



Jeffrey Bodin

Patient Health Summary, generated on Sep. 01, 2020

Patient Demographics - Male; born May 22, 1997

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
528 BEAU CHENE DR MANDEVILLE, LA 70471- 1777	985-520-4713 (Work) 985-272-8989 (Mobile) 985-272-8989 (Home) jeffreybodin713@gmail.com	English (Preferred)	White / Not Hispanic or Latino	Single

Note from LCMC Health

This document contains information that was shared with Jeffrey Bodin. It may not contain the entire record from LCMC Health.

Allergies

Lactose (Nausea And Vomiting, Diarrhea) - High Severity

Latex (Rash) - Low Severity

Medications

montelukast (SINGULAIR) 10 mg tablet (Started 5/7/2018)

Take 10 mg by mouth daily

fexofenadine (ALLEGRA) 180 MG tablet

Take 180 mg by mouth daily

AFLURIA QUAD 2018-2019, PF, 60 mcg/0.5 mL Syrg (Started 10/15/2018)

Adm 0.5ml im utd

fluticasone (FLONASE) 50 mcg/actuation nasal spray (Started 10/15/2018)

Use one spray ien once d

1 refill left

azelastine (ASTELIN) 137 mcg (0.1 %) nasal spray (Started 5/16/2019)

1 spray by nasal route 2 (two) times daily

dextroamphetamine-amphetamine (ADDERALL) 30 mg Tab per tablet (Started 8/3/2020)

40 mg

Active Problems

Bilateral impacted cerumen (Noted 2/19/2020)

Inflammatory neuropathy (Noted 4/15/2019)

Melanoma in situ of left lower leg (Noted 8/31/2018)

Migraine-cluster headache syndrome (Noted 8/31/2018)

Peripheral neuropathy (Noted 8/31/2018)

Immunizations

DTaP (Given 6/8/2001, 11/24/1998, 11/21/1997, 9/23/1997, 7/14/1997)

HPV (Gardasil-4) (Given 5/20/2013, 7/19/2011, 5/18/2011)

Hepatitis A, Pediatric/Adolescent (Given 11/27/2007, 4/18/2007)

Hepatitis B, Pediatric/Adolescent (Given 2/26/1998, 6/26/1997, 5/27/1997)

Hib Unspecified (Given 8/25/1998, 11/21/1997, 9/23/1997, 7/14/1997)

INFLUENZA, SEASONAL, INJECTABLE, (PF) (Given 11/16/2017)

IPV (Given 6/8/2001, 8/25/1998, 9/23/1997, 7/14/1997)

Influenza, Injectable, MDCK, Preservative Free, Quadrivalent (Given 11/5/2019)

Influenza, Seasonal, Injectable (Given 11/25/2013, 11/25/2013, 9/16/2010, 9/9/2009, 10/24/2008, 11/8/2007, 9/21/2006)

Influenza, Unspecified (Given 11/16/2017, 9/16/2010, 9/9/2009, 10/24/2008, 11/8/2007, 9/21/2006)

Influenza, injectable, quadrivalent, preservative free (Given 10/5/2016, 11/4/2015)

MMR (Given 6/8/2001, 5/26/1998)

Meningococcal MCV4P (Given 5/26/2015, 5/18/2009)

Pneumococcal Conjugate PCV (Given 12/15/2000)

Pneumococcal Conjugate PCV 13 (Given 2/19/2015)

Pneumococcal Polysaccharide PPSV 23 (Given 11/5/2019)

TST-PPD intradermal (Given 11/4/2015, 5/20/2013, 5/17/2013)

Tdap (Given 11/5/2019, 7/14/2015, 5/18/2009)

Varicella (Given 5/10/2007, 5/26/1998)

Procedures

JOINT ARTHROCENTESIS LARGE (Performed 8/27/2020)

Performed for Biceps tendonitis on right

JOINT ARTHROCENTESIS LARGE (Performed 8/27/2020)

Performed for Biceps tendonitis on right

JOINT ARTHROCENTESIS LARGE (Performed 5/14/2020)

Performed for Adhesive capsulitis of right shoulder

JOINT ARTHROCENTESIS LARGE (Performed 5/14/2020)

Performed for Adhesive capsulitis of right shoulder

JOINT ARTHROCENTESIS LARGE (Performed 5/14/2020)

Performed for Adhesive capsulitis of right shoulder

JOINT ARTHROCENTESIS LARGE (Performed 5/14/2020)

