MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-149233 | RA Chest 1 View Frontal | Auth (Verified) |

**Report**
*** Final ***

*Electronically Signed By: Graule MD, Melissa J*
*on 11/22/2014 07:25*

*Dictated by: Graule MD, Melissa J*
*on 11/22/2014 07:23*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-149421 | RA Chest 1 View Frontal | Auth (Verified) |

**Reason For Exam**
(RA Chest 1 View Frontal) Chest Trauma

**Report**

Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: McNulty, Kathleen
Facility: ARMC
Patient Loc: 4HP
DOB: 03/31/1932
Exam Date: 11/23/2014 06:39

CHEST ONE VIEW PORTABLE

HISTORY: Trauma patient, pedestrian hit by motor vehicle, multiple fractures.

COMPARISON: November 22, 2014.

TECHNIQUE: An AP portable semi-erect view was obtained at 6:46 AM.

FINDINGS:
* HEART: Normal in size.
* LUNGS / PLEURA: There is no definite evidence of residual right pneumothorax. Aeration in the right lower lobe is improving. The left retrocardiac opacity appears similar.
* MEDIASTINUM: No change.
* BONES: No change.
* TUBES/CATHETERS: A chest tube remains in place at the right apex.
* ADDITIONAL COMMENTS: None.

IMPRESSION:

Interval improvement. Please see discussion.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-149421 | RA Chest 1 View Frontal | Auth (Verified) |

**Report**
*** Final ***

*Electronically Signed By: Graule MD, Melissa J*
*on 11/23/2014 07:36*

*Dictated by: Graule MD, Melissa J*
*on 11/23/2014 07:34*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-149962 | RA Chest 1 View Frontal | Auth (Verified) |

**Reason For Exam**
(RA Chest 1 View Frontal) Chest Trauma

**Report**

Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Thompson, Peter
Facility: ARMC
Patient Loc: 4HP
DOB: 03/31/1932
Exam Date: 11/24/2014 12:48

CHEST ONE VIEW PORTABLE

HISTORY: Chest trauma, chest tube removal

COMPARISON: November 23, 2014

TECHNIQUE: An AP portable semi-erect view was obtained at 12:50 PM.

FINDINGS:
* HEART: Borderline increased
* LUNGS / PLEURA: Bilateral linear infiltrates unchanged No effusions or thickening seen. No pneumothorax seen
* MEDIASTINUM: Within normal limits
* BONES: Multiple microfractures and postoperative changes right humerus unchanged
* TUBES/CATHETERS: Right chest tube removed
* ADDITIONAL COMMENTS: None.

IMPRESSION:

Right chest tube removed. No significant changes

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-149962 | RA Chest 1 View Frontal | Auth (Verified) |

**Report**
*** Final ***

*Electronically Signed By: Brezel MD, Mitchell H*
*on 11/24/2014 13:59*

*Dictated by: Brezel MD, Mitchell H*
*on 11/24/2014 13:58*

## Mammography Reports

No data exists for this section

## Radiology Reports

| | |
|---|---|
| Document Type: | IR Intra-Procedure Assessment |
| Service Date/Time: | 11/17/2014 18:20 EST |
| Result Status: | Auth (Verified) |
| Perform Information: | Dolch RN,April (11/17/2014 19:50 EST) |
| Sign Information | Dolch RN,April (11/17/2014 19:50 EST) |

**IR Intra-Procedure Assessment Entered On: 11/17/2014 7:58 PM**
**Performed On: 11/17/2014 6:20 PM by Dolch RN, April**

**Vital Signs**
*Peripheral Pulse Rate* : 96 BPM
*Respiratory Rate* : 21 BR/MIN (HI)
*Systolic Blood Pressure Cuff* : 105 mm/Hg
*Diastolic Blood Pressure Cuff* : 51 mm/Hg
*Mean Arterial Pressure Cuff* : 69 mm/Hg
*BP Method* : Automated device
*Respiratory Delivery Devices* : Nasal cannula
*Room Air* : No
*Oxygen Saturation* : 100 %
*Pulse Ox Activity* : At Rest
*Oxygen Flow Rate* : 2 L/MIN

Dolch RN, April - 11/17/2014 7:50 PM

**Intra-Procedure Assessment**

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Radiology Reports

*Intraprocedure Assessment Note* : Patient transferred to procedure table via slide board supine position for comfort & safety, bilateral arms secured in slings, secured with bilat. padded arm sleds, miami J collar remains in position. Patient prepped and draped by K. Kroon, RT.
1838 Dr. Petruzzi table side, universal protocol/time out done, all in room agree, start of procedure, lidocaine injected right groin.
1917 MYNX closure device 5 fr. Lot. F1421303, Exp. 2015-08-31 deployed by Dr. Petruzzi.
1921 End of procedure, tegaderm dressing applied right groin site by K. Kroon, site clean dry intact, soft, no s/s of hematoma noted.
1925 Patient transferred to bed via slide board supine position.

Dolch RN, April - 11/17/2014 7:50 PM

**Intra-Procedure POC**

*Plan of Care Intra-Procedure Name* : right upper extremity/thoracic aortagram/possible intervention
*Plan of Care Pre Procedure Results* : No data available.
*Intraprocedure Comfort/Psychosocial* : Anxiety relieved by emotional support
*Intraproc Comfort/Psychosocial Priority* : 6
*Intraprocedure Comfort/Pain* : Positioned for comfort
*Intraprocedure Comfort/Pain Priority* : 5
*Intraprocedure Infection Prevention* : Standard precautions maintained, Sterile field(s) maintained
*Intraproc Infection Prevention Priority* : 2
*Intraprocedure Safety* : ABCs maintained
*Intraprocedure Safety Priority* : 1
*Intraprocedure Fluid Volume* : IV patent/fluid support provided, Intake/Output, vital signs monitored
*Intraprocedure Fluid Volume Priority* : 3
*Intraprocedure Airway & Breathing* : Airway & oxygen support provided
*Intraproc Airway & Breathing Priority* : 3
*Intraproc Education & D/C Plan* : Patient/family education instructions given
*Intraproc Education & D/C Plan Priority* : 7

Dolch RN, April - 11/17/2014 7:50 PM

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Radiology Reports

Document Type: IR Postprocedure Assessment
Service Date/Time: 11/17/2014 19:35 EST
Result Status: Auth (Verified)
Perform Information: Dolch RN,April (11/17/2014 19:58 EST)
Sign Information Dolch RN,April (11/17/2014 19:58 EST)

**IR Postprocedure Assessment Entered On: 11/17/2014 8:04 PM**
**Performed On: 11/17/2014 7:35 PM by Dolch RN, April**

**Vital Signs**
*Peripheral Pulse Rate* : 96 BPM
*Respiratory Rate* : 21 BR/MIN (HI)
*Systolic Blood Pressure Cuff* : 115 mm/Hg
*Diastolic Blood Pressure Cuff* : 58 mm/Hg
*Mean Arterial Pressure Cuff* : 77 mm/Hg
*BP Method* : Automated device
*Respiratory Delivery Devices* : Nasal cannula
*Room Air* : No
*Oxygen Saturation* : 100 %
*Pulse Ox Activity* : At Rest
*Oxygen Flow Rate* : 2 L/MIN

Dolch RN, April - 11/17/2014 7:58 PM

**General**
*Level of Consciousness* : Alert
*Orientation* : Oriented x 3
*Skin Color* : Normal for ethnicity
*Skin Description* : Dry
*Skin Temperature* : Warm
*Initiated Post Sedation Discharge Form* : N/A

Dolch RN, April - 11/17/2014 7:58 PM

**Postprocedural Plan of Care**
*Plan of Care Post-Procedure Name* : right upper extremity/thoracic aortagram
*Plan of Care Pre and Intra Proc Results* : No data available.
*Postprocedure Comfort/Psychosocial* : Anxiety relieved by emotional support
*Postproc Comfort/Psychosocial Priority* : 6
*Postprocedure Comfort/Pain* : Positioned for comfort
*Postprocedure Comfort/Pain Priority* : 5
*Postprocedure Infection Prevention* : Standard precautions maintained
*Postproc Infection Prevention Priority* : 4
*Postprocedure Safety* : ABCs maintained, Side rails up, brakes in locked position
*Postprocedure Safety Priority* : 1
*Postprocedure Fluid Volume* : IV patent/fluid support provided, Intake/Output, vital signs monitored
*Postprocedure Fluid Volume Priority* : 2

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Radiology Reports

*Postprocedure Airway & Breathing* : Airway & oxygen support provided
*Postproc Airway & Breathing Priority* : 3
*Postprocedure Education & D/C Plan* : Patient/family education instructions given
*Postproc Education & D/C Plan Priority* : 7

Dolch RN, April - 11/17/2014 7:58 PM

**Cardiovascular**
*Heart Rhythm* : Regular
*Nail Bed Color* : Pink
*Capillary Refill* : Less than 3 seconds

Dolch RN, April - 11/17/2014 7:58 PM

Pulses Grid
*Radial Pulse, Left* : 2+ Normal
*Radial Pulse, Right* : 2+ Normal
*Dorsalis Pedis Pulse, Left* : 2+ Normal
*Dorsalis Pedis Pulse, Right* : 2+ Normal

Dolch RN, April - 11/17/2014 7:58 PM

**Cardiac Rhythm**
*Monitoring Lead* : II
*Cardiac Rhythm* : Normal sinus rhythm

Dolch RN, April - 11/17/2014 7:58 PM

**Respiratory**
*Airway Type* : None
*Respiratory Pattern* : Regular
*Respirations* : Unlabored

Dolch RN, April - 11/17/2014 7:58 PM

**GU**
*Urinary Elimination* : Indwelling catheter
*Urine Color* : Yellow

Dolch RN, April - 11/17/2014 7:58 PM

**Nursing Note**
*Nursing Note* : Patient transported from this unit via bed with side rails up in the care of primary K. Hoffmann, RN (TICU) and tech. patient left this unit AAO, resp. easy & even O2 via NC @ 2 L/min, Miami J collar remains in place, bilateral upper extremity slings, foley catheter intact draining yellow, right groin tegaderm dressing clean, dry intact, no acute distress noted.
Dolch RN, April - 11/17/2014 7:58 PM

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Radiology Reports

| | |
|---|---|
| Document Type: | IR PreProcedure Assessment-Form |
| Service Date/Time: | 11/17/2014 18:15 EST |
| Result Status: | Auth (Verified) |
| Perform Information: | Dolch RN,April (11/17/2014 20:06 EST) |
| Sign Information | Dolch RN,April (11/17/2014 20:06 EST) |

**IR Preprocedure Assessment Entered On: 11/17/2014 7:49 PM**
**Performed On: 11/17/2014 6:15 PM by Dolch RN, April**

### Vital Signs
*Respiratory Rate* : 20 BR/MIN
*Systolic Blood Pressure Cuff* : 105 mm/Hg
*Diastolic Blood Pressure Cuff* : 54 mm/Hg
*Mean Arterial Pressure Cuff* : 71 mm/Hg
*BP Method* : Automated device
*Respiratory Delivery Devices* : Nasal cannula
*Room Air* : No
*Oxygen Saturation* : 100 %
*Pulse Ox Activity* : At Rest
*Oxygen Flow Rate* : 2 L/MIN

Dolch RN, April - 11/17/2014 7:43 PM

### Height and Weight
*Height Measurement* : English
*Height Method* : Estimated
*Height (in)* : 63 INCH
*Height Calculated (cm)* : 160.02 cm
*Weight (kg)* : 64.5 kg(Converted to: 142.198 LB)
*Pt BSA* : 1.673
*Body Mass Index* : 25.19

Dolch RN, April - 11/17/2014 8:06 PM

### General
*Level of Consciousness* : Alert
*Orientation* : Oriented x 3
*Skin Color* : Normal for ethnicity
*Skin Description* : Dry
*Skin Temperature* : Warm
*Initiated Post Sedation Discharge Form* : N/A

