



Jamar Little

Patient Health Summary, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Allergies

No known active allergies

Medications

CANNABIDIOL, CBD, EXTRACT ORAL

Take by mouth.

lidocaine 5 % patch (Started 10/21/2019)

Place 1 patch onto the skin daily.

DULoxetine 60 mg capsule (Started 12/11/2019)

Take 1 capsule by mouth daily.

cyclobenzaprine 5 mg tablet (Started 5/6/2020)

Take 1 tablet by mouth nightly as needed (for muscle spasm).

methylPREDNISolone 4 mg Dose Pack Tablet (Started 2/24/2021)

Take 1 tablet by mouth before breakfast. follow package directions

ibuprofen 800 mg tablet (Started 2/24/2021)

Take 1 tablet by mouth every 8 (eight) hours as needed for pain.

Active Problems

Problem	Noted Date	Diagnosed Date
Enlarged tonsils	03/18/2021	
Mass of submandibular gland	03/18/2021	
Enlarged lymph nodes	02/25/2021	
Salivary gland disease	02/25/2021	
Strep throat	02/25/2021	



Social History

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Select Community Resources	Answer			Date Recorded
Please choose the link for 'Select Community Resources' above to launch NowPow, a personalized community referral platform for a patient's SDOH needs.	-			
Sex and Gender Information	Value			Date Recorded
Sex Assigned at Birth	Male			12/06/2019 12:13 PM CST
Gender Identity	Not on file			
Sexual Orientation	Straight			06/24/2019 3:09 AM CDT



Last Filed Vital Signs

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	121/72	02/25/2021 8:35 AM CST	
Pulse	77	02/25/2021 8:35 AM CST	
Temperature	35.6 °C (96.1 °F)	02/25/2021 8:35 AM CST	
Respiratory Rate	16	02/24/2021 11:26 AM CST	
Oxygen Saturation	98%	02/24/2021 11:26 AM CST	
Inhaled Oxygen Concentration	-	-	
Weight	110.2 kg (243 lb)	11/18/2022 1:35 PM CST	
Height	172.7 cm (5' 8")	11/18/2022 1:35 PM CST	
Body Mass Index	36.95	11/18/2022 1:35 PM CST	



Procedures

HOME SLEEP TEST (Performed 6/26/2019)

Performed for Snoring, Frequent headaches

TILT TABLE (Performed 5/9/2019)

Performed for Fainting, Palpitations, Chest pain, unspecified type, Shortness of breath

ECHO STRESS EXERCISE W DOPPLER ADULT (Performed 5/9/2019)

Performed for Fainting, Palpitations, Chest pain, unspecified type, Shortness of breath

HOLTER MONITOR EXTENDED (Performed 4/1/2019)

Performed for Fainting

ECHO 2D ONLY ADULT (Performed 3/23/2019)



Results

XR CERVICAL SPINE AP LAT FLEX EXTENSION - Final result (11/18/2022 2:07 PM CST)

Anatomical Region	Laterality	Modality		
C-spine, Neck		Radiographic Imaging		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/18/2022 5:14 PM CST	

Narrative

11/18/2022 5:22 PM CST

PROCEDURE: XR CERVICAL SPINE AP LAT FLEX EXTENSION

HISTORY: Balance problems

COMPARISON: Cervical spine MRI 6/6/2019.

TECHNIQUE: AP, lateral, lateral flexion, and lateral extension views of the cervical spine.

FINDINGS: Vertebral body heights, contours, and alignment are within normal limits. Craniocervical and C1-C2 relationships are maintained. There is mild straightening of the normal cervical lordosis. No acute fractures or dislocations are identified. No abnormal motion or dynamic instability on the flexion or extension lateral views. Intervertebral disc space heights are maintained. Minimal scattered endplate osteophyte formation such as at C3 and C5. Intervertebral disc space heights are maintained. Prevertebral soft tissues are within normal limits.

IMPRESSION:

Minimal degenerative changes in the cervical spine.

FINAL REPORT

Attending Radiologist: Liu, Benjamin MD

Date Signed off: 11/18/2022 17:22

Procedure Note

Benjamin P. Liu - 11/18/2022

Formatting of this note might be different from the original.

PROCEDURE: XR CERVICAL SPINE AP LAT FLEX EXTENSION

HISTORY: Balance problems

COMPARISON: Cervical spine MRI 6/6/2019.

TECHNIQUE: AP, lateral, lateral flexion, and lateral extension views of the cervical spine.

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IMPRESSION:

Minimal degenerative changes in the cervical spine.

FINAL REPORT

Attending Radiologist: Liu, Benjamin MD

Date Signed Off: 11/18/2022 17:22

Authorizing Provider Result Type

Mary-Katherine Slattery IMG DIAGNOSTIC IMAGING ORDERABLES

XR LUMBAR SPINE AP LAT FLEX EXTENSION - Final result (11/18/2022 1:48 PM CST)

Anatomical Region	Laterality	Modality
L-spine		Radiographic Imaging

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/18/2022 4:48 PM CST	

Narrative

11/18/2022 5:14 PM CST

PROCEDURE: XR LUMBAR SPINE AP LAT FLEX EXTENSION

HISTORY: Low back pain.

COMPARISON: MRI lumbar spine 6/6/2019.

FINDINGS:

There are 5 lumbar type vertebral bodies. There is no significant sciotic curvature of the lumbar spine. There is a normal lumbar lordosis. The sagittal alignment of the lumbar vertebral bodies is within normal limits. The vertebral body heights are maintained. The intervertebral disc spaces are preserved. There is no evidence of dynamic instability on flexion or extension radiographs. There is multilevel degenerative facet arthropathy of the lower lumbar spine.

IMPRESSION:

No vertebral body height loss. No evidence of lumbar spinal instability.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Liu, Benjamin MD

Radiology Resident: Gilligan, Leah MD

Date Signed off: 11/18/2022 17:14

Procedure Note

Benjamin P. Liu - 11/18/2022

Formatting of this note might be different from the original.

PROCEDURE: XR LUMBAR SPINE AP LAT FLEX EXTENSION

HISTORY: Low back pain.

COMPARISON: MRI lumbar spine 6/6/2019.

FINDINGS:

There are 5 lumbar type vertebral bodies. There is no significant sciotic curvature of the lumbar spine. There is a normal lumbar lordosis. The sagittal alignment of the lumbar vertebral bodies is within normal limits. The vertebral body heights are maintained. The intervertebral disc spaces are preserved. There is no evidence of dynamic instability on flexion or extension radiographs. There is multilevel degenerative facet arthropathy of the lower lumbar spine.

IMPRESSION:

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Attending Radiologist: Liu, Benjamin MD

Radiology Resident: Gilligan, Leah MD

Date Signed Off: 11/18/2022 17:14

Authorizing Provider Result Type

Mary-Katherine Slattery IMG DIAGNOSTIC IMAGING ORDERABLES

CT SOFT TISSUE NECK W CONTRAST - Final result (04/07/2021 9:40 AM CDT)

Anatomical Region

Laterality

Modality

Neck, C-spine

Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			04/08/2021 2:37 PM CDT	

Narrative

04/11/2021 9:35 PM CDT

CT SOFT TISSUE NECK W CONTRAST

CLINICAL HISTORY: Intermittent throat discomfort. Recent strep pharyngitis infection. Ultrasound at that time demonstrated a hypoechoic region within the left submandibular gland.

TECHNIQUE: Following the administration of intravenous contrast, axial CT images of the neck were obtained. Coronal and sagittal reformatted images were reviewed.

COMPARISON: CT brain March 22, 2019

FINDINGS:

Pharynx/larynx: There is mild adenotonsillar hypertrophy. No focal asymmetric soft tissue lesion is identified along the visualized aerodigestive tract.

Oral cavity: Evaluation of the oral cavity is limited by artifact. The visualized portions of the oral tongue and floor of mouth are intact.

Glands: Within the limitations of artifact, no definite lesion is identified in the submandibular or parotid salivary glands. A region of apparent hyperenhancement at the superior aspect of the left submandibular gland is likely due to beam hardening artifact from the adjacent mandible (series 5/image 49; series 6 image 73). There is no evidence of abnormal stranding surrounding the salivary glands.

There is a 2 mm hypoattenuating nodule in the thyroid isthmus (series 5/image 52).

Cervical soft tissues: A right level Ia lymph node measures 11 mm (series 3/image 30). A right level IIa lymph node measures 16 mm (series 3/image 29). A left level IIa lymph node measures 15 mm (series 3/image 28). A left level Ia lymph node measures 10 mm (series 3/image 28).

There is a left maxillary sinus retention cyst. The visualized mastoid air cells are clear. There are small anterior endplate osteophytes at T3-T4 and T4-T5. There is straightening of the cervical lordosis.

IMPRESSION:

1. No definite left submandibular mass lesion is identified. Clinical follow-up is recommended. If there is continued clinical concern for a submandibular mass lesion, MR imaging of the salivary glands with and without contrast would be recommended for further characterization.

2. Prominent and mildly enlarged bilateral level IIa and bilateral level Ia lymph nodes are likely reactive.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Moum, Sarah MD

Radiology Resident: Curl, Patti MD

Date Signed Off: 04/11/2021 21:35

Procedure Note

Sarah J. Moum - 04/11/2021

Procedure Note

Formatting of this note might be different from the original.

CT SOFT TISSUE NECK W CONTRAST

CLINICAL HISTORY: Intermittent throat discomfort. Recent strep pharyngitis infection. Ultrasound at that time demonstrated a hypoechoic region within the left submandibular gland.

TECHNIQUE: Following the administration of intravenous contrast, axial CT images of the neck were obtained. Coronal and sagittal reformatted images were reviewed.

COMPARISON: CT brain March 22, 2019

FINDINGS:

Pharynx/larynx: There is mild adenotonsillar hypertrophy. No focal asymmetric soft tissue lesion is identified along the visualized aerodigestive tract.

Oral cavity: Evaluation of the oral cavity is limited by artifact. The visualized portions of the oral tongue and floor of mouth are intact.

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Cervical soft tissues: A right level Ia lymph node measures 11 mm (series 3/image 30). A right level IIa lymph node measures 16 mm (series 3/image 29). A left level IIa lymph node measures 15 mm (series 3/image 28). A left level Ia lymph node measures 10 mm (series 3/image 28).

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IMPRESSION:

1. No definite left submandibular mass lesion is identified. Clinical follow-up is recommended. If there is continued clinical concern for a submandibular mass lesion, MR imaging of the salivary glands with and without contrast would be recommended for further characterization.
2. Prominent and mildly enlarged bilateral level IIa and bilateral level Ia lymph nodes are likely reactive.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Moum, Sarah MD

Radiology Resident: Curl, Patti MD

Date Signed Off: 04/11/2021 21:35

Authorizing Provider	Result Type
Katy Y. Hassan	IMG CT ORDERABLES

POCT CREATININE - Final result (04/07/2021 9:14 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Creatinine POC	1.1	0.8 - 1.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=59 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
eGFR (N-AA) POC	>60	>=59 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
Blood specimen (specimen)				04/07/2021 9:14 AM CDT	04/07/2021 9:18 AM CDT	

Narrative

Authorizing Provider Katy Y. Hassan	Result Type POCT ORDERABLES - DEVICE		
Performing Organization NORTHWESTERN MEMORIAL HOSPITAL LAB	Address 251 E. Huron 7307	City/State/ZIP Code Chicago, IL 60611	Phone Number

POCT SARS-COV-2-NAT - Final result (03/18/2021 7:35 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POCT SARS-COV-2, NAT	Negative	Negative			NMG GALTER ENT	
Lot #	M135316				NMG GALTER ENT	
SARS-CoV-2 NAT - ID NOW Comment	A negative result does not exclude COVID-19. Testing, which was performed using an NAAT authorized for emergency use by the FDA (Abbott ID Now), may not satisfy an RT PCR requirement.				NMG GALTER ENT	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
NP Swab	NASOPHARYNGEAL STRUCTURE / Unknown		03/18/2021 7:35 AM CDT	

Narrative

Authorizing Provider Katy Y. Hassan	Result Type POINT OF CARE TEST ORDERABLES		
Performing Organization NMG GALTER ENT	Address 675 N ST CLAIR ST, STE 15-200	City/State/ZIP Code CHICAGO, IL 60611	Phone Number

CULTURE, GROUP A STREP SCN - Final result (02/24/2021 11:34 AM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Final Report	Culture negative for Group A Beta-hemolytic Streptococci.				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
Specimen from throat (specimen)	PHARYNGEAL STRUCTURE / Unknown			02/24/2021 11:34 AM CST		

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 02/26/2021 7:58 AM CST
 ORDERING DEPARTMENT:NMG IMMEDIATE CARE 635 N FAIRBANKS CT STE 17-100 (STREETERVILLE)
 Ordering Provider:SUPLICKI,ANDREW
 Call Back Phone Number:(312)694-2273

Authorizing Provider	Result Type					
Andrew Suplicki	MICROBIOLOGY - GENERAL ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611				

POCT RAPID STREP - Final result (02/24/2021)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POC Strep Antigen, Group A	Positive	Negative			NMG STREETERVILLE ICC	
Internal Control	Valid				NMG STREETERVILLE ICC	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
Specimen from throat (specimen)				02/24/2021		

Narrative

Authorizing Provider	Result Type					
Andrew Suplicki	POINT OF CARE TEST ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
NMG STREETERVILLE ICC	635 N Fairbanks Ct Ste 17-100	Chicago, IL 60611				

CULTURE, GROUP A STREP SCN - Final result (01/07/2021 1:46 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Final Report	Moderate Beta Hemolytic Streptococci, Group C Culture negative for Group A Beta-hemolytic Streptococci.				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Organism Identification	STREP C			01/09/2021 11:20 AM CST	NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Specimen from throat (specimen)	PHARYNGEAL STRUCTURE / Unknown		01/07/2021 1:46 PM CST	

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 01/09/2021 11:20 AM CST
 ORDERING DEPARTMENT: NMG IMMEDIATE CARE 635 N FAIRBANKS CT STE 17-100 (STREETERVILLE)
 Ordering Provider: FITZPATRICK, LINDSAY
 Call Back Phone Number: (312)694-2273

Authorizing Provider	Result Type		
Lindsay Elizabeth Fitzpatrick	MICROBIOLOGY - GENERAL ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

POCT SARS-COV-2-NAT - Final result (01/07/2021)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POCT SARS-COV-2, NAT	Negative	Negative			NMG STREETERVILLE ICC	
SARS-CoV-2 NAT - ID NOW Comment	A negative result does not exclude COVID-19. Testing, which was performed using an NAAT authorized for emergency use by the FDA (Abbott ID Now), may not satisfy an RT PCR requirement.				NMG STREETERVILLE ICC	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
NP Swab	NASOPHARYNGEAL STRUCTURE / Unknown			01/07/2021		

Narrative

Authorizing Provider	Result Type		
Lindsay Elizabeth Fitzpatrick	POINT OF CARE TEST ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NMG STREETERVILLE ICC	635 N Fairbanks Ct Ste 17-100	Chicago, IL 60611	

POCT RAPID STREP - Final result (01/07/2021)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POC Strep Antigen, Group A	Negative	Negative			NMG STREETERVILLE ICC	
Internal Control	Valid				NMG STREETERVILLE ICC	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Specimen from throat (specimen)			01/07/2021	

Narrative

Authorizing Provider	Result Type		
Lindsay Elizabeth Fitzpatrick	POINT OF CARE TEST ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NMG STREETERVILLE ICC	635 N Fairbanks Ct Ste 17-100	Chicago, IL 60611	

CBC (.CBC) - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	6.7	3.5 - 10.5 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RBC	5.41	4.30 - 5.80 M/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HGB	14.3	13.0 - 17.5 g/ dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HCT	44.4	38.0 - 50.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCV	82	80 - 99 FL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCH	26.4	27.0 - 34.0 pg			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCHC	32.2	32.0 - 35.5 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RDW	14.0	11.0 - 15.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
PLT	289	140 - 390 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MPV	9.4	8.8 - 12.1 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Differential Type	Auto				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Reflex Morphology	No				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			11/20/2019 1:52 PM CST	11/20/2019 1:57 PM CST

Narrative

Authorizing Provider	Result Type
Joshua Daniel Zimmerman	HEMATOLOGY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

.AUTO DIFF - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils	61	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Lymphocytes	27	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Monocytes	9	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Eosinophils	2	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Basophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Immature Granulocytes	0	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Immature Granulocytes (IG) represents automated enumeration of Metamyelocytes, Myelocytes and Promyelocytes when IG is < 5%. Blasts are not included in IG and reported separately if present.

