Results

ORDER TRANSESOPHAGEAL ECHOCARDIOGRAM (Order# 41745072)

Collection Information	**Collection Date**	**Collection Time**	**Resulting Agency**
	4/22/2005	4:00 PM	APOLLO

Lab and Collection ORDER TRANSESOPHAGEAL ECHOCARDIOGRAM (Order#41745072) on 4/22/05 - Lab and Collection Information

Result History ORDER TRANSESOPHAGEAL ECHOCARDIOGRAM (Order#41745072) on 4/22/05 - Order Result History Report

Transcription

Type	ID	Date and Time	Author
TEE Report	APL41745072	4/22/2005 4:00 PM	

Document Text

BAXTER, TED
SSN: 084- Age: 41 DOB: 11/ Gender: Male
Procedure Date: 4/22/2005 Order #: E41745072
Interpreting MD: Hamilton, Andrew MD Referring MD: Pema, Mehul MD

Indications (ICD9):

CVA (436.0)

Procedures (CPT):

Transesophageal Echo TEE, Doppler echo,
Color flow echo(93312 ,93320,93325)

Baseline Information

Height: 177.8cm
Weight: 81.64kg
Scheduling Type: Elective
Patient Type: Inpatient 2314-1
Previous Study: No

Quality of study: good
The risks and benefits are discussed and informed consent is obtained.
Conscious Sedation: Benzocaine spray is administered to the oropharynx.
Midazolam Hydrochloride Dose:4 mg

Doppler

L to R flow across IAS through a PFO by color flow Doppler, No MR no AR.

Chambers

No regional wall motion abnormalities were identified.

Left Ventricle: The left ventricular size structure and function is normal.
Right Ventricle: The right ventricular size structure and function is normal.
Left Atrium: The left atrial size and structure is normal. No thrombi or masses were identified in the left atrium.
Right Atrium: The right atrial size and structure is normal. No thrombi or masses were identified in the right atrium.
Aorta: The ascending aortic arch and descending thoracic aorta are normal in size and structure. No significant atherosclerosis was detected.

Pericardium: There is no pericardial effusion or pericardial abnormality demonstrated.
Interatrial Septum: An aneurysmal interatrial septum is identified. The interatrial septal excursion is 1.6 cm.
A patent foramen ovale is identified by color flow Doppler examination. Left to right color flow was seen across the interatrial septum.
The PFO is 0.6 cm in diameter when unroofed

Pulmonary Veins: All four pulmonary veins were identified and no abnormalities were detected.
Bubble Study: Following intravenous injection of agitated saline, bubbles were seen in the right atrium. Bubbles were then immediately visualized in the left atrium without valsalva.

LA Appendage: The left atrial appendage is clear of thrombus and structurally normal. Left atrial appendage velocities are greater than 50 cm/sec.

Valves
Aortic Valve: The aortic valve is trileaflet and opens normally. No vegetations or masses were identified.
Mitral Valve: The mitral valve is structurally normal.
Tricuspid Valve: The tricuspid valve is structurally normal.
Pulmonic Valve: The pulmonic valve is structurally normal.

Complications:
There are no complications.

Conclusions
An aneurysmal interatrial septum is identified. The interatrial septal excursion is 1.6 cm.
A patent foramen ovale is identified by color flow Doppler examination. Left to right color flow was seen across the interatrial septum.
The PFO is 0.6 cm in diameter when unroofed.

Positive bubble study.

Final report electronically signed by hamiltoa

Display document APL41745072 only

MyChart Status: This order is automatically blocked in MyChart.

Order

ORDER TRANSESOPHAGEAL ECHOCARDIOGRAM [93312.01] (Order# 41745072)

Order Information	**Order Date** 4/22/2005	**Ordering User** Mehul Pema	**Department** Ev 5 North Searle
Result Information	**Result Date** 4/22/2005	**Status** Edited	**Provider Status** Ordered
Start Date/Time	**Start Date** 04/22/05	**Start Time** 1015	
Provider Information	**Ordering User** Mehul Pema	**Ordering Provider** Mehul Pema	**Authorizing Provider** Mehul Pema

Results History

MRI BRAIN W & W/O CONTRAST (Order# 41727711)

	Entry Date and Time	Lab Status
Entry Information	4/23/2005 10:50 AM	Final result

Component Results

Text:

MRI OF THE BRAIN WITHOUT AND WITH CONTRAST; MRA OF THE BRAIN WITHOUT CONTRAST - 04/21/05

COMPARISON: CT scan of the head from 4/21/05.

INDICATIONS: Patient is a 41-year-old male with mental status changes, stroke symptoms, speech difficulty, and aphasia.

TECHNIQUE: Sagittal T1, axial T1, T2, FLAIR, diffusion-weighted and ADC mapping and post-gadolinium enhanced axial and coronal T1-weighted images were acquired through the brain. 3-D time-of-flight MRA imaging and multiple three-dimensional reformatted images were also performed.

FINDINGS: There is abnormal signal hyperintensity in the left caudate head and body and insular region seen best on DWI and also present on FLAIR. This corresponds to regions of low signal on the ADC mapping. Findings are compatible with acute infarction in these areas. There is questionable involvement of other basal ganglia areas. Following intravenous Gadolinium, there is a slow flow pattern of enhancement in left middle cerebral artery branches in the sylvian fissure; there is also some increased signal on FLAIR in these arteries.

No other parenchymal abnormality. No extra-axial collection, midline shift or hydrocephalus. No focal areas of abnormal parenchymal enhancement are identified. No mass lesion.

There are regions of mucosal thickening within the paranasal sinuses. The mastoid air cells are clear. Sagittal images demonstrate normal location and morphology of the cerebellar tonsils. The sella region is unremarkable. The craniovertebral junction is unremarkable.

MRA: There is a focal loss of signal within the distal left M-1 segment of the middle and multiple branches of the left middle cerebral artery about the sylvian fissure. Flow is seen in two distal branches. The MRA examination is limited by motion artifact. No additional regions of focal stenosis or aneurysmal dilatation are seen within the internal carotids, anterior and right middle cerebral arteries. The verteprobasilar system and posterior cerebral artories demonstrate no focal stenosis or aneurysm. There are bilateral posterior communicating arteries seen.

IMPRESSION:
1. Focal regions of restricted diffusion in the left caudate and insular region, compatible with acute infarction. There is corresponding slow vascular flow on the post-contrast images and MRA demonstrates focal signal loss of the distal M-1 segment and multiple left MCA branches about the sylvian fissure consistent with occlusion/slow flow; some flow is seen in two distal branches. Findings were discussed with Dr. Jennifer Stern (Neurology resident) at about 9:00 a.m. on 4/22/05. Follow-up imaging recommended as clinically warranted.
2. Paranasal inflammatory changes; no air fluid level.

	Entry Date and Time	Lab Status
Entry Information	4/22/2005 12:51 PM	Preliminary result

Component Results

Text:

MRI OF THE BRAIN WITHOUT AND WITH CONTRAST; MRA OF THE BRAIN WITHOUT CONTRAST - 04/21/05

COMPARISON: CT scan of the head from 4/21/05.

INDICATIONS: Patient is a 41-year-old male with mental status changes, stroke symptoms, speech difficulty, and aphasia.

TECHNIQUE: Sagittal T1, axial T1, T2, FLAIR, diffusion-weighted and ADC mapping and post-gadolinium enhanced axial and coronal T1-weighted images were acquired through the brain. 3-D time-of-flight MRA imaging and multiple three-dimensional reformatted images were also performed.

FINDINGS: There is abnormal signal hyperintensity in the caudate head and body and insular region on the FLAIR and diffusion-weighted images. This corresponds to regions of low signal on the ADC mapping. Findings are compatible with restricted diffusion in these areas.

The ventricles and cortical sulci are normal. No midline shift or mass effect is seen. No extra-axial collections are identified.

On the FLAIR images, multiple vessels are seen about the sylvian fissure region. On the post-contrast images, there is an abnormally increased number of vessels seen in the left sylvian fissure region, compatible with a slow vascular flow. No focal areas of abnormal parenchymal enhancement are identified.

There are regions of mucosal thickening within the paranasal sinuses. The mastoid air cells are clear. Sagittal images demonstrate normal location and morphology of the cerebellar tonsils. The sella region is unremarkable. The craniovertebral junction is unremarkable.

MRA: There is a focal loss of signal within the distal left M-1 segment of the middle and multiple branches of the left middle cerebral artery about the sylvian fissure. Flow is seen in two distal branches. The MRA examination is limited by motion artifact. No additional regions of focal stenosis or aneurysmal dilatation are seen within the internal carotids, anterior and right middle cerebral arteries. The vertebrobasilar system and posterior cerebral arteries demonstrate no focal stenosis or aneurysm. There are bilateral posterior communicating arteries seen.

IMPRESSION:
1. Focal regions of restricted diffusion in the left caudate and insular region, compatible with acute ischemia. There is corresponding slow vascular flow on the post-contrast images and MRA demonstrates focal signal loss of the distal M-1 segment and multiple left MCA branches about the sylvian fissure.
2. Findings were discussed with Dr. Jennifer Stern (Neurology resident) at 9:00 a.m. on 4/22/05.
3. Chronic paranasal sinus disease.

Entry Information	**Entry Date and Time**	**Lab Status**
	4/21/2005 11:01 PM	In process

Entry Information	**Entry Date and Time**	**Lab Status**
	4/21/2005 11:01 PM	In process

Entry Information	**Entry Date and Time**
	4/21/2005 10:01 PM

Baxter,Ted	MRN	Sex	DOB	AGE	SSN
	014701940	Male	11	41	084-

Katznelson,Ian Physician 04/22/2005 1422

Neurology Attending:
Please also see Dr. Stern's note for details, but with the following changes. Mr. Baxter had acute onset of aphasia yesterday evening while watching TV associated with mild weakness of the R arm. Through the evening, his speech did not change, but through the night his right side has become progressively weaker and nearly completely plegic. This has not changed appreciably between 7 AM and 12 PM, when I saw him. He currently is sleepier than he was yesterday evening. The MRI from last night was consistent with a left subinsular diffusion positivity and caudate diffusion positivity. the CT had a subtle left MCA sign--the MRA showed probable narrowing in the L MCA. He has no significant medical history other than varicose veins, but did return from a long trip from London yesterday evening.
On exam
BP 110/56 | Pulse 59 | Temp 98.1 | Resp 20 | Ht 5' 9" (1.75m) | Wt 180 lbs (81.6kg)
(SBP has not dropped below 100 since being sent to floor)
HEENT: nc/at
neck: no bruits, soft supple
cor: RRR
neuro:
MS:sleepy, opens eyes to voice, but is mute and has difficulty following even midline commands.
CN: no clear gaze preference. Pupils are 2 mm and reactive. No clear visual field cut, ? mild facial asymmetry. Does not protrude tongue, cannot look at palate.
motor/sensory: right arm and leg densley plegic; appears to grimace to stim of right arm and leg; left arm and leg appear strong--can hold L arm up without drift and there is no clear drift of left leg-- manual muscle testing is not possible
ref: relatively hyporeflexic in R arm and leg--normoactive in L arm and leg. R toe upgoing. L toe equivocal
cereb/gait: deferred.

data: MRI and CT scan reviewed--MR with diffusion weighted change as noted above--CT with subtle "L MCA sign"

IMP: acute L subinsular infarction; L MCA territory--he is rather young and will thus need a comprehensive stroke w/u--because of his somnolence, though we must check a hCT now as edema (though it might be a bit early) is certainly a concern
PLAN:
1) hCT now--if any significant shift/edema seen, will need transfer to ICU setting
2) given no focal neurologic change in last several hours, would not recommend stroke prophylaxis beyond ASA 325 qd for now
3) must remain on tele to try to pick up afib
4) needs TEE with bubble study looking for a pfo
5) agree with venous dopplers (also was complaining of leg pain--could have DVT given plane trip)
6) check lipids, HbA1c, homocysteine and hypercoag w/u, including, atIII, protein c/s levels, factor V leiden, lupus anticoagulant.
7) would also check ESR.
8) he will need frequent and careful neuro checks. As of now BP would not seem an issue as it is stable. Would keep him well hydrated with NS as much as possible and the head of bed flat. He will need appropriate DVT prophylaxis if dopplers fail to reveal one.