Dolch RN, April - 11/17/2014 7:43 PM

### Pre-Procedure
*Plan of Care Pre-Procedure Name* : right upper extremity/thoracic aortagram possible intervention
*Preprocedure Comfort/Psychosocial* : Anxiety relieved by emotional support
*Preprocedure Comfort/Psychosocial Priorty* : 6
*Preprocedure Comfort/Pain* : Positioned for comfort

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Radiology Reports

*Preprocedure Comfort/Pain Priority* : 5
*Preprocedure Infection Prevention* : Standard precautions maintained, Sterile field(s) maintained
*Preprocedure Infection Prevention Priority* : 2
*Preprocedure Safety Priority* : 1
*Preprocedure Safety* : ABCs maintained, Side rails up, brakes in locked position
*Preprocedure Fluid Volume* : IV patent/fluid support provided, Intake/Output, vital signs monitored
*Preprocedure Fluid Volume Priority* : 3
*Preprocedure Airway & Breathing* : Airway & oxygen support provided
*Preprocedure Airway & Breathing Priority* : 4
*Preprocedure Education & D/C Plan* : Patient/family education instructions given
*Preprocedure Education & D/C Plan Prior* : 7

Dolch RN, April - 11/17/2014 7:43 PM

**Cardiovascular**
*Heart Rhythm* : Regular
*Nail Bed Color* : Pink
*Capillary Refill* : Less than 3 seconds

Dolch RN, April - 11/17/2014 7:43 PM

Pulses Grid
*Radial Pulse, Left* : 2+ Normal
*Radial Pulse, Right* : 2+ Normal
*Dorsalis Pedis Pulse, Left* : 2+ Normal
*Dorsalis Pedis Pulse, Right* : 2+ Normal

Dolch RN, April - 11/17/2014 7:43 PM

**Cardiac Rhythm**
*Monitoring Lead* : II
*Cardiac Rhythm* : Normal sinus rhythm

Dolch RN, April - 11/17/2014 7:43 PM

**Respiratory**
*Airway Type* : None
*Respiratory Pattern* : Regular
*Respirations* : Unlabored

Dolch RN, April - 11/17/2014 7:43 PM

**GU**
*Urinary Elimination* : Indwelling catheter
*Urine Color* : Yellow

Dolch RN, April - 11/17/2014 7:43 PM

**Nursing Note**
*Nursing Note* : Received patient via stretcher with siderails up from ED/Trauma bay team, patient brought directly into IR suite. Patient is AAO, verified name, DOB, denies allergies. Miami
j collar intact, bilateral upper extremities secured in slings scattered abrasions and bruising noted, right groin with cordis intact, foley catheter intact draining yellow, left arm IV site with platelets infusing being monitored and maintained by ED and TICU nursing team.
1820 Dr. Petruzzi obtaining consent, explaining procedure to patient husband, verbalized understanding.

MR#: 007832283
Name: KENNEDY, HILDA
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Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
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Attending Provider: Thompson MD,Peter

## Radiology Reports

Dolch RN, April - 11/17/2014 8:06 PM

## Advanced Care Planning

No data exists for this section

## Controlled Substance Agreement

No data exists for this section

## Ambulatory Documentation

No data exists for this section

## ED Documentation

# MARA

Mid Atlantic Rehabilitation Associates, PA

1750 Zion Road, Suite 103
Northfield, NJ 08225
Phone 609-641-2581
Fax 609-641-6901

- Board Certified Physical Medicine Rehabilitation
- Electrodiagnostic Medicine

Arvind Baliga, MD Salvatore Russomano, MD

NAME Hilda Kennedy
DATE 10/19/15
REFERRING DOCTOR Islinger

Temperature maintained above 32° for Upper Extremities & above 30° for Lower Extremities

Limb Temperature:

| MUSCLE | INNERVATION ROOT | INNERVATION NERVE | | SPONTANEOUS ACTIVITY Fibrillation | SPONTANEOUS ACTIVITY Positive Waves | VOLUNTARY MOTOR UNIT ACTIVITY Amplitude (UV) | Duration (msec) | Recruitment | Configuration | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|
| (R) biceps | C5-6 | musculocut | N | 0 | 0 | 2-3+ | 5-7 | nl | nl | |
| (R) supraspinatus | C5-6 | suprascap | N | 0 | 0 | ↓ | ↓ | ↓ | ↓ | |
| (R) infraspinatus | C5-6 | suprascap | N | 0 | 0 | | | | | |
| (R) triceps | C7-8 | radial | N | 0 | 0 | | | | | |
| (R) deltoid | C5-6 | axillary | ↑ | 2+ | 3+ | .5-1K | 25-55 | ↓ | 3 phys | few MUAPs RLs 60-100uV |
| (R) FDI | C8-T1 | ulnar | N | 0 | 0 | 2-3+ | 5-7 | nl | nl | |
| (R) cervical paraspinals | cervical roots | | N | 0 | 0 | | | | | |

| NERVE | LATENCY (msec) Proximal | LATENCY (msec) Distal | Distance (cm) | Nerve Conduction Velocity | EVOKED RESPONSE AMPLITUDE (UV) Proximal | EVOKED RESPONSE AMPLITUDE (UV) Distal | TEMP | COMMENTS |
|---|---|---|---|---|---|---|---|---|
| (R) radial sensory | | 3.2 | 14 | | | 28 | | |
| (R) radial sensory | | 3.2 | 14 | | | 23 | | |

Results attached

MARA Mid Atlantic Rehabilitation Associates, PA

1750 Zion Road, Suite 103
Northfield, NJ 08225
Phone 609-641-2581
Fax 609-641-6901

Arvind Baligt, MD
Salvatore Russomano, MD

- Board Certified Physical Medicine Rehabilitation
- Electrodiagnostic Medicine

October 19, 2015

Richard B. Islinger, M.D.
Shore Orthopaedic University Associates
24 MacArthur Blvd.
Somers Point, NJ 08244

RE: **Kennedy, Hilda**

Dear Dr. Islinger

I had the pleasure of evaluating your patient, Hilda Kennedy, for electrodiagnostic testing on 10-19-2015. The patient is an 83-year-old right-handed female who was involved as a pedestrian struck by a jitney on 11/17/14 with a resultant right humerus fracture, right scapular fracture, and bilateral rib fractures. She has been treated with an open reduction internal fixation of the right humerus fracture and despite the passage of time and the provision of therapy, continues to complain of burning pain on the outside of the right shoulder with weakness raising the right shoulder. She has noted atrophy of the right shoulder as well. She also has had a separate left shoulder injury due to a fall inside of a jitney on 10/6/14 and reports some continued left shoulder pain complaints but denies any dysesthetic symptoms on that side. She denies any paresthesias in the right hand. She presents today for evaluation of the right shoulder issues and for consideration of electrodiagnostic testing of this area. There is no reported bowel or bladder incontinence. She continues to maintain her right upper extremity in a sling whenever she is out of the home.I had last evaluated her on 9/8/15 and felt that electrodiagnostic testing of the right upper extremity was warranted. She presents today for completion of that study. She denies any new injuries or trauma since her last visit with me.

Review systems: A 5 point systems review was otherwise unremarkable.

Pertinent medical data: There is a report of a CT of the right shoulder from 6/18/15 that shows a plated humerus fracture as well as a comminuted ununited right scapular fracture.

Physical Examination: Showed significant atrophy of the right deltoid compared to the left. Sensation to pinprick was diminished in the upper outer arm but was otherwise appreciated fairly symmetrically throughout the right upper extremity. Tinel's signs were negative at the right wrist and right medial elbow. Manual muscle testing revealed less than antigravity shoulder abduction and extension on the right. Elbow flexion was graded as 4/5. Elbow extension and wrist and hand strength were graded as 5/5 on the right. Reflexes were 1+ and symmetric at the biceps, triceps, and wrist extensor areas bilaterally. There was less edema of the digits on the right. There were well-healed surgical incisions at the right anterior shoulder and right posterior arm. Examination of the right shoulder was otherwise pain limited.
EMG/nerve conduction velocity testing: After the test was explained to the patient and consent to proceed was obtained, EMG and nerve conduction studies were performed on the right upper extremity in order to evaluate the patient with regards to a neurogenic etiology for her complaints. Right and left radial sensory conductions were performed and were absolutely and relatively within normal limits. Please see the attached data sheet for specific nerve conduction values. Next, an EMG screen of the right upper extremity and related cervical paraspinal muscles was performed without complications and revealed increased insertional activity with 2+ fibrillations ranging in amplitude from 60 to 100 μV,3+ positive waves, and polyphasic voluntary motor unit potentials with a reduced amplitude that were few in number in the right deltoid muscle. All of the other muscles evaluated today were within

normal limits with no evidence of denervation. Please see the attached data sheet for a listing of the specific muscles evaluated on the EMG portion of today's study.

Impressions:

1. Abnormal electrical study.
2. There is electrical evidence of an old right axillary neuropathy with extensive axon loss and without ongoing denervation in this nerve distribution at this time.
3. There is no electrical evidence of a C5 to T1 cervical radiculopathy in the right upper extremity at this time.
4. There is no electrical evidence of an upper trunk/posterior cord brachial plexopathy in the right upper extremity at this time.
5. There is no electrical evidence of a suprascapular neuropathy in the right upper extremity at this time.

Recommendations:

The results of today's study were discussed with both the patient and her husband. Given the extensive axon loss seen in the axillary distribution combined with the time from her injury, it is with a reasonable degree of medical certainty that she will have permanent deltoid weakness on the right. However, consideration should be given to additional continued physical therapy to optimize right shoulder functioning and to prevent a frozen right shoulder until her functional recovery plateaus, if it has not yet already occurred with the therapy provided thus far. The patient will follow-up with you for further management and treatment with regards to this issue.

Thank you for referring your patient to our practice for electrodiagnostic testing. If you have any further questions regarding this visit, please do not hestitate to contact me.

Sincerely,
Electronically signed by:

Arvind Baliga, M.D.
cc:

Rose 10-19-2015 12:17 p.m.

Atlantic Medical Imaging
CELEBRATING 50 YEARS
★ 1964-2014 ★

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S. Friedman, M.D.
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Karen Levy, M.D.
Delan DeAlwis, M.D.

30 East Maryland Avenue, Somers Point, NJ 08244 • Phone: (609) 653-0209, Fax: (609) 926-1307

PATIENT: HILDA KENNEDY
MRN #: 920502700
D.O.B.: 03-31-1932
ACCESSION #: 3717651
EXAM LOCATION: SOMERS POINT
EXAM DATE: 01-16-15

ORDERING: RICHARD ISLINGER, MD

MAIL TO: RICHARD ISLINGER, MD
24 MACARTHUR BLVD

SOMERS POINT, NJ 08244-

---

MRI RIGHT HUMERUS WITHOUT CONTRAST

HISTORY: Pain and swelling. Pedestrian struck.

COMPARISON: None.

TECHNIQUE: A 1.5 Tesla multiplanar MRI of the right humerus was performed according to protocol without intravenous contrast.

FINDINGS:
* BONES: There is susceptibility artifact in the proximal humerus from metallic hardware related to the patient's open reduction and internal fixation. Marrow signal is otherwise normal.

Partially imaged glenohumeral joint effusion.
* MUSCLES AND TENDONS: Grade 2 strain of the triceps lateral head. Grade 1 strain of the triceps long head.

Partially imaged grade 1 strains in the deltoid and teres major muscles.
* OTHER OBSERVATIONS: In the posterior subcutaneous fat at the level of the proximal humerus is a complex fluid collection with mixed T1 hyperintense and hypointense elements and mostly T2 hyperintense elements with internal septae. The collection measures 8.1 cm proximal distal by 4.1 cm transverse by 3.9 cm AP.

IMPRESSION:

1. Complex fluid collection measuring 8.1 cm proximal distal by 4.1 cm transverse by 3.9 cm AP in the posterior subcutaneous fat at the level of the proximal humerus. This likely represents a complex hematoma. If infection is a clinical concern, aspiration could be performed.