Absolute Neutrophils	4.1	1.5 - 8.0 K/UL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Absolute Lymphocytes	1.8	1.0 - 4.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Monocytes	0.6	0.2 - 1.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Eosinophils	0.1	0.0 - 0.6 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Basophils	0.1	0.0 - 0.2 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
A Im Gran Absolute	0.00	0.00 - 0.10 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			11/20/2019 1:52 PM CST	11/20/2019 1:57 PM CST

Narrative

Authorizing Provider	Result Type
Joshua Daniel Zimmerman	HEMATOLOGY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

MAGNESIUM (MAGNESIUM LEVEL) - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	1.8	1.5 - 2.7 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)	VEIN SPECIMEN / Unknown		11/20/2019 1:52 PM CST	11/20/2019 2:05 PM CST

Narrative

Authorizing Provider	Result Type
Joshua Daniel Zimmerman	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

BASIC METABOLIC PANEL - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	139	133 - 146 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Potassium	3.8	3.5 - 5.1 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Chloride	104	98 - 109 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
CO2	27	21 - 31 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Calcium	9.9	8.3 - 10.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Urea Nitrogen	12	2 - 25 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Creatinine	0.92	0.60 - 1.30 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Glucose	95	65 - 100 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anion Gap	8	5 - 16			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=60 mL/min/1.73m2			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(Others)	>60	>=60 mL/min/1.73m2			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)	VEIN SPECIMEN / Unknown			11/20/2019 1:52 PM CST	11/20/2019 2:05 PM CST	
Narrative						

Authorizing Provider	Result Type		
Joshua Daniel Zimmerman	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

CBC (.CBC) - Final result (10/21/2019 4:58 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	6.8	3.5 - 10.5 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RBC	5.34	4.30 - 5.80 M/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HGB	14.0	13.0 - 17.5 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HCT	45.2	38.0 - 50.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCV	85	80 - 99 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCH	26.2	27.0 - 34.0 pg			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCHC	31.0	32.0 - 35.5 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RDW	14.0	11.0 - 15.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
PLT	300	140 - 390 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MPV	9.2	8.8 - 12.1 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Differential Type	Auto				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Reflex Morphology	No				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)				10/21/2019 4:58 PM CDT	10/21/2019 5:06 PM CDT	

Narrative

Authorizing Provider	Result Type						
Timothy M. Loftus	HEMATOLOGY ORDERABLES						
Performing Organization							
NORTHWESTERN MEMORIAL HOSPITAL LAB	<table> <tr> <td>Address</td> <td>City/State/ZIP Code</td> <td>Phone Number</td> </tr> <tr> <td>251 E. Huron 7307</td> <td>Chicago, IL 60611</td> <td></td> </tr> </table>	Address	City/State/ZIP Code	Phone Number	251 E. Huron 7307	Chicago, IL 60611	
Address	City/State/ZIP Code	Phone Number					
251 E. Huron 7307	Chicago, IL 60611						

.AUTO DIFF - Final result (10/21/2019 4:58 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils	46	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Lymphocytes	41	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Monocytes	10	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Eosinophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Basophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Immature Granulocytes	0	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Immature Granulocytes (IG) represents automated enumeration of Metamyelocytes, Myelocytes and Promyelocytes when IG is < 5%. Blasts are not included in IG and reported separately if present.						
Absolute Neutrophils	3.1	1.5 - 8.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Lymphocytes	2.8	1.0 - 4.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Monocytes	0.7	0.2 - 1.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Eosinophils	0.1	0.0 - 0.6 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Basophils	0.1	0.0 - 0.2 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
A Im Gran Absolute	0.00	0.00 - 0.10 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			10/21/2019 4:58 PM CDT	10/21/2019 5:06 PM CDT

Narrative

Authorizing Provider	Result Type
Timothy M. Loftus	HEMATOLOGY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

BASIC METABOLIC PANEL - Final result (10/21/2019 4:58 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	140	133 - 146 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Potassium	4.2	3.5 - 5.1 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Chloride	104	98 - 109 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
CO2	29	21 - 31 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Calcium	9.8	8.3 - 10.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Urea Nitrogen	9	2 - 25 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Creatinine	0.98	0.60 - 1.30 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Glucose	95	65 - 100 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anion Gap	7	5 - 16			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=60 mL/min/1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(Others)	>60	>=60 mL/min/1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)	PERIPHERAL CATHETER / Unknown			10/21/2019 4:58 PM CDT	10/21/2019 5:24 PM CDT	

Narrative

Authorizing Provider Result Type
 Timothy M. Loftus CHEMISTRY ORDERABLES

Performing Organization Address City/State/ZIP Code Phone Number
 NORTHWESTERN MEMORIAL HOSPITAL LAB 251 E. Huron 7307 Chicago, IL 60611

HOME SLEEP TEST - Final result (06/26/2019 10:13 AM CDT)

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/26/2019 1:18 AM CDT	

Narrative

RADIOLOGY - 06/27/2019 8:52 AM CDT

Narrative

Name: LITTLE, JAMAR
Date of Birth: 6/13/1986
Date of Study: 06/26/2019
Scheduled Date: 06/03/2019
Referring MD: WARGOLET, LEAH

CLINICAL HISTORY:

This patient is a 33 year old male who reports trouble falling and staying asleep, trouble falling back to sleep, snores, wakes up gasping/choking, nocturia. BMI = 40kg/m² (weight = 259 lbs). Neck circumference = 18.5 inches.

Past medical history is pertinent for heart murmur, multiple gastric ulcers. .

Current medications include: Gabapentin, nortriptyline.

This was an unattended polysomnogram.

RESPIRATORY: Moderate obstructive sleep apnea as evidenced by an AHI (REI) of 19.2/hour and nadir SpO₂ of 80%.

Hypopnea events were scored using a criteria of 3% SpO₂ desaturation.

PULSE: Normal throughout

DIAGNOSIS/ES:

327.23 / G47.33 - Obstructive Sleep Apnea (adult) (pediatric)

MANAGEMENT OPTIONS/RECOMMENDATIONS:

Nasal CPAP may be indicated and is the therapy most likely to succeed due to the severity of sleep-disordered breathing, but other therapies could also be considered.

Options include: dental evaluation for oral appliance, ENT evaluation

Electronically signed by:

Attending: Hrayr Attarian, MD

FINDINGS:

TECHNICAL RECORDING SUMMARY: The patient underwent all night unattended polysomnography (7 channels) which recorded airflow by nasal thermocouple and nasal pressure transducer, 1 channel of pulse, 1 channel of thoracic and 1 channel of abdominal respiratory motion, snoring and finger pulse oximetry. Data was recorded using Nomad™ Portable Home Sleep Testing Type III device sold by Nihon Kohden Corporation. All raw data was reviewed by the interpreting physician signing this report. The interpreting physician determined the raw data to be adequate for interpretation.

POLYSOMNOGRAPHIC FINDINGS:

Lights Off time: 6/26/2019 01:19:01

Lights On time: 6/26/2019 05:03:56

Begin Recording: 6/26/2019 01:18:58

End Recording: 6/26/2019 06:31:59

Total Recorded Time (minus artifact): 225 min

Time	Total	SUPINE	LEFT	RIGHT	PRONE	SITTING
Monitoring Time	225 min	00 min	01 min	199 min	22 min	02 min
(Lights Out to Lights On)						
Apneas	Central: 2	Total: 19				Apnea Duration Average: 12
seconds	Mixed: 0	Apnea Index: 5.1				
	Obstructive: 17					Longest: 19
Hypopneas	Total: 53.0	Hypopnea Index: 14.1				Hypopnea Duration Average (4%): 21
seconds						
						Longest(4%): 40
seconds						
						Average (3% only): 00
min	Total: 72.0	A + H Index (REI): 19.2				Longest (3% only): 00
Positional AHI (REI)	Total 19.2	SUPINE 0.0	LEFT 0.0	RIGHT 20.5	PRONE 10.9	SITTING 0.0
Saturation Information/ % Time In Range						
Baseline Artifac	61% - 70%	71% - 80%	81% - 90%	91% - 100%		SpO ₂ Nadir
96%	0.03%	0.00%	0.03%	6.09%	93.85%	80%
Time spent below 88%:	6.9 min.					

Heart Rate range during recording: 73 - 105 beats per minute

Mean Heart Rate during recording: 91 beats per minute

Respiratory Rate: 11-12 breaths per minute

DATA TREND GRAPHS:

Report Digitally Signed By:

HRAYR ATTARIAN 04049 (6/26/2019 5:28:10 PM)

HRAYR ATTARIAN 04049 (6/26/2019 5:32:00 PM)

Procedure Note

Hrayr P. Attarian - 06/27/2019

Procedure Note

Formatting of this note might be different from the original.

Name: LITTLE, JAMAR

Date of Birth: 6/13/1986

Date of Study: 06/26/2019

Scheduled Date: 06/03/2019

Referring MD: WARGOLET,LEAH

CLINICAL HISTORY:

This patient is a 33 year old male who reports trouble falling and staying asleep, trouble falling back to sleep, snores, wakes up gasping/choking, nocturia. BMI = 40kg/m² (weight = 259 lbs). Neck circumference = 18.5 inches.

Past medical history is pertinent for heart murmur, multiple gastric ulcers. .

Current medications include: Gabapentin, nortriptyline.

This was an unattended polysomnogram.

RESPIRATORY: Moderate obstructive sleep apnea as evidenced by an AHI (REI) of 19.2/hour and nadir SpO₂ of 80%.

Hypopnea events were scored using a criteria of 3% SpO₂ desaturation.

PULSE: Normal throughout

DIAGNOSIS/ES:

327.23 / G47.33 - Obstructive Sleep Apnea (adult) (pediatric)

MANAGEMENT OPTIONS/RECOMMENDATIONS:

Nasal CPAP may be indicated and is the therapy most likely to succeed due to the severity of sleep-disordered breathing, but other therapies could also be considered.

Options include: dental evaluation for oral appliance, ENT evaluation

Electronically signed by:

Attending: Hrayr Attarian, MD

FINDINGS:

TECHNICAL RECORDING SUMMARY: The patient underwent all night unattended polysomnography (7 channels) which recorded airflow

by nasal thermocouple and nasal pressure transducer, 1 channel of pulse, 1 channel of thoracic and 1 channel of abdominal respiratory motion, snoring and finger pulse oximetry. Data was recorded using Nomad™ Portable Home Sleep Testing Type III device sold by Nihon Kohden Corporation. All raw data was reviewed by the interpreting physician signing this report. The interpreting physician determined the raw data to be adequate for interpretation.

POLYSOMNOGRAPHIC FINDINGS:

Lights Off time: 6/26/2019 01:19:01

Lights On time: 6/26/2019 05:03:56

Begin Recording: 6/26/2019 01:18:58

End Recording: 6/26/2019 06:31:59

Total Recorded Time (minus artifact): 225 min

Time Total SUPINE LEFT RIGHT PRONE SITTING

Monitoring Time 225 min 00 min 01 min 199 min 22 min 02 min

(Lights Out to Lights On)

Apneas Central: 2 Total: 19 Apnea Duration

Mixed: 0 Apnea Index: 5.1 Average: 12 seconds

Obstructive: 17 Longest: 19 seconds

Hypopneas Total: 53.0 Hypopnea Index: 14.1 Hypopnea Duration

Average (4%): 21 seconds

Longest(4%): 40 seconds

Average (3% Only): 00 min

Total: 72.0 A + H Index (REI): 19.2 Longest (3% Only): 00 min

Total SUPINE LEFT RIGHT PRONE SITTING

Positional AHI (REI) 19.2 0.0 0.0 20.5 10.9 0.0

Saturation Information/ % Time In Range

Baseline Artifact 61% - 70% 71% - 80% 81% - 90% 91% - 100% SpO₂ Nadir

96% 0.03% 0.00% 0.03% 6.09% 93.85% 80%

Time spent below 88%: 6.9 min.

Heart Rate range during recording: 73 - 105 beats per minute

Mean Heart Rate during recording: 91 beats per minute

Respiratory Rate: 11-12 breaths per minute

DATA TREND GRAPHS:

Report Digitally Signed By:

HRAYR ATTARIAN 04049 (6/26/2019 5:28:10 PM)

HRAYR ATTARIAN 04049 (6/26/2019 5:32:00 PM)

Authorizing Provider

Result Type

Leah K. Wargolet

SLEEP CENTER ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
RADIOLOGY	25 N Winfield Rd	Winfield, IL 60190	630-933-1799

METANEPHRINES,FRACTIONATED LC/MS/MS 24HR URINE - Final result (06/06/2019 8:26 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Total Vol, 24Hr Urine	750	mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

MetanepHrin 24 Hr Urine	104	36 - 190 mcg/24 h		NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Normetanephrine	180	35 - 482 mcg/24 h	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Metanephrine, Total	284	115 - 695 mcg/24 h	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

A four-fold elevation of urinary normetanephrines is extremely likely to be due to a tumor, while a four-fold elevation of urinary metanephrines is highly suggestive, but not diagnostic, of a tumor. Measurement of plasma metanephrines and chromogranin A is recommended for confirmation.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Test(s) performed at:

QUEST DIAGNOSTICS-NICHOLS INST
Irina Maramica, M.D., Ph.D., MBA, Laboratory Director
33608 ORTEGA HIGHWAY
SAN JUAN CAPISTRANO, CA 92675
CLIA #05D0643352

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine, 24 Hour (Urine - 24 hour collection)			06/06/2019 8:26 AM CDT	06/06/2019 2:30 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 06/11/2019 8:41 AM CDT

Narrative

ORDERING DEPARTMENT:NMG NEURO 259 E ERIE ST STE 1900 (LAVIN)

Ordering Provider:WARGOLET, LEAH

Call Back Phone Number:(312)6

TV = 750 ML

Authorizing Provider	Result Type		
Leah K. Wargolet	URINE ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

MRI LUMBAR SPINE WO CONTRAST - Final result (06/06/2019 7:55 AM CDT)

Anatomical Region	Laterality	Modality		
L-spine		Magnetic Resonance		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2019 10:35 AM	CDT

Narrative

06/06/2019 8:11 PM CDT

Narrative

PROCEDURE: MRI LUMBAR SPINE WO CONTRAST

INDICATION: 32-year-old male with right-sided sciatica that began suddenly on 11/27/2018, paresthesias/numbness, urinary urgency and frequency.

COMPARISON: None available.

TECHNIQUE: Sagittal and axial T1 and T2 images, and sagittal T2 STIR images of the lumbar spine were acquired without contrast.

FINDINGS:

There is a normal lumbar lordosis. The alignment of the lumbar vertebrae is anatomic. The vertebral body heights are maintained. Normal marrow signal intensity is maintained.

There is a developmentally narrow spinal canal with epidural lipomatosis resulting in effacement of the thecal sac.

The distal cord and conus medullaris are normal in caliber and signal. The conus terminates at the L1-L2 level. There is a 1.7 cm Tarlov cyst in the right sacral canal. The paravertebral soft tissues are unremarkable.

Disc space heights and normal T2 disc signal are maintained.

L1-L2: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and mild bilateral facet arthropathy. No significant spinal canal or neural foraminal narrowing is identified at this level.

