

/15/2011 5:55 PM

FLANK -> 9053842884

Imaging Center of South Louisiana
165 Frontage Rd A Suite A
Gray, LA 70359

Phone: 985-580-2888

Fax: 985-851-7526

Accredited by the American College of Radiology



Report Provided For
CHARLES PARSIOLA MD
1201 KENNETH ST
MORGAN CITY, LA 70380

Fax: 985-384-2884

Patient

Name: LARRY HUE

MRN #: ISL-00000061129

Phone: 985-519-6960

DOB: 10/22/1967

Gender: Male

Exam Start: 11/15/2011 3:04:40PM

MRI LUMBAR SPINE WITHOUT CONTRAST:

DATED: 11/15/2011

CLINICAL INFORMATION PROVIDED: Back pain. Left leg pain.

TECHNIQUE: MRI examination of the lumbar spine is performed utilizing a 1.5 Tesla MRI system.

COMPARISON: No prior examination is available for comparison.

FINDINGS:

Vertebral body heights are well-maintained. There is mild disc space narrowing at L3-4 and L4-5. There is mild lumbar spondylosis anteriorly. The structures visualized anterior to the spine within the abdomen and pelvis appear unremarkable.

L1-2: No significant abnormality.

L2-3: No significant abnormality.

L3-4: There is a right paracentral protruded disc herniation which moderately narrows the spinal canal and the right lateral recess. There is no neural foraminal stenosis. There is bilateral facet arthropathy.

L4-5: There is a central protruded disc herniation which severely narrows the spinal canal. No neural foraminal stenosis. There is bilateral facet arthropathy.

L5-S1: There is mild disc bulging. No central canal or neural foraminal stenosis. There is bilateral facet arthropathy.

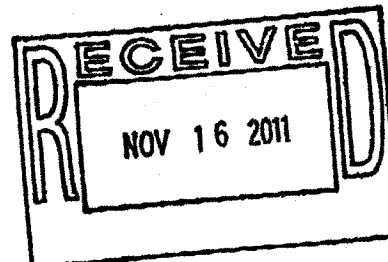
IMPRESSION:

1. SEVERE CENTRAL CANAL NARROWING AT L4-5.
2. MODERATE CENTRAL CANAL NARROWING AT L3-4.

Interpreting Radiologist

Wendy S. Cervels, M.D.

Electronically Signed: 11/15/11 5:55 pm



Printed: 11/15/2011 5:54 pm

HUE, LARRY (Exam 1217964)

NO. 473 P. 3/5

BOURGEOIS MEDICAL CLINIC

Thibodaux Regional Medical Center
Thibodaux, LA
Diagnostic Imaging Department

Patient Name: HUE, LARRY

Signed**CAT SCAN LUMBAR SPINE 01/05/12**

Accession#: 929784001

Axial images were obtained through the lumbar spine post myelography.
Additional sagittal and coronal reconstructions were performed.

Vertebral body heights are well maintained. There is moderate disc space narrowing at the L4-5 and to a lesser degree the L5-S1 levels. No findings of fracture or subluxation.

L1-2, L2-3: No findings of disc protrusion or spinal stenosis. The neural foramen are patent bilaterally.

L3-4: Moderately severe broad-based disc bulge versus protrusion asymmetric to the right at this level causing moderately severe to severe mass effect upon the thecal sac and the medial aspect of the right neural foramen. The left neural foramen is patent.

L4-5: There is a broad-based disc bulge versus protrusion at this level causing severe mass effect upon the thecal sac with some extension of disc posterior to the superior endplate of L5. The AP dimension of the thecal sac at this level measures 7.1 mm. There is mild neural foramen narrowing bilaterally.

L5-S1: There is a moderate broad-based disc bulge at this level causing mild mass effect upon the thecal sac with a more prominent component centrally. The neural foramen are patent bilaterally.

The prevertebral and paravertebral soft tissues are unremarkable.

M.R.

#: M000221656

Patient Name: HUE, LARRY

Birthdate: 10/22/1967

Account #: V00010127700

Ord. Phy: DONNER, THOMAS R MD

Adm. Phy: DONNER, THOMAS R MD

Con:

Thibodaux Regional Medical Ctr

Pt. Loc/Rm/Bed: ACU/

Sex: M Ck-in#: 0105-0030

Exam Date: 01/05/12

Work Diag: /

Address: 116 CRAWFISH STEW ST

BELLE ROSE, LA 70341

Phone: (981

Page 1 of 2

" B "

Thibodaux Regional Medical Center

Patient: HUE,LARRY

MR#: M000221656

Req#: 12-0001261

Impression:

1. Broad-based disc bulge versus protrusion at the L4-5 level causing severe mass effect upon the thecal sac with some extension of disc posterior to the superior endplate of L5. The AP dimension of the thecal sac measures 7.1 mm.
2. Moderately severe broad-based disc bulge versus protrusion asymmetric to the right at the L3-4 level causing moderately severe to severe mass effect upon the thecal sac and the medial aspect of the right neural foramen.
3. Moderate broad-based disc bulge at the L5-S1 level causing mild mass effect upon the thecal sac but a more prominent component centrally.
4. No findings of fracture or subluxation.