I also spoke with Dr. Sullivan, an internist at NMH who knows the family and discussed the above with him.

Katznelson, pager 2104

7/27/2005

Baxter,Ted	MRN	Sex	DOB	AGE	SSN
	014701940	Male	11/	41	084-

Taber,Jesse Physician 04/22/2005 1014

Associated Order: ORDER EEG [41732211] ordered by KUMAR, NAVIN at 04/22/2005 2:23 AM

EVANSTON NORTHWESTERN HEALTHCARE
CLINICAL NEUROPHYSIOLOGY LABORATORY

EEG

Patient Name: Ted Baxter
Order #: 41732211
Test #: E05-649
Social Security Number: 084-50-3725
Date of Birth: 11/17/1963
Referring Physician: Dr.Kumar
Neurophysiologist: Dr.Taber
Date of Service: 4/22/2005
ICD9: 780.02

Room/Bed: EV CCC: 2314-01

Clinical Information: 41 y/o male with episode of staring , lt hand twitching,speech arrest, while watching TV with Wife

Medications:

Hospital prescriptions as of 4/22/05:

Aspirin Enteric-Coated TBEC 325 mg (ASPIRIN)	325 mg	Oral	CC BREAKFAST	KUMAR, NAVIN
Pantoprazole 40 mg (PROTONIX)	40 mg	Intravenous	AC BREAKFAST	KUMAR, NAVIN

CONDITIONS OF RECORDING: A 17 channel Bio-Logic digital electroencephalogram with EKG monitor was obtained. The 10-20 Measuring system was utilized prior to application of 21 scalp electrodes. Longitudinal and coronal bipolar montages and ear reference montages were used with usual gain and filter settings.

FINDINGS:
The background rhythm in the waking record consists of moderately well organized and moderately well developed waves of 9.5 - 10.5 Hz, moderate to markedly depressed on the left. Intermixed were many slow transients and 2 - 3 Hz waves on the left temporal area, at times seen on the left frontal area. Photic stimulation produced not driving. Hyperventilation could not be performed. Drowsiness and sleep were achieved naturally and showed that spindle and vertex activity was depressed on the left.

IMPRESSION: This record shows a moderate to marked slow wave abnormality in the left temporal area, extending into the left frontal area and throughout the left hemisphere. No epileptiform activity was seen in the sleep or waking record.

COMMENTS: The slowing noted above suggests a destructive or space occupying lesion in the left hemisphere.

Neurophysiologist: Jesse Taber, M.D.
Department of Neurology

7/27/2005

Prepped by:
Merlene James

230605-0981-00

To: Robert Goodalls.

From: Kelly Baxter

4 pages total

Robert,

Please call me with any question.

Thanks

Kelly Baxter

cell 201-394-5385

POWER OF ATTORNEY

Including Power to make Charitable and Other Gifts

Know All Men By These Presents:

that I, Ted W. Baxter, residing at Palace Gin #202, 4-22-3 Jingumae in Tokyo, Japan, do hereby constitute and appoint my wife, Kelly S. Baxter, residing at Palace Gin #202, 4-22-3 Jingumae in Tokyo, Japan, my true and lawful Attorney-in-Fact, for me and in my name, place and stead, to make, sign, seal, endorse, accept, execute, acknowledge and deliver any and all contracts, agreements, specialties, acquittances, assignments, leases, transfers, deeds, instruments of conveyance, mortgages, bonds, notes, checks, drafts, bills of exchange, orders for the payment of money and other instruments and obligations of every kind, whether of a similar or a different nature; and generally to do all things which in the judgment of said Attorney are necessary or advisable to be done for me or on my behalf, either within the State of New York or elsewhere in the world, in connection with my affairs and business or in connection with my property as hereinafter defined; and in particular, without in any way limiting the broad and general powers which it is my intention to confer upon said Attorney, on my behalf and for my account, and either in my name or otherwise:

(1) to receive all dividends and interest which may be or become payable on any shares of stock, bonds, notes or other securities as hereinafter defined;

(2) to buy and sell stocks, bonds and other securities and commodities and other property through any firm or firms of brokers or otherwise, and to pay customary brokerage and other commissions and expenses in connection therewith;

(3) to vote as my proxy at any meeting of a corporation, association or other entity, or of securityholders of a corporation, association or other entity, in respect of any stock or other securities held by me and for that purpose to sign any proxy or other instrument;

(4) to commence and carry on, or to defend, all actions, suits or other proceedings which affect or may affect anything in which I or my property may be in any wise concerned, and to settle or discontinue the same;

(5) to demand, sue for, enforce payment of and receive and give discharges for all moneys, debts, rents and other claims of every kind belonging to me;

(6) to settle, compromise or submit to arbitration all accounts, claims and disputes between me and any other person as hereinafter defined;

(7) to deposit all income and other moneys becoming payable to me or realized from my property with any bank, trust company, partnership or other person, as said Attorney may deem advisable, and to withdraw, by check or otherwise, and invest the same in such investments, or to use the same for such other purposes, as said Attorney may deem advisable;

(8) to make such arrangements for the custody or safekeeping of any or all of my property as said Attorney may deem advisable, and from time to time to change or terminate any arrangements for such custody or safekeeping which have heretofore been or may hereafter be made;

(9) to consent to and participate in any reorganization, liquidation, merger, consolidation or readjustment of any corporation, association or other entity the stocks or other securities of which I may hold, and in connection therewith to exchange such securities for new securities and to make such payments or other commitments as said Attorney may deem advisable;

(10) to pay, out of my funds, any and all debts, taxes, expenses and amounts now or hereafter owing, or believed by said Attorney to be owing, by me to any person;

(11) to borrow money in such amounts as said Attorney may deem advisable, and to execute therefor notes, bonds or other obligations on such terms as said Attorney may deem advisable;

(12) to give security for any money so borrowed by the mortgage or pledge of any of my property and to execute, acknowledge and deliver such instruments as said Attorney may deem appropriate to make such mortgage or pledge effective;

(13) to sell, convey, exchange or otherwise dispose of any or all of my real estate, leases, leaseholds or other property partaking of the nature of real estate, for such prices and upon such terms and conditions, and either with or without covenants and restrictions and either at private or public sale, all as said Attorney may deem advisable, and to sign, seal, execute, acknowledge and deliver contracts of sale or exchange, assignments and deeds or other instruments of conveyance, and to mortgage, develop, alter, repair, improve, insure, let or lease, manage and otherwise deal with any of such real estate or other property and each and every part thereof, in such manner and to such extent and for such length of time and upon such terms and conditions as said Attorney may deem advisable;

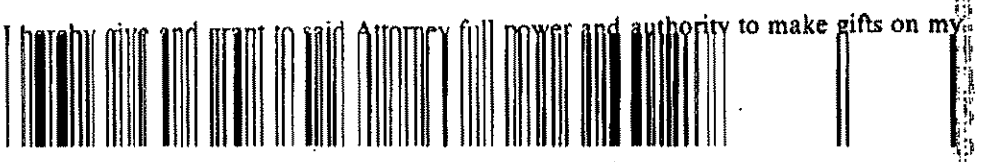
(14) to make, execute and file any and all declarations, returns, waivers, consents, and other instruments or forms relating to Federal, State, municipal and other taxes or assessments, including income, property, excise and other taxes of whatever nature and whether imposed by any domestic or by any foreign authority, and in connection with any such taxes or assessments due or claimed or believed to be due from me or in respect of any property or rights which I may own or in which I may have any interest, to appear and represent me before the United States Treasury Department, or the Internal Revenue Service, or any representatives thereof, or the State Tax Commission of New York or any other governmental or municipal body or authority of whatever nature, domestic or foreign, or any representatives of any thereof, and to conduct and transact any case, claim or matter whatsoever before said Department, Service, Commission or other body or authority or the representatives of any thereof in respect of any and all things pertaining to any such taxes or assessments, and in connection therewith to exercise all such rights and privileges, and to have such access to all records and papers, as I might exercise or have;

(15) to have access to any and all safe deposit boxes or vaults held by me or in my name and to withdraw the contents thereof;

(16) on such terms as said Attorney may deem advisable, to appoint agents or hire employees or retain legal counsel or other advisers for the purpose of carrying out any action authorized by this instrument and to revoke any such appointment or hiring or retainer; and

(17) to execute in my name all instruments of any kind which said Attorney may deem advisable or convenient for the exercise of any of the powers conferred by this instrument.

Wherever used in this instrument, the term "securities" shall mean and include bonds, notes, debentures, mortgages, obligations, warrants and stocks of any kind or class, and such other evidences of indebtedness and certificates of interest as are usually referred to by the term "securities"; the term "property" shall mean and include real, personal and mixed property of every kind and wherever situate (including, without limiting the generality of the foregoing, securities as above defined) and shall include every kind of right, title and interest, legal or equitable and whether beneficial or otherwise, in or to any of the foregoing; and the term "person" shall mean and include any individual, corporation, association, partnership, government, bureau, agency or other entity, whether domestic or foreign, of any kind and whether acting on his, her or its own or in any fiduciary or other capacity or interest.



I hereby give and grant to said Attorney full power and authority to make gifts on my

PREPPED
BY
HAYDOCK HARRIS

NO. 173864L-01
CTL.

EMSI
(888)296-1891

RECORDS REQUEST

PO BOX 494
TEAM: 4533
OMAHA NE 68101-0494

PLEASE RETURN THIS FORM
WITH COPIES OF RECORDS

NAME: TED BAXTER

ADDRESS: IL

D.O.B.: 11/17/1963

S.S. NO.: 084-50-3725

FACILITY: JENNIFER STERN MD
ADDRESS: 2650 RIDGE
EVANSTON, IL 60201
PHONE NO: 847/570-2000

DESK: 4 TEAM: 4533

DATE: 7/22/2005

CO. NAME: SUN LIFE ASSUR CO OF CAN 4426
ACCT. NO.: 4426
CASE NO.: 067534

9902 MK

REQUESTER: GOODALL

U/W TEAM:

xxxxPLEASE RETURN THIS COVERSHEET WITH RECORDSxxxx

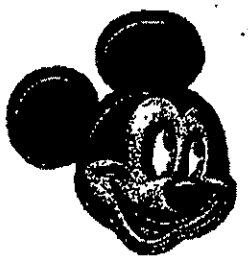
x SPECIAL INSTRUCTIONS:

ALL TX NOTES,CONSULTATIONS,LAB/TEST RESU
LTS 2005-CURRENT

*****REQUEST FOR MEDICAL RECORD COPIES*****

TEAM: 4533
DESK: 04

DATE: 7.25.05



1 pgs

FROM: Ashley Wilson
EXTENSION: 3286

P.O. Box 494
Omaha, NE 68101-0494
1-888-296-1891

phone #: Ashley Wilson ext 3286

CLAIM PENDING-PLEASE RUSH!

PATIENT NAME: Ted Baxter EMSI # 173864 L

SOCIAL SECURITY NUMBER: 084 PATIENT DATE OF BIRTH 11-17-63

MEDICAL FACILITY: Stern MD ATTENTION: NR

INSURANCE COMPANY: Sun Life

PLEASE SEND THE FOLLOWING:

☐ HOSPITALS: PLEASE INCLUDE ADMIT FACE SHEETS, DISCHARGE SUMMARIES, H&P, CONSULTS, ER AND OUTPATIENT RECORDS FOR _____

☑ DOCTOR'S OFFICE: PLEASE INCLUDE OFFICE NOTES, TYPED REPORTS FOR 1-04-present

☐ PHARMACIES: PLEASE SEND A PROFILE FOR THE FOLLOWING DATES: _____

PLEASE INCLUDE: (IF CHECKED) ☒ LAB REPORTS ☒ X-RAY REPORTS ☐ EKG REPORTS

☐ ADMIT/DISCHARGE SUMMARIES ☐ H&P ☐ SIGNATURE ON FILE (IF NO SIGNATURE ON FILE, CALL EMSI ASAP!)

PLEASE PAY SPECIAL ATTENTION TO: tx hts, consults.

Please fax invoice to my attn to 888-235-5095.