L2-L3: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L3-L4: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy, left greater than right uncovertebral arthropathy, and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L4-L5: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

L5-S1: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

IMPRESSION:

Developmentally slender lumbar spinal canal with epidural lipomatosis. Superimposed mild degenerative changes include multilevel mild disc bulging and mild central canal stenosis at L2-L3 and L3-L4, with mild bilateral foraminal narrowing from L2-L3 through L5-S1.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed off: 06/06/2019 20:11

Procedure Note

Alexander J. Nemeth - 06/06/2019

Procedure Note

Formatting of this note might be different from the original.

PROCEDURE: MRI LUMBAR SPINE WO CONTRAST

INDICATION: 32-year-old male with right-sided sciatica that began suddenly on 11/27/2018, paresthesias/numbness, urinary urgency and frequency.

COMPARISON: None available.

TECHNIQUE: Sagittal and axial T1 and T2 images, and sagittal T2 STIR images of the lumbar spine were acquired without contrast.

FINDINGS:

There is a normal lumbar lordosis. The alignment of the lumbar vertebrae is anatomic. The vertebral body heights are maintained. Normal marrow signal intensity is maintained.

There is a developmentally narrow spinal canal with epidural lipomatosis resulting in effacement of the thecal sac.

The distal cord and conus medullaris are normal in caliber and signal. The conus terminates at the L1-L2 level. There is a 1.7 cm Tarlov cyst in the right sacral canal. The paravertebral soft tissues are unremarkable.

Disc space heights and normal T2 disc signal are maintained.

L1-L2: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and mild bilateral facet arthropathy. No significant spinal canal or neural foraminal narrowing is identified at this level.

L2-L3: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L3-L4: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy, left greater than right uncovertebral arthropathy, and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L4-L5: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

L5-S1: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

IMPRESSION:

Developmentally slender lumbar spinal canal with epidural lipomatosis. Superimposed mild degenerative changes include multilevel mild disc bulging and mild central canal stenosis at L2-L3 and L3-L4, with mild bilateral foraminal narrowing from L2-L3 through L5-S1.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT

WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 20:11

Authorizing Provider	Result Type
Leah K. Wargolet	IMG MRI ORDERABLES

MRI CERVICAL SPINE WO CONTRAST - Final result (06/06/2019 7:44 AM CDT)

Anatomical Region	Laterality	Modality		
C-spine		Magnetic Resonance		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2019 11:05 AM CDT	

Narrative

06/06/2019 7:59 PM CDT

PROCEDURE: MRI CERVICAL SPINE WO CONTRAST

INDICATION: 32-year-old man with multiple episodes of syncope beginning November 2018, cervicalgia, right upper extremity pain and paresthesias.

COMPARISON: CT brain 3/23/2019.

TECHNIQUE: Sagittal T1, T2 and T2 STIR, T2 oblique and axial T2, MEDIC, images of the cervical spine were acquired without contrast.

FINDINGS:

There is straightening of the normal cervical lordosis. The alignment of the cervical spine is normal. The vertebral body heights are preserved. Normal marrow signal intensity is maintained. The spinal cord is normal in caliber and signal.

Disc space heights and normal T2 disc signal are maintained.

There is a developmentally narrow cervical spinal canal.

C2-3: There is no disc protrusion. There is no central canal stenosis or neural foraminal narrowing.

C3-4: There is no disc protrusion. There is bilateral facet arthropathy. There is no central canal stenosis. There is uncovertebral hypertrophy, left greater than right, which results in mild right and moderate left neural foraminal narrowing.

C4-5: There is no disc protrusion. There is bilateral mild facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

C5-6: There is no disc protrusion. There is right greater than left facet arthropathy. There is no central canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C6-7: There is no disc protrusion. There is bilateral facet arthropathy and right uncovertebral hypertrophy. There is no spinal canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C7-T1: There is no disc protrusion. There is bilateral facet arthropathy. There is no spinal canal narrowing. There is no right neural foraminal narrowing. There is mild left neural foraminal narrowing.

IMPRESSION:

Mild multilevel degenerative changes superimposed on a developmentally narrow spinal canal are most prominent where there are moderate left neural foraminal narrowing at C3-4, and mild neural foraminal narrowing at several other levels.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed off: 06/06/2019 19:59

Procedure Note

Alexander J. Nemeth - 06/06/2019

Procedure Note

Formatting of this note might be different from the original.

PROCEDURE: MRI CERVICAL SPINE WO CONTRAST

INDICATION: 32-year-old man with multiple episodes of syncope beginning November 2018, cervicalgia, right upper extremity pain and paresthesias.

COMPARISON: CT brain 3/23/2019.

TECHNIQUE: Sagittal T1, T2 and T2 STIR, T2 oblique and axial T2, MEDIC, images of the cervical spine were acquired without contrast.

FINDINGS:

There is straightening of the normal cervical lordosis. The alignment of the cervical spine is normal. The vertebral body heights are preserved. Normal marrow signal intensity is maintained. The spinal cord is normal in caliber and signal.

Disc space heights and normal T2 disc signal are maintained.

There is a developmentally narrow cervical spinal canal.

C2-3: There is no disc protrusion. There is no central canal stenosis or neural foraminal narrowing.

C3-4: There is no disc protrusion. There is bilateral facet arthropathy. There is no central canal stenosis. There is uncovertebral hypertrophy, left greater than right, which results in mild right and moderate left neural foraminal narrowing.

C4-5: There is no disc protrusion. There is bilateral mild facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

C5-6: There is no disc protrusion. There is right greater than left facet arthropathy. There is no central canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C6-7: There is no disc protrusion. There is bilateral facet arthropathy and right uncovertebral hypertrophy. There is no spinal canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C7-T1: There is no disc protrusion. There is bilateral facet arthropathy. There is no spinal canal narrowing. There is no right neural foraminal narrowing. There is mild left neural foraminal narrowing.

IMPRESSION:

Mild multilevel degenerative changes superimposed on a developmentally narrow spinal canal are most prominent where there are moderate left neural foraminal narrowing at C3-4, and mild neural foraminal narrowing at several other levels.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 19:59

Authorizing Provider Result Type

Leah K. Wargolet IMG MRI ORDERABLES

MRV BRAIN WO CONTRAST - Final result (06/06/2019 7:44 AM CDT)

Anatomical Region	Laterality	Modality		
Head, Vascular		Magnetic Resonance		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2019 2:52 PM CDT	

Narrative

06/06/2019 7:48 PM CDT

Narrative

MRV BRAIN WO CONTRAST

INDICATION: 32-year-old male with sudden onset of headaches, blurred vision, and multiple episodes of syncope.

TECHNIQUE: Multiplanar time-of-flight MRV of the brain was performed without contrast. Pre-infusion, oblique coronal and sagittal 3-D time-of-flight MR venogram of the head were performed

COMPARISON: CT brain without contrast 3/22/2019.

FINDINGS:

Normal flow related and contrast enhanced signal is identified within the major dural venous sinuses and deep cerebral veins.

Specifically, the superior and inferior sagittal sinuses, straight sinus and vein of Galen, internal cerebral veins, right transverse and sigmoid sinuses, and internal jugular veins demonstrate flow related enhancement.

The right transverse and sigmoid sinuses and internal jugular vein are dominant, and the left transverse and sigmoid sinuses are hypoplastic. There is a persistent left occipital sinus, compatible with a normal variant.

IMPRESSION:

No evidence of venous thrombosis.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed off: 06/06/2019 19:48

Procedure Note

Alexander J. Nemeth - 06/06/2019

Formatting of this note might be different from the original.

MRV BRAIN WO CONTRAST

INDICATION: 32-year-old male with sudden onset of headaches, blurred vision, and multiple episodes of syncope.

TECHNIQUE: Multiplanar time-of-flight MRV of the brain was performed without contrast. Pre-infusion, oblique coronal and sagittal 3-D time-of-flight MR venogram of the head were performed

COMPARISON: CT brain without contrast 3/22/2019.

FINDINGS:

Normal flow related and contrast enhanced signal is identified within the major dural venous sinuses and deep cerebral veins.

Specifically, the superior and inferior sagittal sinuses, straight sinus and vein of Galen, internal cerebral veins, right transverse and sigmoid sinuses, and internal jugular veins demonstrate flow related enhancement.

The right transverse and sigmoid sinuses and internal jugular vein are dominant, and the left transverse and sigmoid sinuses are hypoplastic. There is a persistent left occipital sinus, compatible with a normal variant.

IMPRESSION:

No evidence of venous thrombosis.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 19:48

Authorizing Provider

Result Type

Leah K. Wargolet

IMG MRI ORDERABLES

FOLATE - Final result (05/22/2019 5:18 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature				
Folate, Serum	14.5	>=5.9 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB					
Specimen (Source)		Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time					
Blood specimen (specimen)					05/22/2019 5:18 PM CDT	05/22/2019 5:18 PM CDT				
Narrative										
NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:13 PM CDT										
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)										
Ordering Provider:WARGOLET, LEAH										
Call Back Phone Number:(312)695-7950										
Authorizing Provider	Result Type									
Leah K. Wargolet	CHEMISTRY ORDERABLES									
Performing Organization	Address		City/State/ZIP Code	Phone Number						
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307		Chicago, IL 60611							

VITAMIN B12 - Final result (05/22/2019 5:18 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature				
Vitamin B12	352	180 - 933 pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB					
Comment: Approximately 50% of patients with pernicious anemia have intrinsic factor antibodies. Such interfering antibodies may cause erroneous results. Patients should be further evaluated if suspected of having these antibodies or if the Vitamin B12 results are in conflict with other clinical or laboratory findings.										
Specimen (Source)		Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time					
Blood specimen (specimen)					05/22/2019 5:18 PM CDT	05/22/2019 5:18 PM CDT				
Narrative										
NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:13 PM CDT										
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)										
Ordering Provider:WARGOLET, LEAH										
Call Back Phone Number:(312)695-7950										
Authorizing Provider	Result Type									
Leah K. Wargolet	CHEMISTRY ORDERABLES									
Performing Organization	Address		City/State/ZIP Code	Phone Number						
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307		Chicago, IL 60611							

SEDIMENTATION RATE - Final result (05/22/2019 5:15 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature				
Sedimentation Rate	5	3 - 10 mm/Hour			NORTHWESTERN MEMORIAL HOSPITAL LAB					
Specimen (Source)		Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time					
Blood specimen (specimen)					05/22/2019 5:15 PM CDT	05/22/2019 5:15 PM CDT				
Narrative										
NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:13 PM CDT										
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)										
Ordering Provider:WARGOLET, LEAH										
Call Back Phone Number:(312)695-7950										
Authorizing Provider	Result Type									
Leah K. Wargolet	CHEMISTRY ORDERABLES									
Performing Organization	Address		City/State/ZIP Code	Phone Number						
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307		Chicago, IL 60611							

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:15 PM CDT	05/22/2019 5:15 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 7:46 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type		
Leah K. Wargolet	HEMATOLOGY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

ANGIOTENSIN CONVERTING ENZYME (ACE) - Final result (05/22/2019 5:15 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ACE	54	9 - 67 Unit/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

@ Test Performed By:
 Quest Diagnostics Nichols Institute
 Jon M. Nakamoto M.D., Ph.D., Laboratory Director
 27027 Turney Road
 Valencia, CA 91355-5386
 CLIA #05D0550302

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:15 PM CDT	05/23/2019 11:12 AM CDT

Narrative

Authorizing Provider	Result Type		
Leah K. Wargolet	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

CHROMOGRANIN A - Final result (05/22/2019 5:14 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Chromogranin A	32	<93 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						
A reagent change was implemented on date 05/09/2018. Measured chromogranin A concentrations were on average 7% higher using the new reagent formulation. However, for individual specimens the variation may exceed 7%. Upon request, samples previously submitted within the last six months can be retested using the new reagent formulation.						

-----ADDITIONAL INFORMATION-----

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

The testing method is a homogeneous time-resolved immunofluorescent assay.

Values obtained with different assay methods or kits may be different and cannot be used interchangeably.

Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

Test Performed by:

Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55901

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:14 PM CDT	05/22/2019 8:09 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/23/2019 1:54 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	IMMUNOLOGY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

C-REACTIVE PROTEIN (C-REACTIVE PROTEIN (CRP)) - Final result (05/22/2019 5:14 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
C Reactive Protein	<0.5	0.0 - 0.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anatomical Location / Laterality						
Specimen (Source)						
Blood specimen (specimen)						
Collection Method / Volume						
Collection Time						
Received Time						

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:12 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type		
Leah K. Wargolet	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

ANA, REFLEX TO AUTOIMMUNE DISEASE PANEL - Final result (05/22/2019 5:13 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Anti-Nuclear Antibody	Positive	Negative			NORTHWESTERN MEMORIAL HOSPITAL LAB	
ANA Titer	1:80				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Low titer positive results may occur in apparently healthy people. ANA titers less than or equal to 1:80 have variable relevance while titers greater than or equal to 1:160 are considered clinically significant. Therefore, the results of this test must be interpreted in the context of the patient's total clinical presentation. Positive ANA with titer of 1:160 or greater will reflexively order Autoimmune Disease Panel.

Pattern/Titer	Speckled	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:13 PM CDT	05/22/2019 5:45 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/23/2019 12:48 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type		
Leah K. Wargolet	IMMUNOLOGY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

SERUM PROTEIN EP W/REFLEX IMMUNOFIXATION (PROTEIN ELECTROPHORESIS, SERUM, REFLEX IFE PANEL) - Final result (05/22/2019 5:12 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Total Protein	7.4	6.4 - 8.9 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Albumin	4.3	3.5 - 5.7 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Albumin ELP	3.88	3.20 - 5.00 g/ dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Alpha 1 Protein	0.2	0.1 - 0.4 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Alpha 2 Protein	0.8	0.6 - 1.0 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Beta Protein Fraction	1.0	0.6 - 1.3 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Gamma Protein Fraction	1.6	0.7 - 1.5 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Interpretation/Result: Protein Electrophoresis, Serum	Hypergammaglobulinemia observed. No restricted band seen in the gamma region. Immunofixation electrophoresis to follow.				NORTHWESTERN MEMORIAL HOSPITAL LAB	
SPE Pathologist	Yashpal Kanwar, MD, PhD				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:12 PM CDT	05/24/2019 12:50 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/24/2019 1:25 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	IMMUNOLOGY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

IMMUNOFIXATION, SERUM - Final result (05/22/2019 5:12 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
IgG	1,580	700 - 1,600 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
IgA	133	70 - 400 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
IgM	101	40 - 230 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Kappa Light Chain	312	170 - 370 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Lambda Light Chain	177	90 - 210 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Kappa/Lambda Ratio	1.8	1.4 - 2.7 RATIO			NORTHWESTERN MEMORIAL HOSPITAL LAB	
IFE Interpretation	No bands seen				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: No monoclonal bands seen

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Reviewed By	Yashpal Kanwar, MD, PhD				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume		Collection Time	Received Time
Blood specimen (specimen)				05/22/2019 5:12 PM CDT	05/24/2019 2:31 PM CDT	

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/30/2019 6:39 AM CDT
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

ANCA SCREEN WITH MPO/PR3, REFLEX ANCA TITER - Final result (05/22/2019 5:11 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Anti-myeloperoxidase (MPO) Abs	<1.0	AI			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

value	Interpretation
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<1.0	No Antibody Detected
> or = 1.0	Antibody Detected

Autoantibodies to myeloperoxidase (MPO) are commonly associated with the following small-vessel vasculitides: microscopic polyangiitis, polyarteritis nodosa, Churg-Strauss syndrome, necrotizing and crescentic glomerulonephritis and occasionally granulomatosis with polyangiitis (GPA, Wegener's). The perinuclear IFA pattern, (p-ANCA) is based largely on autoantibody to myeloperoxidase which serves as the primary antigen. These autoantibodies are present in active disease.