Performed for Adhesive capsulitis of right shoulder

JOINT ARTHROCENTESIS LARGE (Performed 11/1/2019)

Performed for Chronic right shoulder pain

JOINT ARTHROCENTESIS LARGE (Performed 11/1/2019)

Performed for Chronic right shoulder pain

EEG Awake/Drowsy (Performed 9/4/2019)

Performed for Grand mal seizure, Narcolepsy due to underlying condition with cataplexy

ARTHROSCOPY SHOULDER (Performed 1/4/2019)

Performed for Chronic pain in right shoulder

OPEN REDUCTION INTERNAL FIXATION HUMERUS (Performed 5/28/2018)

Performed for Dislocation of right shoulder joint, initial encounter

Results

XR LUMBAR SPINE 2-3 VW (LCMC XR LUMBAR SPINE 2-3 VW) - Final result (02/28/2020 9:36 AM CST)

Specimen

Impressions

Performed At

No fracture or aggressive appearing lytic or blastic lesion.

Preliminary Report Dictated By: ALEJANDRA RAMIREZ

Electronically Signed By: Douglas Casey, MD 3/4/2020 11:21 AM CST

Narrative

Performed At

LCMC XR LUMBAR SPINE 2-3 VW

REASON FOR STUDY: Point tenderness over spine, history of melanoma.

COMPARISON: None.

FINDINGS:

The posterior vertebral body alignment is maintained. The vertebral body heights and intervertebral disc spaces are well preserved. No acute fracture or dislocation. No aggressive appearing lytic or blastic lesion.

Bowel gas limits evaluation of the sacrum. Surgical clips overlying the left femoral head, otherwise the visualized soft tissues have a normal appearance.

Procedure Note

Edi, Rad Results In - 03/04/2020 11:22 AM CST

LCMC XR LUMBAR SPINE 2-3 VW

REASON FOR STUDY: Point tenderness over spine, history of melanoma.

COMPARISON: None.

FINDINGS:

The posterior vertebral body alignment is maintained. The vertebral body heights and intervertebral disc spaces are well preserved. No acute fracture or dislocation. No aggressive appearing lytic or blastic lesion.

Bowel gas limits evaluation of the sacrum. Surgical clips overlying the left femoral head, otherwise the visualized soft tissues have a normal appearance.

IMPRESSION:

No fracture or aggressive appearing lytic or blastic lesion.

Preliminary Report Dictated By: ALEJANDRA RAMIREZ

Electronically Signed By: Douglas Casey, MD 3/4/2020 11:21 AM CST

XR SHOULDER 2+ VW RIGHT (LCMC XR SHOULDER 2+ VW RIGHT) - Final result (11/01/2019 8:32 AM CDT)

Specimen

Impressions

Performed At

There is lucency and sclerosis of the right humeral head consistent with avascular change. Head remains in close approximation to the glenoid fossa.

Electronically Signed By: Kenneth ward, M.D. 11/1/2019 11:26 AM CDT

Narrative

Performed At

RIGHT SHOULDER

Procedure Note

Edi, Rad Results In - 11/01/2019 11:28 AM CDT

RIGHT SHOULDER

IMPRESSION:

There is lucency and sclerosis of the right humeral head consistent with avascular change. Head remains in close approximation to the glenoid fossa.

Electronically Signed By: Kenneth Ward, M.D. 11/1/2019 11:26 AM CDT

EEG Awake/Drowsy (EEG AWAKE/DROWSY) - Final result (09/04/2019 9:47 AM CDT)

Specimen

Narrative

Performed At

Maxwell Harris Levy, MD 9/4/2019 10:36 AM

Procedure: Routine Outpatient EEG

Clinical information:

Grand mal sz, Narcolepsy due to underlying condition with cataplexy x 10 years -sz on Sunday - since CA treatment. not

Sleep deprived.