TO EXPEDITE HANDLING, PLEASE FAX RECORDS TO: 1-800-723-8564

**RECORDS ARE NEEDED WITHIN ONE WEEK OF RECEIVING THIS REQUEST
**IF FEE EXCEEDS $50, PLEASE CALL FOR APPROVAL

CHART ONE

JUL 27 2005

101463

RC

EVANSTON NORTHWESTERN HEALTHCARE

Consult Notes

Author	Service	Author Type	Filed
STERN, JENNIFER	(none)	Resident	04/22/2005 0036

Neurology- 41M PMH only of varicolse veins. At 830PM tonight, while watching TV, his wife asked him a question and realized that he was not answering her- instead, he looked at her, blinked repeatedly, was non-verbal, and did not respond to her questions. His wife also noticed that he was drooling. He repeatedly clenched and unclenched his L fist and leaned to his R side but moved both sides spontaneously. Later in the ER, wife noted that he answered "yes" and "no" to questions. Previous Medical History: None on file Varicose veins No Known Allergies. Meds- MVI SH- no tobacco, no illicits; ETOH- 15 drinks per week FH- F-PD; M- "on coumadin for varicose veins" - (DVT?) General ROS- (-) for fevers, URI sx, CP, SOB, abdominal pain Exam Blood pressure 112/58, pulse 73, temperature 96.8, resp. rate 20. RRR no bruits Awake, alert; follows only simple midline commands; answers "yes" to questions, even when inappropriate PERRL; EOMI; responds to threat on both sides; no droop Motor- L arm- no drift at 10 seconds; R arm- very slight drift at 10 seconds Sens- w/d to pain all 4 extremities Refl- 2/4 throughout; toes equivical Coord- could not assess Gait- deferred CBC: WBC 4.9 04/21/2005 RBC 4.01 04/21/2005 HGB 12.8 04/21/2005 HCT 37.0 04/21/2005 PLT 137 04/21/2005 BMG: GLU 127 04/21/2005 NA 135 04/21/2005 K 3.6 04/21/2005 CL 106 04/21/2005 CO2 24 04/21/2005 BUN 14 04/21/2005 CREAT 1.1 04/21/2005 CA 8.2 04/21/2005 PT 11.6 04/21/2005 INR 1.1 04/21/2005 CT-scan of the brain No acute intracranial abnormality by noncontrast CT CT-scan of the chest 1. No pulmonary embolism is identified. 2. Mild dependent atelectasis. MRI examination of the brain 1. No evidence of acute stroke 2. Some images are degraded by patient motion. A/P- 41M c global aphasia. This is less likely to be due to stroke for several reasons: (1) BP was 70/40 at admit- pts c strokes are usually hypertensive; (2) he is globally aphasic but does not have any other signs of MCA infarct (drift of R arm is extremely mild) - this is atypical presentation and does not make sense for a stroke; (3) DWI was (-) for stroke. Given this, would NOT TPA. The risks of TPA clearly outweigh the benefits as this was probably not a stroke, and the risk of TPA is over 6% for ICH. Stroke is low but present in the ddx. Could also be a seizure c post-ictal Todds. WOULD- -Admit to telemetry bed -repeat CT head or MRI head in the AM -Check TTE, cholesterol panel, homocysteine, HbA1c -Start ASA 325 -EEG in the AM -Check LE dopplers -Discussed this case at length with Dr Homer

Author	Service	Author Type	Filed
KATZNELSON, IAN	(none)	Physician	04/22/2005 1422

Neurology Attending: Please also see Dr. Stern's note for details, but with the following changes. Mr. Baxter had acute onset of aphasia yesterday evening while watching TV associated with mild weakness of the R arm. Through the evening, his speech did not change, but through the night his right side has become progressively weaker and nearly completely plegic. This has not changed appreciably between 7 AM and 12 PM, when I saw him. He currently is sleepier than he was yesterday evening. The MRI from last night was consistent with a left subinsular diffusion positivity and caudate diffusion positivity. the CT had a subtle left MCA sign--the MRA showed probable narrowing in the L MCA. He has no significant medical history other than varicose veins, but did return from a long trip from London yesterday evening. On exam BP 110/56 | Pulse 59 | Temp 98.1 |

Resp 20 | Ht 5' 9" (1.75m) | Wt 180 lbs (81.6kg) (SBP has not dropped below 100 since being sent to floor) HEENT: nc/at neck: no bruits, soft supple cor: RRR neuro: MS:sleepy, opens eyes to voice, but is mute and has difficulty following even midline commands. CN: no clear gaze preference. Pupils are 2 mm and reactive. No clear visual field cut, ? mild facial asymmetry. Does not protrude tongue, cannot look at palate. motor/sensory: right arm and leg densley plegic; appears to grimace to stim of right arm and leg; left arm and leg appear strong--can hold L arm up without drift and there is no clear drift of left leg--manual muscle testing is not possible ref: relatively hyporeflexic in R arm and leg--normoactive in L arm and leg. R toe upgoing. L toe equivocal cereb/gait: deferred. data: MRI and CT scan reviewed--MR with diffusion weighted change as noted above--CT with subtle "L MCA sign" IMP: acute L subinsular infarction; L MCA territory--he is rather young and will thus need a comprehensive stroke w/u--because of his somnolence, though we must check a hCT now as edema (though it might be a bit early) is certainly a concern PLAN: 1) hCT now--if any significant shift/edema seen, will need transfer to ICU setting 2) given no focal neurologic change in last several hours, would not recommend stroke prophylaxis beyond ASA 325 qd for now 3) must remain on tele to try to pick up afib 4) needs TEE with bubble study looking for a pfo 5) agree with venous dopplers (also was complaining of leg pain--could have DVT given plane trip) 6) check lipids, HbA1c, homocysteine and hypercoag w/u, including, atIII, protein c/s levels, factor V leiden, lupus anticoagulant. 7) would also check ESR. 8) he will need frequent and careful neuro checks. As of now BP would not seem an issue as it is stable. Would keep him well hydrated with NS as much as possible and the head of bed flat. He will need appropriate DVT prophylaxis if dopplers fail to reveal one. I also spoke with Dr. Sullivan, an internist at NMH who knows the family and discussed the above with him. Katznelson, pager 2104

Author	Service	Author Type	Filed
HAMILTON, ANDREW J.	(none)	Physician	04/22/2005 1702

Status
Revised

Related Notes
Addendum by : HAMILTON, ANDREW J. at 04/22/2005 1703

CARDIOLOGY NOTE: Andrew Hamilton, M.D. PhD. 4/22/2005 4:45 PM. Thank you for asking me to see Ted Baxter, a 41YO male, referred for evaluation of PFO and CVA. Hx noted, Hx as per nuerology 41M PMH only of varicolse veins. At 830PM tonight, while watching TV, his wife asked him a question and realized that he was not answering her- instead, he looked at her, blinked repeatedly, was non-verbal, and did not respond to her questions. His wife also noticed that he was drooling. He repeatedly clenched and unclenched his L fist and leaned to his R side but moved both sides spontaneously. Later in the ER, wife noted that he answered "yes" and "no" to questions. Mr. Baxter had acute onset of aphasia yesterday evening while watching TV associated with mild weakness of the R arm. Through the evening, his speech did not change, but through the night his right side has become progressively weaker and nearly completely plegic. This has not changed appreciably between 7 AM and 12 PM, when I saw him. He currently is sleepier than he was yesterday evening. The MRI from last night was consistent with a left subinsular diffusion positivity and caudate diffusion positivity. the CT had a subtle left MCA sign--the MRA showed probable narrowing in the L MCA. He has no significant medical history other than varicose veins, but did return from a long trip from London yesterday evening. TTE today shows IAS aneurysm with PFO, TEE demonstratres mobile IAS with aneurysm formation, excursion > 1.5 cm, PFO seen.- good lip on the PFo with measured size of 0.6 cm HISTORY OF

PRESENTING COMPLAINT: Patient Active Problem List: EXPRESSIVE LANGUAGE DISORDER[315.31] Date Noted: 04/22/2005 RESULT REVIEW: EKG: SR Cardiac markers: TROP 0.01 04/22/2005 TROP <0.01 04/21/2005 MYO 19 04/22/2005 MYO 22 04/21/2005 No results found for this basename: BNP BMG: GLU 142 04/22/2005 NA 136 04/22/2005 K 3.8 04/22/2005 CL 108 04/22/2005 CO2 21 04/22/2005 BUN 11 04/22/2005 CREAT 0.9 04/22/2005 CA 9.2 04/22/2005 CBC: WBC 8.2 04/22/2005 RBC 4.54 04/22/2005 HGB 14.4 04/22/2005 HCT 41.8 04/22/2005 PLT 151 04/22/2005 LDL 115 04/22/2005 HDL 50 04/22/2005 Previous Medical History: None on file There is no previous surgical history on file. Current hospital prescriptions: Aspirin Enteric-Coated TBEC 325 mg (ASPIRIN) 325 mg Oral CC BREAKFAST KUMAR, NAVIN Pantoprazole 40 mg (PROTONIX) 40 mg Intravenous AC BREAKFAST KUMAR, NAVIN No Known Allergies. adverse drug reactions Social History Marital Status: Married Spouse Name: N/A Years of Education: N/A Number of Children: N/A Occupational History None on file Social History Main Topics Tobacco Use: Not on file Alcohol Use: Not on file Drug Use: Not on file Sexually Active: Not on file Other Topics Concern Social History Narrative None on file RISK FACTORS: Family History:n Hypertension:n Smoking:n Diabetes:n Chol:n REVIEW OF SYSTEMS: CONSTITUTIONAL: negative EYES: negative ENT: negative . GI: negative GU: negative MUSCULO-SKELETAL: negative SKIN: negative ENDOCRINE: negative HEMATOLOGIC: negative NEUROLOGIC: expressive apshasia PSYCHIATRIC: negative EXAMINATION: Blood pressure 110/54, pulse 63, temperature 99.7, resp. rate 19, height 5' 9" (1.75 m), weight 180 lbs (81.6 kg). Chest - lungs clear, BS vesicular L = R, PN normal, good expansion, nil focal, no crackles bibasally. Cardiovascular - HS dual + nil, no radio-radial or radiofemoral delay, JVPNR, Apex 5th ICSMCL, no thrills or heaves, carotids normal, , no sacral edema. No anemia, no jaundice, no cyanosis. HEENT - mucous membranes moist, conjunctiva normal, sclera normal peeria, no xanthelasma, normocephalic, facies normal. ABD - soft non tender no massses or organomegaly. PERIPHERY - creases normal, no clubbing, no cyanosis, peripheral pulses normal, no SOA ASSESSMENT/ RECOMMENDATIONS: 1. there is evidence that PFO closure in the presence of aneurysmal IAS and CVA offer benefit however not acutely due to the risk of manipulating any remaining clot in the PFo tunnel. The best timing may be in 1 week or 2. Atrial fibrillation unlikely - tele 2. in the absence of DVT PLAvix and aspirin may offer the best protection in the meantime for re- event and preparation for closure device. However consultation with neuology is sought as to their oprinon on the plavix. I have asked Dr feldman to review to give more [illegible] Andrew Hamilton MD, PhD Office Ph 847 570 2250 Pager 2454

Author	Service	Author Type	Filed
HAMILTON, ANDREW J.	(none)	Physician	04/22/2005 1703

Related Notes

Original Note : HAMILTON, ANDREW J. at 04/22/2005 1702

CARDIOLOGY NOTE: Andrew Hamilton, M.D. PhD. 4/22/2005 4:45 PM. Thank you for asking me to see Ted Baxter, a 41YO male, referred for evaluation of PFO and CVA. Hx noted, Hx as per nuerology 41M PMH only of varicolse veins. At 830PM tonight, while watching TV, his wife asked him a question and realized that he was not answering her- instead, he looked at her, blinked repeatedly, was non-verbal, and did not respond to her questions. His wife also noticed that he was drooling. He repeatedly clenched and unclenched his L fist and leaned to his R side but moved both sides spontaneously. Later in the ER, wife noted that he answered "yes" and "no" to questions. Mr. Baxter had acute onset of aphasia yesterday evening while watching TV associated with mild weakness of the R arm.