Proteinase 3 (PR-3) Abs <1.0	AI	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						
value	Interpretation					
-----	-----					
<1.0	No Antibody Detected					
> or = 1.0	Antibody Detected					
<p>Autoantibodies to proteinase-3 (PR-3) are accepted as characteristic for granulomatosis with polyangiitis (GPA, Wegener's), and are detectable in 95% of the histologically proven cases. The cytoplasmic IFA pattern, (c-ANCA), is based largely on autoantibody to PR-3 which serves as the primary antigen.</p> <p>These autoantibodies are present in active disease.</p>						
<p>Test Performed at: QUEST DIAGNOSTICS WOOD DALE 1355 MITTEL BOULEVARD WOOD DALE, IL 60191-1024 ANTHONY V. THOMAS, MD</p>						
<p>Lab test performed by: QUEST DIAGNOSTICS WOOD DALE 1355 MITTEL BOULEVARD WOOD DALE, IL 60191-1024 ANTHONY V. THOMAS, MD</p>						
ANCA Screen	NEGATIVE	NEGATIVE			NORTHWESTERN MEMORIAL HOSPITAL LAB	
<p>Comment: ANCA Screen includes evaluation for p-ANCA, c-ANCA and atypical p-ANCA. A positive ANCA screen reflexes to titer and pattern(s), e.g., cytoplasmic pattern (c-ANCA), perinuclear pattern (p-ANCA), or atypical p-ANCA pattern. c-ANCA and p-ANCA are observed in vasculitis, whereas atypical p-ANCA is observed in IBD (Inflammatory Bowel Disease). Atypical p-ANCA is detected in about 55% to 80% of patients with ulcerative colitis but only 5% to 25% of patients with Crohn's disease.</p>						
C-ANCA Titer	Not Performed	<1:20 Titer			NORTHWESTERN MEMORIAL HOSPITAL LAB	
P-ANCA Titer	Not Performed	<1:20 Titer			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Atypical P-ANCA Titer	Not Performed	<1:20 Titer			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)				05/22/2019 5:11 PM CDT	05/23/2019 4:50 PM CDT	
<p>Narrative</p> <p>NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/25/2019 1:16 PM CDT ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW) Ordering Provider:WARGOLET, LEAH Call Back Phone Number:(312)695-7950</p>						
Authorizing Provider	Result Type					
Leah K. Wargolet	IMMUNOLOGY ORDERABLES					

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

CATECHOLAMINES,FRACTION (SUPINE) (CATECHOLAMINES,FRACTION (SUPINE), PLASMA) - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Catecholamines, Fractionated Plasma	17	pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Epinephrine	39	pg/mL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Norepinephrine	916	pg/mL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Total Catecholamines	972	pg/mL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						
Adult Reference Ranges for Catecholamines, Plasma						
Epinephrine		Supine: <50 pg/mL Upright: <95 pg/mL				
Norepinephrine		Supine: 112-658 pg/mL Upright: 217-1109 pg/mL				
Dopamine		Supine: <10 pg/mL Upright: <20 pg/mL				
Total (N+E+D)		Supine: 123-671 pg/mL Upright: 242-1125 pg/mL				
Pediatric Reference Ranges for Catecholamines, Plasma						
Due to stress, plasma catecholamine levels are generally unreliable in infants and small children. Urinary catecholamine assays are more reliable.						
Epinephrine						
3-15 Years		Supine: < or = 464 pg/mL Upright: No Reference Range Available				
Norepinephrine						
3-15 Years		Supine: < or = 1251 pg/mL Upright: No Reference Range Available				
Dopamine						
3-15 Years		Supine: <60 pg/mL Upright: No Reference Range Available				
Pediatric data from J Chromatogr (1993) 617:304-307.						
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.						
Test(s) performed at:						
QUEST DIAGNOSTICS-NICHOLS INST Irina Maramica, M.D., Ph.D., MBA, Laboratory Director 33608 ORTEGA HIGHWAY SAN JUAN CAPISTRANO, CA 92675 CLIA #05D0643352						
Specimen (Source)		Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time	
Blood specimen (specimen)				05/22/2019 3:41 PM CDT	05/23/2019 10:38 AM CDT	
Narrative						
NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/27/2019 3:46 PM CDT ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW) Ordering Provider:WARGOLET,LEAH Call Back Phone Number:(312)695-7950						
Authorizing Provider		Result Type				
Leah K. Wargolet		CHEMISTRY ORDERABLES				

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

VITAMIN B1, PLASMA - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vitamin B1, Plasma	13	8 - 30 nmol/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of results.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Valencia. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

@ Test Performed By:

Quest Diagnostics Nichols Institute
Jon M. Nakamoto M.D., Ph.D., Laboratory Director
27027 Tourney Road
Valencia, CA 91355-5386
CLIA #05D0550302

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 3:41 PM CDT	05/22/2019 6:47 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/26/2019 4:52 PM CDT
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
Ordering Provider:WARGOLET, LEAH
Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type		
Leah K. Wargolet	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

METANEPHRINES, FRACTIONATED, FREE PLASMA - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Metanephrenes, Plasma Free	46	< OR = 57 pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Normetanephrine, Free	163	< OR = 148 pg/ mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment:						
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.						
Total, Free (MN+NMN)	209	< OR = 205 pg/ mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

Elevations > 4-fold upper reference range: strongly suggestive of a pheochromocytoma(1). Elevations >1 - 4-fold upper reference range: significant but not diagnostic, may be due to medications or stress. Suggest running 24 hr urine fractionated metanephrenes and serum Chromogranin A for confirmation.

Reference:

(1) Algeciras-Schimminich A et al, Plasma Chromogranin A or Urine Fractionated Metanephrenes Follow-Up Testing Improves the Diagnostic Accuracy of Plasma Fractionated Metanephrenes for Pheochromocytoma. The Journal of Clinical Endocrinology and Metabolism 93 (1), 91-95, 2008.

For additional information, please refer to
<http://education.questdiagnostics.com/faq/MetFractFree>
 (This link is being provided for informational/educational purposes only.)

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Test(s) performed at:

QUEST DIAGNOSTICS-NICHOLS INST
 Irina Maramica, M.D., Ph.D., MBA, Laboratory Director
 33608 ORTEGA HIGHWAY
 SAN JUAN CAPISTRANO, CA 92675
 CLIA #05D0643352

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 3:41 PM CDT	05/23/2019 10:38 AM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/27/2019 2:36 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

VITAMIN B6 (PYRIDOXINE) (VITAMIN B6 (PYRIDOXINE), PLASMA) - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vitamin B6	6.9	2.1 - 21.7 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of results.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Valencia. It has not been cleared or approved by the US Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

@ Test Performed By:

Quest Diagnostics Nichols Institute
Jon M. Nakamoto M.D., Ph.D., Laboratory Director
27027 Tourney Road
Valencia, CA 91355-5386
CLIA #05D0550302

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 3:41 PM CDT	05/22/2019 6:47 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/27/2019 7:39 AM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

TILT TABLE (TILT TABLE TEST) - Final result (05/09/2019 3:15 PM CDT)

Anatomical Region	Laterality	Modality
		Ultrasound

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time

Narrative

05/09/2019 4:27 PM CDT
This result has an attachment that is not available.

Narrative

NORTHWESTERN MEMORIAL HOSPITAL
CARDIAC ELECTROPHYSIOLOGY DEPARTMENT
Head Upright Tilt Table Test Report

Jamar Little
6/13/1986
Allergies
No Known Allergies

Medical History

No past medical history on file.

@CMED@

PROCEDURE DOCUMENTATION:

Medications administered from 05/09/2019 1401 to 05/09/2019 1531
Date/Time Order Dose Route Action
05/09/2019 1448 nitroGLYCERIN (NITROSTAT) SL tablet 0.4 mg Sublingual
Given

PROCEDURE:

The patient was brought to the Electrophysiology Laboratory in the post-absorptive, unsedated state. The patient was then interviewed and consented. The patient underwent passive head-up tilt at 70 degrees.

BRIEF PATIENT SUMMARY: Mr Little here for evaluation of syncope of which one of his events led to a motor vehicle accident where the car spun around and hit the guard rail; no major injuries. He describes his first event happened while working at the call center and while on phone call he felt a sharp pain, then felt like he was falling. His coworkers stated that he slumped over and went over to shake him to get his attention. He remembers that he couldn't see out of his right eye and had a migraine headache. Recovery time was 10-15 minutes. He states he drinks a lot of water, maybe a couple liters a day and that used to work out more prior to these events.

SYNCOPE HISTORY: True syncope x 24 since November 27th 2018, while standing and mostly sitting with date of last episode 3 weeks ago. Has some near syncopal events but usually passes.

PREMONITORY SYMPTOMS: Blurred vision mostly rt eye. Cold on rt side, ie hand. Dry mouth, Numbness and tingling in rt hand. Tension on the rt side of the neck that has shooting pain to back of the head.

RECOVERY SYMPTOMS: Rt eye blurred vision. Lightheadedness. Dizziness. Recovery time 4-7 minutes. Extreme migraine will take an Advil and lay down.

RESULTS: Baseline tilt showed some various symptoms with the tension in his neck almost constant and present upon arrival. Three minutes post administration of Nitroglycerin pt became tachycardia with HR 144 and small drop in blood pressure. Symptoms intensified but pt did not lose consciousness. After 10 min, heart returned to near baseline and pt was laid supine.

INITIAL BP 120/67 and HR 82 INITIAL BP 123/73 and HR 81

BASELINE TILT DRUG TILT - Drug used: Nitro 0.4SL Yes

No. of minutes: 20 No. of minutes: 10

Reproduction of symptoms: no Reproduction of symptoms: no

CONCLUSION:

These findings do not support a diagnosis of vasovagal syncope.

Authorizing Provider Result Type

Ramsey Michael Wehbe CARDIAC SERVICES ORDERABLES

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Reported EF	57	%			NM CV C SYNGO	
Anatomical Region	Laterality		Modality			
			Ultrasound			
Specimen (Source)	Anatomical Location / L laterality		Collection Method / Volume		Collection Time	Received Time
					05/09/2019 9:49 AM CDT	

Narrative

05/09/2019 11:48 AM CDT

Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

Echocardiography Report: ECHO STRESS EXERCISE W DOPPLER ADULT

Date of service: 5/9/2019 9:49:46 AM

Accession #: N19US4861137

Ordering physician: 1457795502 RAMSEY MICHAEL WEHBE

Indication: Chest discomfort, Shortness of Breath, Abnormal ECG and Syncope

Sonographer: Madeline Jankowski RDCS

Exercise Physiologist: Mary E Rector MS

Interpreting Physician: 1497770762 Robert Silverberg

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Outpatient

Primary rhythm: sinus.

Height: 170.18 cm BSA: 2.36 m²

Weight: 117.94 kg BMI: 40.7 kg/m²

Medications: No Cardiac Medications

Cardiac History:

History of syncope.

Primary rhythm: sinus.

Heart rate 88 bpm

Blood pressure 146/80 mmHg

Study difficulties: body habitus.

MEASUREMENTS:

	Value	Indexed Value
Sinus of Valsalva	3.2 cm	
Left atrium diameter	3.4 cm (2D)	
Left atrial volume	34.3 ml (Area-Length)	14.5 ml/m ²
LV ID (diastole)	4.2 cm (2D)	1.8 cm/m ²
LV ID (systole)	3.0 cm (2D)	1.3 cm/m ²
IVS, leaflet tips	1.3 cm (2D)	
Posterior wall thickness	1.1 cm (2D)	
LV stroke volume	40 ml (2D biplane)	
LVOT diam s	2.3 cm	
LVOT stroke volume	64 ml	28.3 ml/m ²
LVOT cardiac output	4.4 l/min	2.0 l/min/m ²
LV end diastolic volume	70 ml (2D biplane)	29.8 ml/m ²
LV end systolic volume	30 ml (2D biplane)	12.7 ml/m ²
Ejection Fraction	57 % (2D biplane)	
RV basal diameter	3.3 cm	
TAPSE	16.0 mm	

Doppler:

	Value
AV Peak Velocity	1.2 m/s
AV Peak Gradient	5 mmHg
AV Mean Gradient	2 mmHg
AV Velocity Time Integral	19.4 cm
LVOT Peak Velocity	0.9 m/s
LVOT Peak Gradient	3 mmHg
LVOT Velocity Time Integral	16.1 cm

Narrative

LVOT Cardiac Index	2.0 l/min/m ²
AV Area Cont Eq VTI	3.3 cm ²
AV Area Cont Eq peak	3.0 cm ²
MV Area PHT	5.90 cm ²
Mitral E Point Velocity	0.8 m/s
Mitral A Point Velocity	0.6 m/s
Mitral E to A Ratio	1.5
Pulmonary Vein S/D Ratio	0.76
TR Peak Velocity	2.3 m/s
TR Peak Gradient	21.4 mmHg
PV Peak Velocity	1.1 m/s
PV Peak Gradient	5 mmHg
RVOT Peak Velocity	0.6 m/s

FINDINGS:

LEFT VENTRICLE

The left ventricle is normal in size.

There is borderline left ventricular hypertrophy.

Left ventricular systolic function is normal. EF = 57% (2D biplane)

Left ventricular diastolic function is normal. Left Atrial pressures are normal.

Mitral annular lateral e': 12.0 cm/s. Mitral annular lateral E/e': 6.8. Mitral annular septal e': 9.0 cm/s. Mitral annular septal E/e': 9.0. The average Mitral E/e' ratio is 7.9.

RIGHT VENTRICLE

The right ventricle is normal in size. Right ventricular systolic function is normal.

The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg.

Finding is consistent with normal pulmonary artery pressures.

LEFT ATRIUM:

The left atrium is normal in size. The left atrial size is normal. The LA volume is 34.3 ml, 14.5 ml/m² when indexed.

RIGHT ATRIUM:

The right atrium is normal in size. The right atrial cavity is normal in size.

PULMONARY VEINS:

The peak pulmonary vein S/D ratio is 0.76.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is no mitral stenosis. There is trivial mitral valve regurgitation at rest.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal. There is no tricuspid stenosis. There is trivial to mild tricuspid valve regurgitation at rest.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid. There is no aortic valve stenosis. There is no aortic valve regurgitation at rest.

PULMONIC VALVE:

The pulmonic valve is not well visualized, but grossly normal. There is no pulmonic stenosis. There is trivial pulmonic valve regurgitation.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.8 cm. Mid arch 2.5 cm. Proximal ascending aorta 3.0 cm.

PERICARDIUM:

There is no pericardial effusion.

WALL MOTION:

Rest : All scored segments are normal.

Peak : The entire anterior wall, basal and mid inferolateral wall, anterolateral wall, entire septum, entire apex, and entire inferior wall are hyperkinetic.

Stage:

Rest

Stage:

Peak

Exam Protocol: The patient exercised on a treadmill for 7 minutes and 30 seconds to stage III of a Bruce protocol , achieving 9.3 METS.

Patient Tolerance: The resting heart rate was 88 beats per minute. Age predicted maximum heart rate was 187 bpm. The peak heart rate achieved was 184 bpm, which was 98 % of age predicted maximum heart rate. The resting blood pressure was 146/80 mmHg. The peak blood pressure during stress was 180/76 mmHg. The blood pressure response was normal. The double product achieved was 33120. The patient developed fatigue during the stress exam. The symptoms resolved with rest. The patient's functional capacity is

Narrative
average.

EKG: Resting EKG showed normal sinus rhythm at a rate of 88 beats per minute, with nonspecific ST-T wave changes. The patient developed no arrhythmias during stress and/or recovery. Stress EKG findings shows no evidence of ischemia.

Baseline Echo Findings: Baseline LV systolic function was normal.

Stress Echo Findings: Study quality: fair. There were no stress-induced wall motion abnormalities. This is a negative stress echo test for ischemia. There is normal augmentation of all wall segments with exercise. The left ventricular cavity size with stress was smaller.

