained.

Large pedunculated exostoses are noted arising from the distal right femur, increased in size from the prior examination.

Broadening is noted in the neck of the proximal right femur, likely representing a sessile exostoses, similar to the prior examination.

Exostoses are properly visualized arising from the proximal tibia and fibula.

** IMPRESSION **:
Multiple exostoses, as described. The large pedunculated exostoses of the distal right femur increased in size.

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

XR RIGHT WRIST. (09/17/2019 2:55 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/17/2019 2:55 PM PDT	

Impressions

09/18/2019 12:58 PM PDT

Impressions

1. Very large exostosis is noted arising from the distal ulna, significantly increased in size from the prior examination. There is foreshortening of the ulna deformity of the distal radius and ulna.

2. Additional exostoses are noted arising from the distal radius.

3. Marked dislocation is noted of the radial head with associated deformity

Narrative

09/18/2019 12:58 PM PDT
RIGHT WRIST AND RIGHT FOREARM

** HISTORY **:
Followup

** FINDINGS **:
Comparison: 01/26/2018

Technique: 3 radiographs of the right wrist were obtained. She radiographs of the right forearm are obtained.

Very large exostosis is noted arising from the distal ulna, significantly increased in size from the prior examination. There is foreshortening of the ulna deformity of the distal radius and ulna.

Additional exostoses are noted arising from the distal radius.

Marked dislocation is noted of the radial head with associated deformity.

Procedure Note

ARVIND SONIK MD - 09/18/2019
Formatting of this note might be different from the original.
RIGHT WRIST AND RIGHT FOREARM

** HISTORY **:
Followup

** FINDINGS **:
Comparison: 01/26/2018

Technique: 3 radiographs of the right wrist were obtained. She radiographs of the right forearm are obtained.

Very large exostosis is noted arising from the distal ulna, significantly increased in size from the prior examination. There is foreshortening of the ulna deformity of the distal radius and ulna.

Additional exostoses are noted arising from the distal radius.

Marked dislocation is noted of the radial head with associated deformity.

** IMPRESSION **:
1. Very large exostosis is noted arising from the distal ulna, significantly increased in size from the prior examination. There is foreshortening of the ulna deformity of the distal radius and ulna.

2. Additional exostoses are noted arising from the distal radius.

3. Marked dislocation is noted of the radial head with associated deformity

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY FOREARM (XR FOREARM AP AND LAT) - Final result (01/26/2018 4:19 PM PST)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/26/2018 4:19 PM PST	

Impressions

01/26/2018 4:31 PM PST

1. Large sessile osteochondroma is noted of the distal ulna. The ulna is short, with marked ulnar minus variance. Marked associated deformity is noted of the distal radius and ulna.

2. Irregularity is noted of the volar aspect of the metaphysis of the distal radius, which may be secondary to the deformity is present a small sessile osteochondroma.

3. Dislocation is noted of the radial head.

Action required.

Narrative

01/26/2018 4:31 PM PST

LEFT FOREARM

** HISTORY **:
After care

** FINDINGS **:
Technique: Two views of the right forearm were obtained.

Large sessile osteochondroma is noted of the distal ulna. The ulna is short, with marked ulnar minus variance. Marked associated deformity is noted of the distal radius and ulna.

Irregularity is noted of the volar aspect of the metaphysis of the distal radius, which may be secondary to the deformity is present a small sessile osteochondroma.

Dislocation is noted of the radial head.

Procedure Note

ARVIND SONIK MD - 01/26/2018

Formatting of this note might be different from the original.

LEFT FOREARM

** HISTORY **:
After care

** FINDINGS **:
Technique: Two views of the right forearm were obtained.

Large sessile osteochondroma is noted of the distal ulna. The ulna is short, with marked ulnar minus variance. Marked associated deformity is noted of the distal radius and ulna.

Irregularity is noted of the volar aspect of the metaphysis of the distal radius, which may be secondary to the deformity is present a small sessile osteochondroma.

Dislocation is noted of the radial head.

IMPRESSION
1. Large sessile osteochondroma is noted of the distal ulna. The ulna is short, with marked ulnar minus variance. Marked associated deformity is noted of the distal radius and ulna.

2. Irregularity is noted of the volar aspect of the metaphysis of the distal radius, which may be secondary to the deformity is present a small sessile osteochondroma.

3. Dislocation is noted of the radial head.

Action required.

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY FOREARM (XR FOREARM AP AND LAT) - Final result (01/26/2018 4:19 PM PST)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			01/26/2018 4:19 PM PST	

Impressions

01/26/2018 4:33 PM PST
1. Small sessile osteochondroma is noted arising from the distal ulna. There is associated marked ulnar minus variance and mild associated deformity of the distal radius.

2. Mild prominence is noted of the metaphysis of the distal radius which may be secondary to sessile osteochondroma or may be secondary to the deformity at the DRUJ.

Narrative

01/26/2018 4:33 PM PST
RIGHT FOREARM

** HISTORY **:
After care

** FINDINGS **:
Technique: Two views of the left forearm were obtained.

Small sessile osteochondroma is noted arising from the distal ulna. There is associated marked ulnar minus variance and mild associated deformity of the distal radius.

Mild prominence is noted of the metaphysis of the distal radius which may be secondary to sessile osteochondroma or may be secondary to the deformity at the DRUJ.

Procedure Note

ARVIND SONIK MD - 01/26/2018
Formatting of this note might be different from the original.
RIGHT FOREARM

** HISTORY **:
After care

** FINDINGS **:
Technique: Two views of the left forearm were obtained.

Small sessile osteochondroma is noted arising from the distal ulna. There is associated marked ulnar minus variance and mild associated deformity of the distal radius.

Mild prominence is noted of the metaphysis of the distal radius which may be secondary to sessile osteochondroma or may be secondary to the deformity at the DRUJ.

IMPRESSION
1. Small sessile osteochondroma is noted arising from the distal ulna. There is associated marked ulnar minus variance and mild associated deformity of the distal radius.

2. Mild prominence is noted of the metaphysis of the distal radius which may be secondary to sessile osteochondroma or may be secondary to the deformity at the DRUJ.