DOBARD,GREGORY F MD

Signed By: DOBARD, GREGORY F MD

Dictated By: DOBARD, GREGORY F MD

Dictation D/T: 01/05/12 1407

Transcribed By: Cheryl M Breaud

Transcribed D/T: 01/05/12 1428

Copies to: DONNER,THOMAS R MD

M.R.

#:M000221656

Patient Name: HUE,LARRY

Birthdate: 10/22/1967

Account #: V00010127700

Ord. Phy: DONNER, THOMAS R MD

Adm. Phy: DONNER,THOMAS R MD

Con:

Thibodaux Regional Medical Ctr

Pt. Loc/Rm/Bed: ACU/

Sex:M Ck-in#:0105-0030

Exam Date: 01/05/12

Work Diag:/

Address:116 CRAWFISH STEW ST

BELLE ROSE, LA 70341

Phone: (985)519-6960

Thibodaux Regional Medical Center
Thibodaux, LA
Diagnostic Imaging Department

RECEIVED

JAN 04 2012

Patient Name: HUE, LARRY

Signed**RADIOLOGY MYELOGRAM LUMBAR SPINE. 01/05/12**

Accession#: 929682001

Informed consent was obtained. After skin preparation and local anesthesia a lumbar puncture was performed and clear CSF was obtained. Lumbar puncture was performed at the L2 level above the site of the patient's tattoo.

10 ml of Omnipaque 180 contrast was administered into the subarachnoid space without difficulty. AP, oblique and lateral images of the lumbar spine were performed.

There is severe narrowing of the contrast column at the L4-5 level. There is a moderate ventral extradural defect at the L3-4 level. There is partial filling of the distal thecal sac at the L5-S1 level and the S1 nerve roots.

The patient tolerated the procedure with no immediate complications. A CT scan will follow for further evaluation.

DOBARD, GREGORY F MD

Signed By: DOBARD, GREGORY F MD

Dictated By: DOBARD, GREGORY F MD

Dictation D/T: 01/05/12 1126

Transcribed By: Cheryl M Breaud

Transcribed D/T: 01/05/12 1159

Copies to: DONNER, THOMAS R MD

M.R.**#: M000221656****Patient Name: HUE, LARRY****Birthdate: 10/22/1967****Account #: V00010127700****Ord. Phy: DONNER, THOMAS R MD****Adm. Phy: DONNER, THOMAS R MD****Con:****Thibodaux Regional Medical Ctr****Pt. Loc/Rm/Bed: ACU/****Sex: M Ck-in#: 0105-0051****Exam Date: 01/05/12****Work Diag: /****Address: 116 CRAWFISH STEW ST****BELLE ROSE, LA 70341****Phone: (985) 519-6960**

Page 1 of 1

THOMAS R. DONNER, M.D.

DEEPAK AWASTHI, M.D.

PETER G. LIECHTY, M.D.

604 North Acadia Road, Suite 410

70301

January 18, 2012

Patrick Rentrop
Rentrop Tugs
1232 Camellia Blvd., Ste.
Lafayette, LA 70508

CERTIFIED RETURN R

RE: Larry Hue,
DOI: 10/1

(98)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <i>Dambi Triche</i></p> <p>B. Received by (Printed Name) <i>DAMBI TRICHE</i></p> <p>C. Date of Delivery <i>1-25-12</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article addressed to: <i>Patrick Rentrop Rentrop Tugs 1232 Camellia Blvd. Ste C Lafayette, LA 70508</i>		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from label) <i>PS Form 3811</i>		4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

ENERGY CENTER STATION
JAN 25 2012
70508

Dear Mr. Rentrop:

A fax was sent to you on January 11, 2012, along with a call from my secretary, to indicate my recommended surgery and/or second surgical opinion for Mr. Hue. In an effort to get the optimum outcome for Mr. Hue's condition, I will allow two weeks from the day you receive this letter for said authorization to be given on the proposed surgery and/or second surgical opinion. Prolonged delays in care of neurosurgical problems greatly worsen the overall prognosis, the likelihood of symptomatic improvement, and the likelihood of patients returning to work.

If I do not hear from you within this time frame, I will discharge the patient from my care (treating him on an emergency basis for no more than 14 days) and refer him to a pain management specialist for continued treatment.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

Thomas R. Donner
Thomas R. Donner, M.D.

TRD/svb

cc: Larry Hue, Jr.

"C"