

Patient Name - DIAGNOSTIC STUDIES

| DATE | STUDY | FACILITY/PROVIDER | INDICATION | FINDINGS | IMPRESSION | PDF REF |
|------------|-------------------------------------|---|--|--|--|---------|
| 08/31/YYYY | X-ray of left shoulder | Medical City Dallas/Kalpana Ramakrishna, M.D. | Postoperative reduction | Acromioclavicular joint space appears slightly widened. No definitive fracture | N/A | 377-378 |
| 09/05/YYYY | CT of lumbar spine without contrast | Medical City Dallas/Uday Kanamalla, M.D. | Lower extremity weakness. Post lum | Post surgical changes are again noted at L3-L4 level with left laminectomy and facetectomy. The interbody fusion graft again extends beyond the posterior margin of the vertebral body into the left lateral recess and left neural foramen. Effacement of the left lateral recess as well as the left neural foramen is present. There are stable postsurgical changes in the posterior paraspinous soft tissues at this level with edema/granulation tissue. A subcutaneous fluid collection with air is also unchanged. | 1. Unchanged appearance of postsurgical changes at L3-4 level. The interbody fusion graft is again seen extending into the left lateral recess and left neural foramen causing effacement. Stable posterior paraspinous postsurgical changes are present with subcutaneous fluid collection/air present. 2. Stable appearance of posterior fusion at L3-L5 levels. There is unchanged mild retrolisthesis at L2-3 and L4-5 levels. There appears to be mild loosening of the screws at L5 level. The interbody fusion graft is not completely incorporated at the L4-5 level. | 407-408 |
| 09/05/YYYY | X-ray of right foot | Medical City Dallas/Elaina Zabak, M.D. | Concern for fracture | No definite acute fracture identified. Mild irregularity along the articular surface of the fifth metatarsal base is favored within normal limits. Moderate hallux valgus with small bunion formation. Lisfranc joint alignment is maintained. Normal osseous mineralization. | 1. No definite acute fracture identified. Mild irregularity along the articular surface of the fifth metatarsal base is favored within normal limits. Recommend correlation with point tenderness. 2. Moderate hallux valgus with small bunion formation. | 411 |
| 09/06/YYYY | Left lower extremity arterial study | Medical City Dallas/Ward Lane, M.D. | Left leg pain with coolness of the leg | The common femoral artery has posterior wall plaque which narrows the lumen less than 50%. | Left lower extremity, no significant arterial occlusive disease demonstrated | 414 |
| 09/06/YYYY | Myelogram of lumbar spine | Medical City Dallas/Ellis Robertson, M.D. | Left leg pain/numbness/weakness | 1. There are bilateral pedicle screws from L3-L5. Vertically oriented connecting rods are present. Grafts are present within the intervening disc spaces. There is incomplete filling of the thecal sac at the L3-4 and to a lesser extent along the left lateral aspects of the thecal sac at the L4-5 level. There is underfilling of the left L4 and L5 nerve roots. 2. The right-sided nerve roots at these levels the more normal fashion. There is significant irregularity along the left lateral aspect of the thecal sac at the L3-4 and L4-5 levels | There is under-filling of the thecal sac more apparent to the left of midline at the L3-4 levels. There is irregularity of the lateral margin of the thecal sac on the left at the L4-5 level. There is under-filling of the left L4 and left L5 nerve roots. | 416-418 |