Referring Diagnosis:
Seizures

Medications:

Current Outpatient Medications on File Prior to Encounter

Medication Sig Dispense Refill

- AFLURIA QUAD 2018-2019, PF, 60 mcg/0.5 mL Syrg ADM 0.5ML IM UTD 0
- azelastine (ASTELIN) 137 mcg (0.1 %) nasal spray 1 spray by Nasal route 2 (two) times daily
- azelastine-fluticasone (DYMISTA) 137-50 mcg/spray Spry 1 spray by Nasal route daily
- buPROPion (WELLBUTRIN XL) 300 MG 24 hr tablet Take 300 mg by mouth daily
- dextroamphetamine-amphetamine (ADDERALL) 20 mg Tab per tablet Take 30 mg by mouth 3 (three) times daily
- dextroamphetamine-amphetamine (ADDERALL) 30 mg Tab per tablet TK ONE T PO TID FOR 30 DAYS 0
- fexofenadine (ALLEGRA) 180 MG tablet Take 180 mg by mouth daily

- fluticasone (FLONASE) 50 mcg/actuation nasal spray USE ONE SPRAY IEN ONCE D 1
- montelukast (SINGULAIR) 10 mg tablet Take 10 mg by mouth daily

- naproxen sodium (ALEVE) 220 MG tablet Take 1,000 mg by mouth 2 (two) times daily with meals
- neomycin-polymyxin-hydrocortisone (CORTISPORIN) 3.5-10,000-1 mg/mL-unit/mL-% otic suspension Place 3 drops into both ears 5 (five) times daily
- olopatadine 0.2 % Drop 1 drop

No current facility-administered medications on file prior to encounter.

Technique:

Digital EEG was recorded in the EEG laboratory on an alert and coherent patient. Recording of EEG, time-locked video, and single-channel EKG was performed with the Natus XLTek EEG machine. Electrodes were placed on the scalp according to the International 10-20 system. The record was reviewed using the Natus Neuroworks EEG software. Default settings: digital filter bandpass of 1-70 Hz, and 60-Hz notch, sensitivity setting of 7 uV/mm, and time base of 30 mm/s. When necessary, the settings were adjusted during the review process. The patient was awake or asleep during the study. Activation consisted of hyperventilation.

EEG Findings:

- Waking background activity: bisymmetric 11-Hz alpha rhythm; posteriorly dominant, medium amplitude, well organized, reactive to eye opening.
- Sleep background activity: bisymmetric central theta activity, vertex waves, sleep spindles, and K complexes.
- No epileptiform activity.
- No abnormalities with hyperventilation.

Interpretation:

Normal awake and sleeping EEG

Interpreting Fellow/Resident: Maxwell Levy MD

Interpreting Faculty/Staff: Piotr Olejniczak MD

XR CHEST AP PA LATERAL 2 VW (LCMC XR CHEST AP PA LATERAL 2 VW) - Final result (05/30/2019 10:01 AM CDT)

Specimen

Impressions

Performed At

OVEREXPANDED BUT CLEAR LUNGS.

Electronically Signed By: Ewa Wasilewska, M.D. 5/30/2019 10:49 AM CDT

CHEST AP LATERAL:

The lungs are slightly overexpanded but clear. Heart size and pulmonary vascularity are within normal limits. Aortic arch is left-sided. Mild anterior wedging of the mid thoracic vertebral bodies which has not changed from 5/24/2018. There is mild pectus excavatum deformity.

Procedure Note

Edi, Rad Results In - 05/30/2019 10:51 AM CDT

CHEST AP LATERAL:

The lungs are slightly overexpanded but clear. Heart size and pulmonary vascularity are within normal limits. Aortic arch is left-sided. Mild anterior wedging of the mid thoracic vertebral bodies which has not changed from 5/24/2018. There is mild pectus excavatum deformity.

IMPRESSION:

OVEREXPANDED BUT CLEAR LUNGS.