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Author	Service	Author Type	Filed
MOLLER, DAVID	(none)	Resident	04/23/2005 2248

Neurosurgery consult note ID 41 yo RH Male with Lt MCA stroke HPI: Pt admitted on 4/23/05 with a stroke. The wife brought him immediately to the ER after noticing some neurologic changes. Pt has evolving large infarts in the left hemisphere. The most recent CT H from earlier this afternoon shows edema and some mass effect, with minimal midline shift. The wife requested Neurosurgery to be consulted. PMH: Varicose veins PSH: neg Home meds: none NKDA FHx: brothers with HTN, hypercholfather-Parkinsons SHx: lives with wife, successful business man no tob or illicits, occ etoh BP 108/65 | Pulse 60 | Temp 97 | Resp 24 | Ht 5' 9" (1.75m) | Wt 180 lbs (81.6kg) PE: Arrousable to voice, opens eyes to voice and will track momentarily PERRL, gross EOMI intact, however will not f/c in eyes face symetric will follow very simple commands on left with coaching aphasic Motor: 1/5 right side 5/5 on left in arm and leg no babinski, no hoffmans, rt>lt reflexes CT H: Lt MCA stroke as above MRI: Lt stroke CBC: WBC 11.2 04/23/2005 RBC 4.37 04/23/2005 HGB 13.9 04/23/2005 HCT 40.2 04/23/2005 PLT 134 04/23/2005 PT 10.5 04/22/2005 PTT 24 04/22/2005 INR 1.0 04/22/2005 BMG: GLU 143 04/23/2005 NA 137 04/23/2005 K 3.7 04/23/2005 CL 108 04/23/2005 CO2 23 04/23/2005 BUN 7 04/23/2005 CREAT 0.8 04/23/2005 CA 8.7 04/23/2005 A/P 41 yo RH M with large dominent hemisphere stroke, swelling will ensue over the next few days. Time spent speaking with the wife, three brothers and sister. It was clearly explained to them that the swelling could get worse, to the point of causing herniation of his brain. Treatment from a neurosurgerical perspective could include a decompressive craniectomy. The literature is clear that this procedure does not affect long term neurologic outcomes, however may prevent him from herniating in the present time. These issues were carefully explained to the wife and family. The wife expressed that she may not even want a feeding tube and hospice vs rehab are her current considerations. She told me (not in the presence of pt's sibblings) that she does not want any surgerical intervention and would want the disease to take its natural course in that setting. She related that she thought he probably would not want to go on this way. The nurse just call me saying that now she is considering making him DNR. Recommendations at this time would be to start Mannitol 100cc/20% to go in over 2hrs q6hrs, and to hold for serum osmos >310 at this time. We will continue to follow the patient in the ICU during the time of brain swelling. Agree with repeating CT H in the am. d/w Dr Cozzens

Author	Service	Author Type	Filed
ELIADES, MILEDONES N.	(none)	Physician	04/25/2005 1513

Procedure

1. PHYSICAL MED/REHAB CONSULT (IP) [41817903] ordered by OH, KYONG CHRISTOPHER at 04/24/05 1555

Physical Medicine and Rehabilitation Consult Full consult dictated. I feel the patient is a good candidate for an acute inpatient rehabilitation program once medically ready. RIC has been contacted. Discussed rehab of stroke with pt and family. Will follow to give further recommendations based on progress. Continue PT, OT, Speech. Page me on pager 2681 for questions. Discussed with SW.

Author	Service	Author Type	Filed
ELIADES, MILEDONES N.	(none)	Physician	04/25/2005 0000

Status	Related Notes
Revised	Addendum by : ELIADES, MILEDONES N. at 04/26/2005 1117

EVANSTON NORTHWESTERN HEALTHCARE
CONSULTATION

NAME: BAXTER, TED
MEDICAL RECORD NO.: 084503725 ACCOUNT NO.: 0147019405111
ATTENDING PHYSICIAN:
ADMISSION DATE: 04/21/2005
DATE OF BIRTH: 11

DATE OF CONSULTATION:
4/25/2005

Ted Baxter is a 41-year-old right-handed gentleman I am seeing at the request of Dr. John Oh. Mr. Baxter was admitted to Evanston Hospital on the 22nd of this month with new onset of aphasia and right upper extremity weakness. This occurred early on the morning of admission. The patient had returned from a flight from London and was watching television when he had sudden onset of inability to speak. In the emergency room he had a negative CT of the brain and CT of the chest was negative for PE. He was treated with aspirin. Because of the prolonged onset of the symptoms he did not receive TPA. MRI showed left subinsular diffusion defect, as well as left caudate diffusion defect. There was probable narrowing in the left middle cerebral artery on MRA. He was admitted to the intensive care unit and had quite bit of brain swelling from a fairly large stroke and even had neurosurgery consulted to see if he needed craniectomy. This was not necessary. Today he is much more awake and alert, and according to the nursing service is able to stand at edge of bed. The rest of the stroke workup is in progress.

PAST MEDICAL HISTORY:
Significant only for some varicose veins.

ALLERGIES:
NO KNOWN MEDICATION ALLERGIES.

MEDICATIONS:
As per hospital record and reviewed today.

SOCIAL HISTORY:
Lives with his wife in a 3-level home with 2 steps to enter and then 2 steps down into the family room area. He works full time for a large business. His wife does not work outside the home.

REVIEW OF SYSTEMS:
The patient is unable to provide this due to his severe aphasia.

PHYSICAL EXAM:
GENERAL APPEARANCE: On examination, this is a well-nourished, well-developed gentleman in no acute distress.
VITAL SIGNS: Last blood pressure 100/65, pulse of 16, heart rate 42, and last temperature 98.4.
HEENT: There is slight facial asymmetry, which is more

pronounced with activation of musculature. Pupils were equally round and reactive. Extraocular motions appear intact.
LUNGS: Clear to auscultation.
HEART: Slightly slow rate, but regular with no murmur.
ABDOMEN: Soft without distention.
EXTREMITIES: Without edema. There is some subluxation of the right shoulder and trace edema at the right hand. Strength in the left upper extremity appears to be 5/5 throughout, although he has trouble following commands. Likewise, strength in the left lower extremity is at least 4+/5 proximally and 5 distally. He has about 4+ ankle dorsiflexion on the right and can lift the leg up slightly, but cannot really follow full manual muscle testing. Strength seems to be 0/4 throughout the right upper extremity and Hoffman's is negative. The right toe is upgoing. Reflexes are trace at the ankles bilaterally. He does not make any spontaneous speech, and when asked to answer questions creates only some nonfluent, unintelligible speech. He is unable to follow any 1-step commands verbally, but seems to be able to do a little bit by mimicry.

_____ laboratories are reviewed.

ASSESSMENT:
Ted Baxter is a 41-year-old gentleman with a left middle cerebral artery infarction with fairly dense right hemiparesis and severe expressive and receptive aphasia.

RECOMMENDATIONS:
I think he is a good candidate for an acute inpatient rehabilitation program. Even though he is still on intensive care he is showing quite a bit of energy today and I am sure within a few days he will be able to show good effort in a rehab program. His wife tells me that he is a very hard-driving and motivated person.

He will continue to work with physical, occupational, and speech therapy. I will ask occupational therapy to work on splint for the right hand. Speech is working with his swallow capabilities and will recommend whether or not he can proceed with some oral intake. I had a long discussion with the wife and her sister about overall rehabilitation approach. I gave some very general impressions as to prognosis. At this point they prefer him to go to Rehabilitation Institute of Chicago for ongoing rehab. I will follow the patient and give further recommendations based on his progress.

_____
Miledones N. Eliades, M.D.

ME/Spheris:/mt8815

D: 2005-04-25 20:27:23

Evanston Northwestern Healthcare
Department of Cardiac Graphics

ECG REPORT

Patient Name: BAXTER,TED
Account #: 0147019405111
Exam Date: 04/21/2005
Exam Time: 10:00:28 PM CDT
Result Date: 04/26/2005
Resulting Provider: GAIHA, VISHNU DAS

Ventricular Rate	64	BPM
Atrial Rate	64	BPM
P-R Interval	126	ms
QRS Duration	94	ms
QT	396	ms
QTc	408	ms
P Axis	-15	degrees
R Axis	54	degrees
T Axis	47	degrees

DIAGNOSIS:
Normal sinus rhythm
Normal ECG
No previous ECGs available
INTERPRETED AND CONFIRMED BY: VISHNU GAIHA (92)
Overread By:VISHNU GAIHA MD
http://museweb2:museweb2@museemc000/musescripts/museweb.dll?RetrieveTestByDateTi

Evanston Northwestern Healthcare
Cardiac Imaging Centers
Echocardiography

ICAEL
Accredited Echocardiography Laboratory

Evanston Hospital

Name:	Ted Baxter	Sex:M Age: 41 years	Date: 4/22/2005
Order #:	IP41732212	DOB:11,	Time: 10:02:20 AM
SSN #:	084	Ht: 175.26 cm	BP: / mm Hg
Reading MD:	Dr. Hani I Salti	Wt: 81.65 kg	BSA: 1.98

Ref. Physician: Kumar, N MD ,
ICD9 Codes: 436 CVA
Study Details: The image quality is adequate. The rhythm was sinus. No previous study was available for comparison to the current study.
CPT Codes: Echocardiography 2D(93307 26), Doppler echo(93320 26), Color flow echo(93325 26). M-mode and 2D echocardiography, with full pulse wave, continuous wave and color flow Doppler imaging was performed using standard views and projections.
Sonographer: MV

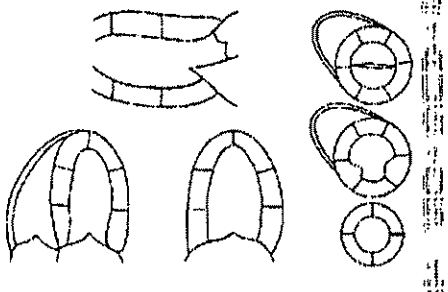
2D

LVED	4.72 cm (3.4-5.2)	LVEF(Mod)	65.8 % (>55)
LVES	2.95 cm (2.3-3.8)	LV SV	50.0 ml
IVS	0.85 cm (0.6-1.0)	LV CO	3.50 l/min
LVPW	0.91 cm (0.6-1.1)	LV CI	1.77 l/min/m2
AoRoot	(1.4-2.6)	LA Area	
AoSTJ	2.84 cm (1.7-3.4)	LVED Vol	38.28 ml/m2 (<65)
AoAsc	3.46 cm (2.1-3.4)	LVES Vol	13.09 ml/m2 (<25)
LA	3.46 cm (2.3-3.8)	LV Mass Index	55.6 g/m2 (<90)
RVD		MV area plan	

Doppler

AoV mean grad	6.2 mmHg	AoV VTI	0.330 m
AoV pk grad	10.0 mmHg	LVOT VTI	0.242 m
AoV Vmax	1.58 m/s (<1.6)	LVOT VMax	1.59 m/s
AoV area (VTI)	2.97 cm2	RVOT VTI	
MV mean grad		Qp/Qs	
MV area, P1/2 t			
AR P1/2 t			
TR Vmax	1.87 m/s		
RVSP	(<32)		
RAP			

Left Ventricle: The left ventricular size is normal. The LV end systolic volume index is normal. The LV end diastolic volume index is normal. Left ventricular wall thickness is normal. Left ventricular mass index is normal. LV ejection fraction is normal, at 65.8 %. Spectral Doppler shows normal pattern of LV diastolic filling.
No regional wall motion abnormalities were detected.