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

SURGICAL PATHOLOGY - Edited Result - FINAL (04/05/2017 9:54 AM PDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
PATHOLOGY REPORT	Provider: DAVID NEIL SCHIFFMAN M.D. Collected: 4/5/2017 Case #: ROSS17-9966 Surgical Pathology Report * Amended * AMENDMENT FOR CASE Amended: 4/30/2017 by BEVERLY JANE MYERS-BUDGE M.D. Reason: Change Final Diagnosis Amended to add diagnosis from Mayo Clinic Previous Signout Date: 4/19/2017 FINAL PATHOLOGIC DIAGNOSIS AMENDED REPORT LEFT DISTAL FEMUR (EXOSTOSIS REMOVAL): OSTEOCHONDROMA; PLEASE SEE DR. INWARD'S CONSULTATION FROM MAYO CLINIC LEFT DISTAL FEMUR (EXOSTOSIS REMOVAL): CASE REFERRED TO DR. INWARDS AT MAYO CLINIC; RESULTS OF CONSULTATION SEE BE ISSUED IN AN AMENDED REPORT 10 DECALCIFIED SLIDES BEVERLY JANE MYERS-BUDGE M.D. ** Report Electronically Signed by BJM **				KFH ROSEVILLE LABORATORY	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment	The consultation report was faxed to Dr. Schiffman on April 27, 2017. Microscopic Description A microscopic examination has been performed. Microscopic findings support the above diagnosis. Clinical History SURGICAL PROCEDURE: Left knee hardware removal and exostosis removal; bilateral ankle screw replacement. CLINICAL DATA: Multiple hereditary exostoses. SPECIMEN: Bone, left distal femur. Collection: 4/5/17 9:54 a.m. Gross Description The container is labeled with the patient's last name, ASHCRAFT, medical record number 1309[illegible]14, and labeled as "A) bone left knee distal femur." Received in formalin are two, 5.9 x 3.1 x 2.2 cm and 2.8 x 1.7 x 0.8 cm, irregular fragments of tan-pink to pink-white osteocartilaginous tissue. Sectioning reveals white-pink to pink-tan osteocartilaginous cut surfaces displaying a cartilaginous cap ranging up to 0.5 cm.					

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature

Representative sections are submitted in five cassettes after decalcification.

Cassette key:
A1 cross section, smaller fragment
A2-3 cross section, larger fragment, bisected
A4-5 cross section, larger fragment, bisected

dab/4/7/2017
Specimen(s) Received
A:BONE EXOSTOSIS - BONE/LEFT DISTAL FEMUR

Patient Name: ASHCRAFT, DHAMEON J
Med. Rec #: 13095514 DOB/ Age: 8/9/2002 (Age: 14) Sex: M
Facility: Folsom Location: OUTPATIENT SURGERY

Roseville Pathology
1600 Eureka Road
Roseville, CA 95661
Tel: 916-474-7585
Fax: 916-474-7581
James C. Jacobs, M.D., Laboratory Director

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
BONE EXOSTOSIS (BONE EXOSTOSIS)			04/05/2017 9:54 AM PDT	04/06/2017 8:16 AM PDT

Narrative

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	PATHOLOGY/CYTOLOGY

Performing Organization	Address	City/State/ZIP Code	Phone Number
NCAL PATH INTERFACE			

Performing Organization	Address	City/State/ZIP Code	Phone Number
KFH ROSEVILLE LABORATORY	1600 Eureka Road	ROSEVILLE, CA 95661	

X-RAY ANKLE (XR ANKLE AP AND LAT) - Final result (04/05/2017 9:17 AM PDT)

Anatomical Region	Laterality	Modality
		Other

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			04/05/2017 9:17 AM PDT	

Narrative

04/06/2017 9:07 AM PDT
Report Transcribed Manually

Procedure Note

N K PHYSICIAN - 04/06/2017
Formatting of this note might be different from the original.
Report Transcribed Manually

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY ANKLE (XR ANKLE AP AND LAT) - Final result (04/05/2017 9:17 AM PDT)

Anatomical Region	Laterality	Modality
		Other

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			04/05/2017 9:17 AM PDT	

Narrative

04/06/2017 9:07 AM PDT
Report Transcribed Manually

Procedure Note

N K PHYSICIAN - 04/06/2017
Formatting of this note might be different from the original.
Report Transcribed Manually

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY BONE AGE STUDY (XR BONE AGE STUDY) - Final result (03/31/2017 3:12 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/31/2017 3:12 PM PDT	

Impressions

03/31/2017 5:27 PM PDT

Impressions

Normal bone age.

Multiple exostoses as above.

Narrative

03/31/2017 5:27 PM PDT

BONE AGE.

** HISTORY **:
History of hereditary exostosis.

Technique: Single view of the left hand and wrist was obtained. The hand radiograph was compared to the standardized images in the Greulich and Pyle atlas.

Comparison: None available.

** FINDINGS **:
Chronologic age: 14 years 8 months.
Bone age: 14 years.
Standard Deviation: 12.0 months.

Incidentally noted are multiple exostoses involving the base of the left third proximal phalanx, the neck of the left fifth metacarpal and the distal left radius and ulna. Also noted is a short ulna with a sloping distal radial epiphysis.

Procedure Note

MICHAEL J SILBERSTEIN MD - 03/31/2017

Formatting of this note might be different from the original.

BONE AGE.

** HISTORY **:
History of hereditary exostosis.

Technique: Single view of the left hand and wrist was obtained. The hand radiograph was compared to the standardized images in the Greulich and Pyle atlas.

Comparison: None available.

** FINDINGS **:
Chronologic age: 14 years 8 months.
Bone age: 14 years.
Standard Deviation: 12.0 months.

Incidentally noted are multiple exostoses involving the base of the left third proximal phalanx, the neck of the left fifth metacarpal and the distal left radius and ulna. Also noted is a short ulna with a sloping distal radial epiphysis.

IMPRESSION
Normal bone age.

Multiple exostoses as above.

Authorizing Provider	Result Type
ROBYN R CHATMAN-BOLDS NP	GENERAL RADIOLOGY

X-RAY BONE LENGTH STUDY (XR BONE LENGTH STUDY) - Final result (03/31/2017 3:12 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/31/2017 3:12 PM PDT	

Impressions

03/31/2017 6:48 PM PDT

Impressions

Leg length discrepancy of 2.4 cm, left leg longer.

Narrative

03/31/2017 6:48 PM PDT

LEG LENGTH.

** HISTORY **:
Leg length discrepancy. Multiple hereditary exostoses.

** FINDINGS **:
Technique: Multiple views of lower extremities were obtained using a measuring ruler.

Right femoral length: 44.1 cm.
Right tibial length: 33.0 cm.
Right leg length: 77.1 cm.
Left femoral length: 44.5 cm.
Left tibial length: 35.0 cm.
Left leg length: 79.5 cm.