Electronically Signed By: Ewa Wasilewska, M.D. 5/30/2019 10:49 AM CDT

CBC W/ AUTO DIFFERENTIAL (LCMC CBC WITH DIFFERENTIAL) - Final result (05/30/2019 9:34 AM CDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
WBC	7.08	3.70 - 11.70 $10^3/uL$	LCMC CH LAB	
RBC	4.87	4.50 - 5.90 $10^6/uL$	LCMC CH LAB	
Hemoglobin	15.1	13.5 - 17.5 gm/dL	LCMC CH LAB	
Hematocrit	44.2	35.0 - 46.0 %	LCMC CH LAB	
MCV	90.8	75.0 - 97.0 fL	LCMC CH LAB	
MCH	31.0	24.0 - 32.0 pg	LCMC CH LAB	
MCHC	34.2	31.0 - 35.0 g/dL	LCMC CH LAB	
RDW	11.8	11.5 - 15.4 %	LCMC CH LAB	
RDW-SD	39.1	35.1 - 46.3 fL	LCMC CH LAB	
Platelet Count	283	135 - 450 $10^3/uL$	LCMC CH LAB	
MPV	9.7	8.6 - 12.4 fL	LCMC CH LAB	
nRBC Automated	0.00	0 $10^3/uL$	LCMC CH LAB	
nRBCs	0	0 /100 WBC	LCMC CH LAB	
Neutrophils Absolute - Instrument	4.40	1.80 - 7.70 $10^3/uL$	LCMC CH LAB	
Lymphocytes Absolute - Instrument	2.14	1.20 - 5.20 $10^3/uL$	LCMC CH LAB	
Monocytes Absolute - Instrument	0.40	0.18 - 0.40 $10^3/uL$	LCMC CH LAB	
Eosinophils Absolute - Instrument	0.06	0.00 - 0.30 $10^3/uL$	LCMC CH LAB	
Basophils Absolute - Instrument	0.05 (H)	0.00 - 0.00 $10^3/uL$	LCMC CH LAB	
Neutrophils Percent - Instrument	62.3	%	LCMC CH LAB	
Lymphocytes Percent - Instrument	30.2	%	LCMC CH LAB	
Monocytes Percent - Instrument	5.6	%	LCMC CH LAB	

Eosinophils Percent - Instrument	0.8	%	LCMC CH LAB
Basophils Percent - Instrument	0.7	%	LCMC CH LAB
Specimen			
Blood - Blood (substance)			
Performing Organization	Address	City/State/Zipcode	Phone Number
LCMC CH LAB	200 Henry Clay Ave	New Orleans, LA 70118	

LACTATE DEHYDROGENASE (LCMC LACTATE DEHYDROGENASE) - Final result (05/30/2019 9:34 AM CDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Lactate Dehydrogenase	140	100 - 300 U/L	LCMC CH LAB	
Specimen				
Blood - Blood (substance)				
Performing Organization	Address	City/State/Zipcode	Phone Number	
LCMC CH LAB	200 Henry Clay Ave	New Orleans, LA 70118		

COMPREHENSIVE METABOLIC PANEL (LCMC COMPREHENSIVE METABOLIC PANEL) - Final result (05/30/2019 9:34 AM CDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	142	134 - 144 mmol/L	LCMC CH LAB	
Potassium	3.4	3.4 - 5.5 mmol/L	LCMC CH LAB	
Chloride	106	98 - 107 mmol/L	LCMC CH LAB	
Carbon Dioxide	28	20 - 31 mmol/L	LCMC CH LAB	
Glucose	81	65 - 110 mg/dL	LCMC CH LAB	
BUN	18.0	7.0 - 21.0 mg/dL	LCMC CH LAB	
Creatinine	0.80	0.20 - 1.40 mg/dL	LCMC CH LAB	
Calcium	9.7	8.5 - 10.4 mg/dL	LCMC CH LAB	
Total Protein	6.7	6.5 - 8.0 g/dL	LCMC CH LAB	
Albumin	4.4	3.0 - 4.8 g/dL	LCMC CH LAB	
AST	19	8 - 53 U/L	LCMC CH LAB	
ALT	28	7 - 56 U/L	LCMC CH LAB	
Alkaline Phosphatase	83	39 - 253 U/L	LCMC CH LAB	
Bilirubin, Total	0.5	0.3 - 1.3 mg/dL	LCMC CH LAB	
EGFR, African American	>105	>89 mL/min	LCMC CH LAB	
EGFR, Non African American	>105	>89 mL/min	LCMC CH LAB	
Specimen				
Blood - Blood (substance)				
Performing Organization	Address	City/State/Zipcode	Phone Number	
LCMC CH LAB	200 Henry Clay Ave	New Orleans, LA 70118		

URIC ACID (LCMC URIC ACID) - Final result (05/30/2019 9:34 AM CDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Uric Acid	5.7	2.0 - 7.0 mg/dL	LCMC CH LAB	

Specimen

Blood - Blood (substance)

Performing Organization

Address

City/State/Zipcode

Phone Number

LCMC CH LAB

200 Henry Clay Ave

New Orleans, LA 70118

XR SHOULDER 2+ VW RIGHT (LCMC XR SHOULDER 2+ VW RIGHT) - Final result (11/29/2018 9:26 AM CST)

Specimen

Impressions

Performed At

Since the previous exam there is progression of avascular change within the medial humeral head with mild compaction noted. The humeral head remains well position within the glenoid fossa. Hill-Sachs deformity demonstrates progressive healing with no additional change noted.