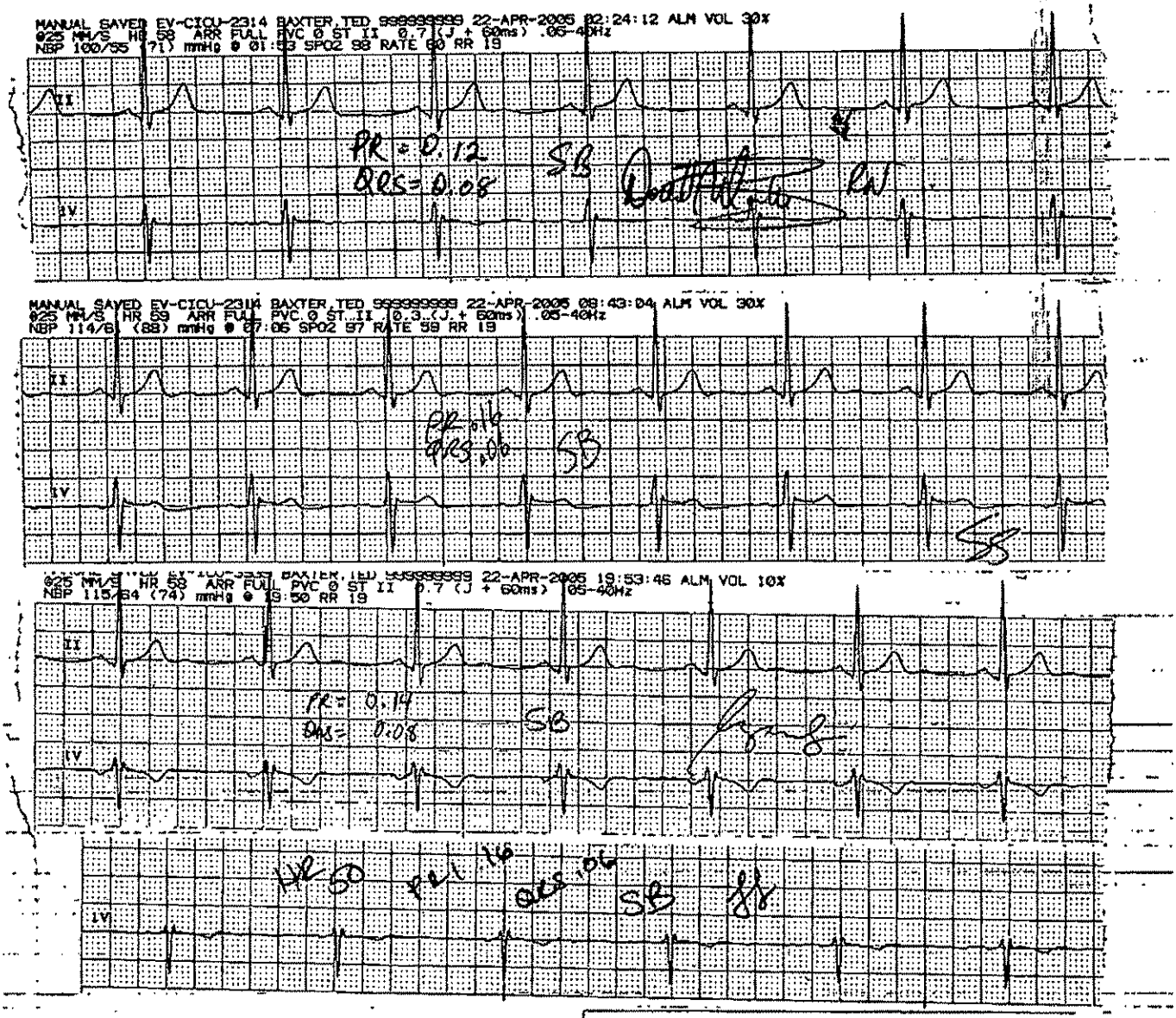


Left Atrium: Left atrial size is normal. The left atrial area is normal.
Right Atrium: Right atrial size is normal.
Right Ventricle: The right ventricular size is normal.
Aortic Valve: The aortic valve is structurally normal, trileaflet and opens fully. No aortic stenosis at a mean gradient of 6.2 mmHg, peak gradient of 10.0 mmHg, and an aortic valve area of 2.97 cm2.
Mitral Valve: The mitral valve appears structurally normal. Mitral valve prolapse is not detected. Trace mitral valve regurgitation.
Tricuspid Valve: There is evidence of trace tricuspid regurgitation.
Pulmonic Valve: Trace pulmonary valve regurgitation.
Aorta: The ascending aorta is not dilated.
IVC/Hepatic Veins:
Interatrial Septum: The interatrial septum has color flow suggestive of a Patent Foramen Ovale. Suggest TEE to furthur evaluate if clinically indicated. Mobile and aneurysmal septum.

Summary:

1. **Normal LV ejection fraction.**
2. **Normal left ventricular size.**
3. **The interatrial septum is mobile and aneurysmal with color flow suggesting a Patent Foramen Ovale. This can be further evaluated on a TEE.**

Electronically signed by: Dr. Hani I Salti



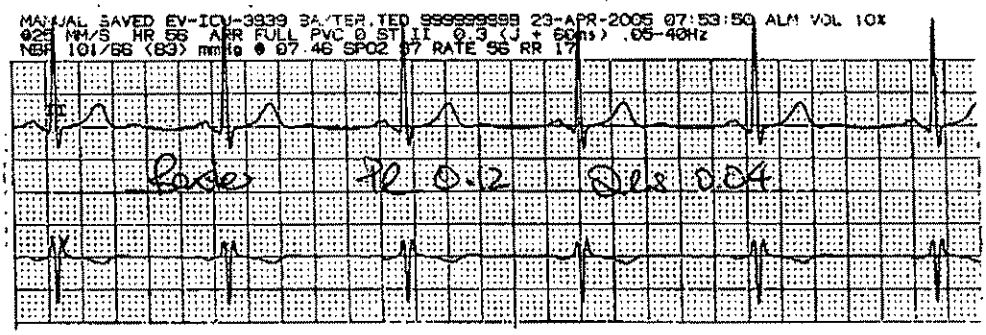
EVANSTON NORTHWESTERN HEALTHCARE
GLENBROOK HOSPITAL
EVANSTON HOSPITAL

DATA COLLECTION FORM

BAXTER, TED
OH, JOHN
014701940-5111 11/17/63 M

Form#:1441-03 R 12/98

4/23/05



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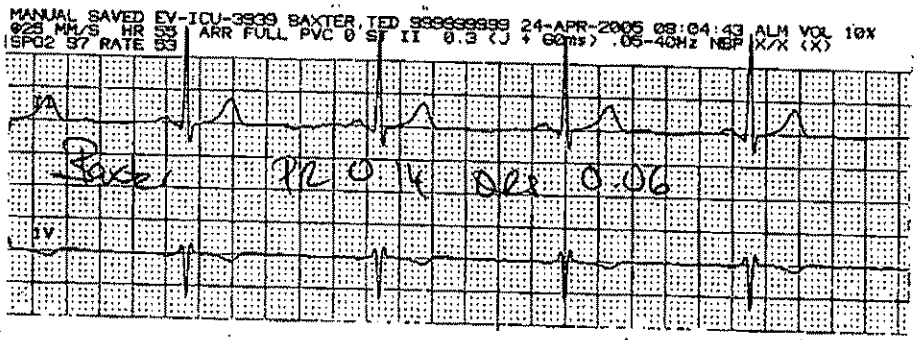

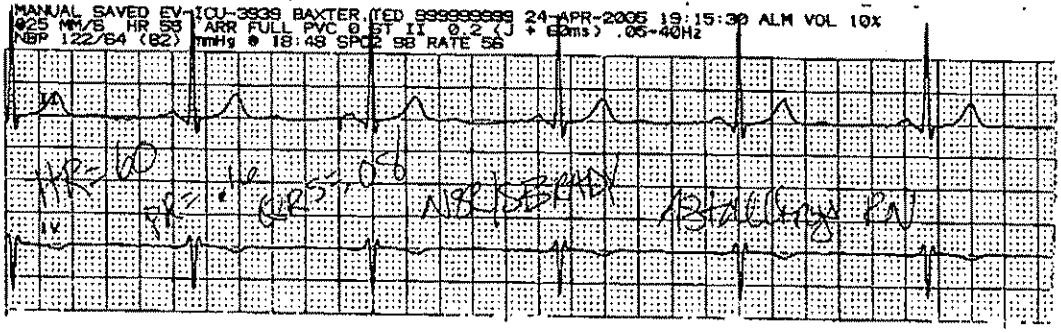

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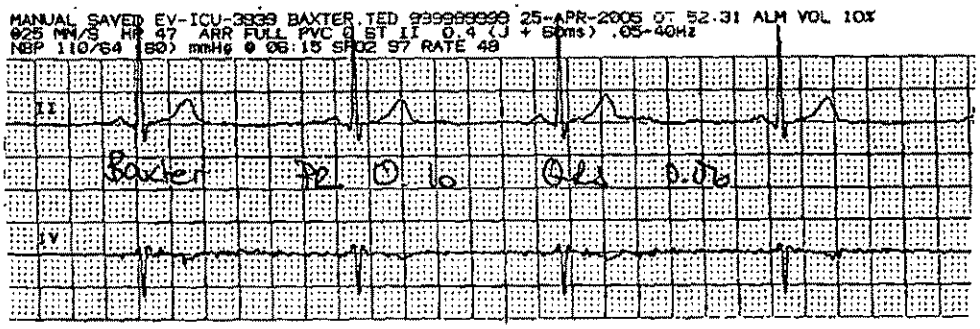

Baxter

4/25/05
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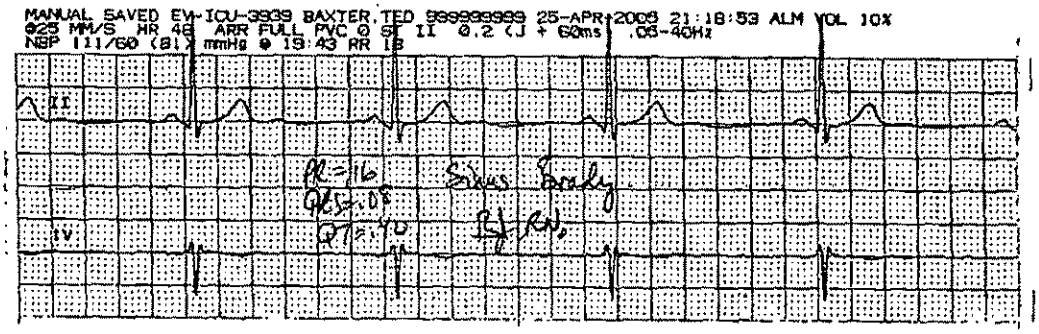

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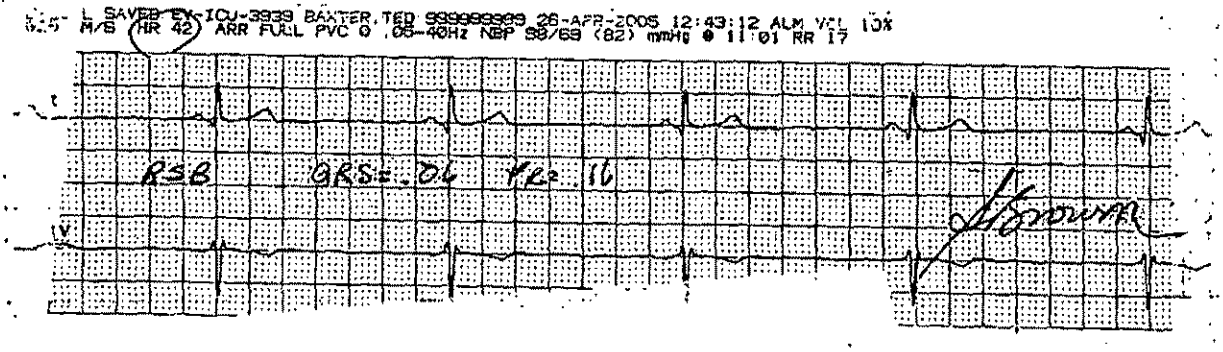
4th