2. Grade 2 strain of the triceps muscle lateral head.

3. Grade 1 strains of the deltoid, long head triceps and teres major muscles.

DAVID A LEVI, MD
Consulting Copies:

| Patient Name | MRN # | Access. # | DOB | Age | Sex | Date | Mod | Study Description | Ordered by | Scanner Code |
|---|---|---|---|---|---|---|---|---|---|---|
| KENNEDY,HILDA | 920502700 | 3717651 | 03-31-1932 | 82 | F | 01-16-2015 03:43 pm | MR | MRI UPPER ARM R WO MSK | ISLINGER,RICHARD | MRS2LX2 |

**Final Report: 01-16-2015 03:59 pm, received from RISaddReport**

Report Dictated By:

PATIENT: HILDA KENNEDY ORDERING: RICHARD ISLINGER, MD
MRN #: 920502700
D.O.B.: 03-31-1932 MAIL TO: RICHARD ISLINGER, MD
ACCESSION #: 3717651 24 MACARTHUR BLVD
EXAM LOCATION: SOMERS POINT
EXAM DATE: 01-16-15 SOMERS POINT, NJ 08244-

---

MRI RIGHT HUMERUS WITHOUT CONTRAST

HISTORY: Pain and swelling. Pedestrian struck.

COMPARISON: None.

TECHNIQUE: A 1.5 Tesla multiplanar MRI of the right humerus was performed according to protocol without intravenous contrast.

FINDINGS:
* BONES: There is susceptibility artifact in the proximal humerus from metallic hardware related to the patient's open reduction and internal fixation. Marrow signal is otherwise normal.

Partially imaged glenohumeral joint effusion.
* MUSCLES AND TENDONS: Grade 2 strain of the triceps lateral head. Grade 1 strain of the triceps long head.

Partially imaged grade 1 strains in the deltoid and teres major muscles.
* OTHER OBSERVATIONS: In the posterior subcutaneous fat at the level of the proximal humerus is a complex fluid collection with mixed T1 hyperintense and hypointense elements and mostly T2 hyperintense elements with internal septae. The collection measures 8.1 cm proximal distal by 4.1 cm transverse by 3.9 cm AP.

IMPRESSION:

1. Complex fluid collection measuring 8.1 cm proximal distal by 4.1 cm transverse by 3.9 cm AP in the posterior subcutaneous fat at the level of the proximal humerus. This likely represents a complex hematoma. If infection is a clinical concern, aspiration could be performed.

2. Grade 2 strain of the triceps muscle lateral head.

3. Grade 1 strains of the deltoid, long head triceps and teres major muscles.

DAVID A LEVI, MD
Consulting Copies:

# Cerner Imaging Exam Report

Facility: **ARMC City**

Patient Name: **KENNEDY, HILDA**
MRN: **007832283**
FIN: **A1516900173**
Patient Type: **Outpatient**
Accession No: **CT-15-033527**
Exam Date/Time: **06/18/2015 2:58 PM**
Ordering Physician: **Islinger MD, Richard B**
Resident:
Interpreting Physician: **Gualtieri DO, Louis**
Reason for Exam: **dx. right shoulder pain**

DOB/Age/Sex: **03/31/1932 83 Years Female**
Location: **AC POPC/ /**
Exam: **CT Upper Extremity w/o Contrast Right**
Exam Status: **Completed**
Transcriptionist:
Report Status: **Final**
Transcribed Date/Time:

---

## Report

Patient Name: KENNEDY, HILDA
Account#: A1516900173
Med. Rec.#: 7832283
Admitting Phys: Islinger, Richard
Ordering Phys: Islinger, Richard
Facility: ARMC
Patient Loc: POPC
DOB: 03/31/1932
Exam Date: 06/18/2015 13:43

CT RIGHT HUMERUS WITHOUT CONTRAST

HISTORY: Fracture dislocation.

COMPARISON: November 19, 2014 (plain film).

TECHNIQUE: Helical axial images of the right humerus were obtained according to protocol without intravenous contrast. Sagittal and coronal reformatted images were obtained.

FINDINGS:
* BONES: There is a comminuted ununited fracture of the scapula. This extends up to involve the acromion.

The humerus has a side plate with screws immobilizing a fracture in the region of the surgical neck. There is bony bridging suggests that it is healed.

* MUSCLES AND TENDONS: Not well assessed. There is at least mild atrophy of the supraspinatus muscle and subscapularis muscle.

There are several healed rib fractures on the right side.

* OTHER OBSERVATIONS: No abnormal fluid collections within the soft tissues.

IMPRESSION:

# Cerner Imaging Exam Report

Facility: **ARMC City**

Patient Name: **KENNEDY, HILDA**
MRN: **007832283**
FIN: **A1516900173**
Patient Type: **Outpatient**
Accession No: **CT-15-033527**
Exam Date/Time: **06/18/2015 2:58 PM**
Ordering Physician: **Islinger MD, Richard B**
Resident:
Interpreting Physician: **Gualtieri DO, Louis**
Reason for Exam: **dx. right shoulder pain**

DOB/Age/Sex: **03/31/1932 83 Years Female**
Location: **AC POPC/ /**
Exam: **CT Upper Extremity w/o Contrast Right**
Exam Status: **Completed**
Transcriptionist:
Report Status: **Final**
Transcribed Date/Time:

---

Residual deformity proximal humerus immobilized with a sideplate and screws. The fracture itself shows bony bridging suggesting healing.

There is a comminuted ununited fracture of the scapula which extends into the acromial process.

Date Of Dictation: 6/18/2015 3:10 PM

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

*** Final ***

Electronically Signed By: Gualtieri DO, Louis
on 06/18/2015 15:24

Dictated by: Gualtieri DO, Louis
on 06/18/2015 15:10

***** END OF REPORT *****

# EXHIBIT

# I

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

| | |
|---|---|
| Document Type: | Operative Report |
| Service Date/Time: | 11/18/2014 11:22 EST |
| Result Status: | Auth (Verified) |
| Perform Information: | Thompson MD,Peter (11/18/2014 10:28 EST) |
| Sign Information | Thompson MD,Peter (12/2/2014 10:39 EST) |

**OP REPORT**

ATLANTICARE REGIONAL MEDICAL CENTER
REGIONAL TRAUMA CENTER - REPORT OF OPERATION

City Division

PATIENT NAME: Kennedy, Hilda
DOB: 03/31/1932
ACCT#: A1422601513
SERVICE DATE: 11/17/2014
SURGEON: Peter Thompson, MD
MED REC#: 0007832283
ROOM #: TIC 31141
*
NAME OF SURGEON(S)/ASSISTANTS: Peter Thompson, MD

DATE OF PROCEDURE: 11/17/2014

PREOPERATIVE DIAGNOSIS: Hemorrhagic shock.

POSTOPERATIVE DIAGNOSIS: Hemorrhagic shock.

PROCEDURE PERFORMED:
1. Focused assessment with sonography in trauma ultrasound exam.
2. Placement of a right common femoral Cordis catheter.

ATTENDING SURGEON: Peter Thompson, MD.

PROCEDURE AND FINDINGS: This patient presented having been struck by a motor vehicle. The patient came in hypotensive. The patient had a chest x-ray that demonstrated rib fractures, but no clear evidence of significant hemo or pneumothorax. In trying to ascertain the potential source of bleeding, a FAST ultrasound was performed. Using the appropriate probe, the subxiphoid window examined. The heart was noted to be beating and there did not appear to be a pericardial effusion. The right upper quadrant was examined. No blood was noted between the liver and the kidney. The pelvis was examined. There did not appear to be evidence of fluid in the pelvis and the left upper quadrant was examined. The kidney appeared intact. It was difficult for me to completely clarify the anatomy of the spleen. All in all, by my reading, there did not appear to be blood in the abdomen and within the peritoneal cavity. The patient had come in

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

hypotensive. The patient required resuscitation using blood and blood products. As a result, a Cordis catheter was ordered and placed. The patient has a left clavicle fracture and multiple rib fractures, a scapular fracture on the right side. As a result, a femoral Cordis catheter was placed. The femoral area was infiltrated with local anesthesia. This surgeon wore full barrier precautions. The right common femoral vein venipuncture was performed. The wire passed, needle removed. Skin incision increased and the Cordis catheter was placed over the dilator. The dilator wire had been removed. The device was secured to the skin with the suture that accompanies the kit. The blood that was retrieved was of venous character.

ESTIMATED BLOOD LOSS: Negligible.

For the Cordis catheter, lidocaine used as local anesthesia. There were no complications.

Electronically Signed
Peter Thompson, MD 12/02/2014 10:39

_____
Peter Thompson, MD

PT/PRE 035179678
DOC# 2051688 D: 11/18/2014 10:28 A T: 11/18/2014 11:22 A
cc:

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## CLIN DOC - Respiratory Reports

| | |
|---|---|
| Document Type: | Incentive Spirometry Nursing |
| Service Date/Time: | 11/23/2014 20:20 EST |
| Result Status: | Auth (Verified) |
| Perform Information: | Sova RN,Candace J (11/23/2014 21:59 EST) |
| Sign Information | Sova RN,Candace J (11/23/2014 21:59 EST) |

**Incentive Spirometry Nursing Entered On: 11/23/2014 9:59 PM**
**Performed On: 11/23/2014 8:20 PM by Sova RN, Candace J**

**IS**
*Incentive Spirometry Predicted Volume :* 1,500 mL
*Incentive Spirometry Times Performed :* 5
*Incentive Spirometry Volume Achieved :* 750 mL
*Incentive Spirometry Patient Effort :* Fair

Sova RN, Candace J - 11/23/2014 9:59 PM

## Endoscopy Reports

No data exists for this section

## NeuroScience Studies

No data exists for this section

## Special Diagnostic Reports

No data exists for this section

## Operative/Procedure Records

| | |
|---|---|
| Document Type: | Operative Report |
| Service Date/Time: | 11/18/2014 04:50 EST |
| Result Status: | Auth (Verified) |
| Perform Information: | Islinger MD,Richard B (11/17/2014 22:09 EST) |
| Sign Information | Islinger MD,Richard B (11/18/2014 08:30 EST) |

**OP REPORT**

ATLANTICARE REGIONAL MEDICAL CENTER
REPORT OF OPERATION

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

City Division

PATIENT NAME: Kennedy, Hilda
DOB: 03/31/1932
ACCT#: A1422601513
*
SURGEON: Richard Islinger, MD
MED REC#: 0007832283
ROOM #: TIC 31141

NAME OF SURGEON(S)/ASSISTANTS: Richard Islinger, MD

DATE OF SURGERY: 11/17/2014

PREOPERATIVE DIAGNOSIS: Posterior displaced right shoulder with displaced right proximal humerus fracture.

POSTOPERATIVE/PROCEDURE DIAGNOSIS: Posterior displaced right shoulder with displaced right proximal humerus fracture.

PROCEDURE: Attempted closed reduction of right shoulder posterior dislocation and right shoulder proximal humerus fracture.

SURGEON: Richard Islinger, MD

ESTIMATED BLOOD LOSS: None.

INTRAVENOUS FLUIDS: See anesthesia sheet.

COMPLICATIONS: None.

DISPOSITION: To PACU stable.