Stage	HR	BP
Resting	88	146/80
Stage 1	151	168/80
Stage 2	171	180/76
Stage 3	184	180/76
Immediate Post	181	180/76
Recovery 1 minute	148	180/76
Recovery 3 minutes	114	144/76
Recovery 5 minutes	109	126/80
Recovery 7 minutes	103	126/80

CONCLUSIONS:

-Two-dimensional transthoracic echocardiography was performed using standard views & projections with M-mode and Doppler (continuous, pulsed wave, spectral & color flow).

STRESS ECHO :

-Negative stress echocardiogram for ischemia at 9.3 METS (average functional capacity) 98 % of PMHR.
-In summary, there is no clinical, electrocardiographic or echocardiographic evidence of exercise-induced myocardial ischemia.

BASELINE ECHO:

-The left ventricle is normal in size. There is borderline left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 57% (2D biplane) Left ventricular diastolic function is normal.

-The right ventricle is normal in size. Right ventricular systolic function is normal. The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg. Finding is consistent with normal pulmonary artery pressures.

-The left atrium is normal in size.

-The right atrium is normal in size.

The visualized aorta is normal in size.

-No significant valvular abnormalities.

-Compared to prior echo performed on 2/23/2019, the Doppler and stress information is new, but no change in the 2D echo.

Electronically signed by Dr.Robert Silverberg on 5/9/2019 at 11:48:39 AM.

** Final **

Procedure Note

Robert A. Silverberg - 05/09/2019

Formatting of this note might be different from the original.

Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

Echocardiography Report: ECHO STRESS EXERCISE W DOPPLER ADULT

Date of service: 5/9/2019 9:49:46 AM

Accession #: N19US4861137

Ordering physician: 1457795502 RAMSEY MICHAEL WEHBE

Indication: Chest discomfort, Shortness of Breath, Abnormal ECG and Syncope

Sonographer: Madeline Jankowski RDCS

Exercise Physiologist: Mary E Rector MS

Interpreting Physician: 1497770762 Robert Silverberg

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Outpatient

Primary rhythm: sinus.

Height: 170.18 cm BSA: 2.36 m²

Procedure Note

Weight: 117.94 kg BMI: 40.7 kg/m²
Medications: No Cardiac Medications

Cardiac History:

History of syncope.

Primary rhythm: sinus.

Heart rate 88 bpm

Blood pressure 146/80 mmHg

Study difficulties: body habitus.

MEASUREMENTS:

Value Indexed Value

Sinus of Valsalva 3.2 cm

Left atrium diameter 3.4 cm (2D)

Left atrial volume 34.3 ml (Area-Length) 14.5 ml/m²

LV ID (diastole) 4.2 cm (2D) 1.8 cm/m²

LV ID (systole) 3.0 cm (2D) 1.3 cm/m²

IVS, leaflet tips 1.3 cm (2D)

Posterior wall thickness 1.1 cm (2D)

LV stroke volume 40 ml (2D biplane)

LVOT diam s 2.3 cm

LVOT stroke volume 64 ml 28.3 ml/m²

LVOT cardiac output 4.4 l/min 2.0 l/min/m²

LV end diastolic volume 70 ml (2D biplane) 29.8 ml/m²

LV end systolic volume 30 ml (2D biplane) 12.7 ml/m²

Ejection Fraction 57 % (2D biplane)

RV basal diameter 3.3 cm

TAPSE 16.0 mm

Doppler:

Value

AV Peak Velocity 1.2 m/s

AV Peak Gradient 5 mmHg

AV Mean Gradient 2 mmHg

AV Velocity Time Integral 19.4 cm

LVOT Peak Velocity 0.9 m/s

LVOT Peak Gradient 3 mmHg

LVOT Velocity Time Integral 16.1 cm

LVOT Cardiac Index 2.0 l/min/m²

AV Area Cont Eq VTI 3.3 cm²

AV Area Cont Eq peak 3.0 cm²

MV Area PHT 5.90 cm²

Mitral E Point Velocity 0.8 m/s

Mitral A Point Velocity 0.6 m/s

Mitral E to A Ratio 1.5

Pulmonary Vein S/D Ratio 0.76

TR Peak Velocity 2.3 m/s

TR Peak Gradient 21.4 mmHg

PV Peak Velocity 1.1 m/s

PV Peak Gradient 5 mmHg

RVOT Peak Velocity 0.6 m/s

FINDINGS:

LEFT VENTRICLE

The left ventricle is normal in size.

There is borderline left ventricular hypertrophy.

Left ventricular systolic function is normal. EF = 57% (2D biplane)

Left ventricular diastolic function is normal. Left Atrial pressures are normal.

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Procedure Note

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The right atrium is normal in size. The right atrial cavity is normal in size.

PULMONARY VEINS:

The peak pulmonary vein S/D ratio is 0.76.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is no mitral stenosis. There is trivial mitral valve regurgitation at rest.

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The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.8 cm. Mid arch 2.5 cm. Proximal ascending aorta 3.0 cm.

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Stage:

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Stage HR BP

Resting 88 146/80

Stage 1 151 168/80

Stage 2 171 180/76

Stage 3 184 180/76

Immediate Post 181 180/76

Recovery 1 minute 148 180/76

Procedure Note

Recovery 3 minutes 114 144/76

Recovery 5 minutes 109 126/80

Recovery 7 minutes 103 126/80

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STRESS ECHO :

-Negative stress echocardiogram for ischemia at 9.3 METS (average functional capacity) 98 % of PMHR.

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EF = 57% (2D biplane) Left ventricular diastolic function is normal.

-The right ventricle is normal in size. Right ventricular systolic function is normal. The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg. Finding is consistent with normal pulmonary artery pressures.

-The left atrium is normal in size.

-The right atrium is normal in size.

The visualized aorta is normal in size.

-No significant valvular abnormalities.

-Compared to prior echo performed on 2/23/2019, the Doppler and stress information is new, but no change in the 2D echo.

Electronically signed by Dr.Robert Silverberg on 5/9/2019 at 11:48:39 AM.

** Final **

Authorizing Provider Result Type

Ramsey Michael Wehbe ECHO ORDERABLES

CORTISOL, FREE 24HR URINE, WITH CREATININE - Final result (05/09/2019 9:57 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Cortisol Free Total Vol Urine	1250	mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Cortisol Free 24Hr Urine See Below					NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

Result Name	Result value	Units	Ref. Range	Hi Lo
Total Volume	1250	mL		
Cortisol, Free, Urine	22.8	mcg/24 h	4.0-50.0	

Analysis performed by Tandem Mass Spectrometry

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Creatinine, 24-Hour Urine 2.72 g/24 h 0.50-2.15 H

Test(s) performed at:

QUEST DIAGNOSTICS-NICHOLS INST

Irina Maramica, M.D., Ph.D., MBA, Laboratory Director

33608 ORTEGA HIGHWAY

SAN JUAN CAPISTRANO, CA 92675

CLIA #05D0643352

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine, 24 Hour (Urine - 24 hour collection)			05/09/2019 9:57 AM CDT	05/09/2019 3:21 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/14/2019 12:41 PM CDT
TV 1250

ORDERING DEPARTMENT:NMG CARDIO-GEN 675 N ST CLAIR ST STE 19-100 (GALTER)
Ordering Provider:FREED, BENJAMIN
Call Back Phone Number:(312)664-3278

Authorizing Provider	Result Type
Benjamin H. Freed	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

HEMOGLOBIN A1C - Final result (05/02/2019 10:13 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hemoglobin A1C	6.1	4.0 - 5.6 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/02/2019 10:13 AM CDT	05/02/2019 11:32 AM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/02/2019 11:44 AM CDT
ORDERING DEPARTMENT:NMG CARDIO-GEN 675 N ST CLAIR ST STE 19-100 (GALTER)
Ordering Provider:WEHBE, RAMSEY
Call Back Phone Number:(847)234-5600

Authorizing Provider	Result Type
Ramsey Michael Wehbe	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

LIPID PANEL(AMA) W/LDL CALC (CDH,DCH,GLH,NMH,NWR) (LIPID PANEL (AMA) W/LDL CALC) - Final result (05/02/2019 10:13 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Total Cholesterol	156	mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Guideline: < 170 mg/dl, Optimal (Not to be construed as a target for drug therapy.)

Triglycerides	82	mg/dL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

Guideline: < 100 mg/dl, Optimal (Not to be construed as a target for drug therapy.)
> 499 mg/dl, Highly abnormal (Please review with your medical team.)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HDL Cholesterol	38	mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Guideline: > 50 mg/dl, Optimal (Not to be construed as a target for drug therapy.)						
LDL Cholesterol	102	mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Guideline: < 100 mg/dl, Optimal (Not to be construed as a target for drug therapy.) > 189mg/dl, Highly abnormal (Please review with your medical team.)						
Non-HDL Cholesterol	118	mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Guideline: < 120 mg/dl, optimal (Not to be construed as a target for drug therapy.) > 219 mg/dl, Highly abnormal (Please review with your medical team.)						

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/02/2019 10:13 AM CDT	05/02/2019 11:29 AM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/02/2019 12:03 PM CDT
 ORDERING DEPARTMENT:NMG CARDIO-GEN 675 N ST CLAIR ST STE 19-100 (GALTER)
 Ordering Provider:WEHBE, RAMSEY
 Call Back Phone Number:(847)234-5600

Authorizing Provider	Result Type
Ramsey Michael Wehbe	CHEMISTRY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

HOLTER MONITOR EXTENDED - Final result (04/01/2019 10:37 AM CDT)

Anatomical Region	Laterality	Modality		
		Ultrasound		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time

Narrative

04/27/2019 4:14 PM CDT
This result has an attachment that is not available.
 Agree with findings

Authorizing Provider	Result Type
Becky Joseph	CARDIAC SERVICES ORDERABLES

ECHO 2D ONLY (03/23/2019 10:58 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Reported EF	67	%			NM CV C SYNGO	

Anatomical Region	Laterality	Modality		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/23/2019 8:22 AM CDT	

Narrative

03/23/2019 12:23 PM CDT

Northwestern Medicine
Bluhm Cardiovascular Institute
675 N. St. Clair
Chicago, IL 60611

Echocardiography Report: ECHO 2D ONLY ADULT
Date of service: 3/23/2019 8:22:01 AM

Accession #: N19US4648648

Ordering physician: 1386914075 IBADETE SULEJMANI

Reason for Study: syncope

Sonographer: Tina Smith

Interpreting Physician: 1467771378 Allison Zielinski

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Inpatient

Height: 172.00 cm BSA: 2.39 m²

Weight: 119.29 kg BMI: 40.3 kg/m²

Cardiac History:

History of syncope.

Heart rate 81 bpm

Blood pressure 143/63 mmHg

Study quality: good.

MEASUREMENTS:

	Value	Indexed value
Sinus of Valsalva	3.2 cm	
Left atrium diameter	3.7 cm (2D)	
Left atrial volume		16.6 ml/m ² .
Left atrial volume	40.3 ml.	16.9 ml/m ² .
Left atrial volume	42.3 ml.	17.73 ml/m ² .
LV ID (diastole)	4.8 cm (2D)	2.0 cm/m ²
LV ID (systole)	2.9 cm (2D)	1.2 cm/m ²
IVS, leaflet tips	1.1 cm (2D)	
Posterior wall thickness	1.1 cm (2D)	
LV stroke volume	31 ml (2D biplane)	
LVOT diam	2.4 cm	
LV end diastolic volume	47 ml (2D biplane)	19.5 ml/m ²
LV end systolic volume	15 ml (2D biplane)	6.3 ml/m ²
Ejection Fraction	67 % (2D biplane)	
RV basal diameter	3.4 cm	
TAPSE	21.0 mm	

FINDINGS:

LEFT VENTRICLE:

The left ventricle is normal in size.

There is no left ventricular hypertrophy.

Left ventricular systolic function is normal. EF = 67% (2D biplane)

Left ventricular diastolic function was not evaluated.

LV Wall Motion:

All scored segments are normal.

RIGHT VENTRICLE:

The right ventricle is normal in size. Right ventricular systolic function is normal.

The right atrial pressure is 3 mmHg. RV free wall is not well seen.

LEFT ATRIUM:

The left atrial size is normal. The LA volume is 40.3 ml, 16.9 ml/m² when indexed.

RIGHT ATRIUM:

The right atrial cavity is normal in size.

Narrative

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is mild mitral valve leaflet thickening.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid.

PULMONIC VALVE

The pulmonic valve cusps are structurally normal.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.4 cm. Proximal ascending aorta 2.6 cm.

PULMONARY ARTERIES:

The pulmonary arteries are normal.

PERICARDIUM:

There is trivial pericardial effusion.

CONCLUSIONS:

--Study quality: good.

-Two-dimensional transthoracic echocardiography was performed using standard views & projections.

-The left ventricle is normal in size. There is no left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 67% (2D biplane) All scored segments are normal.

-The right ventricle is normal in size. Right ventricular systolic function is normal. The right atrial pressure is 3 mmHg.

-

-No significant valvular abnormalities. Non-doppler study.

-Normal atria and aorta.

-No prior echocardiographic exam available for comparison.

Electronically signed by Dr.Allison Zielinski on 3/23/2019 at 12:23:02 PM.

** Final **

Procedure Note

Allison R. Zielinski - 03/23/2019

Formatting of this note might be different from the original.

Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

Echocardiography Report: ECHO 2D ONLY ADULT

Date of service: 3/23/2019 8:22:01 AM

Accession #: N19US4648648

Ordering physician: 1386914075 IBADETE SULEJMANI

Reason for Study: syncope

Sonographer: Tina Smith

Interpreting Physician: 1467771378 Allison Zielinski

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Inpatient

Height: 172.00 cm BSA: 2.39 m²

Weight: 119.29 kg BMI: 40.3 kg/m²

Cardiac History:

History of syncope.

Heart rate 81 bpm

Blood pressure 143/63 mmHg

Study quality: good.

MEASUREMENTS:

Value Indexed Value

Sinus of Valsalva 3.2 cm

Procedure Note

Left atrium diameter 3.7 cm (2D)
Left atrial volume 16.6 ml/m².
Left atrial volume 40.3 ml. 16.9 ml/m².
Left atrial volume 42.3 ml. 17.73 ml/m².
LV ID (diastole) 4.8 cm (2D) 2.0 cm/m²
LV ID (systole) 2.9 cm (2D) 1.2 cm/m²
IVS, leaflet tips 1.1 cm (2D)
Posterior wall thickness 1.1 cm (2D)
LV stroke volume 31 ml (2D biplane)
LVOT diam 2.4 cm
LV end diastolic volume 47 ml (2D biplane) 19.5 ml/m²
LV end systolic volume 15 ml (2D biplane) 6.3 ml/m²
Ejection Fraction 67 % (2D biplane)
RV basal diameter 3.4 cm
TAPSE 21.0 mm

FINDINGS:

LEFT VENTRICLE:

The left ventricle is normal in size.
There is no left ventricular hypertrophy.
Left ventricular systolic function is normal. EF = 67% (2D biplane)
Left ventricular diastolic function was not evaluated.

LV Wall Motion:

All scored segments are normal.

RIGHT VENTRICLE:

The right ventricle is normal in size. Right ventricular systolic function is normal.
The right atrial pressure is 3 mmHg. RV free wall is not well seen.

LEFT ATRIUM:

The left atrial size is normal. The LA volume is 40.3 ml, 16.9 ml/m² when indexed.

RIGHT ATRIUM:

The right atrial cavity is normal in size.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is mild mitral valve leaflet thickening.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid.

PULMONIC VALVE

The pulmonic valve cusps are structurally normal.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.4 cm. Proximal ascending aorta 2.6 cm.

PULMONARY ARTERIES:

The pulmonary arteries are normal.

PERICARDIUM:

There is trivial pericardial effusion.