Incidentally noted are multiple osteochondromas involving both distal femurs and both proximal and distal tibias and fibulas. Some of the cartilage caps have calcified. There is an epiphysiodesis of the medial proximal left tibia.

Procedure Note

MICHAEL J SILBERSTEIN MD - 03/31/2017
Formatting of this note might be different from the original.
LEG LENGTH.

** HISTORY **:
Leg length discrepancy. Multiple hereditary exostoses.

** FINDINGS **:
Technique: Multiple views of lower extremities were obtained using a measuring ruler.

Right femoral length: 44.1 cm.
Right tibial length: 33.0 cm.
Right leg length: 77.1 cm.
Left femoral length: 44.5 cm.
Left tibial length: 35.0 cm.
Left leg length: 79.5 cm.

Incidentally noted are multiple osteochondromas involving both distal femurs and both proximal and distal tibias and fibulas. Some of the cartilage caps have calcified. There is an epiphysiodesis of the medial proximal left tibia.

IMPRESSION
Leg length discrepancy of 2.4 cm, left leg longer.

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY BONE LENGTH STUDY (XR BONE LENGTH STUDY) - Final result (11/04/2016 1:43 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/04/2016 1:43 PM PDT	

Narrative

Transcriptions

JAMES HOWARD SMITH MD - 11/04/2016 12:00 AM PDT

Transcriptions

Formatting of this note might be different from the original.
LEG LENGTH

** HISTORY **:
Hereditary exostosis

** FINDINGS **:
Spot images were obtained of the hips, knees, and ankles bilaterally with a ruler placed centrally.

The right femur measures 43 cm from the top of the femoral head to the medial condyle.

The left femur measures 43 cm from the top of the femoral head to the medial condyle.

The right tibia measures 32 cm from the medial tibial plateau to the distal tibial articular surface.

The left tibia measures 34 cm from the medial tibial plateau to the distal tibial articular surface.

There are multiple osteochondromas or exostosis projecting from the distal right and left femoral metaphysis and distal right tibial metaphysis. There are also osteochondromas of the proximal right tibia and fibula and distal left fibula. They're unchanged in size since the prior exam.

** IMPRESSION **:
Lower extremity leg lengths as described above. Calibrated marker is seen in the midline.

J H SMITH M.D.

DD: DT: 11/04/2016

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY TOE (XR TOES 2 OR MORE VIEWS) - Final result (03/08/2016 3:23 PM PST)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/08/2016 3:23 PM PST	

Narrative

Transcriptions

ARVIND SONIK MD - 03/08/2016 12:00 AM PST

Transcriptions

Formatting of this note might be different from the original.
RIGHT TOE(S)

** HISTORY **:
Trauma

** FINDINGS **:
Technique: Three views of the right toes were obtained.

Exam is somewhat suboptimal as the digits overlap the lateral view.

Small ossification is noted adjacent to the tuft of the third distal phalanx on the oblique view. This could represent subtle fracture.

Irregularity is also noted at the base of the fourth proximal phalanx, which may represent a subtle fracture.

Soft tissues are unremarkable.

** IMPRESSION **:
Question fractures of the third distal phalanx and base of the fourth proximal phalanx, as above. Correlate for tenderness at these sites.

Action required.

A SONIK M.D.

DD: DT: 03/08/2016

Authorizing Provider	Result Type
ROBYN R CHATMAN-BOLDS NP	GENERAL RADIOLOGY

FLUOROSCOPY (FLUOROSCOPY > 1HR, ASSIST NONRADIOLOGIC PHYSICIAN) - Final result (07/15/2015 10:49 AM PDT)

Anatomical Region	Laterality	Modality
		Other

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/15/2015 10:49 AM PDT	

Narrative

Transcriptions

DAVID NEIL SCHIFFMAN MD - 07/16/2015 7:42 AM PDT
Formatting of this note might be different from the original.
Report Transcribed Manually

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	FLUOROSCOPY

X-RAY KNEE (XR KNEE, AP AND LATERAL) - Final result (07/15/2015 10:49 AM PDT)

Anatomical Region	Laterality	Modality
		Other

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/15/2015 10:49 AM PDT	

Narrative

Transcriptions

DAVID NEIL SCHIFFMAN MD - 07/16/2015 7:42 AM PDT
Formatting of this note might be different from the original.
Report Transcribed Manually

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY BONE LENGTH STUDY (XR BONE LENGTH STUDY) - Final result (07/01/2015 11:18 AM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			07/01/2015 11:18 AM PDT	

Narrative

Transcriptions

ARVIND SONIK MD - 07/01/2015 12:00 AM PDT

Transcriptions

Formatting of this note might be different from the original.
LEG LENGTH

** HISTORY **:
Multiple multiple revisionary exostosis

** FINDINGS **:
Radiographs were obtained of both lower extremities with a ruler placed centrally.

RIGHT femur measures 41 cm in length.

LEFT femur measures approximately 41 cm in length.

RIGHT tibia measures approximately 30.5 cm in length.

LEFT tibia measures approximately 32 cm in length.

RIGHT lower extremity length measures approximately 71.5 cm. LEFT lower extremity length measures approximately 72 cm.

Multiple exostoses are noted involving the distal femurs, and proximal and distal tibias, consistent with multiple recurrent exostosis.

Exostosis of the distal diaphysis of the LEFT fibula results in mild deformity of the distal LEFT tibia.

Prominent sulci versus of the distal RIGHT tibia results in deformity of the distal RIGHT fibula.

Epiphysiodesis is noted of the medial proximal RIGHT tibia. There is no evidence of hardware failure or loosening.

** IMPRESSION **:
1. Lower extremity lengths, as above
2. Multiple exostoses with associated deformities, as above
3. Post surgical changes, as above

A SONIK M.D.

DD: DT: 07/01/2015

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY BONE LENGTH STUDY (XR BONE LENGTH STUDY) - Final result (03/02/2015 11:07 AM PST)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/02/2015 11:07 AM PST	

Narrative

Transcriptions

MICHAEL J SILBERSTEIN MD - 03/02/2015 12:00 AM PST

Transcriptions

Formatting of this note might be different from the original.
LEG LENGTH.

** HISTORY **:
Leg length discrepancy. Patient with multiple hereditary exostosis.

** FINDINGS **:
Technique: Mulitple views were obtained of lower extremities using a measuring ruler.

Right femoral length: 40.3 cm.
Right tibial length: 31.0 cm.
Right leg length: 71.3 cm.
Left femoral length: 41.0 cm.
Left tibial length: 31.5 cm.
Left leg length: 72.5 cm.