INDICATIONS: The patient is an 82-year-old female, who was hit by a jitney earlier today. One of her orthopedic injuries was a posterior displaced and subluxed right humeral head as well as displaced proximal humerus fracture. She was in the intensive care unit. We decided to proceed with a sedation and closed reduction. She has multiple medical comorbidities with a recent glucose of 490. We did obtain consent from the husband. Anesthesia placed her under propofol anesthesia. The right arm was manipulated and longitudinal traction was applied. It appeared that the humeral head reduced back into the glenoid, although it was somewhat difficult as she has a fair amount of hematoma around the area. Longitudinal traction applied. She was placed in a sling. We will take x-rays to determine whether in fact the reduction was successful.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

Richard Islinger, MD

RI/pre 035176577
DOC# 2051555 D: 11/17/2014 10:09 P T: 11/18/2014 4:50 A
cc:

*Electronically Signed By: Richard Islinger, MD*
*on 11/18/2014 08:30*

*Verified by: Richard Islinger, MD*
*on 11/18/2014 08:30*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

Document Type: Operative Report
Service Date/Time: 11/20/2014 04:49 EST
Result Status: Auth (Verified)
Perform Information: Islinger MD,Richard B (11/19/2014 17:36 EST)
Sign Information Islinger MD,Richard B (11/24/2014 21:05 EST)

**OP REPORT**

ATLANTICARE REGIONAL MEDICAL CENTER
REPORT OF OPERATION

City Division

PATIENT NAME: Kennedy, Hilda
DOB: 03/31/1932
ACCT#: A1422601513
*
SURGEON: Richard Islinger, MD
MED REC#: 0007832283
ROOM #: TIC 31141

NAME OF SURGEON(S)/ASSISTANTS: Richard Islinger, MD

DATE OF SURGERY: 11/19/2014

PREOPERATIVE DIAGNOSES:
1. Right shoulder fracture dislocation with posterior dislocation of the humeral head and significantly displaced proximal humerus fracture.
2. Comminuted scapular fracture.

POSTOPERATIVE DIAGNOSES:
1. Right shoulder fracture dislocation with posterior dislocation of the humeral head and significantly displaced proximal humerus fracture.
2. Large rotator cuff tear.
3. Comminuted scapular fracture.

PROCEDURES:
1. Open reduction of posterior shoulder dislocation.
2. Open reduction and internal fixation of right proximal humerus fracture.
3. Open repair of large rotator cuff tear.
4. Closed reduction of comminuted scapular fracture.

SURGEON: Richard Islinger, MD

ASSISTANT: Benjamin Forst, PA-C. Mr. Forst was present and medically necessary for the entire procedure. Some, but not all the duties included helping to prep, drape, position the patient in the semi beach chair position. He helped hold soft tissue retraction. He helped with holding

bone reduction, to place the implants, closing the wounds, placing dressing and transferring the patient to recovery.

ESTIMATED BLOOD LOSS: 300.

INTRAVENOUS FLUIDS: See anesthesia sheet.

COMPLICATIONS: None.

CONDITION: To PACU stable.

INDICATIONS: The patient is an 82-year-old female who was a pedestrian struck by a motor vehicle with multiple injuries. She had a fracture dislocation with a posterior dislocation of the humeral head noted on CAT scan and x-ray. It was attempted closed reduction under sedation at the bedside while in the trauma intensive care unit. Unfortunately post reduction views showed no change in alignment. Thus it was felt appropriate for surgical repair once the patient was stabilized. I did discuss the risks with the patient as well as the husband to include small risk of infection, postoperative pain, stiffness, possible continued instability, neurologic injury, blood clot, and need for blood transfusion. She understood the risks and desired to proceed.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room, placed under general anesthesia and placed in a semi beach chair position. The right upper extremity was sterilely prepped and draped in usual fashion and 2 g of Ancef was given preoperatively. Incision was made and an anterior approach to the shoulder was performed. Deltopectoral approach to the shoulder joint was obtained. The coracoid was noted. It was unstable and with obvious motion at the coracoid indicating severely comminuted glenoid neck and scapular body fracture. The coracoid conjoined tendon was retracted laterally. Hematoma and bursa was removed. The humeral head was wedged against the posterior glenoid. Manipulation was performed so that we were able to reduce the humeral head into the glenoid socket. Further manipulation and reduction of the proximal fracture was then obtained. Two pins were used to provisionally hold reduction and fixation, and a Stryker proximal humeral plate was placed. Four screws were placed into the humeral head in locking fashion. Three screws were placed distal to the fracture. There were one locking and two cortical screws, both cortical screws obtained excellent fixation. Fluoroscopic visualization of the fracture showed it to be well reduced on the AP and lateral views, and the axillary view showed the humeral head to be in appropriate position. All screws to be also in appropriate position. We did note one of the cortical

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

screws was a little bit long. It was 28 mm, replaced with 24 mm to appropriate length. Further irrigation was performed. We then visualized the rotator cuff and the large rotator cuff tear was repaired with multiple interrupted #2 FiberWire stitches. The area was then irrigated copiously. The deltopectoral split was loosely apposed with a running Vicryl stitch. The skin was closed with 2-0 Vicryl and staples. Postoperatively, she was placed in a sling. Begin gentle range of motion, most likely around two weeks from the date of surgery.

Richard Islinger, MD

RI/pre 035199090
DOC# 2052349 D: 11/19/2014 5:36 P T: 11/20/2014 4:49 A
cc:

*Electronically Signed By: Richard Islinger, MD*
*on 11/24/2014 21:05*

*Verified by: Richard Islinger, MD*
*on 11/24/2014 21:05*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

| | |
|---|---|
| Document Type: | Operative Report |
| Service Date/Time: | 11/20/2014 03:32 EST |
| Result Status: | Auth (Verified) |
| Perform Information: | Islinger MD,Richard B (11/19/2014 17:43 EST) |
| Sign Information | Islinger MD,Richard B (11/24/2014 21:05 EST) |

**OP REPORT**

ATLANTICARE REGIONAL MEDICAL CENTER
REPORT OF OPERATION

City Division

PATIENT NAME: Kennedy, Hilda
DOB: 03/31/1932
ACCT#: A1422601513
*
SURGEON: Richard Islinger, MD
MED REC#: 0007832283
ROOM #: TIC 31141

NAME OF SURGEON(S)/ASSISTANTS: Richard Islinger, MD

DATE OF SURGERY: 11/19/2014

PREOPERATIVE DIAGNOSIS: Minimally displaced medial left clavicle fracture.

POSTOPERATIVE DIAGNOSIS: Minimally displaced medial left clavicle fracture.

PROCEDURE: Closed treatment of left clavicle fracture.

SURGEON: Richard Islinger, MD

INDICATIONS: Patient is a 82-year-old multi-trauma, had a minimally displaced medial left clavicle fracture. The fracture was evaluated on x-ray as well as CAT scan and was felt to not need formal operative intervention, thus it was decided treated, closed. She will begin gentle range of motion of her left upper extremity over the next two weeks or so.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

Richard Islinger, MD

RI/pre 035199103
DOC# 2052350 D: 11/19/2014 5:43 P T: 11/20/2014 3:32 A
cc:

*Electronically Signed By: Richard Islinger, MD*
*on 11/24/2014 21:05*

*Verified by: Richard Islinger, MD*
*on 11/24/2014 21:05*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

| | |
|---|---|
| Document Type: | Operative Report |
| Service Date/Time: | 11/19/2014 12:05 EST |
| Result Status: | Modified |
| Perform Information: | McNulty APN,Kathleen (11/19/2014 11:21 EST) |
| Sign Information | McNulty APN,Kathleen (12/13/2014 10:34 EST); McNulty APN,Kathleen (11/20/2014 06:05 EST) |

**OP REPORT**

ATLANTICARE REGIONAL MEDICAL CENTER
REGIONAL TRAUMA CENTER - REPORT OF OPERATION

City Division

PATIENT NAME: Kennedy, Hilda
DOB: 03/31/1932
ACCT#: A1422601513
SERVICE DATE: 11/19/2014
SURGEON: Kathleen McNulty, ACNP-C
MED REC#: 0007832283
ROOM #: MIC 31211
*
NAME OF SURGEON(S)/ASSISTANTS: Kathleen McNulty, ACNP-C

DATE OF PROCEDURE: 11/19/2014

DICTATED BY: Kathy McNulty, Acute Care Nurse Practitioner

PREOPERATIVE DIAGNOSES: The patient is an 82-year-old female, located in the medical intensive care unit, status post a pedestrian versus car collision, in which she sustained,

1. Multiple traumatic injuries.
2. Blunt chest injury with a slightly worsening pneumothorax going to the operating room for open reduction and internal fixation of orthopedic injuries.

POSTPROCEDURE DIAGNOSES: The patient is an 82-year-old female, located in the medical intensive care unit, status post a pedestrian versus car collision, in which she sustained,

1. Multiple traumatic injuries.
2. Blunt chest injury with a slightly worsening pneumothorax going to the operating room for open reduction and internal fixation of orthopedic injuries.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

TECHNICAL NAME OF PROCEDURE:
1. Attempted insertion of a right-sided percutaneous 8-French chest tube.

2. Insertion of a right-sided 28-French chest tube.

COMPLICATIONS: There were no complications. At the time of dictation, postprocedure chest x-ray is pending.

DESCRIPTION OF PROCEDURE: An attempt was first made at insertion of a percutaneous right-sided chest tube. The right anterior chest had been draped and prepped in a sterile manner. Lidocaine 1% had been administered. A needle and 8-French chest tube was advanced through the skin in the usual fashion. Unfortunately, the patient does have a large chest wall and we were unable to palpate the ribs itself. The catheter and needle was felt to be advanced over the rib, at

which time we did aspirate some old bloody drainage. Given the small diameter of the catheter and the difficulty with the insertion of the percutaneous chest tube, the decision was made to proceed with the insertion of a formal chest tube. The patient agreed. The right lateral chest was draped and prepped again in a sterile manner. Lidocaine 1% (20 mL) was administered with good local analgesia achieved. A 1.5 cm incision was made in approximately the 6th intercostal space, anterior axillary line. Both blunt and sharp dissection was made down to the intercostal space. Immediately upon entering into the right pleural space, approximately 100 mL of old bloody drainage was evacuated from the right chest. A gloved finger was inserted and no obvious adhesions could be palpated. A 28-French chest tube was then directed posteriorly and superiorly into the right pleural space and secured approximately at the 20 cm mark. The chest tube was connected to an Atrium drainage system and an air leak could be identified. The chest tube was secured in place using a 0 Prolene suture. A sterile dressing was applied. The patient tolerated procedure well. At the end the procedure, all sharps were accounted for and disposed of by myself.

Surgeon: Dr Talucci. The procedure was performed by Kathy McNulty, Acute Care Nurse Practitioner.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Operative/Procedure Records

Electronically Signed
Kathleen McNulty, ACNP-C 12/13/2014 10:34

_____

Kathleen McNulty, ACNP-C

KM/PRE 035192780
DOC# 2052167 D: 11/19/2014 11:21 A T: 11/19/2014 12:05 P
cc:

*Electronically Signed By: Kathleen McNulty, APN*
*on 11/20/2014 06:05*

*Verified by: Kathleen McNulty, APN*
*on 11/20/2014 06:05*

## OPERATIVE REPORT

*Operative Report*
*1/27/15 12:05:00 PM*

*Auth (Verified)*
*ISLINGER, RICHARD*

SHORE MEDICAL CENTER
Somers Point, NJ 08244

OPERATIVE REPORT

PATIENT NAME: KENNEDY , HILDA
MEDICAL RECORD NUMBER: 006145434
ACCOUNT NUMBER: 400943910
DATE OF BIRTH: 03/31/1932
LOCATION: PA 0119
DATE OF ADMISSION: 01/27/2015
DATE OF SURGERY: 01/27/2015
SURGEON: RICHARD ISLINGER, MD
ASSISTANT:
ANESTHESIOLOGIST:
ANESTHESIA: Laryngeal mask airway.

PREOPERATIVE DIAGNOSIS: Infected hematoma, right arm.

POSTOPERATIVE DIAGNOSIS: Infected hematoma, right arm.

PROCEDURE: Incision and drainage of infected right arm hematoma.

ESTIMATED BLOOD LOSS: Minimal.

INTRAVENOUS FLUIDS: See anesthesia sheet.

DISPOSITION: PACU, stable.

INDICATIONS: The patient is an 82-year-old female who was hit by a car, and had a significant right shoulder fracture, dislocation and underwent ORIF back in January. Unfortunately, over time she developed issues with her arm that occurred about 6 weeks later. It became and erythematous and swollen. An aspiration did show enterococcus along with the hematoma; thus, it was felt appropriate to refer to Infectious Disease, who got her started on antibiotics, and also perform an incision and drainage. I did counsel about the risks of surgery, to include risk of continued infection and need for further surgery, as well small risk of blood clot, and postoperative pain. She understood these risks and desired to proceed.