CONCLUSIONS:

- Study quality: good.
- Two-dimensional transthoracic echocardiography was performed using standard views & projections.
- The left ventricle is normal in size. There is no left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 67% (2D biplane) All scored segments are normal.
- The right ventricle is normal in size. Right ventricular systolic function is normal. The right atrial pressure is 3 mmHg.
-
- No significant valvular abnormalities. Non-doppler study.
- Normal atria and aorta.

-No prior echocardiographic exam available for comparison.

Electronically signed by Dr.Allison Zielinski on 3/23/2019 at 12:23:02 PM.

**** Final ****

Authorizing Provider	Result Type
Ibadete Sulejmani	ECHO ORDERABLES

TROPONIN - Final result (03/22/2019 10:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Troponin I	0.00	0.00 - 0.04 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Reference Range = 0.00 TO 0.04 ng/mL

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			03/22/2019 10:25 PM CDT	03/22/2019 10:35 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 03/22/2019 11:01 PM CDT
 ORDERING DEPARTMENT:NMH EMERGENCY DEPARTMENT
 Ordering Provider: SULEJMANI,IBADETE
 Call Back Phone Number: (312) 695-8900

Authorizing Provider	Result Type			
Ibadete Sulejmani	CHEMISTRY ORDERABLES			
Performing Organization	Address		City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307		Chicago, IL 60611	

CT BRAIN WO CONTRAST - Final result (03/22/2019 6:37 PM CDT)

Anatomical Region	Laterality	Modality		
Head		Computed Tomography		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/22/2019 6:49 PM CDT	

Narrative

03/23/2019 9:06 AM CDT

HISTORY: 32-year-old man presenting following a syncopal event. The patient also has a history of migraine headaches.

TECHNIQUE: Noncontrast helical images of the brain were obtained from the foramen magnum to the vertex. Coronal reformatted images were generated.

COMPARISON: None.

FINDINGS:

The ventricles and sulci are within normal limits for the patient's age. There is no midline shift or mass effect. The basal cisterns are intact.

No acute intracranial hemorrhage or extra axial fluid collection is identified. There are no areas of abnormal parenchymal attenuation. The gray-white differentiation is maintained.

The extracranial soft tissues and orbital contents are unremarkable. An osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. There is a 3.5 mm left ethmoid osteoma. Small retention cysts are identified in the right anterior ethmoid air cell and in the left maxillary sinus. The mastoid air cells and middle ear cavities are clear.

IMPRESSION:

1. No acute intracranial abnormality. Further evaluation with a brain MRI may be performed if clinically indicated.
2. Osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. Additionally, there is a 3.5 mm left ethmoid osteoma.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Hijaz, Tarek MD
Radiology Resident: Mackey, Rosewell MD
Date Signed Off: 03/23/2019 09:06

Procedure Note

Tarek A. Hijaz - 03/23/2019

Procedure Note

Formatting of this note might be different from the original.

NONCONTRAST CT BRAIN

HISTORY: 32-year-old man presenting following a syncopal event. The patient also has a history of migraine headaches.

TECHNIQUE: Noncontrast helical images of the brain were obtained from the foramen magnum to the vertex. Coronal reformatted images were generated.

COMPARISON: None.

FINDINGS:

The ventricles and sulci are within normal limits for the patient's age. There is no midline shift or mass effect. The basal cisterns are intact.

No acute intracranial hemorrhage or extra axial fluid collection is identified. There are no areas of abnormal parenchymal attenuation. The gray-white differentiation is maintained.

The extracranial soft tissues and orbital contents are unremarkable. An osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. There is a 3.5 mm left ethmoid osteoma. Small retention cysts are identified in the right anterior ethmoid air cell and in the left maxillary sinus. The mastoid air cells and middle ear cavities are clear.

IMPRESSION:

1. No acute intracranial abnormality. Further evaluation with a brain MRI may be performed if clinically indicated.
2. Osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. Additionally, there is a 3.5 mm left ethmoid osteoma.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT

WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Hijaz, Tarek MD

Radiology Resident: Mackey, Rosewell MD

Date Signed Off: 03/23/2019 09:06

Authorizing Provider	Result Type
Emily A. Baran	IMG CT ORDERABLES

XR CHEST PA LAT - Final result (03/22/2019 5:34 PM CDT)

Anatomical Region	Laterality	Modality		
Chest, Lung		Radiographic Imaging		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/22/2019 5:51 PM CDT	

Narrative

03/23/2019 1:01 PM CDT

Narrative

PROCEDURE: XR CHEST PA LAT. 3/22/2019 5:29 PM.

TECHNIQUE: 2 views (PA and Lateral) of the chest were performed.

HISTORY: Syncope.

COMPARISON: None.

FINDINGS:

Support Devices: None.

Cardiac Silhouette/Mediastinum/Hila: The cardiac, mediastinal, and hilar contours are within normal limits for age.

Lungs/Pleural Spaces: The lungs and pleural spaces are clear.

Chest Wall/Diaphragm/Upper Abdomen: The thoracic musculoskeletal structures and the upper abdomen are age-appropriate in appearance.

CONCLUSION(S):

1. There is no acute cardiopulmonary process.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Omar, Imran MD

Radiology Resident: Hirano, Miki MD

Date Signed Off: 03/23/2019 13:01

Procedure Note

Imran M. Omar - 03/23/2019

Formatting of this note might be different from the original.

PROCEDURE: XR CHEST PA LAT. 3/22/2019 5:29 PM.

TECHNIQUE: 2 views (PA and Lateral) of the chest were performed.

HISTORY: Syncope.

COMPARISON: None.

FINDINGS:

Support Devices: None.

Cardiac Silhouette/Mediastinum/Hila: The cardiac, mediastinal, and hilar contours are within normal limits for age.

Lungs/Pleural Spaces: The lungs and pleural spaces are clear.

Chest Wall/Diaphragm/Upper Abdomen: The thoracic musculoskeletal structures and the upper abdomen are age-appropriate in appearance.

CONCLUSION(S):

1. There is no acute cardiopulmonary process.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Omar, Imran MD

Radiology Resident: Hirano, Miki MD

Date Signed Off: 03/23/2019 13:01

Authorizing Provider Result Type

Emily A. Baran IMG DIAGNOSTIC IMAGING ORDERABLES

CBC (.CBC) - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	7.9	3.5 - 10.5 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RBC	5.28	4.30 - 5.80 M/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HGB	14.2	13.0 - 17.5 g/ dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HCT	44.4	38.0 - 50.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCV	84	80 - 99 FL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCH	26.9	27.0 - 34.0 pg			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCHC	32.0	32.0 - 35.5 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RDW	14.2	11.0 - 15.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
PLT	389	140 - 390 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MPV	10.7	8.8 - 12.1 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Differential Type	Auto				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Reflex Morphology	No				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			03/22/2019 5:25 PM CDT	03/22/2019 5:29 PM CDT

Narrative

Authorizing Provider	Result Type
Emily A. Baran	HEMATOLOGY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

.AUTO DIFF - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils	55	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Lymphocytes	30	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Monocytes	11	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Eosinophils	3	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Basophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Immature Granulocytes	0	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Immature Granulocytes (IG) represents automated enumeration of Metamyelocytes, Myelocytes and Promyelocytes when IG is < 5%. Blasts are not included in IG and reported separately if present.						
Absolute Neutrophils	4.3	1.5 - 8.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Lymphocytes	2.4	1.0 - 4.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Monocytes	0.9	0.2 - 1.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Eosinophils	0.2	0.0 - 0.6 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Basophils	0.1	0.0 - 0.2 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
A Im Gran Absolute	0.00	0.00 - 0.10 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			03/22/2019 5:25 PM CDT	03/22/2019 5:29 PM CDT

Narrative

Authorizing Provider	Result Type
Emily A. Baran	HEMATOLOGY ORDERABLES
Performing Organization	
NORTHWESTERN MEMORIAL HOSPITAL LAB	Address City/State/ZIP Code Phone Number

TROPONIN - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Troponin I	0.00	0.00 - 0.04 ng/ mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Reference Range = 0.00 TO 0.04 ng/mL

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)	VEIN SPECIMEN / Unknown		03/22/2019 5:25 PM CDT	03/22/2019 5:37 PM CDT

Narrative

Authorizing Provider	Result Type
Emily A. Baran	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

MAGNESIUM (MAGNESIUM LEVEL) - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	1.9	1.5 - 2.7 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)	VEIN SPECIMEN / Unknown		03/22/2019 5:25 PM CDT	03/22/2019 5:37 PM CDT

Narrative

Authorizing Provider	Result Type
Emily A. Baran	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

BASIC METABOLIC PANEL - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	142	133 - 146 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Potassium	4.5	3.5 - 5.1 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Hemolyzed Specimen

Chloride	106	98 - 109 mEq/L	NORTHWESTERN MEMORIAL HOSPITAL LAB
CO2	29	21 - 31 mEq/L	NORTHWESTERN MEMORIAL HOSPITAL LAB
Calcium	9.6	8.3 - 10.5 mg/dL	NORTHWESTERN MEMORIAL HOSPITAL LAB
Urea Nitrogen	13	2 - 25 mg/dL	NORTHWESTERN MEMORIAL HOSPITAL LAB
Creatinine	1.06	0.60 - 1.30 mg/dL	NORTHWESTERN MEMORIAL HOSPITAL LAB

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Glucose	104	65 - 100 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anion Gap	7	5 - 16			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=60 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(Others)	>60	>=60 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)	VEIN SPECIMEN / Unknown			03/22/2019 5:25 PM CDT	03/22/2019 5:37 PM CDT	
Narrative						

Authorizing Provider

Emily A. Baran CHEMISTRY ORDERABLES

Performing Organization

NORTHWESTERN MEMORIAL HOSPITAL LAB	Address	City/State/ZIP Code	Phone Number
	251 E. Huron 7307	Chicago, IL 60611	

Care Teams

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

Naveed Atif Muhammad (Nov. 20, 2019 - Present)

NPI: 1396799029

312-808-0621 (Work)

312-808-0655 (Fax)

2850 S WABASH AVE

SUITE 203

CHICAGO, IL 60616

Family Medicine

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Other Service Providers

Document Coverage Dates

Jun. 13, 1986 - Feb. 05, 2024

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Legal Authenticator

Him



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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Jamar Little

Continuity of Care Document, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):

7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.



Encounters - as of 02/05/2024

Date	Type	Department	Care Team	Description
02/05/2024	Telemedicine 1:00 PM CST	NM Neurology 676 N ST CLAIR ST, SUITE 701 CHICAGO, IL 60611-5975 312-695-7950	Jennifer M. Mundt	
10/16/2023	Telemedicine 1:00 PM CDT	NM Neurology 676 N ST CLAIR ST, SUITE 701 CHICAGO, IL 60611-5975 312-695-7950	Jennifer M. Mundt	
11/18/2022	Office Visit 1:00 PM CST	THE CENTER FOR SPINE HEALTH 259 E Erie St 14th Fl Chicago, IL 60611 312-695-7746	Mary-Katherine Slattery	
07/19/2021	Telemedicine 10:00 AM CDT	NM Neurology 676 N ST CLAIR ST, SUITE 701 CHICAGO, IL 60611-5975 312-695-7950	Jennifer M. Mundt	
04/07/2021	Hospital 8:14 AM Encounter CDT - 04/07/2021 11:59 PM CDT	NM Radiology 251 E Huron St, 4th Floor Chicago, IL 60611 312-926-6366	Katy Y. Hassan	Discharge Disposition: Home or Self Care
03/18/2021	Office Visit 7:45 AM CDT	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan	
02/25/2021	Office Visit 8:30 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan	
02/24/2021	Hospital 11:24 AM Encounter CST - 02/24/2021 11:58 AM CST	NM Immediate Care Streeterville 635 N Fairbanks Ct. CHICAGO, IL 60611-5435 312-472-3173	Andrew Suplicki	Discharge Disposition: Home or Self Care
02/24/2021	Hospital 9:55 AM Encounter CST - 02/24/2021 10:03 AM CST	NM Immediate Care Streeterville 635 N Fairbanks Ct. CHICAGO, IL 60611-5435 312-472-3173	Andrew Suplicki	Discharge Disposition: Home or Self Care
02/11/2021	Office Visit 9:00 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Michael Awad	
02/08/2021	Office Visit 8:00 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Michiel J. Bove	
01/07/2021	Hospital 1:01 PM Encounter CST - 01/07/2021 1:56 PM CST	NM Immediate Care Streeterville 635 N Fairbanks Ct. CHICAGO, IL 60611-5435 312-472-3173	Lindsay Elizabeth Fitzpatrick	Discharge Disposition: Home or Self Care
05/06/2020	Office Visit 11:10 AM CDT	NM Neurology 1333 W BELMONT AVENUE SUITE 200	Leah K. Wargolet	

Date	Type	Department	Care Team	Description
		CHICAGO, IL 60657 312-695-7950		
12/11/2019	Office Visit 3:40 PM CST	NM Neurology 1333 W BELMONT AVENUE SUITE 200 CHICAGO, IL 60657 312-695-7950	Leah K. Wargolet	
11/20/2019	Emergency 12:33 PM CST - 11/20/2019 4:50 PM CST	NM Emergency Medicine 251 E. Huron Street Feinberg Pavilion Chicago, IL 60611-2908 312-926-5188	Joshua Daniel Zimmerman	Discharge Disposition: Home or Self Care
10/21/2019	Emergency 4:51 PM CDT - 10/21/2019 6:31 PM CDT	NM Emergency Medicine 251 E. Huron Street Feinberg Pavilion Chicago, IL 60611-2908 312-926-5188	Timothy M. Loftus	Discharge Disposition: Home or Self Care
06/26/2019	Office Visit 7:45 AM CDT	NM Ophthalmology 259 E Erie St, Suite 1520 Chicago, IL 60611-3111 312-695-8150	Carol H. Schmidt	
06/06/2019	Hospital 6:42 AM Encounter CDT - 06/06/2019 11:59 PM CDT	Lavin Radiology 259 East Erie, 17th Floor Lavin Pavilion Chicago, IL 60611 312-926-9000	Leah K. Wargolet	Discharge Disposition: Home or Self Care
06/06/2019	Hospital 6:41 AM Encounter CDT	Lavin Radiology 259 East Erie, 17th Floor Lavin Pavilion Chicago, IL 60611 312-926-9000	Leah K. Wargolet	Discharge Disposition: Home or Self Care
06/06/2019	Hospital 6:30 AM Encounter CDT - 06/06/2019 6:40 AM CDT	Lavin Radiology 259 East Erie, 17th Floor Lavin Pavilion Chicago, IL 60611 312-926-9000	Leah K. Wargolet	Discharge Disposition: Home or Self Care
06/03/2019	Hospital 10:03 AM Encounter CDT - 06/03/2019 11:59 PM CDT	NM Sleep Medicine 676 N St Clair St, Suite 701 Arkes Pavilion Chicago, IL 60611 312-926-2650	Leah K. Wargolet	Discharge Disposition: Home or Self Care
05/22/2019	Office Visit 2:10 PM CDT	NM Neurology 1333 W BELMONT AVENUE SUITE 200 CHICAGO, IL 60657 312-695-7950	Leah K. Wargolet	
05/09/2019	Hospital 9:44 AM Encounter CDT - 05/09/2019 1:35 PM CDT	NM Cardiology 675 N St Clair St, 8th Floor Galter Pavilion Chicago, IL 60611 312-926-7483	Ramsey Michael Wehbe	Discharge Disposition: Home or Self Care
05/02/2019	Office Visit 8:10 AM CDT	NM Cardiology 675 N ST CLAIR ST, STE 19-100 CHICAGO, IL 60611-5975 312-695-4965	Benjamin Md/ And Fellow Freed	

Date	Type	Department	Care Team	Description
03/22/2019 4:28 PM CDT - 03/23/2019 1:32 PM CDT	Emergency	NM Emergency Medicine 251 E. Huron Street Feinberg Pavilion Chicago, IL 60611-2908 312-926-5188	Emily A. Baran Peter B. Pruitt	Discharge Disposition: Home or Self Care

Allergies - as of 02/05/2024

No known active allergies

Medications - as of 02/05/2024

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021		Active

Active Problems - as of 02/05/2024

Problem	Noted Date	Diagnosed Date
Enlarged tonsils	03/18/2021	
Mass of submandibular gland	03/18/2021	
Enlarged lymph nodes	02/25/2021	
Salivary gland disease	02/25/2021	
Strep throat	02/25/2021	

Social History - as of 02/05/2024

Smoking Status as of 11/18/2022

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Smoking Status as of 02/08/2021

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Current				

Smoking Status as of 05/06/2020

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				

Alcohol Use as of 11/18/2022

Alcohol Use	Standard Drinks/Week
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)

Select Community Resources

Please choose the link for 'Select Community Resources' above to launch NowPow, a personalized community referral platform for a patient's SDOH needs.