Incidentally noted is a proximal medial left tibial epiphysiodesis. Also noted are multiple osteochondromas involving both distal femurs and both proximal and distal tibias and fibulas.

** IMPRESSION **:
Leg length discrepancy of 1.2 cm, left leg longer.

Multiple osteochondromas as above.

M J SILBERSTEIN M.D.

DD: DT: 03/02/2015

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY BONE LENGTH STUDY (XR BONE LENGTH STUDY) - Final result (08/18/2014 1:06 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			08/18/2014 1:06 PM PDT	

Narrative

Transcriptions

DAVID NEIL SCHIFFMAN MD - 08/18/2014 2:14 PM PDT
Formatting of this note might be different from the original.
Report Transcribed Manually

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY THORACOLUMBAR SPINE (XR THORACOLUMBAR SPINE, STANDING) - Final result (08/12/2013 9:19 AM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			08/12/2013 9:19 AM PDT	

Narrative

Transcriptions

SOON CHURL DAVID KOH MD - 08/12/2013 12:00 AM PDT
Formatting of this note might be different from the original.
SCOLIOSIS SPINE

** HISTORY **:
Evaluate scoliosis

** FINDINGS **:
Frontal and Lateral views of the thoracic and lumbar spine were obtained. There are no relevant prior comparison studies available in Kaiser radiology archive.

Curvature measure from superior endplate of T8 to the inferior endplate of L4 , apex to the right , estimated angle of 7 degrees as projected.

Twelve pairs of ribs are present. No gross anomalous vertebral body noted as projected. No segmentation anomaly identified.

** IMPRESSION **:
Mild thoracolumbar curve as described

S D KOH M.D.

DD: DT: 08/12/2013

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY BONE LENGTH STUDY (XR BONE LENGTH STUDY) - Final result (08/12/2013 8:12 AM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			08/12/2013 8:12 AM PDT	

Narrative

Transcriptions

SOON CHURL DAVID KOH MD - 08/12/2013 12:00 AM PDT

Transcriptions

Formatting of this note might be different from the original.
LEG LENGTH STUDY

** HISTORY **:
Followup

** FINDINGS **:
AP views were obtained over the hips, knees and ankles. Comparison is made with prior study of 09/28/2012.

No radiopaque was utilized on current exam and leg length is estimated using Stentor electronic ruler. There may be minor caliber placement indication due to manual nature of this process. Please review images directly for any necessary management decision.

Femur length is estimated by measuring from top of femoral head to the medial femoral condyle. The left femoral head projects slightly higher than the right side.

Right Femur: 37.7 cm
Left Femur: 37.5 cm

Tibial length is estimated by measuring from top of the medial tibial plateau to the top of the talar dome. Slight valgus orientation at the knees and ankles present, medial motion of the tibial plateau and medial motion of the talar dome were used for measurement. There has been interval surgery with fixation hardware along the proximal medial tibia on the right.

Right Tibia: 29.1 cm
Left Tibia: 30.2 cm

** IMPRESSION **:
1. Leg length measured as above

2. Multiple bilateral exostoses without significant change

S D KOH M.D.

DD: DT: 08/12/2013

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY WRIST (XR WRIST PA AND LATERAL VIEWS) - Final result (08/12/2013 8:12 AM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			08/12/2013 8:12 AM PDT	

Narrative

Transcriptions

SOON CHURL DAVID KOH MD - 08/12/2013 12:00 AM PDT

Transcriptions

Formatting of this note might be different from the original.
RIGHT WRIST

** HISTORY **:
Follow up surgery

** FINDINGS **:
Technique: AP and lateral views of the right wrist were obtained.
Comparison is made with prior exams of 09/28/2012 and 08/10/2011.

Chronic contour deformity of the distal radius and are again noted associated with multiple rotatory exostoses. There has been interval removal of surgical hardware from the distal radius since September 2012. Overall appearance and alignment are otherwise stable. Exostoses at the base of the proximal phalanges are also stable.

** IMPRESSION **:
Status post interval removal of surgical hardware from distal radius, stable alignment and appearance of multiple exostoses

S D KOH M.D.

DD: DT: 08/12/2013

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY FLUOROSCOPY (XR FLUOROSCOPY, UP TO ONE HOUR PHYSICIAN TIME) - Final result (12/06/2012 1:49 PM PST)

Anatomical Region	Laterality	Modality
		Other

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			12/06/2012 1:49 PM PST	

Narrative

Transcriptions

DAVID NEIL SCHIFFMAN MD - 12/07/2012 12:15 PM PST
Formatting of this note might be different from the original.
Report Transcribed Manually

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	FLUOROSCOPY

X-RAY KNEE (XR KNEE, AP AND LATERAL) - Final result (12/06/2012 1:49 PM PST)

Anatomical Region	Laterality	Modality
		Other

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			12/06/2012 1:49 PM PST	

Narrative

Transcriptions

DAVID NEIL SCHIFFMAN MD - 12/07/2012 12:15 PM PST
Formatting of this note might be different from the original.
Report Transcribed Manually

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY BONE LENGTH STUDY (XR BONE LENGTH STUDY) - Final result (09/28/2012 12:45 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/28/2012 12:45 PM PDT	

Narrative

Transcriptions

MICHAEL J SILBERSTEIN MD - 10/01/2012 12:00 AM PDT
Formatting of this note might be different from the original.
LEG LENGTH

** HISTORY **:
Leg length discrepancy.

** FINDINGS **:
Technique: Mulitple views were obtained of lower extremities with measuring ruler.

Right femoral length: 37.5 cm.
Right tibial length: 29.4 cm.
Right leg length: 66.9 cm.
Left femoral length: 37.4 cm.
Left tibial length: 31.0 cm.
Left leg length: 68.4 cm.

** IMPRESSION **:
Delayed discrepancy of 1.5 cm. Left leg longer than right leg.

MIKE SILBERSTEIN MD

DD: 10/01/2012 DT: 10/01/2012 MJS

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY ANKLE (RADIOLOGIC EXAM, ANKLE, COMPLETE, 3+ VIEW.) - Final result (09/28/2012 12:44 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/28/2012 12:44 PM PDT	

Narrative

Transcriptions

MICHAEL J SILBERSTEIN MD - 10/01/2012 12:00 AM PDT
Formatting of this note might be different from the original.
LEFT ANKLE.