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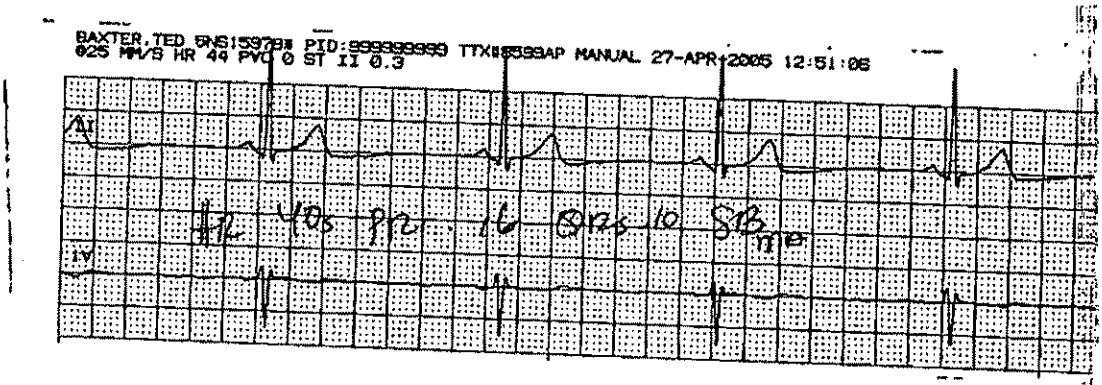
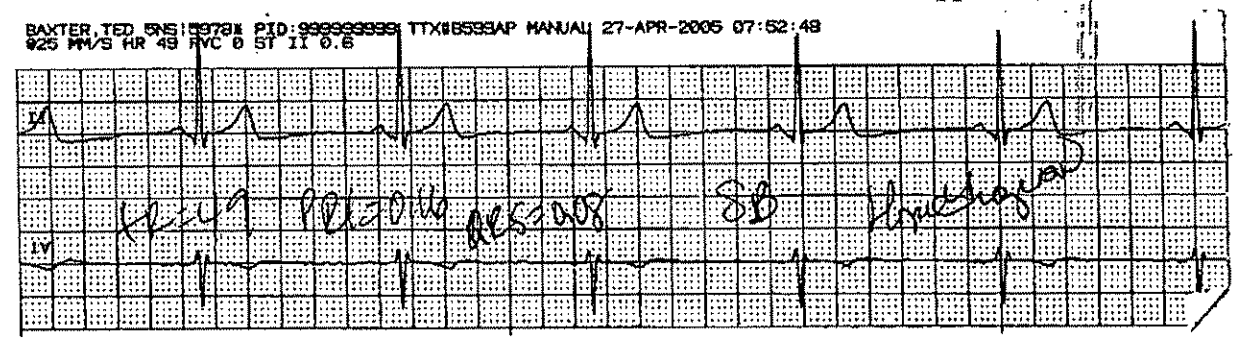
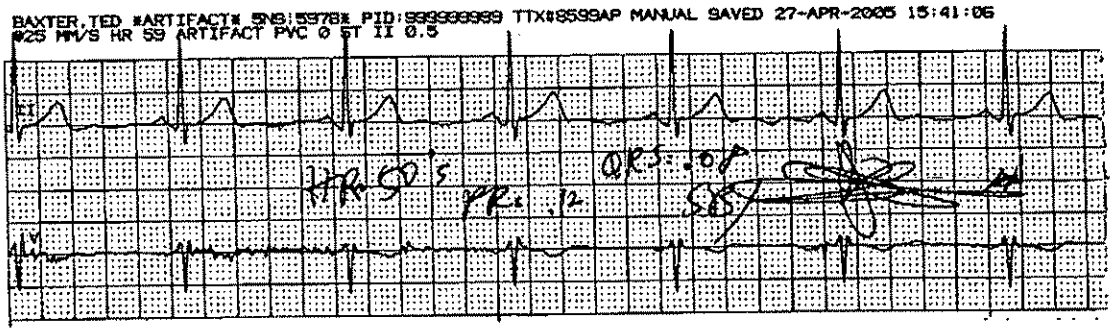
014701940-5111 11/17/63 M

Form# 1441-03 R 12/98







4/27/05 PM

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GLENBROOK HOSPITAL
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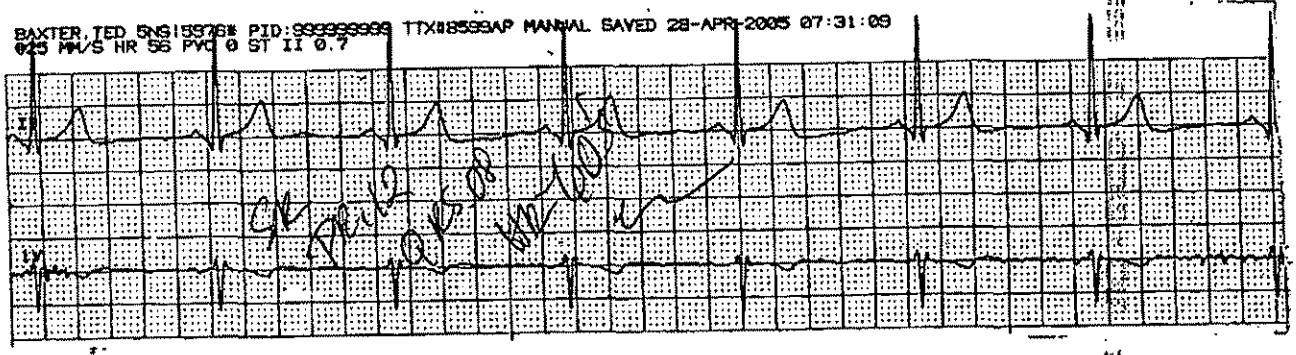
DATA COLLECTION FORM

BAXTER, TED
OH, JOHN
014701940-5111 11/17/63 M

Form# 1441-03 R 12/98



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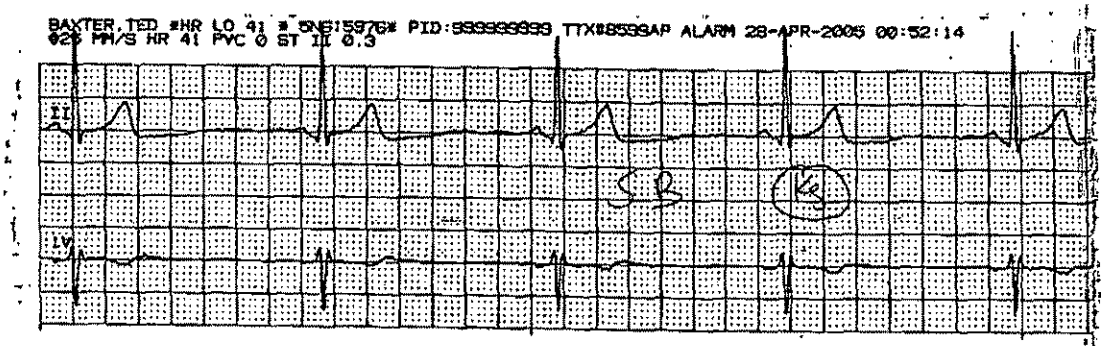
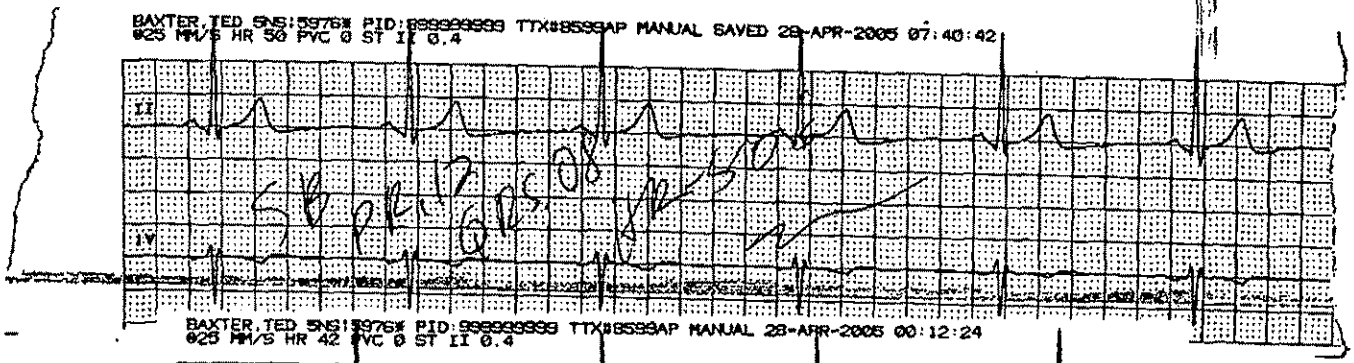
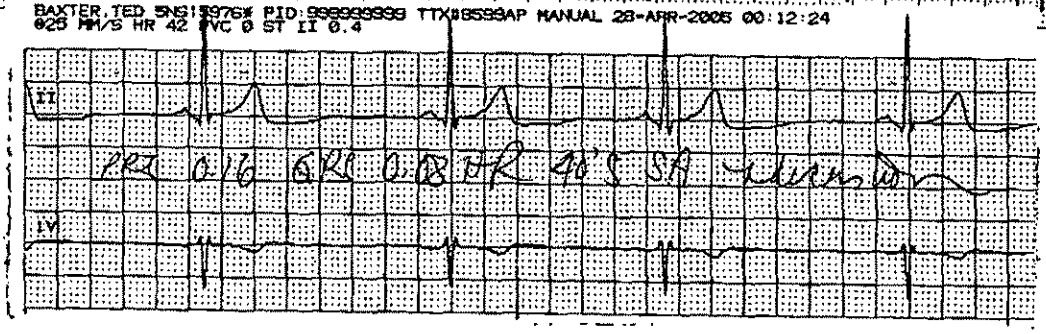
DATA COLLECTION FORM

BAXTER, TED
OH, JOHN
014701940-5111 11/17/63 M

Form# 1441-03 R 12/98







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Baxter, Ted.

5976.

01470190 4- 511

Form# 1441-03 R 12/98

EVANSTON NORTHWESTERN HEALTHCARE
EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: CCC 2314 01
Ordering Physician: LEHRMAN, JILL

Age: 41 years Sex: M
Date of Birth: 11

Accession Number	Exam Date and Time	Procedure
CT-05-0030490	4/21/05 9:57:03 PM	CT Chest W Contrast

Reason for Exam:
MENTAL STATUS CHANGES

Results
CT CHEST

ICD-9 CODE: 786.50.

Helical scans of the chest were obtained following the intravenous administration of contrast. Coronal and sagittal reformations were evaluated as well. There is borderline cardiomegaly. No pulmonary embolism is identified. Dependent atelectasis is evident at the lung bases. There is a calcified granuloma at the right lung base.

There is some reflux of contrast into the inferior vena cava.

IMPRESSION:

1. Dependent atelectasis is seen at the lung bases.

2. No pulmonary embolism.

3. There is minimal reflux of contrast into the inferior vena cava. This is a nonspecific finding but one that can be seen in patient's with right-sided heart failure, constrictive pericardial disease, tricuspid valve

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Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: CCC 2314 01
Ordering Physician: LEHRMAN, JILL

Age: 41 years Sex: M
Date of Birth: 11

Accession Number	Exam Date and Time	Procedure
CT-05-0030490	4/21/05 9:57:03 PM	CT Chest W Contrast

dysfunction and as a normal variant. Please correlate clinically.

FINAL REPORT

Dictating Radiologist: GORE, RICHARD M. MD
Transcribed by: CMK 04/22/2005 09:36
Electronically Verified and Signed by: RICHARD M. GORE MD 04/22/2005 10:38

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Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: LEHRMAN, JILL

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
MR-05-0013833	4/21/05 11:01:14 PM	MRI Brain W & W/O Contrast
MR-05-0013834	4/21/05 11:01:41 PM	MRA Head W/O Contrast

Reason for Exam:
1. MENTAL STATUS CHANGES
2. MENTAL STATUS CHANGES

Results
MRI OF THE BRAIN WITHOUT AND WITH CONTRAST; MRA OF THE BRAIN WITHOUT CONTRAST - 04/21/05

COMPARISON: CT scan of the head from 4/21/05.

INDICATIONS: Patient is a 41-year-old male with mental status changes, stroke symptoms, speech difficulty, and aphasia.

TECHNIQUE: Sagittal T1, axial T1, T2, FLAIR, diffusion-weighted and ADC mapping and post-gadolinium enhanced axial and coronal T1-weighted images were acquired through the brain. 3-D time-of-flight MRA imaging and multiple three-dimensional reformatted images were also performed.