Select Community Resources

Answer

Date Recorded

Sex and Gender Information

Value

Date Recorded

Sex Assigned at Birth

Male

12/06/2019 12:13 PM CST

Gender Identity

Not on file

Sexual Orientation

Straight

06/24/2019 3:09 AM CDT

Last Filed Vital Signs - as of 02/05/2024

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	121/72	02/25/2021 8:35 AM CST	
Pulse	77	02/25/2021 8:35 AM CST	
Temperature	35.6 °C (96.1 °F)	02/25/2021 8:35 AM CST	
Respiratory Rate	16	02/24/2021 11:26 AM CST	
Oxygen Saturation	98%	02/24/2021 11:26 AM CST	
Inhaled Oxygen Concentration	-	-	
Weight	110.2 kg (243 lb)	11/18/2022 1:35 PM CST	
Height	172.7 cm (5' 8")	11/18/2022 1:35 PM CST	
Body Mass Index	36.95	11/18/2022 1:35 PM CST	

Plan of Treatment - as of 02/05/2024

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	



Procedures - as of 02/05/2024

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
HOME SLEEP TEST	Routine	06/26/2019 10:13 AM CDT	Snoring Frequent headaches	
TILT TABLE	Routine	05/09/2019 3:15 PM CDT	Fainting Palpitations Chest pain, unspecified type Shortness of breath	
ECHO STRESS EXERCISE W DOPPLER ADULT	Routine	05/09/2019 10:52 AM CDT	Fainting Palpitations Chest pain, unspecified type Shortness of breath	
HOLTER MONITOR EXTENDED	Routine	04/01/2019 10:37 AM CDT	Fainting	
ECHO 2D ONLY ADULT	STAT	03/23/2019 10:58 AM CDT		



Results - as of 02/05/2024

XR CERVICAL SPINE AP LAT FLEX EXTENSION - Final result (11/18/2022 2:07 PM CST)

Anatomical Region	Laterality	Modality		
C-spine, Neck		Radiographic Imaging		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/18/2022 5:14 PM CST	

Narrative

11/18/2022 5:22 PM CST

PROCEDURE: XR CERVICAL SPINE AP LAT FLEX EXTENSION

HISTORY: Balance problems

COMPARISON: Cervical spine MRI 6/6/2019.

TECHNIQUE: AP, lateral, lateral flexion, and lateral extension views of the cervical spine.

FINDINGS: Vertebral body heights, contours, and alignment are within normal limits. Craniocervical and C1-C2 relationships are maintained. There is mild straightening of the normal cervical lordosis. No acute fractures or dislocations are identified. No abnormal motion or dynamic instability on the flexion or extension lateral views. Intervertebral disc space heights are maintained. Minimal scattered endplate osteophyte formation such as at C3 and C5. Intervertebral disc space heights are maintained. Prevertebral soft tissues are within normal limits.

IMPRESSION:

Minimal degenerative changes in the cervical spine.

FINAL REPORT

Attending Radiologist: Liu, Benjamin MD

Date Signed off: 11/18/2022 17:22

Procedure Note

Benjamin P. Liu - 11/18/2022

Formatting of this note might be different from the original.

PROCEDURE: XR CERVICAL SPINE AP LAT FLEX EXTENSION

HISTORY: Balance problems

COMPARISON: Cervical spine MRI 6/6/2019.

TECHNIQUE: AP, lateral, lateral flexion, and lateral extension views of the cervical spine.

FINDINGS: Vertebral body heights, contours, and alignment are within normal limits. Craniocervical and C1-C2 relationships are maintained. There is mild straightening of the normal cervical lordosis. No acute fractures or dislocations are identified. No abnormal motion or dynamic instability on the flexion or extension lateral views. Intervertebral disc space heights are maintained. Minimal scattered endplate osteophyte formation such as at C3 and C5. Intervertebral disc space heights are maintained. Prevertebral soft tissues are within normal limits.

IMPRESSION:

Minimal degenerative changes in the cervical spine.

FINAL REPORT

Attending Radiologist: Liu, Benjamin MD

Date Signed Off: 11/18/2022 17:22

Authorizing Provider Result Type

Mary-Katherine Slattery IMG DIAGNOSTIC IMAGING ORDERABLES

XR LUMBAR SPINE AP LAT FLEX EXTENSION - Final result (11/18/2022 1:48 PM CST)

Anatomical Region	Laterality	Modality
		Radiographic Imaging
L-spine		

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			11/18/2022 4:48 PM CST	

Narrative

11/18/2022 5:14 PM CST

PROCEDURE: XR LUMBAR SPINE AP LAT FLEX EXTENSION

HISTORY: Low back pain.

COMPARISON: MRI lumbar spine 6/6/2019.

FINDINGS:

There are 5 lumbar type vertebral bodies. There is no significant sciotic curvature of the lumbar spine. There is a normal lumbar lordosis. The sagittal alignment of the lumbar vertebral bodies is within normal limits. The vertebral body heights are maintained. The intervertebral disc spaces are preserved. There is no evidence of dynamic instability on flexion or extension radiographs. There is multilevel degenerative facet arthropathy of the lower lumbar spine.

IMPRESSION:

No vertebral body height loss. No evidence of lumbar spinal instability.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Liu, Benjamin MD

Radiology Resident: Gilligan, Leah MD

Date Signed off: 11/18/2022 17:14

Procedure Note

Benjamin P. Liu - 11/18/2022

Formatting of this note might be different from the original.

PROCEDURE: XR LUMBAR SPINE AP LAT FLEX EXTENSION

HISTORY: Low back pain.

COMPARISON: MRI lumbar spine 6/6/2019.

FINDINGS:

There are 5 lumbar type vertebral bodies. There is no significant sciotic curvature of the lumbar spine. There is a normal lumbar lordosis. The sagittal alignment of the lumbar vertebral bodies is within normal limits. The vertebral body heights are maintained. The intervertebral disc spaces are preserved. There is no evidence of dynamic instability on flexion or extension radiographs. There is multilevel degenerative facet arthropathy of the lower lumbar spine.

IMPRESSION:

No vertebral body height loss. No evidence of lumbar spinal instability.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Liu, Benjamin MD

Radiology Resident: Gilligan, Leah MD

Date Signed Off: 11/18/2022 17:14

Authorizing Provider Result Type

Mary-Katherine Slattery IMG DIAGNOSTIC IMAGING ORDERABLES

CT SOFT TISSUE NECK W CONTRAST - Final result (04/07/2021 9:40 AM CDT)

Anatomical Region

Laterality

Modality

Neck, C-spine

Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			04/08/2021 2:37 PM CDT	

Narrative

04/11/2021 9:35 PM CDT

CT SOFT TISSUE NECK W CONTRAST

CLINICAL HISTORY: Intermittent throat discomfort. Recent strep pharyngitis infection. Ultrasound at that time demonstrated a hypoechoic region within the left submandibular gland.

TECHNIQUE: Following the administration of intravenous contrast, axial CT images of the neck were obtained. Coronal and sagittal reformatted images were reviewed.

COMPARISON: CT brain March 22, 2019

FINDINGS:

Pharynx/larynx: There is mild adenotonsillar hypertrophy. No focal asymmetric soft tissue lesion is identified along the visualized aerodigestive tract.

Oral cavity: Evaluation of the oral cavity is limited by artifact. The visualized portions of the oral tongue and floor of mouth are intact.

Glands: Within the limitations of artifact, no definite lesion is identified in the submandibular or parotid salivary glands. A region of apparent hyperenhancement at the superior aspect of the left submandibular gland is likely due to beam hardening artifact from the adjacent mandible (series 5/image 49; series 6 image 73). There is no evidence of abnormal stranding surrounding the salivary glands.

There is a 2 mm hypoattenuating nodule in the thyroid isthmus (series 5/image 52).

Cervical soft tissues: A right level Ia lymph node measures 11 mm (series 3/image 30). A right level IIa lymph node measures 16 mm (series 3/image 29). A left level IIa lymph node measures 15 mm (series 3/image 28). A left level Ia lymph node measures 10 mm (series 3/image 28).

There is a left maxillary sinus retention cyst. The visualized mastoid air cells are clear. There are small anterior endplate osteophytes at T3-T4 and T4-T5. There is straightening of the cervical lordosis.

IMPRESSION:

1. No definite left submandibular mass lesion is identified. Clinical follow-up is recommended. If there is continued clinical concern for a submandibular mass lesion, MR imaging of the salivary glands with and without contrast would be recommended for further characterization.

2. Prominent and mildly enlarged bilateral level IIa and bilateral level Ia lymph nodes are likely reactive.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Moum, Sarah MD

Radiology Resident: Curl, Patti MD

Date Signed Off: 04/11/2021 21:35

Procedure Note

Sarah J. Moum - 04/11/2021

Procedure Note

Formatting of this note might be different from the original.

CT SOFT TISSUE NECK W CONTRAST

CLINICAL HISTORY: Intermittent throat discomfort. Recent strep pharyngitis infection. Ultrasound at that time demonstrated a hypoechoic region within the left submandibular gland.

TECHNIQUE: Following the administration of intravenous contrast, axial CT images of the neck were obtained. Coronal and sagittal reformatted images were reviewed.

COMPARISON: CT brain March 22, 2019

FINDINGS:

Pharynx/larynx: There is mild adenotonsillar hypertrophy. No focal asymmetric soft tissue lesion is identified along the visualized aerodigestive tract.

Oral cavity: Evaluation of the oral cavity is limited by artifact. The visualized portions of the oral tongue and floor of mouth are intact.

Glands: Within the limitations of artifact, no definite lesion is identified in the submandibular or parotid salivary glands. A region of apparent hyperenhancement at the superior aspect of the left submandibular gland is likely due to beam hardening artifact from the adjacent mandible (series 5/image 49; series 6 image 73). There is no evidence of abnormal stranding surrounding the salivary glands. There is a 2 mm hypoattenuating nodule in the thyroid isthmus (series 5/image 52).

Cervical soft tissues: A right level Ia lymph node measures 11 mm (series 3/image 30). A right level IIa lymph node measures 16 mm (series 3/image 29). A left level IIa lymph node measures 15 mm (series 3/image 28). A left level Ia lymph node measures 10 mm (series 3/image 28).

There is a left maxillary sinus retention cyst. The visualized mastoid air cells are clear. There are small anterior endplate osteophytes at T3-T4 and T4-T5. There is straightening of the cervical lordosis.

IMPRESSION:

1. No definite left submandibular mass lesion is identified. Clinical follow-up is recommended. If there is continued clinical concern for a submandibular mass lesion, MR imaging of the salivary glands with and without contrast would be recommended for further characterization.
2. Prominent and mildly enlarged bilateral level IIa and bilateral level Ia lymph nodes are likely reactive.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Moum, Sarah MD

Radiology Resident: Curl, Patti MD

Date Signed Off: 04/11/2021 21:35

Authorizing Provider	Result Type
Katy Y. Hassan	IMG CT ORDERABLES

POCT CREATININE - Final result (04/07/2021 9:14 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Creatinine POC	1.1	0.8 - 1.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=59 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
eGFR (N-AA) POC	>60	>=59 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
Blood specimen (specimen)				04/07/2021 9:14 AM CDT	04/07/2021 9:18 AM CDT	

Narrative

Authorizing Provider Katy Y. Hassan	Result Type POCT ORDERABLES - DEVICE		
Performing Organization NORTHWESTERN MEMORIAL HOSPITAL LAB	Address 251 E. Huron 7307	City/State/ZIP Code Chicago, IL 60611	Phone Number

POCT SARS-COV-2-NAT - Final result (03/18/2021 7:35 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POCT SARS-COV-2, NAT	Negative	Negative			NMG GALTER ENT	
Lot #	M135316				NMG GALTER ENT	
SARS-CoV-2 NAT - ID NOW Comment	A negative result does not exclude COVID-19. Testing, which was performed using an NAAT authorized for emergency use by the FDA (Abbott ID Now), may not satisfy an RT PCR requirement.				NMG GALTER ENT	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
NP Swab	NASOPHARYNGEAL STRUCTURE / Unknown		03/18/2021 7:35 AM CDT	

Narrative

Authorizing Provider Katy Y. Hassan	Result Type POINT OF CARE TEST ORDERABLES		
Performing Organization NMG GALTER ENT	Address 675 N ST CLAIR ST, STE 15-200	City/State/ZIP Code CHICAGO, IL 60611	Phone Number

CULTURE, GROUP A STREP SCN - Final result (02/24/2021 11:34 AM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Final Report	Culture negative for Group A Beta-hemolytic Streptococci.				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
Specimen from throat (specimen)	PHARYNGEAL STRUCTURE / Unknown			02/24/2021 11:34 AM CST		

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 02/26/2021 7:58 AM CST
 ORDERING DEPARTMENT:NMG IMMEDIATE CARE 635 N FAIRBANKS CT STE 17-100 (STREETERVILLE)
 Ordering Provider:SUPLICKI,ANDREW
 Call Back Phone Number:(312)694-2273

Authorizing Provider	Result Type					
Andrew Suplicki	MICROBIOLOGY - GENERAL ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611				

POCT RAPID STREP - Final result (02/24/2021)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POC Strep Antigen, Group A	Positive	Negative			NMG STREETERVILLE ICC	
Internal Control	Valid				NMG STREETERVILLE ICC	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
Specimen from throat (specimen)				02/24/2021		

Narrative

Authorizing Provider	Result Type					
Andrew Suplicki	POINT OF CARE TEST ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
NMG STREETERVILLE ICC	635 N Fairbanks Ct Ste 17-100	Chicago, IL 60611				

CULTURE, GROUP A STREP SCN - Final result (01/07/2021 1:46 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Final Report	Moderate Beta Hemolytic Streptococci, Group C Culture negative for Group A Beta-hemolytic Streptococci.				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Organism Identification	STREP C			01/09/2021 11:20 AM CST	NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Specimen from throat (specimen)	PHARYNGEAL STRUCTURE / Unknown		01/07/2021 1:46 PM CST	

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 01/09/2021 11:20 AM CST
 ORDERING DEPARTMENT: NMG IMMEDIATE CARE 635 N FAIRBANKS CT STE 17-100 (STREETERVILLE)
 Ordering Provider: FITZPATRICK, LINDSAY
 Call Back Phone Number: (312)694-2273

Authorizing Provider	Result Type		
Lindsay Elizabeth Fitzpatrick	MICROBIOLOGY - GENERAL ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

POCT SARS-COV-2-NAT - Final result (01/07/2021)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POCT SARS-COV-2, NAT	Negative	Negative			NMG STREETERVILLE ICC	
SARS-CoV-2 NAT - ID NOW Comment	A negative result does not exclude COVID-19. Testing, which was performed using an NAAT authorized for emergency use by the FDA (Abbott ID Now), may not satisfy an RT PCR requirement.				NMG STREETERVILLE ICC	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
NP Swab	NASOPHARYNGEAL STRUCTURE / Unknown			01/07/2021		

Narrative

Authorizing Provider	Result Type		
Lindsay Elizabeth Fitzpatrick	POINT OF CARE TEST ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NMG STREETERVILLE ICC	635 N Fairbanks Ct Ste 17-100	Chicago, IL 60611	

POCT RAPID STREP - Final result (01/07/2021)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POC Strep Antigen, Group A	Negative	Negative			NMG STREETERVILLE ICC	
Internal Control	Valid				NMG STREETERVILLE ICC	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Specimen from throat (specimen)			01/07/2021	

Narrative

Authorizing Provider	Result Type		
Lindsay Elizabeth Fitzpatrick	POINT OF CARE TEST ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NMG STREETERVILLE ICC	635 N Fairbanks Ct Ste 17-100	Chicago, IL 60611	

CBC (.CBC) - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	6.7	3.5 - 10.5 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RBC	5.41	4.30 - 5.80 M/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HGB	14.3	13.0 - 17.5 g/ dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HCT	44.4	38.0 - 50.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCV	82	80 - 99 FL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCH	26.4	27.0 - 34.0 pg			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCHC	32.2	32.0 - 35.5 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RDW	14.0	11.0 - 15.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
PLT	289	140 - 390 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MPV	9.4	8.8 - 12.1 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Differential Type	Auto				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Reflex Morphology	No				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			11/20/2019 1:52 PM CST	11/20/2019 1:57 PM CST

Narrative

Authorizing Provider	Result Type
Joshua Daniel Zimmerman	HEMATOLOGY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

.AUTO DIFF - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils	61	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Lymphocytes	27	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Monocytes	9	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Eosinophils	2	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Basophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Immature Granulocytes	0	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Immature Granulocytes (IG) represents automated enumeration of Metamyelocytes, Myelocytes and Promyelocytes when IG is < 5%. Blasts are not included in IG and reported separately if present.