Electronically Signed By: Kenneth ward, M.D. 11/29/2018 3:57 PM CST

Narrative

Performed At

RIGHT SHOULDER

Procedure Note

Edi, Rad Results In - 11/29/2018 3:59 PM CST

RIGHT SHOULDER

IMPRESSION:

Since the previous exam there is progression of avascular change within the medial humeral head with mild compaction noted. The humeral head remains well position within the glenoid fossa. Hill-Sachs deformity demonstrates progressive healing with no additional change noted.

Electronically Signed By: Kenneth Ward, M.D. 11/29/2018 3:57 PM CST

LCMC CT OUTSIDE IMAGES - Final result (09/11/2018 12:00 AM CDT)

Specimen

Narrative

Performed At

This imaging exam has been performed at an outside facility. Please see PACS for images and result.

XR SHOULDER 2+ VW RIGHT (LCMC XR SHOULDER 2+ VW RIGHT) - Final result (08/30/2018 8:54 AM CDT)

Specimen

Impressions

Performed At

HEALING HILL-SACHS DEFORMITY.

Electronically Signed By: Kenneth ward, M.D. 8/30/2018 5:20 PM CDT

Narrative

Performed At

RIGHT SHOULDER AXILLARY VIEW: There is again noted the Hill-Sachs deformity posteriorly with appropriate position of the humeral head within the glenoid noted at this time. There is no additional obvious fracture deformity.

Procedure Note

Edi, Rad Results In - 08/30/2018 5:23 PM CDT

RIGHT SHOULDER AXILLARY VIEW: There is again noted the Hill-Sachs deformity posteriorly with appropriate position of the humeral head within the glenoid noted at this time. There is no additional obvious fracture deformity.

IMPRESSION:

HEALING HILL-SACHS DEFORMITY.

Electronically Signed By: Kenneth Ward, M.D. 8/30/2018 5:20 PM CDT

XR SHOULDER 2+ VW RIGHT (LCMC XR SHOULDER 2+ VW RIGHT) - Final result (07/17/2018 8:11 AM CDT)

Specimen

Impressions

Performed At

HEALING LATERAL HUMERAL HEAD FRACTURE WITH SUSPECTED AVASCULAR CHANGE.

Electronically Signed By: Kenneth ward, M.D. 7/17/2018 5:39 PM CDT

Narrative

Performed At

RIGHT SHOULDER VIEWS: There is a healing lateral humeral head fracture consistent with Hill-Sachs deformity most likely secondary to previous dislocation. The humeral head is well positioned within the glenoid fossa at this time. There is a central lytic defect that may represent superimposed avascular change within the humeral head.

Procedure Note

Edi, Rad Results In - 07/17/2018 5:41 PM CDT

RIGHT SHOULDER VIEWS: There is a healing lateral humeral head fracture consistent with Hill-Sachs deformity most likely secondary to previous dislocation. The humeral head is well positioned within the glenoid fossa at this time. There is a central lytic defect that may represent superimposed avascular change within the humeral head.

IMPRESSION:

HEALING LATERAL HUMERAL HEAD FRACTURE WITH SUSPECTED AVASCULAR CHANGE.

Electronically Signed By: Kenneth Ward, M.D. 7/17/2018 5:39 PM CDT

XR SHOULDER 2+ VW RIGHT (LCMC XR SHOULDER 2+ VW RIGHT) - Final result (06/12/2018 8:19 AM CDT)

Specimen

Impressions

Performed At

Again noted is fragmentation of the right humeral head with residual separation of an avulsion fragment along the lateral aspect of the right humeral head with residual lateral and inferior displacement. The glenohumeral relationship is maintained. There is a round metallic screw superimposed on the mediastinum, correlation with lateral view would be helpful to exclude an embedded foreign body.

Electronically Signed By: Ewa Wasilewska, M.D. 6/12/2018 12:36 PM CDT

Narrative

Performed At

RIGHT SHOULDER 2 VIEWS:

Procedure Note

Edi, Rad Results In - 06/12/2018 12:39 PM CDT

RIGHT SHOULDER 2 VIEWS:

IMPRESSION:

Again noted is fragmentation of the right humeral head with residual separation of an avulsion fragment along the lateral aspect of the right humeral head with residual lateral and inferior displacement. The glenohumeral relationship is maintained. There is a round metallic screw superimposed on the mediastinum, correlation with lateral view would be helpful to exclude an embedded foreign body.