DESCRIPTION OF PROCEDURE: The patient was taken to the operating room and placed under LMA anesthesia. The right upper extremity was sterilely prepped and draped. An incision was made over the mass, which was posterior distal, just proximal to the elbow. Once we got down to the cavity, finger dissection was used to disrupt all adhesions and loculations. Purulent-type material was expressed. Once the fluid had all been expressed, we irrigated it copiously and then packed with Iodoform. She will undergo

## OPERATIVE REPORT

*Operative Report*
*1/27/15 12:05:00 PM*

*Auth (Verified)*
*ISLINGER, RICHARD*

packing/dressing changes 3 times a week.

DICTATED BY: RICHARD ISLINGER, MD [2765 ]

DD: Tue Jan 27 12:05:00 2015
DT: Tue Jan 27 12:50:06 2015
75528003 / 97074

CC:
Electronically Signed On: 12-Feb-15 09:28 AM

ISLINGER, RICHARD MD

(Electronically Signed)

Signed By: ISLINGER, RICHARD MD
Sign Date and Time: 12-Feb-15 09:28 AM

# EXHIBIT
# J

South Jersey Infectious Disease
Christopher J. Lucasti, D.O., F.A.C.O.I.
730 Shore Rd.
Somers Point, New Jersey 08244
(609) 927-6662 • Fax (609) 927-2942



May 11, 2016

Randolph C. Lafferty, Esquire
Cooper Levenson, Attorneys At Law
1125 Atlantic Avenue, Suite 320
Atlantic City, NJ 08401

**RE: KENNEDY, HILDA**

Dear Mr. Lafferty:

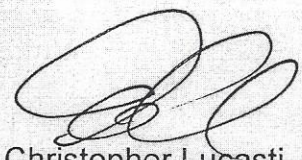
I am in receipt of your letter dated today regarding my care of Hilda Kennedy. I met Mrs. Kennedy in the office on January 15, 2015. She had a history of a right shoulder repair in November of 2014. She initially did well postoperatively, and then developed an infection in her incision. She was sent over to see me by her orthopedic surgeon. When I first saw her, my note was somewhat compromised by the fact that she was in a rehabilitation center that would not allow her to get IV antibiotic therapy. I started her on oral Keflex and oral Bactrim. She had an MRI that was going to be done as well as an aspiration. She was a pedestrian that was struck by a motor vehicle back on November 19, 2014. She had multiple comorbidities, and she required surgical intervention of a fracture of her scapula as well as a fracture dislocation of her shoulder. When she initially presented to me, my impression was cellulitis of her arm with a possible infected hematoma. At the time, as mentioned above, she was to have an MRI and an aspiration done. She followed up with me on January 19th, and the cultures from the aspirate grew Enterococcus. The plan at that time, if there was no improvement, was for her to have surgical debridement. We initiated IV antibiotic therapy with Vancomycin. The MRI ended up coming back showing a complex fluid collection measuring 8.1 x 4.1 x 3.9 centimeters. She was continued on IV antibiotic therapy. She was followed by me as well as Dr. Islinger, her surgeon. She was eventually taken to the Operating Room to have an incision and drainage of the collection. Her IV therapy was discontinued, and she was switched over to oral Amoxicillin. When I saw her on February 5, 2015, I did not find any active signs of infection. She eventually was discharged from my care.

It is my opinion that the patient developed a postoperative cellulitis and an infected hematoma secondary to the trauma from the motor vehicle accident. The patient required surgical intervention initially to stabilize her fractures, and then she had

incision and drainage of the infected hematoma. It is within the bounds of a reasonable medical degree of certainty that the injuries sustained by Mrs. Kennedy were from a motor vehicle accident, and then the subsequent infection occurred because of that.

If you require further information, feel free to contact me.

Sincerely,



Christopher Lucasti, DO, FACOI
Infectious Disease
CL:bvo

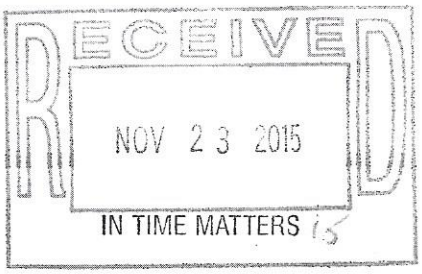
# EXHIBIT
# K

John R. McCloskey, M.D.
Stephen J. Zabinski, M.D.
Gene J. DeMorat, M.D.
Richard B. Islinger, M.D.
George C. Alber, M.D.
Thomas A. Barrett, M.D.
Frederick G. Dalzell, M.D.
Stanley C. Marczyk, M.D.
Ira M. Fox, D.P.M.

**SHOREORTHO** Shore Orthopaedic University Associates

Board Certified Orthopaedic Surgery • Sports Medicine • Joint Replacements • Spinal Care • Hand Surgery • Ankle Surgery

November 10, 2015




Randolph Lafferty, Esq.
Cooper Levenson Law Firm
1125 Atlantic Avenue
Atlantic City, NJ 08401

**RE: Kennedy, Hilda**
Date of Injury: 11/17/14
Date of Birth: 3/31/32

Dear Mr. Lafferty:

The following is a medical narrative summary on my patient, your client, Ms. Hilda Kennedy in regard to injuries she sustained on 11/17/14.

I first evaluated Ms. Kennedy at AtlantiCare Regional Medical Center Trauma Center on the date of injury. She was an 82-year-old female who was hit by a Jitney and brought to the trauma center. She was complaining of significant right upper extremity pain as well as left upper extremity pain. On physical exam, she had swelling over the shoulder and right axilla area. She was very tender along the shoulder region on the right side and the clavicle on the left side. She was neurologically intact although I felt it was difficult to perform a full evaluation due to her severe pain. Diagnostic studies showed a minimally displaced medial clavicle fracture of the left clavicle. The diagnostic studies of the right upper extremity showed a posterior subluxed humeral head with a displaced proximal humerus fracture and a comminuted fracture of the scapular body. She was in the intensive care unit, stabilized, and subsequently brought to the operating room 2-days later where I performed an open reduction of her posterior shoulder dislocation, an open reduction and internal fixation of her right proximal humerus fracture as well as an open repair of a large rotator cuff tear. No surgical treatment was performed on the comminuted scapular fracture or the minimally displaced left clavicle fracture. She was later released from the hospital.

She saw me for her first postop visit on 12/26/14, a little over a month from surgery. She had a fair amount of swelling in the surgical area with passive range of motion to 100 degrees. X-rays showed the left clavicle was healing. The x-ray of the right shoulder showed the implants in good position. The shoulder joint was anatomically alignment and the fracture was well reduced. She did have a medial displacement of the glenoid on the scapular body. She was given an Rx to begin physical therapy to help increase her range of motion.

Hilda again returned on 1/15/15, earlier than her scheduled follow up because of increasing pain and swelling in her arm. She had, over the previous week or two, developed increasing arm pain and swelling, far distal to the original incision site. I aspirated the area in the office and it appeared to show a hematoma. I did send it for culture and sensitivity and obtained an MRI.

The MRI was performed on 1/16/15 showing a complex fluid collection, approximately 8 x 4 x 4 cm. in size. It was in an unusual location, well distal and well posterior to the original surgical field. Unfortunately the culture did show enterococcus bacteria in the hematoma. I felt an irrigation and debridement of the wound was appropriate.

She was taken to the operating room on 1/27/15 where she underwent incision and drainage of an infected right arm hematoma. The procedure went without any complications. She followed up appropriately. The wound was evaluated and packed on multiple occasions.

On 2/12/15, I noted the wound had closed up nicely with no remnants of infection.

She saw me again on 2/16/15, reporting some mild increase in pain due to the re-initiation of physical therapy. The wound continued to be packed appropriately.

On 3/16 she was re-evaluated and I noted her wound to be almost completely healed. I was able to passively flex her shoulder to about 90 degrees but I was concerned about her lack of motion. She was under pain management care with Dr. Miao so I did not prescribe further narcotics for her. I renewed her physical therapy and explained the importance of attempting to increase her range of motion.

Hilda again returned to see me on 4/14/15. She continued to complain of significant pain in the shoulder area with limited motion and weakness. The wound appeared to have healed although with some invagination in the wound site itself. I also noted a fair amount of atrophy in the deltoid musculature. I explained to Hilda that secondary to her severe fracture dislocation, it is unlikely that she will ever be free of pain. I referred her to plastic surgery to evaluate and possible treat the scared area that was a result of her infection. I also referred her to Dr. Polcer for chronic pain management.

Hilda again returned on 5/18/15 with continued limited motion and chronic weakness. All the wounds had healed completely with no evidence of infection. Because of her severe pain, I did feel a CT scan was appropriate to both evaluate for bone healing as well as the possibility of another infection.

The CT scan was performed on 6/18/15. There appeared to be healing of the humerus fracture. There was noted to be a comminuted ununited fracture of the scapula. There was also noted to be several healed rib fractures.

Hilda was re-evaluated on 7/27/15 with multiple complaints of pain including her right shoulder, left clavicle, abdomen and her ribcage. I noted significant atrophy through her deltoid area. I reviewed the CT scan with her. I again opined that her chronic pain would most likely be permanent in nature and again referred her to plastic surgery to evaluate the wound region related to her infection. I also recommended an EMG/NCS due to her deltoid atrophy.

The EMG was performed on 10/19/15 although she has not followed up with me for review of the EMG/NCS. It did show electrical evidence of an old right axillary neuropathy with extensive axon loss without ongoing denervation in this nerve distribution. There was no evidence of cervical spine radiculopathy, no evidence of brachial plexopathy or suprascapular neuropathy. These findings on EMG/NCS would certain account for her continued deltoid atrophy as this nerve directly innervates the deltoid muscle. As I had stated previously, she has not followed up with me since her last visit in 7/15.

In specifically addressing your questions, the results of any tests or examinations are discussed in detail in the above narrative.

My diagnosis again is discussed in the above narrative. To review, they are as follows:

1. Posterior shoulder dislocation
2. Displaced proximal humerus fracture requiring ORIF
3. Comminuted scapular body fracture that appears to have not healed appropriately accordingly to the recent CT scan
4. Minimally displaced left clavicle fracture
5. Axillary nerve injury causing atrophy and weakness of the deltoid muscle
6. Multiple rib fractures

In my opinion, it is obvious that her above injuries are a direct result of being struck by the Jitney on 11/17/14. Hilda continues to complain of significant pain and she has obvious deformity and weakness as a result of these multiple injuries. It is my opinion that Hilda's condition is permanent. My prognosis is guarded in that it is likely she will continue to suffer from pain as well as weakness throughout her right upper extremity as a result of this severe injury that she sustained.

I hope this report answers any and all potential questions. If not, please feel free to contact me or this office directly. The opinions rendered in this case are the opinions of this evaluator. This evaluation has been conducted on the basis of the medical examination and documentation as provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service/report may be requested. All of the opinions offered within this report are within a reasonable degree of medical certainty based on my review of the patient's history, physical exam and medical record.

Sincerely,

*Richard Islinger*

Richard Islinger, M.D.