FINDINGS: There is abnormal signal hyperintensity in the left caudate head and body and insular region seen best on DWI and also present on FLAIR. This corresponds to regions of low signal on the ADC mapping. Findings are compatible with acute infarction in these areas. There is questionable involvement of other basal ganglia areas. Following intravenous Gadolinium, there is a slow flow pattern of enhancement in left middle cerebral artery branches in the sylvian fissure; there is also some incrased signal on FLAIR in these arteries.

No other parenchymal abnormality. No extra-axial collection, midline shift or hydrocephalus. No focal areas of abnormal parenchymal enhancement are identified. No mass lesion.

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: LEHRMAN, JILL

Age: 41 years Sex: M
Date of Birth: 11

Accession Number	Exam Date and Time	Procedure
MR-05-0013833	4/21/05 11:01:14 PM	MRI Brain W & W/O Contrast
MR-05-0013834	4/21/05 11:01:41 PM	MRA Head W/O Contrast

There are regions of mucosal thickening within the paranasal sinuses. The mastoid air cells are clear. Sagittal images demonstrate normal location and morphology of the cerebellar tonsils. The sella region is unremarkable. The craniovertebral junction is unremarkable.

MRA: There is a focal loss of signal within the distal left M-1 segment of the middle and multiple branches of the left middle cerebral artery about the sylvian fissure. Flow is seen in two distal branches. The MRA examination is limited by motion artifact. No additional regions of focal stenosis or aneurysmal dilatation are seen within the internal carotids, anterior and right middle cerebral arteries. The vertebrobasilar system and posterior cerebral arteries demonstrate no focal stenosis or aneurysm. There are bilateral posterior communicating arteries seen.

IMPRESSION:
1. Focal regions of restricted diffusion in the left caudate and insular region, compatible with acute infarction. There is corresponding slow vascular flow on the post-contrast images and MRA demonstrates focal signal loss of the distal M-1 segment and multiple left MCA branches about the sylvian fissure consistent with occlusion/slow flow; some flow is seen in two distal branches. Findings were discussed with Dr. Jennifer Stern (Neurology resident) at about 9:00 a.m. on 4/22/05. Follow-up imaging recommended as clinically warranted.

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Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: LEHRMAN, JILL

Age: 41 years Sex: M
Date of Birth: 11

Accession Number	Exam Date and Time	Procedure
MR-05-0013833	4/21/05 11:01:14 PM	MRI Brain W & W/O Contrast
MR-05-0013834	4/21/05 11:01:41 PM	MRA Head W/O Contrast

1

2

2. Paranasal inflammatory changes; no air fluid level.

This report is dictated with a resident or fellow. I personally reviewed the study
and interpretation and agree with the findings documented in the report.

FINAL REPORT

Dictated by: COURY, CHRISTOPHER A MD
Dictating Radiologist: GOLDBERG, KENNETH N MD
Transcribed by: KMH 04/22/2005 12:51
Electronically Verified and Signed by: KENNETH N. GOLDBERG MD 04/23/2005 10:49

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Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: LEHRMAN, JILL

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0030492	4/21/05 9:57:03 PM	CT Head W/O Contrast

Reason for Exam:
MENTAL STATUS CHANGES

Results
ICD-9 Code: None given.

CT HEAD, 04/21/05 AT 2141 HOURS

Comparison Study: None.

Technique: Routine noncontrast head CT was performed without contrast and 5 mm sequential axial images were obtained from the vertex to the skull base. Bone, brain and soft tissue windows were reviewed.

Findings:
There is a hyperdensity seen within the left sylvian fissure within the region of the left MCA mid M1 segment which may represent hyperdense thrombus. The brain parenchyma demonstrates preservation of normal gray/white matter differentiation. There is no intra- or extraaxial hemorrhage and there is no significant mass effect or midline shift.

The calvarium is intact. There is patchy opacification within the right anterior ethmoid and bilateral posterior ethmoid air cells and the remainder of the paranasal sinuses and mastoid air cells are clear.

IMPRESSION:
Hyperdensity within left sylvian fissure which may represent a hyperdense left MCA consistent with thrombus within this vessel. There are no additional parenchymal lesions to suggest acute infarction, however, further evaluation with MRI and diffusion weighted imaging is

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: LEHRMAN, JILL

Age: 41 years Sex: M
Date of Birth: 11

Accession Number	Exam Date and Time	Procedure
CT-05-0030492	4/21/05 9:57:03 PM	CT Head W/O Contrast

recommended.

This report is dictated with a resident or fellow. I personally reviewed the study
and interpretation and agree with the findings documented in the report.

FINAL REPORT

Dictated by: HOPKINS, JOHN
Dictating Radiologist: MEYER, JOEL R.
Transcribed by: KAG 04/23/2005 15:49
Electronically Verified and Signed by: JOEL MEYER 04/25/2005 07:11

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EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: PEMA, MEHUL/OPD

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0030644	4/22/05 1:47:19 PM	CT Head W/O Contrast

Reason for Exam:
PROGRESSING STROKE

Results
CT SCAN OF THE BRAIN:

CLINICAL PROBLEM: Stroke.

PROCEDURE: Non-contrast CT performed of the brain.

COMPARISON: 04/21/05

FINDINGS:
There has been interval development of a large left MCA territory area of infarction involving the insula and inferior aspect of MCA territory as well as a degree of caudate involvement. This is consistent with a large MCA territory area of infarction. Continued follow-up may be helpful as warranted.

CONCLUSION:
Large MCA infarct as described above. Continued follow-up may be helpful as warranted.

FINAL REPORT

Dictating Radiologist: MEYER, JOEL R.
Transcribed by: DM 04/23/2005 22:07
Electronically Verified and Signed by: JOEL MEYER 04/25/2005 07:11

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Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: TABER, JESSE E

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0030908	4/23/05 1:54:25 PM	CT Head W/O Contrast

Reason for Exam:
FOLLOW UP ON EDEMA

Results
CLINICAL PROBLEM: Cerebral infarction.

TECHNIQUE: Multiple axial images obtained through the head with bone and soft tissue window images.

Left middle cerebral territory infarction again shown. There is subtle interval increase in presumed petechial hemorrhage within the area of ischemia, in particular, in the region of the putamen. There is mild interval increase in associated mass effect. The area of presumed ischemia as shown by decreased attenuation is also somewhat increased, especially in the left frontal white matter, now extending slightly more cephalad.

CONCLUSION:
Subtle interval increase in size of ischemia with petechial hemorrhage seen as discussed above.

FINAL REPORT

Dictating Radiologist: PRAGER, JORDAN M MD
Transcribed by: CC 04/24/2005 20:32
Electronically Verified and Signed by: JORDAN M. PRAGER MD 04/25/2005 09:05

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Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: TABER, JESSE E

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0031026	4/24/05 5:31:00 AM	CT Head W/O Contrast

Reason for Exam:
CHECK FOR CHANGES

Results
CLINICAL PROBLEM: Ischemia

TECHNIQUE: Multiple axial images obtained through the head.

There is prominent area of decreased attenuation involving much of the left temporal and to a lesser extent frontal region, cortically based, with involvement of the basal ganglia consistent with acute or early subacute ischemia. There is local mass effect with effacement of cortical sulci and the left lateral ventricle to a moderate degree. There is some subtle increased attenuation seen in patchy areas within consistent with petechial hemorrhage. This is most marked in the putamen. Comparison is made to examination of the previous day. There is subtle interval increase in diffuse left hemisphere mass effect shown in the midline, especially at the level of the third ventricle.

CONCLUSION:
Subtle interval increase of left hemispheric mass effect compared to previous day's study.

FINAL REPORT

Dictating Radiologist: PRAGER, JORDAN M MD
Transcribed by: CC 04/24/2005 20:30
Electronically Verified and Signed by: JORDAN M. PRAGER MD 04/25/2005 09:05

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Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: MYLONASS, ILLAS

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0031146	4/25/05 5:36:00 AM	CT Head W/O Contrast

Reason for Exam:
COMPARISON. LESION PROGRESSION

Results
ICD-9 Code: None given.

CT SCAN OF THE BRAIN

Clinical problem: Lesion progression.

Procedure: Noncontrast brain CT scanning was performed.

Comparison is prior brain CT date 04/24/05. There has been slight interval increase in edema associated with the large left MCA territory area of infarction. Areas of slight increased density identified in the basal ganglia that may represent subtle areas of hemorrhage are also scattered more superiorly within the infarct. There is no evidence for frank parenchymal hematoma. There is localized mass effect and left to right midline shift. This has not changed significantly from the prior study.

CONCLUSION:
Interval maturation prominent left MCA territory area of infarction. Continued follow up may be helpful as warranted.

FINAL REPORT

Dictating Radiologist: MEYER, JOEL R.
Transcribed by: KAG 04/25/2005 13:48
Electronically Verified and Signed by: JOEL MEYER 04/25/2005 16:30

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EVANSTON NORTHWESTERN HEALTHCARE
EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: SRINIVASAN, KAVITHA/OPD

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
RA-05-0060236	4/25/05 12:20:00 PM	Chest, One View

Reason for Exam:
STROKE

Results

CHEST 04/25/05

No prior films are available for comparison. The lungs are clear. The heart size and pulmonary vascularity are normal.

IMPRESSION:
No acute pulmonary process.

FINAL REPORT

Dictating Radiologist: GORE, MARGARET D MD
Transcribed by: GD 04/26/2005 08:03
Electronically Verified and Signed by: MARGARET D. GORE MD 04/26/2005 11:03

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Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: SICU 3939 01
Ordering Physician: OH, JOHN

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
RA-05-0060452	4/25/05 4:10:00 PM	Abdomen, (KUB) One View

Reason for Exam:
DHT PLACEMENT

Results
KUB:

CLINICAL INDICATION: Evaluate Dobbhoff tube placement.

COMPARISON STUDY: None.

FINDINGS: A single frontal view of the abdomen was obtained at 1611 hours on 04/25/05.

A Dobbhoff tube is seen with its distal portion projected over the descending portion of the duodenum. The visualized bowel gas pattern is nonspecific. There is no pneumoperitoneum.

FINAL REPORT

Dictating Radiologist: CHIU, JAMES C MD
Transcribed by: PAB 04/26/2005 12:09
Electronically Verified and Signed by: JAMES C. CHIU MD 04/26/2005 13:15

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Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: 5 NORTH SEARL 5978 01
Ordering Physician: BERCE, PAUL/OPD

Age: 41 years Sex: M
Date of Birth: 11,

Accession Number	Exam Date and Time	Procedure
RA-05-0060757	4/26/05 10:35:00 AM	FL Video Speech Swallow Study

Reason for Exam:
POST-CVA DYSPHAGIA

Results
ICD-9 CODE: None given.

Possible aspiration.

Comment:
Fluoroscopic evaluation of the swallowing mechanism was performed in conjunction with the Department of Speech Pathology. Their report is dictated separately.

The patient demonstrated aspiration with thin barium and penetration with thick barium. Please refer to the separately dictated Speech Pathology report for more details.

IMPRESSION:
Aspiration was observed during the exam. Please refer to the separately dictated Speech Pathology report for more details.

FINAL REPORT

Dictating Radiologist: BERLIN, JONATHAN MD
Transcribed by: RB 04/26/2005 14:39
Electronically Verified and Signed by: JONATHAN BERLIN MD 04/26/2005 16:34

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EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: 5 NORTH SEARL 5978 01
Ordering Physician: PAO, WINNIE

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0031529	4/26/05 3:40:00 AM	CT Head W/O Contrast

Reason for Exam:
STROKE

Results
CT HEAD WITHOUT CONTRAST - 4/26/2005 AT APPROXIMATELY 3:30 A.M.

HISTORY: Follow-up stroke.

COMPARISON: 4/25/2005 head CT at 5:25 a.m.

PROCEDURE AND FINDINGS:

Noncontrast axial 5 mm images. Overall, no significant change in the extent of the left middle cerebral artery territory infarct. No change in areas of high density consistent with hemorrhage within the infarct, but there is no large, confluent parenchymal hematoma. No significant change in the overall degree of mass effect with effacement of sulci of the left hemisphere, compression of the left lateral ventricle and about 0.4 - 0.5 cm midline shift to the right without significant dilatation of the right lateral ventricle. The third ventricle is mostly effaced. There does not appear to be significant transtentorial herniation. The third ventricle is still partly visualized.