Electronically Signed By: Ewa Wasilewska, M.D. 6/12/2018 12:36 PM CDT

XR SHOULDER 1 VW RIGHT (LCMC XR SHOULDER 1 VW RIGHT) - Final result (05/28/2018 3:46 PM CDT)

Specimen

Impressions

Performed At

There is a healing right humeral head fracture in near anatomical alignment based on this single AP view.

Electronically Signed By: Ewa Wasilewska, M.D. 5/28/2018 4:47 PM CDT

Narrative

Performed At

RIGHT SHOULDER AP:

Procedure Note

Edi, Rad Results In - 05/28/2018 4:49 PM CDT

RIGHT SHOULDER AP:

IMPRESSION:

There is a healing right humeral head fracture in near anatomical alignment based on this single AP view.

Electronically Signed By: Ewa Wasilewska, M.D. 5/28/2018 4:47 PM CDT

FL FLUOROSCOPY UP TO 1 HOUR (LCMC FL FLUOROSCOPY UP TO 1 HOUR) - Final result (05/28/2018 2:45 PM CDT)

Specimen

Impressions

Performed At

Fluoroscopic imaging and time was provided for intraoperative guidance without radiologist present and one image obtained.

Electronically Signed By: Christopher Arcement, M.D. 5/28/2018 3:09 PM CDT

Narrative

Performed At

FLUOROSCOPY UP TO 1 HOUR:

Procedure Note

Edi, Rad Results In - 05/28/2018 3:11 PM CDT

FLUOROSCOPY UP TO 1 HOUR:

IMPRESSION:

Fluoroscopic imaging and time was provided for intraoperative guidance without radiologist present and one image obtained.

Electronically Signed By: Christopher Arcement, M.D. 5/28/2018 3:09 PM CDT

XR CERVICAL SPINE 2 OR 3 VW (LCMC XR CERVICAL SPINE 2-3 VW) - Final result (05/25/2018 1:15 PM CDT)

Specimen

Impressions

Performed At

NO ACUTE FRACTURE OR TRAUMATIC SUBLUXATION OF THE CERVICAL SPINE.

Electronically Signed By: David Manning, M.D. 5/25/2018 5:31 PM CDT

Narrative

Performed At

CERVICAL SPINE AP LAT:

Straightening of the cervical spine likely reflects patient positioning. No acute fracture or traumatic subluxation of the cervical spine is evident. The vertebral body and disc space heights are maintained. The precervical soft tissues are within normal limits.

Procedure Note

Edi, Rad Results In - 05/25/2018 5:33 PM CDT

CERVICAL SPINE AP LAT:

Straightening of the cervical spine likely reflects patient positioning. No acute fracture or traumatic subluxation of the cervical spine is evident. The vertebral body and disc space heights are maintained. The precervical soft tissues are within normal limits.

IMPRESSION:

NO ACUTE FRACTURE OR TRAUMATIC SUBLUXATION OF THE CERVICAL SPINE.

Electronically Signed By: David Manning, M.D. 5/25/2018 5:31 PM CDT

XR SHOULDER 2+ VW RIGHT (LCMC XR SHOULDER 2+ VW RIGHT) - Final result (05/25/2018 1:15 PM CDT)

Specimen

Impressions

Performed At

RIGHT HUMERAL HEAD FRACTURE WITH INFERIOR MEDIAL DISLOCATION.

Electronically Signed By: Kenneth ward, M.D. 5/25/2018 5:53 PM CDT

Narrative

Performed At

RIGHT SHOULDER VIEWS: There is fragmentation of the right humeral head with inferior and medial dislocation. There is mild osteopenia of the bony structures.

Procedure Note

Edi, Rad Results In - 05/25/2018 5:55 PM CDT

RIGHT SHOULDER VIEWS: There is fragmentation of the right humeral head with inferior and medial dislocation. There is mild osteopenia of the bony structures.

IMPRESSION:

RIGHT HUMERAL HEAD FRACTURE WITH INFERIOR MEDIAL DISLOCATION.