RI/tlh

# EXHIBIT

# L

MARA

Mid Atl ic Rehabilitation Associates, PA

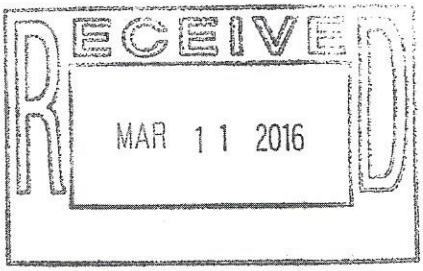
1750 Zion Road, Suite 103
Northfield, NJ 08225
Phone 609-641-2581
Fax 609-641-6901

Arvind Baliga, MD
Salvatore Russomano, MD

- Board Certified Physical Medicine Rehabilitation
- Electrodiagnostic Medicine

Date: March 03, 2016

Mr. Randolph C. Lafferty
Cooper Levenson
Attorneys At Law
1125 Atlantic Ave
Atlantic City, NJ 08401




RE: Kennedy, Hilda
DOB: 3/31/32
DOA: 11/17/14

I had the pleasure of evaluating Hilda Kennedy on 3/3/12. She is an 83-year-old right-handed female who was involved as a pedestrian struck by a jitney on 11/17/14 with a resultant right humerus fracture, right scapular fracture, and bilateral rib fractures. She has been treated with an open reduction internal fixation of the right humerus fracture and despite the passage of time and the provision of therapy, continues to complain of burning pain on the outside of the right shoulder with weakness raising the right shoulder. She has noted atrophy of the right shoulder as well. She also has had a separate left shoulder injury due to a fall inside of a jitney on 10/6/14 and reports some continued left shoulder pain complaints but denies any dysesthetic symptoms on that side. She denies any paresthesias in the right hand. She was last evaluated by me for electrodiagnostic testing on 10/19/15 and was found to have evidence of a right axillary neuropathy with extensive axon loss at that time. She has had no real changes and notes no real significant return in her right shoulder functioning since her last visit with me. She continues to be limited by significant pain and weakness at the right shoulder. She reports that her shoulder pain worsens to an 8/10 and improves to a 5/10 with pain medications. She continues to be significantly limited with an inability to do any activities of daily living that involve overhead use of her right arm due to her shoulder pain and dysfunction. She has been diligently performing a self-directed shoulder range of motion program using an overhead sling and her left upper extremity. Despite this, she reports no significant changes in pain or functioning. In fact, since she is using her left upper extremity more, she is experiencing some increased pain in the area of the left shoulder. No other new symptoms are reported. The patient reports that her husband has to assist her with all activities of daily living that involve movement of the right arm above the shoulder level such as completing upper body dressing and bathing, including washing her hair. She denies any new injuries or trauma since her last visit with me.

Pertinent medical data: There is a report of a CT of the right shoulder from 6/18/15 that shows a plated humerus fracture as well as a comminuted ununited right scapular fracture. There is an operative report from 11/17/14 by Dr. Richard Islinger that shows an attempted closed reduction of the right posterior dislocation of the right shoulder proximal humerus fracture. There is also an operative report from 11/19/14 that shows that the patient underwent an open reduction of the right posterior shoulder dislocation, open reduction internal fixation of the right proximal humerus fracture, open repair of a large rotator cuff tear, and closed reduction of a comminuted scapular fracture by Dr. Richard Islinger. There is also an operative report that shows that the patient was treated with a closed reduction of a minimally displaced medial left clavicle fracture on that same date. There is an operative report from 1/27/15 that shows that she had an infected hematoma drained from her right arm. This was performed by Dr. Richard Islinger as well. There is a narrative report from Dr. Islinger from 11/10/15 with his impressions being that of a posterior shoulder dislocation, displaced proximal humeral fracture requiring open reduction internal fixation, comminuted scapular body fracture that appears to have not healed appropriately according to the recent CT scan, minimally displaced left clavicle fracture, axillary nerve injury causing atrophy and weakness of the deltoid muscle, and multiple rib fractures. He feels that these injuries are a direct result of being struck by the jitney on 11/17/14 and that her condition is permanent. Numerous office notes from Dr. Islinger were also reviewed. The AtlantiCare trauma record was also reviewed and confirms these injuries. This is from her admission on 11/17/14.

Physical Examination: Showed significant atrophy of the right deltoid compared to the left. Sensation to pinprick was diminished in the upper outer arm but was otherwise appreciated fairly symmetrically throughout the right upper extremity. Tinel's signs were negative at the right wrist and right medial elbow. Manual muscle testing revealed less than antigravity shoulder abduction and extension on the right. Active right shoulder flexion, abduction, and external rotation were minimal and significantly limited. I could passively externally rotate her to 50 degrees with her arm at the side and abduct her shoulder to 70 degrees and flex her shoulder to 80 degrees with significant pain limitations. Her left upper extremity showed approximately a 20% reduction in all planes due to pain limitations but I could passively move her shoulder in all planes fully on this side. There was still no active abduction of the right shoulder and deltoid atrophy was unchanged on the right compared to my last visit with her. There were two well-healed surgical incisions, one larger anterior and one smaller and posterior. Elbow flexion was graded as 4/5. Elbow extension and wrist and hand strength were graded as 5/5 on the right. Reflexes were 1+ and symmetric at the biceps, triceps, and wrist extensor areas bilaterally. There was less edema of the digits on the right.

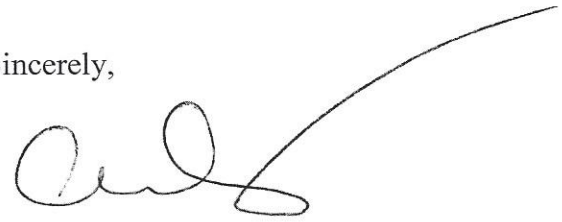
Impressions: Status post pedestrian versus jitney accident on 11/17/14 with a complex right shoulder girdle injury and left-sided clavicle fracture as well as right-sided rib fractures. The right shoulder injuries specifically, are a right posterior shoulder dislocation, a displaced right proximal humerus fracture requiring open reduction internal fixation, a comminuted right scapular fracture requiring surgical stabilization and with inappropriate healing as per orthopedics, and a severe axillary neuropathy on the right with extensive axon loss confirmed by electrodiagnostic testing.

Given the time course from the initial injury, the complex nature and severity of the right shoulder injuries, and the overall lack of any significant improvement despite therapy and the passage of time, it is with a reasonable degree of medical certainty that Mrs. Kennedy will have permanent pain and significant residual dysfunction at the right shoulder. In fact, I do not expect any significant functional return beyond that which already currently exists at this time. Her prognosis is also worsened by the fact that she is of advanced age. She continues to be significantly limited by pain as well as loss of functioning. This appears to be creating some overuse issues on the left.

I have discussed Mrs. Kennedy's prognosis with her as well as her husband and I answered any questions that they may had with regards to her injuries. The cornerstone of caring for this pleasant lady in the future will consist of pain management as well as continued therapy mainly geared towards preserving passive range of motion at the right shoulder to prevent it from freezing up. The importance of continued motion at the shoulder through a self-directed program was emphasized to both the patient and her husband.

If I can be of any further assistance in this matter, please do not hesitate to contact me.

Sincerely,



Arvind Baliga, M.D.

# EXHIBIT N

# Medicare Secondary Payer Recovery Portal



## Case Information

Print this page **Quick Help :** Help About This Page

**Case ID:** 20151 83090 01312
**Case Type:** Liability
**Case Status:** Claim Retrieval What is this?

**Medicare ID:** *****2396B
**Beneficiary DOB:** 03/31/1932
**Beneficiary Last Name:** KENNEDY

**Authorization Level:**
**Authorization Status:**

**Rights and Responsibilities Letter Mail Date:** 07/09/2015
**Date of Incident:** 11/17/2014
**Industry Date of Incident:** What is this?

**Conditional Payment Letter Mail Date:** 01/19/2016
**Current Conditional Payment Amount:** $99,718.14
**Conditional Payment Amount was updated on:** 01/01/2017

**Conditional Payment Notice Amount:**
**Conditional Payment Notice Mail Date:**
**Conditional Payment Notice Response Due Date:**

**Demand Letter Mail Date:**
**Demand Amount:**

**Please select an action from the following list, if the option is disabled it may not be available for the case at this time:**

- ○ View / Request Authorizations
- ○ Request an update to the conditional payment amount What is this?
- ○ Request a mailed copy of the conditional payment letter What is this?
- ○ Begin Final Conditional Payment Process and Provide 120 Days' Notice of Anticipated Settlement What is this?
- ○ View / Dispute Claims Listing What is this?
- ○ Initiate Demand Letter What is this?

# EXHIBIT M

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Pathology Reports

No data exists for this section

## Radiology Addendums

No data exists for this section

## Computed Tomography Reports

| Accession | Exam | Status |
|---|---|---|
| CT-14-053793 | CT C Spine w/o Contrast | Auth (Verified) |
| CT-14-053793 | CT Chest w/ Contrast | Auth (Verified) |
| CT-14-053793 | CT Abd and Pelvis w/ Contrast | Auth (Verified) |
| CT-14-053793 | CT T Spine w/o Contrast | Auth (Verified) |
| CT-14-053793 | CT L Spine w/o Contrast | Auth (Verified) |
| CT-14-053793 | CT 3D Post Process Not Required | Auth (Verified) |

**Reason For Exam**
(CT C Spine w/o Contrast) trauma
(CT Chest w/ Contrast) trauma
(CT Abd and Pelvis w/ Contrast) trauma
(CT T Spine w/o Contrast) trauma
(CT L Spine w/o Contrast) trauma
(CT 3D Post Process Not Required) trauma

**Report**

Patient Name: TRAUMA, NOVEMBER4975
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Thompson, Peter
Facility: ARMC
Patient Loc: AC
DOB: 01/01/1914
Exam Date: 11/17/2014 16:51

CT'S of TRAUMA NOVEMBER 4975

HISTORY: Trauma. Pedestrian versus motor vehicle.

COMPARISON: None available at the time of the dictation.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Computed Tomography Reports

| Accession | Exam | Status |
|---|---|---|
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| CT-14-053793 | CT Chest w/ Contrast | Auth (Verified) |
| CT-14-053793 | CT Abd and Pelvis w/ Contrast | Auth (Verified) |
| CT-14-053793 | CT T Spine w/o Contrast | Auth (Verified) |
| CT-14-053793 | CT L Spine w/o Contrast | Auth (Verified) |
| CT-14-053793 | CT 3D Post Process Not Required | Auth (Verified) |

**Report**

CT CERVICAL SPINE WITHOUT CONTRAST
TECHNIQUE: Helical imaging was performed through the cervical spine and reconstructed in multiple planes.
FINDINGS:
- Unremarkable curvature on supine position.
- No fracture. Scattered bony spur formation.
- Unremarkable disc spaces by CT.
- No prevertebral soft tissue swelling.

CT THORACIC AND LUMBAR SPINE WITHOUT CONTRAST
TECHNIQUE: Helical imaging was performed through the thoracic and the lumbar spine with multiplanar reformats.
FINDINGS:
- Grade 1 anterolisthesis of L4 on L5 by approximately 1 mm.
- Schmorl's not seen along the superior endplate of L3.
- Vacuum disc phenomenon at L4-L5 and L5-S1. Disc osteophyte complex noted at L2-L3.
- Unremarkable paraspinal soft tissue.

CT CHEST, ABDOMEN AND PELVIS WITH CONTRAST

TECHNIQUE: Helical imaging was performed through the chest utilizing 5 mm slice thickness during the intravenous infusion of 100 cc of Omnipaque 300. Coronal and sagittal reformats were obtained. Helical imaging was then performed utilizing 5 mm slice thickness from the lung bases through the ischial tuberosities during and following the same intravenous infusion. Oral contrast was not administered. Coronal and sagittal reformats were performed. 3-D post processing of the chest was performed.

FINDINGS: CHEST
* PLEURA / PERICARDIUM: Tiny right-sided pneumothorax. Mild bilateral

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Attending Provider: Thompson MD,Peter

## Computed Tomography Reports

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| CT-14-053793 | CT Chest w/ Contrast | Auth (Verified) |
| CT-14-053793 | CT Abd and Pelvis w/ Contrast | Auth (Verified) |
| CT-14-053793 | CT T Spine w/o Contrast | Auth (Verified) |
| CT-14-053793 | CT L Spine w/o Contrast | Auth (Verified) |
| CT-14-053793 | CT 3D Post Process Not Required | Auth (Verified) |

**Report**

pleural effusion versus hemothorax.
* LUNGS: Subtle pulmonary contusion adjacent to the displaced rib fractures. Bilateral atelectasis.
* HILA / MEDIASTINUM: No adenopathy or masses are seen.
* TRACHEOBRONCHIAL TREE: Within normal limits.
* AORTA/PULMONARY VESSELS: Within normal limits.
* CORONARY ARTERIES: Mild coronary artery calcification is seen.
* CHEST WALL/AXILLA: Multiple depressed, displaced right rib fractures. Clinical correlation is needed to rule out flail chest.
* ADDITIONAL COMMENTS: Fracture with posterior dislocation of the right shoulder, with displaced comminuted fracture of the right scapula and of the right humeral neck. Displaced fracture of the left clavicle near the left sternoclavicular junction. Extensive soft tissue injury about the right shoulder and right side of the chest. Suspect soft tissue hematoma near the right shoulder. Clinical correlation is needed to rule out active bleeding. There is is subcutaneous air noted near the fractures about the right side of the chest.