** HISTORY **:
Multiple hereditary exostosis.

** FINDINGS **:
Technique: Three views of the left ankle were obtained.

Comparison: None available .

Findings: There is a large sessile osteochondroma arising from the lateral and posterior aspect of the distal tibia and a sessile osteochondroma arising from the medial aspect of the distal fibula. There are associated modeling deformities. The superior articular margin of the talus is sloped from lateral to medial. The talus is central within the ankle mortise. There is no ankle joint effusion.

** IMPRESSION **:
Changes in distal tibia and fibula consistent with history of multiple hereditary exostosis. Sloping of the superior aspect of distal talus.

MIKE SILBERSTEIN MD

DD: 10/01/2012 DT: 10/01/2012 MJS

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY ANKLE (RADIOLOGIC EXAM, ANKLE; COMPLETE, 3+ VIEW.) - Final result (09/28/2012 12:44 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/28/2012 12:44 PM PDT	

Narrative

Transcriptions

MICHAEL J SILBERSTEIN MD - 10/01/2012 12:00 AM PDT

Transcriptions

Formatting of this note might be different from the original.
LEFT ANKLE.

** HISTORY **:
Multiple hereditary exostosis.

** FINDINGS **:
Technique: Three views of the left ankle were obtained.

Comparison: None available .

Findings: There is an osteochondroma arising from the medial aspect of the distal fibula into the interosseous membrane. There is a modeling deformity of the distal tibia. The ankle joint is intact and the talus is central within the ankle mortise. There is no ankle joint effusion.

** IMPRESSION **:
Changes in distal tibia and fibula consistent with history of multiple hereditary exostosis.

MIKE SILBERSTEIN MD

DD: 10/01/2012 DT: 10/01/2012 MJS

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY ELBOW (XR ELBOW, AP AND LATERAL) - Final result (09/28/2012 12:44 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/28/2012 12:44 PM PDT	

Narrative

Transcriptions

MICHAEL J SILBERSTEIN MD - 10/01/2012 12:00 AM PDT

Transcriptions

Formatting of this note might be different from the original.
RIGHT ELBOW.

** HISTORY **:
Multiple aerated greater exostosis.

Technique: 2 views of the right elbow were obtained.

Comparison: 6/9/2010.

** FINDINGS **:
Since 6/9/2010 the multiple exostoses involving the distal left ulna are again noted with shortening of the ulna. There is marked shortening of the ulna. There is posterior and lateral dislocation of the hypoplastic radial head. The distal humerus appears intact.

** IMPRESSION **:
Distal ulnar exostoses with shortening.

Posterior and lateral dislocation of hypoplastic radial head.

MIKE SILBERSTEIN MD

DD: 10/01/2012 DT: 10/01/2012 MJS

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY WRIST (RADIOLOGIC EXAM, WRIST, COMPLETE, 3+ VIEW.) - Final result (09/28/2012 11:15 AM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			09/28/2012 11:15 AM PDT	

Narrative

Transcriptions

DAVID NEIL SCHIFFMAN MD - 09/28/2012 12:41 PM PDT
Formatting of this note might be different from the original.
Report Transcribed Manually

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY WRIST (XR WRIST PA AND LATERAL VIEWS) - Final result (08/10/2011 11:17 AM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			08/10/2011 11:17 AM PDT	

Narrative

Transcriptions

ARVIND SONIK MD - 08/10/2011 12:00 AM PDT

RIGHT WRIST

** HISTORY **:
Exostosis

** FINDINGS **:
Technique: Two views of the right wrist were obtained. Comparison is made with a prior examination from 6/9/2010.

Again noted is a large exostosis of the distal which results in a varus deformity of the forearm. There has been interval placement of a plate and screws across the physis of the distal radius. There is no evidence of heart failure or loosening.

** IMPRESSION **:
#1. Large exostosis of the distal ulna with varus deformity the forearm.
#2. Status post placement of plate and screws across the distal radius physis.

ARVIND SONIK MD

DD: 08/10/2011 DT: 08/10/2011 AS

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY FOREARM (XR FOREARM, AP AND LATERAL) Final result (06/09/2010 1:08 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/09/2010 1:08 PM PDT	

Narrative

Transcriptions

MICHAEL J SILBERSTEIN MD - 06/10/2010 12:00 AM PDT

Transcriptions

RIGHT ELBOW AND FOREARM

** HISTORY **:
Multiple hereditary exostosis.

Technique: Two views of the left elbow and two views of the left forearm were obtained. (Examination includes accession numbers 42102073 and 42102074).

Comparison: None available.

** FINDINGS **:
There are multiple small exostoses involving the distal left ulna and resulting in slight shortening of this bone. There is mild ulnar deviation of the left radius with lateral to medial sloping of the radial articular surface. The radiocarpal alignment carpal and visualized metacarpal bones, proximal radius and ulna, radiocapitellar alignment, elbow joint and distal humerus are intact. There is no elbow joint effusion.

** IMPRESSION **:
Multiple small distal ulnar exostoses with slight shortening.
Mild ulnar deviation of radius.

Unremarkable left elbow joint.

MIKE SILBERSTEIN MD

DD: 06/10/2010 DT: 06/10/2010 MJS

MICHAEL J SILBERSTEIN MD - 06/10/2010 12:00 AM PDT
** ADDENDUM **: ADDED ON 06/10/2010 BY SAC1MS **

Addendum to report: The above report is for the LEFT forearm and elbow.

MIKE SILBERSTEIN MD

DD: DT: 06/10/2010 MJS

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY FOREARM (XR FOREARM, AP AND LATERAL) - Final result (06/09/2010 1:08 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/09/2010 1:08 PM PDT	

Narrative

Transcriptions

MICHAEL J SILBERSTEIN MD - 06/10/2010 12:00 AM PDT

Transcriptions

RIGHT ELBOW AND FOREARM

** HISTORY **:
Multiple hereditary exostosis.

Technique: Two views of the right elbow and two views of the right forearm were obtained. (Examination includes accession numbers 42102072 and 42102071).

Comparison: None available.

** FINDINGS **:
There is a large exostosis involving the distal ulna and resulting in prominent shortening of this bone and posterior curving of the ulnar shaft. There is broadening of the proximal ulna. The radius is curved laterally (ulnar deviation) and there is prominent lateral to medial sloping of the radial articular surface. The carpal and metacarpal bones appear intact. There is a small exostosis arising from the medial aspect of the distal radius.