No new, separate areas of acute cortical infarction or definite new areas of hemorrhage. No extra-axial collection. There are some areas of mucosal thickening or retention cyst formation in the paranasal sinuses, but no sinus air-fluid level. Mastoid/middle ears remain grossly clear.

IMPRESSION:

No significant change over one day in the left middle cerebral artery territory infarct. There are areas of hemorrhage within the infarct, but no confluent parenchymal hematoma. Midline shift to the right of about 0.4

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Print Date and Time:

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EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: 5 NORTH SEARL 5978 01
Ordering Physician: PAO, WINNIE

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0031529	4/26/05 3:40:00 AM	CT Head W/O Contrast

- 0.5 cm is not significantly changed. Follow-up as clinically warranted.

FINAL REPORT

Dictating Radiologist: GOLDBERG, KENNETH N MD
Transcribed by: CMK 04/26/2005 08:14
Electronically Verified and Signed by: KENNETH N. GOLDBERG MD 04/26/2005 17:36

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Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: 5 NORTH SEARL 5976 01
Ordering Physician: PAO, WINNIE

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0031898	4/27/05 7:01:03 AM	CT Head W/O Contrast

Reason for Exam:
STROKE

Results
ICD-9 CODE: None given

CT HEAD WITHOUT INFUSION, 04/27/05

Clinical Indication: Left MCA infarct. Follow-up.

Technique: 5 mm thick contiguous axial CT sections of the brain without contrast infusion.

Comparison: 04/26/05.

Findings:
Small areas of petechial hemorrhage within the left MCA infarct zone are stable compared to the previous scan. There is no evidence of new hemorrhage. There is no CT evidence of infarct extension. Degree of mass effect on the left lateral ventricle is stable. Midline structures are minimally bowed to the right with no evidence of downward transtentorial herniation. There are no subdural fluid collections.

Limited views of orbits, paranasal sinuses and mastoids are again notable only for mucosal thickening in the right anterior ethmoid air cell, which appears somewhat improved compared to the previous scan.

IMPRESSION:

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DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: 5 NORTH SEARL 5976 01
Ordering Physician: PAO, WINNIE

Age: 41 years Sex: M
Date of Birth: 11

Accession Number	Exam Date and Time	Procedure
CT-05-0031898	4/27/05 7:01:03 AM	CT Head W/O Contrast

No new hemorrhage. No evidence of infarct extension.

FINAL REPORT

Dictating Radiologist: ANKENBRANDT WILLIAM MD
Transcribed by: PBC 04/27/2005 16:27
Electronically Verified and Signed by: WILLIAM ANKENBRANDT MD 04/28/2005 09:57

Copies to: OH, JOHN OH, JOHN OH, JOHN

Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
EVANSTON HOSPITAL
DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Patient Name: BAXTER, TED
Medical Record Number: 084503725
Account Number: 014701940-5111
Patient Location: 5 NORTH SEARL 5976 01
Ordering Physician: PAO, WINNIE

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0032241	4/28/05 5:26:00 AM	CT Head W/O Contrast

Reason for Exam:
STROKE

Results
ICD-9 CODE: None given.

History: Follow up stroke.

Comparison: 04/27/05 at 6:45 a.m.

Procedure/Findings:
Noncontrast axial 5 mm images. Overall, no significant change in the extent of the left middle cerebral artery territory infarct and associated mass effect. There continues to be effacement of sulci of the left hemisphere, compression of the left lateral ventricle and slight midline shift to the right with no dilatation of the right lateral ventricle. The infarct shows predominantly low density with areas of increased density within it consistent with hemorrhage, also not significantly changed. There is near total effacement of the left lateral ventricle and third ventricle, unchanged. There does not appear to be significant downward transtentorial herniation, no change in the appearance of the basal cisterns.

No extra-axial collection or new parenchymal abnormality. No new areas of hemorrhage. No paranasal sinus air-fluid level and middle ear regions are grossly clear.

IMPRESSION:
No significant change in the left middle cerebral artery territory infarct including slight midline shift to the right (0.4 - - 0.5 cm) as discussed above. No change in areas of hemorrhage within the area of infarction. No new, separate abnormality. Follow up as clinically

Copies to: OH, JOHN OH, JOHN OH, JOHN

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Accession Number	Exam Date and Time	Procedure
CT-05-0032241	4/28/05 5:26:00 AM	CT Head W/O Contrast

warranted.

FINAL REPORT

Dictating Radiologist: GOLDBERG, KENNETH N MD
Transcribed by: JMB 04/28/2005 10:30
Electronically Verified and Signed by: KENNETH N. GOLDBERG MD 04/28/2005 13:37

Copies to: OH, JOHN OH, JOHN OH, JOHN

Print Date and Time:

EVANSTON NORTHWESTERN HEALTHCARE
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Medical Record Number: 084503725
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Patient Location: 5 NORTH SEARL 5976 01
Ordering Physician: PAO, WINNIE

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0032510	4/29/05 6:45:30 AM	CT Head W/O Contrast

Reason for Exam:
STROKE

Results
ICD-9 Code: None given.

CT HEAD

Clinical Indication: Left MCA stroke, followup.

Technique: 5 mm axial images of the brain without infusion.

Comparison: 04/28/05.

Findings:
No new hemorrhage. Petechial hemorrhage is less conspicuous on the current study, indicating evolution of the small areas of hemorrhage. There is no evidence of infarct extension. Degree of mass effect has not appreciably changed compared to the previous scan. There is minimal bowing of midline structures to the right, with effacement of right lateral ventricle and effacement of left temporal, frontal and parietal sulci. There are no subdural fluid collections.

Limited views of the orbits are unremarkable. Small area of mucosal thickening at the right frontoethmoidal junction is unchanged.

IMPRESSION:

Copies to: OH, JOHN OH, JOHN OH, JOHN

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Patient Location: 5 NORTH SEARL 5976 01
Ordering Physician: PAO, WINNIE

Age: 41 years Sex: M
Date of Birth: 11/

Accession Number	Exam Date and Time	Procedure
CT-05-0032510	4/29/05 6:45:30 AM	CT Head W/O Contrast

No evidence of new hemorrhage or infarct extension.

FINAL REPORT

Dictating Radiologist: ANKENBRANDT WILLIAM MD
Transcribed by: KAG 04/29/2005 13:22
Electronically Verified and Signed by: WILLIAM ANKENBRANDT MD 04/29/2005 17:58

Copies to: OH, JOHN OH, JOHN OH, JOHN

Print Date and Time:

Evanston Northwestern Healthcare
Department of Cardiac Graphics

VASCULAR REPORT

Patient Name: BAXTER,TED
Account #: 0147019405111
Exam Date: 04/22/2005
Exam Time: 4:09:02 PM CDT
Result Date: 04/25/2005
Resulting Provider:

BAXTER, TED
SSN: 084-

Performing MD: Golan, John MD
Referring MD: Oh, Chris MD
Procedure Date: 4/22/2005
Order #:E41747244

Gender: Male
Age: 41
DOB: 11

Technician: Karacan, Aynur
Patient Type: IP

Indications (ICD9):
Other specified hemiplegia unspec
(342.80)

Procedure (CPT):
Carotid (93880-26)

Exam Type: Carotid Duplex

Carotid Measurements:

	Right (mmHg)		Left (mmHg)
CCA	122/17		175/19
Bulb	128/26	121/22	
Proximal ICA		77/26	92/26
Distal ICA	69/27	72/28	
ECA	106/14	156/15	
Vertebrals	antegrade	antegrade	

Right: The right common carotid artery, internal carotid artery, and external carotid artery are within normal limits. Doppler spectral analysis is normal.

Left: The left common carotid artery, internal carotid artery, and external carotid artery within normal limits. Doppler spectral analysis is normal.

VASCULAR REPORT

Patient Name: BAXTER,TED
Account #: 0147019405111
Exam Date: 04/22/2005
Exam Time: 4:09:02 PM CDT
Result Date: 04/25/2005
Resulting Provider:

Impression:
1) Normal carotid arteries bilaterally.

2) Patent vertebral arteries with antegrade flow bilaterally.

Final report electronically signed by golanj

%%END

Evanston Northwestern Healthcare
Department of Cardiac Graphics

VASCULAR REPORT

Patient Name: BAXTER,TED
Account #: 0147019405111
Exam Date: 04/22/2005
Exam Time: 4:12:48 PM CDT
Result Date: 04/25/2005
Resulting Provider:

BAXTER, TED
SSN: 084-

Performing MD: Golan, John MD
Referring MD: Oh, Chris MD
Procedure Date: 4/22/2005
Order #:E41732918

Gender: Male
Age: 41
DOB: 11/

Technician: Karacan, Aynur
Patient Type: IP

Indications (ICD9):
Edema (782.3)

Procedure (CPT):
Bilateral venous imaging (93970-26)

Exam Type: Lower Ext Venous-Bilateral

Right: The right common femoral, femoral, profunda femoris, popliteal and calf veins were examined. The veins are easily compressible and appear normal.

Left: The left common femoral, femoral, profunda femoris, popliteal and calf veins were examined. The veins are easily compressible and appear normal.

Impression:
Normal venous imaging bilaterally. No evidence of deep or superficial vein thrombosis bilaterally.

Final report electronically signed by

Evanston Northwestern Healthcare
Department of Cardiac Graphics

VASCULAR REPORT

Patient Name: BAXTER,TED
Account #: 0147019405111
Exam Date: 04/25/2005
Exam Time: 9:54:38 AM CDT
Result Date: 04/25/2005
Resulting Provider:

BAXTER, TED
SSN: 084-

Performing MD: Golan, John MD
Referring MD: Oh, Chris MD
Procedure Date: 4/25/2005
Order #:E41829331

Gender: Male
Age: 41
DOB: 11/

Technician: Karacan, Aynur
Patient Type: IP

Indications (ICD9):
Superficial phlebitis of lower extremity (451.0)

Procedure (CPT):
Bilateral venous imaging (93970-26)

Exam Type: Lower Ext Venous-Bilateral

BILATERAL LOWER EXTREMITY VENOUS IMAGING PRELIMINARY REPORT;
RIGHT LEG; THERE IS NO EVIDENCE OF DVT SEEN IN RIGHT LEG. GSV THROMBUS SEEN IN THE DISTAL THIGH, DOESN`T EXTENT TO JUNCTION. THROMBOPHLEBITIS SEEN IN THE PROX CALF.
LEFT LEG; THERE IS NO EVIDENCE OF DVT SEEN.

Impression:
Acute superficial SVT right greater saphenous vein. No DVT

Normal venous imaging left leg. No evidence of deep or superficial vein thrombosis left leg.

EVANSTON NORTHWESTERN HEALTHCARE
DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

Report to: COOPER, SCOTT
777 PARK AVE WEST

HIGHLAND PARK, IL 60035

Name: BAXTER, TED
Sex: M Age: 41
Pat #: EU14701940
MR #: 084503725
0147019405111
Loc: EER

Order: 64213351 Req Phy: COOPER, SCOTT Report Status: **FINAL**

Test BLUE TOP EXTRA TUBE was canceled, 04/21/05 22:37 tests ordered

TEST	NORMAL RESULTS	ABNORMAL RESULTS	AB	NORMAL RANGE	UNITS	SITE
		COAGULATION				
			COLLECTED 04/21/2005 22:37			
PROTHROMBIN TIME	11.6			9.0-12.2	SEC	
INR	1.1					

Therapeutic range for INR is 2.0-3.0, except for mechanical prosthetic valves and recurrent acute myocardial infarction the range is 2.5-3.5

KEY FOR MICRO RESULTS: _ - NEW RESULT
FOR RESULTS AND INFORMATION CALL 847-663-2100 **** Key for Site codes 0=Evanston 1=Glenbrook 2 or 3=Highland Park

Evanston Hospital **
2650 Ridge Avenue
Evanston, IL 60201
Director: T. Victor, M.D.

Glenbrook Hospital
2100 Pfingsten Road
Glenview, IL 60025
Director: R. Goldschmidt, M.D.

Highland Park Hospital
718 Glenview Avenue
Highland Park, IL 60035
Director: Barbara M. Golden, M.D.

OUTPATIENT LAB REPORT - EPIC RESULTS - DO NOT SCAN