FINDINGS: ABDOMEN/PELVIS
* LIVER: Normal in size and without significant focal lesion or diffuse abnormality.
* GALLBLADDER AND BILE DUCTS: No calcified gallstone or biliary ductal dilatation.
* SPLEEN: Normal in size with out significant focal lesion.
* URINARY TRACT: No hydronephrosis, atrophy or mass. No calculi identified. The ureters and bladder are unremarkable.
* ADRENALS: No abnormality seen.
* PANCREAS: No masses, evidence of inflammation or other significant abnormality.
* GASTROINTESTINAL TRACT: No significant abnormality.
* RETROPERITONEUM: Scattered mural calcification of the abdominal and its branches. No aneurysm.
* PERITONEAL CAVITY AND ABDOMINAL WALL: No ascites, masses or hernia

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Computed Tomography Reports

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|---|---|---|
| CT-14-053793 | CT C Spine w/o Contrast | Auth (Verified) |
| CT-14-053793 | CT Chest w/ Contrast | Auth (Verified) |
| CT-14-053793 | CT Abd and Pelvis w/ Contrast | Auth (Verified) |
| CT-14-053793 | CT T Spine w/o Contrast | Auth (Verified) |
| CT-14-053793 | CT L Spine w/o Contrast | Auth (Verified) |
| CT-14-053793 | CT 3D Post Process Not Required | Auth (Verified) |

**Report**

seen.
* PELVIS: Bladder appears unremarkable. Bilateral pelvic cystic mass-like lesions, poorly characterized on this exam. The larger of the two lesions is on the right, measuring at least 9.4 cm. Ultrasound of the pelvis is recommended.
* BONES: As above
* OTHER COMMENTS: Right groin central line tip is overlying the right common femoral vein region.

IMPRESSION:

CT cervical spine: Degenerative changes. No acute fracture or dislocation.

CT thoracic and lumbar spine: Degenerative changes. No apparent acute fracture or dislocation.

CT chest, abdomen, and pelvis: Multiple right ribs fractures, displaced with subtle adjacent pulmonary contusion and tiny right pneumothorax. Displaced comminuted fracture of the right scapula and right shoulder/humerus. Displaced fracture of the left clavicle. Cystic masslike lesions in the pelvis. They need better characterization by pelvic ultrasound.

Preliminary findings were discussed with Dr. Peter Thompson at 5:40 PM.

*** Final ***

*Electronically Signed By: Tran MD, Thomas*
*on 11/17/2014 17:53*

*Dictated by: Tran MD, Thomas*
*on 11/17/2014 17:29*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Computed Tomography Reports

| Accession | Exam | Status |
|---|---|---|
| CT-14-053793 | CT Head or Brain w/o Contrast | Auth (Verified) |

**Reason For Exam**
(CT Head or Brain w/o Contrast) trauma

**Report**

Patient Name: TRAUMA, NOVEMBER4975
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Thompson, Peter
Facility: ARMC
Patient Loc: AC
DOB: 01/01/1914
Exam Date: 11/17/2014 16:51

CT HEAD WITHOUT CONTRAST

HISTORY: Trauma

COMPARISON: None

TECHNIQUE: Axial imaging was performed without intravenous contrast utilizing 5mm slice thickness. Coronal and sagittal reformats were performed.

FINDINGS:

*BRAIN:
No acute intracranial hemorrhage or mass effect. No extra axial collections. No CT evidence of acute large territorial infarction. Ventricles and sulci are prominent, compatible with age-related and delusional changes. There are symmetric calcifications in the bilateral basal ganglia. Scattered vascular calcifications.

*VISUALIZED PARANASAL SINUSES: Well aerated.
*MASTOIDS: Clear.
*CALVARIUM AND SCALP: No depressed skull fracture. There is a left parieto-occipital hematoma.

Scattered vascular calcifications. Bilateral lens replacements.

IMPRESSION:

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Computed Tomography Reports

| Accession | Exam | Status |
|---|---|---|
| CT-14-053793 | CT Head or Brain w/o Contrast | Auth (Verified) |

**Report**

1. No acute intracranial hemorrhage or mass effect.
2. Left parieto-occipital scalp hematoma.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

*** Final ***

*Electronically Signed By: Petruzzi MD, Nicholas J*
*on 11/17/2014 17:29*

*Dictated by: Petruzzi MD, Nicholas J*
*on 11/17/2014 17:25*

## Ultrasound Reports

| Accession | Exam | Status |
|---|---|---|
| US-14-034508 | US Abdominal Complete | Auth (Verified) |

**Reason For Exam**
(US Abdominal Complete) Other (specify in Special Instructions )

**Report**
Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Thompson, Peter
Facility: ARMC
Patient Loc: 4HP
DOB: 03/31/1932
Exam Date: 11/24/2014 09:35

ABDOMINAL ULTRASOUND

HISTORY: Trauma, pain.

COMPARISON: None.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Ultrasound Reports

| Accession | Exam | Status |
|---|---|---|
| US-14-034508 | US Abdominal Complete | Auth (Verified) |

**Report**

TECHNIQUE: Sonographic imaging of the abdomen was performed.

FINDINGS:
* LIVER: Somewhat heterogeneous however not well evaluated due to significant rib fractures and right shoulder surgery.
* GB: There are gallstones.
* CBD: The common duct measures 5 mm in diameter.
* PANCREAS: The visualized portions appear normal.
* SPLEEN: Measures 9.5 x 3.5 x 9.4 cm.
* KIDNEYS: No mass, hydronephrosis or calculi are seen.
* PROXIMAL AORTA: No abnormalities seen.
* IVC: No abnormalities seen.
* OTHER FINDINGS: None.

IMPRESSION:

1. Gallstones.

2. Heterogeneous liver which is not well evaluated secondary to multiple rib fractures and right shoulder surgery.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

*** Final ***

*Electronically Signed By: Patel MD, Rajesh*
*on 11/24/2014 09:44*

*Dictated by: Patel MD, Rajesh*
*on 11/24/2014 09:43*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Interventional Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| SR-14-006984 | SR Angio Ext Unilateral S&I | Auth (Verified) |
| SR-14-006984 | SR Innominate L Common Carotid | Auth (Verified) |
| SR-14-006984 | SR Aortogram Thoracic | Auth (Verified) |

**Reason For Exam**
(SR Angio Ext Unilateral S&I) trauma
(SR Innominate L Common Carotid) trauma
(SR Aortogram Thoracic) trauma

**Report**
Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Thompson, Peter
Facility: ARMC
Patient Loc: TIC
DOB: 03/31/1932
Exam Date: 11/17/2014 19:00

RIGHT UPPER EXTREMITY ARTERIOGRAM
THORACIC AORTOGRAM

HISTORY: Trauma, MVA, pt hit as pedestrian

COMPARISON: CT chest 11/17/2014

MEDICATIONS: Lidocaine 1% 10 mL subcutaneous, Visipaque 320 60 mL intra-arterially

FINDINGS:
Access to the right common femoral artery was performed using a 21-gauge needle. A 0.018 inch wire was advanced and a 5 French vascular sheath was placed. A 5 French pigtail catheter was advanced into the ascending thoracic aorta and thoracic aortography was performed. Following this, selective catheterization of the right brachiocephalic artery was performed and proximal right upper extremity arteriography was carried out.

A minx closure device was deployed in standard fashion followed by several minutes of manual pressure, achieving hemostasis. Sterile dressing was applied.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Interventional Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| SR-14-006984 | SR Angio Ext Unilateral S&I | Auth (Verified) |
| SR-14-006984 | SR Innominate L Common Carotid | Auth (Verified) |
| SR-14-006984 | SR Aortogram Thoracic | Auth (Verified) |

**Report**

Findings:
1. Thoracic aortogram demonstrates classic great vessel anatomy. There is normal opacification of the great vessel origins from the aorta. There is no evidence of thoracic aortic injury. Delayed imaging demonstrates no intercostal arterial extravasation. There is mildly delayed opacification of the right subclavian artery relative to the left.

2. Arteriography from the right brachiocephalic artery demonstrates arterial irregularity in the region of the thyrocervical trunk, just beyond the origin of the vertebral artery. Repeat arteriography with craniocaudal and RAO angulation better delineates what appears to represent a mildly flow limiting intimal injury in this location. There is some delayed flow distally, however the right subclavian and proximal right brachial arteries remain patent. No contrast extravasation is demonstrated within the opacified lateral thoracic arteries, costocervical trunk, or circumflex vessels. Given the evidence of arterial injury, a guidewire or catheter was not advanced beyond this area.

IMPRESSION:

1. No evidence of thoracic aortic injury. No visualized arterial contrast extravasation, as questioned.

2. Evidence of traumatic arterial / intimal injury in the proximal right subclavian artery adjacent to the thyrocervical trunk. There is mildly delayed opacification in the right upper extremity beyond this area, which remains patent.

*** Final ***

*Electronically Signed By: Petruzzi MD, Nicholas J*
*on 11/17/2014 20:00*

*Dictated by: Petruzzi MD, Nicholas J*
*on 11/17/2014 20:00*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## Magnetic Resonance Imaging Reports

No data exists for this section

## Nuclear Medicine Reports

No data exists for this section

## PET Scan Reports

No data exists for this section

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-147930 | RA Humerus 2 Views Right | Auth (Verified) |

**Reason For Exam**
(RA Humerus 2 Views Right) Trauma

**Report**

Patient Name: TRAUMA, NOVEMBER4975
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Thompson, Peter
Facility: ARMC
Patient Loc: TMAC
DOB: 01/01/1914
Exam Date: 11/17/2014 16:38

RIGHT HUMERUS

HISTORY: Pain status post injury

COMPARISON: None

TECHNIQUE: Two views of the right humerus were performed.

FINDINGS:
Fracture of the proximal humerus is seen. There is complete displacement of the fracture fragments with medial displacement of the

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-147930 | RA Humerus 2 Views Right | Auth (Verified) |

**Report**

distal sugars. Possible fracture of the glenoid process of the scapula is seen. There are multiple right rib fractures.

IMPRESSION:

1. Fracture of the proximal humerus.

2. Multiple right rib fractures.

3. Possible scapula fracture.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

*** Final ***

*Electronically Signed By: Begleiter MD, David A*
*on 11/17/2014 16:50*

*Dictated by: Begleiter MD, David A*
*on 11/17/2014 16:49*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-147930 | RA Pelvis 1 View | Auth (Verified) |

**Reason For Exam**
(RA Pelvis 1 View) Trauma

**Report**

Patient Name: TRAUMA, NOVEMBER4975
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Thompson, Peter
Facility: ARMC
Patient Loc: TMAC
DOB: 01/01/1914
Exam Date: 11/17/2014 16:38

PELVIS ONE VIEW

HISTORY: Trauma, pain.

COMPARISON: None.

TECHNIQUE: A supine AP view of the pelvis was performed.

FINDINGS:
No joint space narrowing or spur formation is seen.
The SI joints and symphysis pubis appear unremarkable.
No fractures are seen.