There is posterior and lateral subluxation of the radial head with disruption of the radiocapitellar alignment. The proximal ulna is broad and the olecranon process is truncated. The distal humerus is unremarkable.

** IMPRESSION **:
Short ulna with large distal exostosis, ulnar deviation of radius with sloping distal radial articular surface. Posterolateral subluxation of radial head.

MIKE SILBERSTEIN MD

DD: 06/10/2010 DT: 06/10/2010 MJS

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY ELBOW (XR ELBOW, AP AND LATERAL) - Final result (06/09/2010 1:08 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/09/2010 1:08 PM PDT	

Narrative

Transcriptions

MICHAEL J SILBERSTEIN MD - 06/10/2010 12:00 AM PDT

Transcriptions

RIGHT ELBOW AND FOREARM

** HISTORY **:
Multiple hereditary exostosis.

Technique: Two views of the left elbow and two views of the left forearm were obtained. (Examination includes accession numbers 42102073 and 42102074).

Comparison: None available.

** FINDINGS **:
There are multiple small exostoses involving the distal left ulna and resulting in slight shortening of this bone. There is mild ulnar deviation of the left radius with lateral to medial sloping of the radial articular surface. The radiocarpal alignment carpal and visualized metacarpal bones, proximal radius and ulna, radiocapitellar alignment, elbow joint and distal humerus are intact. There is no elbow joint effusion.

** IMPRESSION **:
Multiple small distal ulnar exostoses with slight shortening.
Mild ulnar deviation of radius.

Unremarkable left elbow joint.

MIKE SILBERSTEIN MD

DD: 06/10/2010 DT: 06/10/2010 MJS

MICHAEL J SILBERSTEIN MD - 06/10/2010 12:00 AM PDT
** ADDENDUM **: ADDED ON 06/10/2010 BY SAC1MS **

Addendum to report: The above report is for the LEFT elbow and forearm.

MIKE SILBERSTEIN MD

DD: DT: 06/10/2010 MJS

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

X-RAY ELBOW (XR ELBOW, AP AND LATERAL) - Final result (06/09/2010 1:08 PM PDT)

Anatomical Region	Laterality	Modality
		Computed Radiography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/09/2010 1:08 PM PDT	

Narrative

Transcriptions

MICHAEL J SILBERSTEIN MD - 06/10/2010 12:00 AM PDT

RIGHT ELBOW AND FOREARM

** HISTORY **:
Multiple hereditary exostosis.

Technique: Two views of the right elbow and two views of the right forearm were obtained. (Examination includes accession numbers 42102072 and 42102071).

Comparison: None available.

** FINDINGS **:
There is a large exostosis involving the distal ulna and resulting in prominent shortening of this bone and posterior curving of the ulnar shaft. There is broadening of the proximal ulna. The radius is curved laterally (ulnar deviation) and there is prominent lateral to medial sloping of the radial articular surface. The carpal and metacarpal bones appear intact. There is a small exostosis arising from the medial aspect of the distal radius.

There is posterior and lateral subluxation of the radial head with disruption of the radiocapitellar alignment. The proximal ulna is broad and the olecranon process is truncated. The distal humerus is unremarkable.

** IMPRESSION **:
Short ulna with large distal exostosis, ulnar deviation of radius with sloping distal radial articular surface. Posterolateral subluxation of radial head.

MIKE SILBERSTEIN MD

DD: 06/10/2010 DT: 06/10/2010 MJS

Authorizing Provider	Result Type
DAVID NEIL SCHIFFMAN MD	GENERAL RADIOLOGY

Care Teams

Team Member	Relationship	Specialty	Start Date	End Date
DONNA LEE MARIANO MD NPI: 1497106967 2025 MORSE AVENUE SACRAMENTO, CA 95825-2115 916-480-6431-x6431 (Work) 916-614-6424 (Fax)	PCP - General		9/30/20	
DAISY MURILLO MSW 2025 MORSE AVENUE SACRAMENTO, CA 95825-2115	CM - Medicaid Primary MSW		3/22/19	
STACEY ANDREA SILVA TUALLA RN 2025 MORSE AVENUE SACRAMENTO, CA 95825-2115	CM - Medicaid Support RN	GENERAL, OTHER	11/10/19	
NING WU MD NPI: 1902149321 1600 EUREKA ROAD ROSEVILLE, CA 95661-3027 916-474-6398-x6398 (Work) 916-474-6401-x6401 (Fax)	Neurologist		6/1/23	
SHARLENE D JONES 3555 WHIPPLE RD. UNION CITY, CA 94587-1336 510-618-5800-x5800 (Work)	CM - Medicaid MES		1/6/24	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Aaron Ashcraft	5910 DULWICH WAY SACRAMENTO, CA 95835	279-667-4443 (Mobile) 279-667-4443 (Home)	Father, Guardian

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
DONNA LEE MARIANO MD (Sep. 30, 2020 - Present) NPI: 1497106967 916-480-6431-x6431 (Work) 916-614-6424 (Fax) 2025 MORSE AVENUE SACRAMENTO, CA 95825-2115 Family Practice **Kaiser Permanente Northern California** 4460 Hacienda Dr., Bldg. A Pleasanton, CA 94588	**DAISY MURILLO MSW** (CM - Medicaid Primary MSW) 2025 MORSE AVENUE SACRAMENTO, CA 95825-2115 GENERAL, OTHER **Kaiser Permanente Northern California** 4460 Hacienda Dr., Bldg. A Pleasanton, CA 94588 **STACEY ANDREA SILVA TUALLA RN** (CM - Medicaid Support RN) 2025 MORSE AVENUE SACRAMENTO, CA 95825-2115 GENERAL, OTHER **Kaiser Permanente Northern California** 4460 Hacienda Dr., Bldg. A Pleasanton, CA 94588 **NING WU MD** (Neurologist) NPI: 1902149321 916-474-6398-x6398 (Work) 916-474-6401-x6401 (Fax) 1600 EUREKA ROAD ROSEVILLE, CA 95661-3027 Neurology **Kaiser Permanente Northern California** 4460 Hacienda Dr., Bldg. A Pleasanton, CA 94588 **SHARLENE D JONES** (CM - Medicaid MES) 510-618-5800-x5800 (Work) 3555 WHIPPLE RD. UNION CITY, CA 94587-1336 ADMIN WITH ACCESS TO KPHC **Kaiser Permanente Northern California** 4460 Hacienda Dr., Bldg. A Pleasanton, CA 94588	Aug. 09, 2002 - Feb. 10, 2024

Custodian Organization

Kaiser Permanente Northern California
4460 Hacienda Dr., Bldg. A
Pleasanton, CA 94588

If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called **MachineReadable_XDMFormat**. You might need to enter a password before your doctor can use this file.