Electronically Signed By: Kenneth Ward, M.D. 5/25/2018 5:53 PM CDT

CBC W/ AUTO DIFFERENTIAL (LCMC CBC WITH DIFFERENTIAL) - Final result (05/24/2018 1:56 PM CDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
WBC	6.08	3.70 - 11.70 10 ³ /uL	LCMC CH LAB	
RBC	5.20	4.50 - 5.90 10 ⁶ /uL	LCMC CH LAB	
Hemoglobin	15.6	13.5 - 17.5 gm/dL	LCMC CH LAB	
Hematocrit	46.9 (H)	35.0 - 46.0 %	LCMC CH LAB	
MCV	90.2	75.0 - 97.0 fL	LCMC CH LAB	
MCH	30.0	24.0 - 32.0 pg	LCMC CH LAB	
MCHC	33.3	31.0 - 35.0 g/dL	LCMC CH LAB	
RDW	11.9	11.5 - 15.4 %	LCMC CH LAB	
RDW-SD	39.3	35.1 - 46.3 fL	LCMC CH LAB	
Platelet Count	318	135 - 450 10 ³ /uL	LCMC CH LAB	
MPV	9.3	8.6 - 12.4 fL	LCMC CH LAB	
nRBC Automated	0.00	0 10 ³ /uL	LCMC CH LAB	
nRBCs	0	0 /100 WBC	LCMC CH LAB	
Neutrophils Absolute - Instrument	3.4	1.8 - 7.7 10 ³ /uL	LCMC CH LAB	
Lymphocytes Absolute - Instrument	2.1	1.2 - 5.2 10 ³ /uL	LCMC CH LAB	
Monocytes Absolute -	0.5 (H)	0.2 - 0.4 10 ³ /uL	LCMC CH LAB	

Instrument			
Eosinophils Absolute - Instrument	0.0	0.0 - 0.3 10 ³ /uL	LCMC CH LAB
Basophils Absolute - Instrument	0.1 (H)	0.0 - 0.0 10 ³ /uL	LCMC CH LAB
Neutrophils Percent - Instrument	55.4	%	LCMC CH LAB
Lymphocytes Percent - Instrument	34.0	%	LCMC CH LAB
Monocytes Percent - Instrument	8.6	%	LCMC CH LAB
Eosinophils Percent - Instrument	0.5	%	LCMC CH LAB
Basophils Percent - Instrument	1.2	%	LCMC CH LAB

Specimen

Blood - Blood (substance)

Performing Organization	Address	City/State/Zipcode	Phone Number
LCMC CH LAB	200 Henry Clay Ave	New Orleans, LA 70118	

COMPREHENSIVE METABOLIC PANEL (LCMC COMPREHENSIVE METABOLIC PANEL) - Final result (05/24/2018 1:56 PM CDT)

Component	Value	Ref Range	Performed At	Pathologist Signature
Sodium	142	134 - 144 mmol/L	LCMC CH LAB	
Potassium	3.7	3.4 - 5.5 mmol/L	LCMC CH LAB	
Chloride	104	98 - 107 mmol/L	LCMC CH LAB	
Carbon Dioxide	29	20 - 31 mmol/L	LCMC CH LAB	
Glucose	68	65 - 110 mg/dL	LCMC CH LAB	
BUN	15.0	7.0 - 21.0 mg/dL	LCMC CH LAB	
Creatinine	0.80	0.20 - 1.40 mg/dL	LCMC CH LAB	
Calcium	9.8	8.5 - 10.4 mg/dL	LCMC CH LAB	
Total Protein	6.9	6.5 - 8.0 g/dL	LCMC CH LAB	
Albumin	4.5	3.0 - 4.8 g/dL	LCMC CH LAB	
AST	19	8 - 53 U/L	LCMC CH LAB	
ALT	26	7 - 56 U/L	LCMC CH LAB	
Alkaline Phosphatase	113	39 - 253 U/L	LCMC CH LAB	
Bilirubin, Total	0.3	0.3 - 1.3 mg/dL	LCMC CH LAB	
EGFR, African American	>105	>89 mL/min	LCMC CH LAB	
EGFR, Non African American	>105	>89 mL/min	LCMC CH LAB	

Specimen

Blood - Blood (substance)

Performing Organization	Address	City/State/Zipcode	Phone Number
LCMC CH LAB	200 Henry Clay Ave	New Orleans, LA 70118	

XR CHEST AP PA LATERAL 2 VW (LCMC XR CHEST AP PA LATERAL 2 VW) - Final result (05/24/2018 1:53 PM CDT)

Specimen

Blood

Impressions

Performed At

Underinflated otherwise clear lungs. Increased pectus deformity with a presternal radiopaque screw projecting along/within the anterior chest wall. Anterior fracture-dislocation of the right humeral head and anterior wedge compression deformities of two mid thoracic vertebral bodies with increased kyphoscoliosis, suspect pathologic fractures. Correlation with right shoulder radiographs and whole body nuclear medicine bone and/or PET/CT scan may be helpful for further characterization if clinically warranted.