IMPRESSION:

Unremarkable radiograph of the pelvis.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

*** Final ***

*Electronically Signed By: Patel MD, Rajesh*
*on 11/17/2014 16:50*

*Dictated by: Patel MD, Rajesh*
*on 11/17/2014 16:49*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-147923 | RA Chest 1 View Frontal | Auth (Verified) |

**Reason For Exam**
(RA Chest 1 View Frontal) trauma

**Report**

Patient Name: TRAUMA, NOVEMBER4975
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Thompson, Peter
Facility: ARMC
Patient Loc: TMAC
DOB: 01/01/1914
Exam Date: 11/17/2014 16:38

CHEST ONE VIEW PORTABLE

HISTORY: Trauma, pain.

COMPARISON: None.

TECHNIQUE: An AP portable view was obtained at 4:14 PM.

FINDINGS:

* TUBES/CATHETERS: None.

* LUNGS / PLEURA: No parenchymal or pleural opacities are seen. There is no definite pneumothorax on this limited one view.

* HEART: Normal in size.
* MEDIASTINUM: Within normal limits

* BONES: There is a displaced left midclavicular fracture. There are serial right-sided rib fractures broken in more than one location.
* ADDITIONAL COMMENTS: None.

IMPRESSION:

Serial right comminuted, displaced rib fractures and displaced left midclavicular fracture.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-147923 | RA Chest 1 View Frontal | Auth (Verified) |

**Report**
*** Final ***

*Electronically Signed By: Patel MD, Rajesh*
*on 11/17/2014 16:52*

*Dictated by: Patel MD, Rajesh*
*on 11/17/2014 16:50*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148006 | RA Shoulder 1 View Right | Auth (Verified) |

**Reason For Exam**
(RA Shoulder 1 View Right) Dislocation of shoulder

**Report**

Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Islinger, Richard
Facility: ARMC
Patient Loc: TIC
DOB: 03/31/1932
Exam Date: 11/17/2014 22:31

RIGHT SHOULDER ONE VIEW

HISTORY: Post reduction.

COMPARISON: CT chest 11/17/14 at 5 PM

TECHNIQUE: Single supine portable view of the right shoulder was performed.

FINDINGS:
Again noted comminuted fracture of the scapula as well as displaced fracture of the right humeral neck. Evaluation for shoulder dislocation is limited on this single frontal view.
There are again evidence of the depressed fractures of the right ribs at multiple levels.

IMPRESSION:

1. Comminuted fracture of the right scapula and fracture of the right humeral neck. Evaluation for shoulder dislocation is limited on this single portable view.
2. Right ribs fractures.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148006 | RA Shoulder 1 View Right | Auth (Verified) |

**Report**
*** Final ***

*Electronically Signed By: Tran MD, Thomas*
*on 11/17/2014 22:44*

*Dictated by: Tran MD, Thomas*
*on 11/17/2014 22:38*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148326 | RA Chest 1 View Frontal | Auth (Verified) |

**Reason For Exam**
(RA Chest 1 View Frontal) Chest Trauma

**Report**

Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Thompson, Peter
Facility: ARMC
Patient Loc: MIC
DOB: 03/31/1932
Exam Date: 11/19/2014 05:11

CHEST ONE VIEW PORTABLE

HISTORY: Trauma, pedestrian hit by motor vehicle, multiple fractures, pneumothorax.

COMPARISON: November 17, 2014 at 4:14 PM.

TECHNIQUE: An AP portable semi-erect view was obtained at 5:12 AM.

FINDINGS:
* HEART: Normal in size.
* LUNGS / PLEURA: Bilateral lower lobe opacities appear worse compared to the prior study. There is a small right pneumothorax, measuring approximately 1.5 cm at the right apex. This appears larger compared to the prior study, however, this could be due to change in patient positioning as the prior study was performed with the patient supine. Close clinical and imaging followup is recommended.
* MEDIASTINUM: Widening of the superior mediastinum appears similar to the prior study.
* BONES: Fracture of the proximal right humerus and right scapula is present. Multiple right-sided rib fractures are again evident. Fracture of the medial left clavicle again evident.
* TUBES/CATHETERS: None.
* ADDITIONAL COMMENTS: None.

IMPRESSION:

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148326 | RA Chest 1 View Frontal | Auth (Verified) |

**Report**

1. There is a small right pneumothorax. This appears larger compared to the prior study, however, this could be due to changes in patient positioning. Clinical correlation and followup is recommended.

2. Widening of the superior mediastinum appears similar to the prior study.

3. Bilateral lower lobe opacities are worse compared with November 17, 2014.

4. This report has been placed on the list to be telephoned by the radiology support staff.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

*** Final ***

*Electronically Signed By: Graule MD, Melissa J*
*on 11/19/2014 07:26*

*Dictated by: Graule MD, Melissa J*
*on 11/19/2014 07:18*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148474 | RA Chest 1 View Frontal | Auth (Verified) |

**Reason For Exam**
(RA Chest 1 View Frontal) Other (specify in Special Instructions )

**Report**

Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: McNulty, Kathleen
Facility: ARMC
Patient Loc: MIC
DOB: 03/31/1932
Exam Date: 11/19/2014 11:36

CHEST ONE VIEW PORTABLE

HISTORY: Chest tube placement. Pneumothorax.

COMPARISON: November 19, 2014 5:12 AM

TECHNIQUE: An AP portable semi-erect view was obtained at 11:27 AM.

FINDINGS:
* HEART: Cardiac silhouette appears prominent, though is not well assessed given the limited inspiratory effort.
* LUNGS / PLEURA: Bibasilar atelectasis is present. No effusions or thickening seen.
* MEDIASTINUM: Widening of the superior mediastinal contours is noted.
* BONES: Multiple right-sided rib fractures are again noted.
* TUBES/CATHETERS: There is a new right chest tube with catheter tip near the right lung apex. Previously noted pneumothorax is no longer seen.
* ADDITIONAL COMMENTS: Cardiac leads are present and obscure a small portion of the chest.

IMPRESSION:

1. Status post right chest tube placement. Previously described pneumothorax is now not appreciated.
2. Multiple right-sided rib fractures.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148474 | RA Chest 1 View Frontal | Auth (Verified) |

**Report**

3. Bibasilar atelectasis.
4. Widening of the superior mediastinum.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

*** Final ***

*Electronically Signed By: Schmidling MD, Michael J*
*on 11/19/2014 11:57*

*Dictated by: Schmidling MD, Michael J*
*on 11/19/2014 11:53*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148618 | RA Shoulder 2 Views Right | Auth (Verified) |

**Reason For Exam**
(RA Shoulder 2 Views Right) done in or

**Report**

Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Islinger, Richard
Facility: ARMC
Patient Loc: MIC
DOB: 03/31/1932
Exam Date: 11/19/2014 16:05

INTRAPROCEDURAL FLUOROSCOPY

INDICATION: (The origin and in internal fixation of fracture

COMPARISON: November 17, 2014

TECHNIQUE: Intraprocedural fluoroscopy time was provided for Dr. Islinger.

FLUOROSCOPY TIME: 0.33 minutes

FINDINGS:

Spot images are submitted on PACS and are available for review. 3 spot images are submitted and demonstrate plate and screws traversing the proximal right humerus.

Please correlate with procedural report.

IMPRESSION:

As above.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148618 | RA Shoulder 2 Views Right | Auth (Verified) |

**Report**
*** Final ***

*Electronically Signed By: Schmidling MD, Michael J*
*on 11/19/2014 18:02*

*Dictated by: Schmidling MD, Michael J*
*on 11/19/2014 18:01*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148712 | RA Chest 1 View Frontal | Auth (Verified) |

**Reason For Exam**
(RA Chest 1 View Frontal) Pneumothorax, traumatic

**Report**

Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Talucci, Raymond
Facility: ARMC
Patient Loc: TIC
DOB: 03/31/1932
Exam Date: 11/20/2014 06:10

CHEST ONE VIEW PORTABLE

HISTORY: Trauma, pedestrian hit by motor vehicle, multiple fractures, pneumothorax.

COMPARISON: November 19, 2014 at 11:27 AM.

TECHNIQUE: An AP portable semi-erect view was obtained at 6:15 AM.

FINDINGS:
* HEART: Top normal in size, unchanged.
* LUNGS / PLEURA: There is increasing atelectasis and consolidation containing air bronchograms at the right base, worse compared to the prior study. Left retrocardiac atelectasis and opacity unchanged. Possible small pleural effusions. No definite evidence of pneumothorax.
* MEDIASTINUM: There is less widening of the superior mediastinum when compared to the prior study.
* BONES: There has been ORIF of the proximal right humerus. Fracture of the right scapula, left clavicle, and multiple ribs again evident.
* TUBES/CATHETERS: A chest tube remains in place terminating at the right apex.
* ADDITIONAL COMMENTS: None.

IMPRESSION:

There is increasing atelectasis and consolidation at the right lung

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148712 | RA Chest 1 View Frontal | Auth (Verified) |

**Report**

base, however, there appears to be less widening of the superior mediastinum. The patient has undergone ORIF of the proximal right humerus.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

*** *Final* ***

*Electronically Signed By: Graule MD, Melissa J*
*on 11/20/2014 07:23*

*Dictated by: Graule MD, Melissa J*
*on 11/20/2014 07:18*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148714 | RA Chest 1 View Frontal | Auth (Verified) |

**Reason For Exam**
(RA Chest 1 View Frontal) Chest Trauma

**Report**

Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: McNulty, Kathleen
Facility: ARMC
Patient Loc: TIC
DOB: 03/31/1932
Exam Date: 11/21/2014 05:59

CHEST ONE VIEW PORTABLE

HISTORY: Trauma patient, pedestrian hit by motor vehicle, multiple fractures, pneumothorax.

COMPARISON: November 20, 2014.

TECHNIQUE: An AP portable semi-erect view was obtained at 6:02 AM.

FINDINGS:
* HEART: Top normal in size, unchanged.
* LUNGS / PLEURA: There is a tiny right apical pneumothorax. Bibasilar opacities appear similar.
* MEDIASTINUM: No change
* BONES: No change
* TUBES/CATHETERS: A chest tube remains in place at the right apex.
* ADDITIONAL COMMENTS: None.

IMPRESSION:

Tiny right apical pneumothorax. Otherwise, no significant interval change.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-148714 | RA Chest 1 View Frontal | Auth (Verified) |

**Report**
*** Final ***

*Electronically Signed By: Graule MD, Melissa J*
*on 11/21/2014 06:29*

*Dictated by: Graule MD, Melissa J*
*on 11/21/2014 06:27*

MR#: 007832283
Name: KENNEDY, HILDA
ACC#: A1422601513
Admit: 11/17/2014

AC 4HP; 4125; 1
82 years Female
DOB: 3/31/1932
Attending Provider: Thompson MD,Peter

## General Radiology Reports

| Accession | Exam | Status |
|---|---|---|
| RA-14-149233 | RA Chest 1 View Frontal | Auth (Verified) |

**Reason For Exam**
(RA Chest 1 View Frontal) Trauma

**Report**

Patient Name: KENNEDY, HILDA
Account#: A1422601513
Med. Rec.#: 7832283
Admitting Phys: Thompson, Peter
Ordering Phys: Dudick, Catherine
Facility: ARMC
Patient Loc: TIC
DOB: 03/31/1932
Exam Date: 11/22/2014 05:51

CHEST ONE VIEW PORTABLE

HISTORY: Trauma patient, pedestrian hit by motor vehicle, multiple fractures.

COMPARISON: November 21, 2014.

TECHNIQUE: An AP portable semi-erect view was obtained at 5:56 AM.

FINDINGS:
* HEART: Top normal in size, unchanged.
* LUNGS / PLEURA: The tiny right apical pneumothorax appears unchanged. Bibasilar opacities and atelectasis appears similar.
* MEDIASTINUM: No change.
* BONES: There has been prior ORIF of the proximal right humerus. Fracture of the right scapula, left clavicle, and multiple ribs appear similar.
* TUBES/CATHETERS: A chest tube remains in place at the right apex.
* ADDITIONAL COMMENTS: None.

IMPRESSION:

No significant interval change.

This report will be available to the patient on the ARMC patient portal 36 hours after dictation.