State of California—Health and Welfare Agency

NOTICE OF CERTIFICATION

MH 1799 (11/82)

Department of Mental Health

The undersigned agency providing evaluation services in the County of _____ has evaluated the condition of:

Name _____

Address _____

Marital status _____ Date of Birth _____ Sex _____

We, the undersigned, allege that the above-named person is, as a result of a mental disorder or impairment by chronic alcoholism:

[ ] a danger to others.

[X] a danger to himself or herself.

[ ] gravely disabled (as defined in subdivision (h) of subdivision (h) of subdivision (1) of subdivision (h) of section 5008 of the Welfare and Institutions Code).

and that all reasonable alternatives have been considered and found inappropriate.

The specific facts which support the basis for our opinion that the above-named person is a danger to himself or herself or others are as follows:

The above-named person has been informed of the certification review hearing and has been advised of the need for, but has refused, or is willing to accept treatment on a voluntary basis and accordingly is offered the following services:

We therefore certify that the above-named person should receive intensive treatment related to the mental disorder or impairment described above for a period of 14 days beginning this _____ day of _____, 20__, in the intensive treatment facility designated _____

_____

_____

Signature _____

Signature _____

I hereby state that I delivered a copy of this notice this day to the above-named person and that I informed him/her of his/her right to request a certification review hearing. If such a hearing will be held within four days of the date on which he/she is detained for a period of intensive treatment and that an attorney or advocate will visit him or her to provide assistance in preparing for the hearing or to answer questions regarding his or her commitment or to provide other assistance. I have notified of this certification on this day.

Signature _____

CONFIDENTIAL PATIENT INFORMATION

Per Welfare & Institutions Code Section 5328

Name _____

Address _____

Admission Date:	Medications: See Patient Instructions for Medications Post Discharge Form for list of all medications you are to take when you are discharged
Name of Doctor while in hospital:	
Name of Medical Doctor while in hospital:	Discuss all side effects with your health care provider
Name of Social Worker:	Call your primary care doctor or psychiatrist if you experience these side effects
Your County Mental Health:	
You are discharged to the care of:	You Have Pending Lab Results: ☐ Yes ☐ No
Residing at:	If Yes, call (916) ... to obtain your results.
Mode of Transportation:	Diet / Activity
You have the following appointment(s) scheduled:	Additional Resources:
	☐ Referral made on your behalf for telephone counseling through the California Smokers Helpline 1-800-NO-BUTTS
Your appointment will also provide addiction treatment: ☐ Yes ☐ No ☐ NA ☐ Pt Refused addiction treatment	For complete lists of Medicare participating providers & agencies, utilize the websites listed below or call 1-800-MEDICARE (1-800-633-4227):
You plan to begin the HOH Partial Program: Below ☐ Auburn ☐ Roseville ☐ Natomas DATE Please call the number below to confirm start date ☒ 916-460-5101 *You will also receive addiction treatment in the Program ☐ Yes ☐ No ☐ NA ☐ Pt Refused Addiction Treatment	Providers: http://www.medicare.gov/find-a-doctor Home Health: http://medicare.gov/homehealthcompare/Compare Skilled Nursing: http://medicare.gov/NursingHomeCompare
Social Worker Signature Date/Time	These discharge instructions and the current list of medications have been provided and explained to me:
RN Signature Date/Time	Patient/Guardian Signature Date/Time

Heritage Oaks Hospital

Sacramento, California

DISCHARGE INSTRUCTIONS

HORTON, RHONDA

MR 00007743[illegible]

[illegible]

MED: SAC ADULT

Shawn

Name of Medical Doctor while in hospital:
Randhawa.

Name of Social Worker:
Stan

Sacramento County Mental Health:
Sac. County

Patient is discharged to the care of:
Self.

Residing at:
241 Peralta Ave.
Sacramento, CA 95833

The nature of your illness is mood disorder

Without ongoing treatment runs the risk of relapse.

Diagnosis:

You have the following appointment(s) scheduled:
Today are discharged from Heritage oaks Hospital on 02/09/24.
You have fellow-up appointment on Monday @ 9:15 AM with Sac. County for Rhonda at 916-875-5310.

Non-Medicare Rhonda

Medications: See Medication Reconciliation Form for list of all medications you are to take after you are discharged. Discard all old medications and update any records with all medication providers and/or retail pharmacies.
No medications list

Call your primary care doctor or psychiatrist if you experience these side effects:
Call any suicidal thoughts or worsening of depression and Anxiety.

Medical/Lab result follow up:
Routine

Diet: Regular

Activity: As tolerated.

Additional Resources:
Schizoaffective, Bipolar, Meth use disorder, Alcohol use disorder.

For complete lists of Medicare participating providers & agencies, utilize the websites listed below or call 1-800 MEDICARE (1-800-633-4227):
Providers: http://www.medicare.gov/find-a-doctor
Home Health: http://medicare.gov/HomeHealthCompare
Skilled Nursing: http://medicare.gov/NursingHomeCompare

Social Worker Signature: [signature] Date: 02/09/24 Time: 11 Am.

Patient Signature: Mailed. Date: / Time:

These discharge instructions and the current list of medications have been provided and explained to me.

Patient/Guardian Signature: / Date: / Time:

Person may be presumed to be incompetent because he/she has been evaluated or treated for mental disorder or chronic alcoholism, regardless of whether that evaluation or treatment was voluntarily or involuntarily received.

COPY

Heritage Oaks Hospital
Outpatient Program
[illegible] Alta Arden Blvd, Sacramento, CA 95825 (916) 565-3700

DISCHARGE INSTRUCTIONS
(White: Medical Record Yellow: Patient)

PATIENT IDENTIFICATION:
MORTON, RHONDA
MR# 000077432 02/04/1985 38
7013482-0011 01/26/2024
KAISER MCAL
O. ALANI MD PSYCH

HERITAGE OAKS HOSPITAL

Attachment B

TRULINCS 00025510 - ASHCRAFT, AARON - Unit: SHE-E-A

FROM: 00025510
TO: Ashcraft, Dhameon
SUBJECT: Hi Buddy
DATE: 02/09/2024 12:49:54 PM

Hi Buddy,

How are you doing? I couldn't get through to you through the phone is everything ok? I am really worried about you, my letter Imailed you was recently returned too. Please respond back to me as soon as you can. I am going to email your friend Jason as well and see if he can tell me whats going on.