Electronically Signed By: David Manning, M.D. 5/24/2018 2:28 PM CDT

Narrative

Performed At

CHEST AP AND LATERAL:

The lungs are symmetrically overinflated otherwise clear. Heart size and pulmonary vascularity are within normal limits. Aortic arch is left-sided. Pectus deformity of the chest is more pronounced since 1/5/2015. There is a presternal radiopaque screw projecting along/within the anterior chest wall. The right humeral head appears fractured and anteriorly dislocated. There are mild to moderate anterior wedge compression deformities of 2 midthoracic vertebral bodies which were not evident on prior exam dated 1/5/2015, and there is increased kyphoscoliosis.

Procedure Note

Edi, Rad Results In - 05/24/2018 2:30 PM CDT

CHEST AP AND LATERAL:

The lungs are symmetrically overinflated otherwise clear. Heart size and pulmonary vascularity are within normal limits. Aortic arch is left-sided. Pectus deformity of the chest is more pronounced since 1/5/2015. There is a presternal radiopaque screw projecting along/within the anterior chest wall. The right humeral head appears fractured and anteriorly dislocated. There are mild to moderate anterior wedge compression deformities of 2 midthoracic vertebral bodies which were not evident on prior exam dated 1/5/2015, and there is increased kyphoscoliosis.

IMPRESSION:

Underinflated otherwise clear lungs. Increased pectus deformity with a presternal radiopaque screw projecting along/within the anterior chest wall. Anterior fracture-dislocation of the right humeral head and anterior wedge compression deformities of two mid thoracic vertebral bodies with increased kyphoscoliosis, suspect pathologic fractures. Correlation with right shoulder radiographs and whole body nuclear medicine bone and/or PET/CT scan may be helpful for further characterization if clinically warranted.

Electronically Signed By: David Manning, M.D. 5/24/2018 2:28 PM CDT

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Jeffrey Bodin	528 BEAU CHENE DR MANDEVILLE, LA 70471	985-272-8989 (Mobile) 985-520-4713 (Work)	Other, Emergency Contact

Document Information

Primary Care Provider Other Service Providers

Document Coverage Dates

Callie Anne Linden MD (Jan. 09, 2020 - Present)
504-702-3000 (Work)
504-702-2051 (Fax)
2000 Canal Street
New Orleans, LA 70112
Internal Medicine

LCMC Health
200 Henry Clay Avenue
New Orleans, LA 70112

Dana Marie Leblanc MD (Pediatrician)
504-896-9740 (Work)
504-896-9758 (Fax)
200 Henry Clay Ave.
New Orleans, LA 70118
Pediatric Hematology and Oncology

LCMC Health
200 Henry Clay Avenue
New Orleans, LA 70112

Ashley Lena Weiss DO (Consulting Physician)
504-988-5406 (Work)
504-988-9880 (Fax)
1440 Canal St., Box #8448
New Orleans, LA 70112
Psychiatry

Laura Conway Williams MD (Attending)
504-702-3000 (Work)
504-702-2051 (Fax)
2000 Canal Street
New Orleans, LA 70112
Dermatology

LCMC Health
200 Henry Clay Avenue
New Orleans, LA 70112

Dominique R Banks MA (Medical Assistant)
2000 Canal Street
NEW ORLEANS, LA 70112

Curry Antoine CNA
2000 Canal Street
NEW ORLEANS, LA 70112

Dominique R Banks MA (Medical Assistant)
2000 Canal Street
NEW ORLEANS, LA 70112

Carolyn H (Registered Nurse)
2000 Canal Street
New Orleans, LA 70112

LCMC Health
200 Henry Clay Avenue
New Orleans, LA 70112

May 22, 1997 - Sep. 01, 2020

Custodian Organization

LCMC Health
200 Henry Clay Avenue
New Orleans, LA 70112

Curry Antoine CNA
2000 Canal Street
NEW ORLEANS, LA 70112



If you take your Lucy record on a thumb drive to a different doctor, he or she might be able to use his computer to read the file electronically. Your downloaded, machine-readable Personal Health Summary document is in a format called "CDA." If your doctor has a computer that understands CDA, your information is a folder on your thumb drive called **MachineReadable_XDMFormat**. You might need to enter a password before your doctor can use this file.

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