I love you and hope you are doing ok.

TRULINCS 00025510 - ASHCRAFT, AARON - Unit: SHE-E-A

FROM: Ashcraft, Dhameon
TO: 00025510
SUBJECT: RE: Hi Buddy
DATE: 02/09/2024 07:36:06 PM

Hi Dad

I really miss you when are you getting out? I'm sorry I didn't email you back my computer was broke and my phone was broken and I couldn't pay the bill. My friend Jason just fixed it for me last week and today he got the rest of the money you gave me from the atm for me and brought back some groceries. I don't know why the letter didn't come to me. I was worried something happened to yoh.

I haven't been feeling well lately I just had my iv thing at the hospital and it makes me feel super sick. Oh and Jason is typing this for me because it's hard to type. Sometimes it's OK but it keeps getting harder I don't think the medicines is working. I don't know what I'm going to do dad I'm really worried about not being able to pay rent next month. Do you have any money you can send me? When are you going to behome I really miss you and I really need your help I can barely get to the bathroom and my friends aren't stopping by like they used to. I'm really depressed this isn't fair I hate this I can't do anything anymore I will never be ale to get a license or drive your car like you said I could. Can't the prison let you out to help me I thought u said you were going to talk to them. I sent them the paper from the doctor about my condition. Roxy told me awhile ago that the prison wouldn't let you out to help me. How is Roxy I haven't seen her fo awhile, I feel like everyone forgot about me I was worried you di too.

Any way I'm not doing very well I have no TV and my computer was broken for awhile until Jason fixed it, thankfully I can use my other arm for the mouse and play some of the games but it's still hard to type. I'm going to have Jason fix the microphone so I can send you messages from the voice text thing.. The other morning I woke up and I fell on the floor I couldn't feel my leg and then you know that bump on my bone i hit in on the dresser and it was bleeding and made a mess. I was scared and was yelling and the neighbor called 911. The firemen came by and put a bandage on it and they said it didn't need stitches they were really nice.

Now that my computer is fixed I will be able to talk to you. It's scary here at night this really sucks. I hope you come home soon I really need some help and please see what you can do about getting me money I am all out and the food card doesn't work anymore.

I love you dad. Please write me back.

AARON ASHCRAFT on 2/9/2024 4:09:25 PM wrote
Hi Buddy,

How are you doing? I couldn't get through to you through the phone is everything ok? I am really worried about you, my letter Imailed you was recently returned too. Please respond back to me as soon as you can. I am going to email your friend Jason as well and see if he can tell me whats going on.

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TRULINCS 00025510 - ASHCRAFT, AARON - Unit: SHE-E-A

FROM: 00025510
TO: Ashcraft, Dhameon
SUBJECT: RE: RE: Hi Buddy
DATE: 02/10/2024 06:35:08 AM

Hi Deedles,

I miss you tremendously, I have been so worried about you. I was afraid something had happened when the letter I sent you was returned. I don't have any way to call you unless you can give me Jason's phone number and let me know when he will be over there next. I gave you all the money I had left, I don't know what to do, I am very sorry buddy. I will try to think of something, maybe Jason can sell something from the storage unit. Please let me know his email so I can contact him about it.

I am so sorry about all of this son. I love you. I can't believe you are going through this, it really is unfair and I wish I could be there with you to help you through this. How long have you been doing the IV's now?

Did you know that my moms dad had Multiple Sclerosis too? I helped my Grandmother, your Great Grandmother, take care of him, I don't even remember your Great Grandfather ever walking, he would just yell at Grandma all the time. Do you remember meeting your Great Grandmother? She was just a little Italian woman but she could haul your Great Grandfather out of bed with ease. She was an amazing woman.

To answer your question about being released I am still trying to deal with the court about the situation. Roxy probably told you they denied it but she was talking about the Bureau of Prisons. I had to request a release through them before I could bring it before the court. I filed the motion in late November and I don't know what has happened yet. The prosecutor had recommended the court deny my release, citing I didn't have evidence of your medical condition and no evidence that anyone in the family can take care of you. I just sent a memorandum to the court that will hopefully suffice, I wrote them a letter and included some paperwork showing Roxy had been declared gravely disabled. I wish she could help but she is really sick mentally, when I surrendered she went completely down hill and drank herself to the point of major health issues and ended up in the mental hospital. I never got the paperwork I asked you to send me about your medical condition and you weren't supposed to mail it to the court you were supposed to email it to that attorneys email I had given you. I need that paperwork more than anything, it proves that you were diagnosed with MS. I will have one of Roxy's kids contact him and if you can give me his email I will contact him and let him know to help you with that ASAP.

Jason is a good friend to you, I am glad you have a friend like that. I really need to talk to him though because i need to get the paperwork to the court before they make judgement on my release.

I am very sorry about all of this, I really messed up and its hurt more than me, its hurt you, Roxy has spiraled down, everything has fallen apart. I worry about you every day and it is harder than anything. We were on lockdown for almost 2 months with no phone or email, nothing and it made it impossible to contact you or anyone to help me with getting the paperwork I need for the case. The inmates here are rather immature and can't seem to stop messing it up for the people that are trying to do their time and atoll for their poor choices.

Again, please get me Jason's email, it is super important... When is he supposed to stop by next? If you know his email or phone number please email it back to me ASAP.

If I don't get this release I am very very worried about what will happen to you, especially now that I will be here longer... The court reduced my sentence from 41 months to 33 months but the RDAP program I came to this prison for to help reduce my sentence further was suspended. If they bring it back and with my good time credits and FSA I could be out of here by August of this year but if not I will be here until February of 2025... If my calculations are correct, its super confusing.

I miss you and love you so much deedles. I'm sorry you are going through this and I promise when I get out I will do everything in my power to allow you to live as normal a life as possible. I can't contact your doctor and nobody will help and it is so aggravating and depressing. You are a tough young man, please hold on buddy. I am trying my best. I haven't done any drugs and I am back to myself and have really made some important changes in myself. I don't want to use too much of my email credits so I will email you later.

I love you buddy!!!
You are a dork :) JK I love you... Dork
----Ashcraft, Dhameon on 2/9/2024 7:36 PM wrote:

TRULINCS 00025510 - ASHCRAFT, AARON - Unit: SHE-E-A

>

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