Absolute Neutrophils	4.1	1.5 - 8.0 K/UL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Absolute Lymphocytes	1.8	1.0 - 4.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Monocytes	0.6	0.2 - 1.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Eosinophils	0.1	0.0 - 0.6 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Basophils	0.1	0.0 - 0.2 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
A Im Gran Absolute	0.00	0.00 - 0.10 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			11/20/2019 1:52 PM CST	11/20/2019 1:57 PM CST

Narrative

Authorizing Provider	Result Type
Joshua Daniel Zimmerman	HEMATOLOGY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

MAGNESIUM (MAGNESIUM LEVEL) - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	1.8	1.5 - 2.7 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)	VEIN SPECIMEN / Unknown		11/20/2019 1:52 PM CST	11/20/2019 2:05 PM CST

Narrative

Authorizing Provider	Result Type
Joshua Daniel Zimmerman	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

BASIC METABOLIC PANEL - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	139	133 - 146 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Potassium	3.8	3.5 - 5.1 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Chloride	104	98 - 109 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
CO2	27	21 - 31 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Calcium	9.9	8.3 - 10.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Urea Nitrogen	12	2 - 25 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Creatinine	0.92	0.60 - 1.30 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Glucose	95	65 - 100 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anion Gap	8	5 - 16			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=60 mL/min/1.73m2			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(Others)	>60	>=60 mL/min/1.73m2			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)	VEIN SPECIMEN / Unknown			11/20/2019 1:52 PM CST	11/20/2019 2:05 PM CST	
Narrative						

Authorizing Provider	Result Type		
Joshua Daniel Zimmerman	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

CBC (.CBC) - Final result (10/21/2019 4:58 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	6.8	3.5 - 10.5 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RBC	5.34	4.30 - 5.80 M/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HGB	14.0	13.0 - 17.5 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HCT	45.2	38.0 - 50.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCV	85	80 - 99 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCH	26.2	27.0 - 34.0 pg			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCHC	31.0	32.0 - 35.5 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RDW	14.0	11.0 - 15.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
PLT	300	140 - 390 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MPV	9.2	8.8 - 12.1 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Differential Type	Auto				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Reflex Morphology	No				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)				10/21/2019 4:58 PM CDT	10/21/2019 5:06 PM CDT	

Narrative

Authorizing Provider	Result Type						
Timothy M. Loftus	HEMATOLOGY ORDERABLES						
Performing Organization							
NORTHWESTERN MEMORIAL HOSPITAL LAB	<table> <tr> <td>Address</td> <td>City/State/ZIP Code</td> <td>Phone Number</td> </tr> <tr> <td>251 E. Huron 7307</td> <td>Chicago, IL 60611</td> <td></td> </tr> </table>	Address	City/State/ZIP Code	Phone Number	251 E. Huron 7307	Chicago, IL 60611	
Address	City/State/ZIP Code	Phone Number					
251 E. Huron 7307	Chicago, IL 60611						

.AUTO DIFF - Final result (10/21/2019 4:58 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils	46	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Lymphocytes	41	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Monocytes	10	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Eosinophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Basophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Immature Granulocytes	0	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Immature Granulocytes (IG) represents automated enumeration of Metamyelocytes, Myelocytes and Promyelocytes when IG is < 5%. Blasts are not included in IG and reported separately if present.						
Absolute Neutrophils	3.1	1.5 - 8.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Lymphocytes	2.8	1.0 - 4.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Monocytes	0.7	0.2 - 1.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Eosinophils	0.1	0.0 - 0.6 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Basophils	0.1	0.0 - 0.2 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
A Im Gran Absolute	0.00	0.00 - 0.10 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			10/21/2019 4:58 PM CDT	10/21/2019 5:06 PM CDT

Narrative

Authorizing Provider	Result Type
Timothy M. Loftus	HEMATOLOGY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

BASIC METABOLIC PANEL - Final result (10/21/2019 4:58 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	140	133 - 146 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Potassium	4.2	3.5 - 5.1 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Chloride	104	98 - 109 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
CO2	29	21 - 31 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Calcium	9.8	8.3 - 10.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Urea Nitrogen	9	2 - 25 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Creatinine	0.98	0.60 - 1.30 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Glucose	95	65 - 100 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anion Gap	7	5 - 16			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=60 mL/min/1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(Others)	>60	>=60 mL/min/1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)	PERIPHERAL CATHETER / Unknown			10/21/2019 4:58 PM CDT	10/21/2019 5:24 PM CDT	

Narrative

Authorizing Provider Result Type
 Timothy M. Loftus CHEMISTRY ORDERABLES

Performing Organization Address City/State/ZIP Code Phone Number
 NORTHWESTERN MEMORIAL HOSPITAL LAB 251 E. Huron 7307 Chicago, IL 60611

HOME SLEEP TEST - Final result (06/26/2019 10:13 AM CDT)

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/26/2019 1:18 AM CDT	

Narrative

RADIOLOGY - 06/27/2019 8:52 AM CDT

Narrative

Name: LITTLE, JAMAR
Date of Birth: 6/13/1986
Date of Study: 06/26/2019
Scheduled Date: 06/03/2019
Referring MD: WARGOLET, LEAH

CLINICAL HISTORY:

This patient is a 33 year old male who reports trouble falling and staying asleep, trouble falling back to sleep, snores, wakes up gasping/choking, nocturia. BMI = 40kg/m² (weight = 259 lbs). Neck circumference = 18.5 inches.

Past medical history is pertinent for heart murmur, multiple gastric ulcers. .

Current medications include: Gabapentin, nortriptyline.

This was an unattended polysomnogram.

RESPIRATORY: Moderate obstructive sleep apnea as evidenced by an AHI (REI) of 19.2/hour and nadir SpO₂ of 80%.

Hypopnea events were scored using a criteria of 3% SpO₂ desaturation.

PULSE: Normal throughout

DIAGNOSIS/ES:

327.23 / G47.33 - Obstructive Sleep Apnea (adult) (pediatric)

MANAGEMENT OPTIONS/RECOMMENDATIONS:

Nasal CPAP may be indicated and is the therapy most likely to succeed due to the severity of sleep-disordered breathing, but other therapies could also be considered.

Options include: dental evaluation for oral appliance, ENT evaluation

Electronically signed by:

Attending: Hrayr Attarian, MD

FINDINGS:

TECHNICAL RECORDING SUMMARY: The patient underwent all night unattended polysomnography (7 channels) which recorded airflow by nasal thermocouple and nasal pressure transducer, 1 channel of pulse, 1 channel of thoracic and 1 channel of abdominal respiratory motion, snoring and finger pulse oximetry. Data was recorded using Nomad™ Portable Home Sleep Testing Type III device sold by Nihon Kohden Corporation. All raw data was reviewed by the interpreting physician signing this report. The interpreting physician determined the raw data to be adequate for interpretation.

POLYSOMNOGRAPHIC FINDINGS:

Lights Off time: 6/26/2019 01:19:01

Lights On time: 6/26/2019 05:03:56

Begin Recording: 6/26/2019 01:18:58

End Recording: 6/26/2019 06:31:59

Total Recorded Time (minus artifact): 225 min

Time	Total	SUPINE	LEFT	RIGHT	PRONE	SITTING
Monitoring Time	225 min	00 min	01 min	199 min	22 min	02 min
(Lights Out to Lights On)						
Apneas	Central: 2	Total: 19				Apnea Duration Average: 12
seconds	Mixed: 0	Apnea Index: 5.1				
	Obstructive: 17					Longest: 19
Hypopneas	Total: 53.0	Hypopnea Index: 14.1				Hypopnea Duration Average (4%): 21
seconds						
						Longest(4%): 40
seconds						
						Average (3% only): 00
min	Total: 72.0	A + H Index (REI): 19.2				Longest (3% only): 00
Positional AHI (REI)	Total 19.2	SUPINE 0.0	LEFT 0.0	RIGHT 20.5	PRONE 10.9	SITTING 0.0
Saturation Information/ % Time In Range						
Baseline Artifac	61% - 70%	71% - 80%	81% - 90%	91% - 100%		SpO ₂ Nadir
96%	0.03%	0.00%	0.03%	6.09%	93.85%	80%
Time spent below 88%:	6.9 min.					

Heart Rate range during recording: 73 - 105 beats per minute

Mean Heart Rate during recording: 91 beats per minute

Respiratory Rate: 11-12 breaths per minute

DATA TREND GRAPHS:

Report Digitally Signed By:

HRAYR ATTARIAN 04049 (6/26/2019 5:28:10 PM)

HRAYR ATTARIAN 04049 (6/26/2019 5:32:00 PM)

Procedure Note

Hrayr P. Attarian - 06/27/2019

Procedure Note

Formatting of this note might be different from the original.

Name: LITTLE, JAMAR

Date of Birth: 6/13/1986

Date of Study: 06/26/2019

Scheduled Date: 06/03/2019

Referring MD: WARGOLET,LEAH

CLINICAL HISTORY:

This patient is a 33 year old male who reports trouble falling and staying asleep, trouble falling back to sleep, snores, wakes up gasping/choking, nocturia. BMI = 40kg/m² (weight = 259 lbs). Neck circumference = 18.5 inches.

Past medical history is pertinent for heart murmur, multiple gastric ulcers. .

Current medications include: Gabapentin, nortriptyline.

This was an unattended polysomnogram.

RESPIRATORY: Moderate obstructive sleep apnea as evidenced by an AHI (REI) of 19.2/hour and nadir SpO₂ of 80%.

Hypopnea events were scored using a criteria of 3% SpO₂ desaturation.

PULSE: Normal throughout

DIAGNOSIS/ES:

327.23 / G47.33 - Obstructive Sleep Apnea (adult) (pediatric)

MANAGEMENT OPTIONS/RECOMMENDATIONS:

Nasal CPAP may be indicated and is the therapy most likely to succeed due to the severity of sleep-disordered breathing, but other therapies could also be considered.

Options include: dental evaluation for oral appliance, ENT evaluation

Electronically signed by:

Attending: Hrayr Attarian, MD

FINDINGS:

TECHNICAL RECORDING SUMMARY: The patient underwent all night unattended polysomnography (7 channels) which recorded airflow

by nasal thermocouple and nasal pressure transducer, 1 channel of pulse, 1 channel of thoracic and 1 channel of abdominal respiratory motion, snoring and finger pulse oximetry. Data was recorded using Nomad™ Portable Home Sleep Testing Type III device sold by Nihon Kohden Corporation. All raw data was reviewed by the interpreting physician signing this report. The interpreting physician determined the raw data to be adequate for interpretation.

POLYSOMNOGRAPHIC FINDINGS:

Lights Off time: 6/26/2019 01:19:01

Lights On time: 6/26/2019 05:03:56

Begin Recording: 6/26/2019 01:18:58

End Recording: 6/26/2019 06:31:59

Total Recorded Time (minus artifact): 225 min

Time Total SUPINE LEFT RIGHT PRONE SITTING

Monitoring Time 225 min 00 min 01 min 199 min 22 min 02 min

(Lights Out to Lights On)

Apneas Central: 2 Total: 19 Apnea Duration

Mixed: 0 Apnea Index: 5.1 Average: 12 seconds

Obstructive: 17 Longest: 19 seconds

Hypopneas Total: 53.0 Hypopnea Index: 14.1 Hypopnea Duration

Average (4%): 21 seconds

Longest(4%): 40 seconds

Average (3% Only): 00 min

Total: 72.0 A + H Index (REI): 19.2 Longest (3% Only): 00 min

Total SUPINE LEFT RIGHT PRONE SITTING

Positional AHI (REI) 19.2 0.0 0.0 20.5 10.9 0.0

Saturation Information/ % Time In Range

Baseline Artifact 61% - 70% 71% - 80% 81% - 90% 91% - 100% SpO₂ Nadir

96% 0.03% 0.00% 0.03% 6.09% 93.85% 80%

Time spent below 88%: 6.9 min.

Heart Rate range during recording: 73 - 105 beats per minute

Mean Heart Rate during recording: 91 beats per minute

Respiratory Rate: 11-12 breaths per minute

DATA TREND GRAPHS:

Report Digitally Signed By:

HRAYR ATTARIAN 04049 (6/26/2019 5:28:10 PM)

HRAYR ATTARIAN 04049 (6/26/2019 5:32:00 PM)

Authorizing Provider

Result Type

Leah K. Wargolet

SLEEP CENTER ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
RADIOLOGY	25 N Winfield Rd	Winfield, IL 60190	630-933-1799

METANEPHRINES,FRACTIONATED LC/MS/MS 24HR URINE - Final result (06/06/2019 8:26 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Total Vol, 24Hr Urine	750	mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

MetanepHrin 24 Hr Urine	104	36 - 190 mcg/24 h		NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Normetanephrine	180	35 - 482 mcg/24 h	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Metanephrine, Total	284	115 - 695 mcg/24 h	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

A four-fold elevation of urinary normetanephrines is extremely likely to be due to a tumor, while a four-fold elevation of urinary metanephrines is highly suggestive, but not diagnostic, of a tumor. Measurement of plasma metanephrines and chromogranin A is recommended for confirmation.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Test(s) performed at:

QUEST DIAGNOSTICS-NICHOLS INST
Irina Maramica, M.D., Ph.D., MBA, Laboratory Director
33608 ORTEGA HIGHWAY
SAN JUAN CAPISTRANO, CA 92675
CLIA #05D0643352

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine, 24 Hour (Urine - 24 hour collection)			06/06/2019 8:26 AM CDT	06/06/2019 2:30 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 06/11/2019 8:41 AM CDT

Narrative

ORDERING DEPARTMENT:NMG NEURO 259 E ERIE ST STE 1900 (LAVIN)

Ordering Provider:WARGOLET, LEAH

Call Back Phone Number:(312)6

TV = 750 ML

Authorizing Provider	Result Type		
Leah K. Wargolet	URINE ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

MRI LUMBAR SPINE WO CONTRAST - Final result (06/06/2019 7:55 AM CDT)

Anatomical Region	Laterality	Modality		
L-spine		Magnetic Resonance		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2019 10:35 AM	CDT

Narrative

06/06/2019 8:11 PM CDT

Narrative

PROCEDURE: MRI LUMBAR SPINE WO CONTRAST

INDICATION: 32-year-old male with right-sided sciatica that began suddenly on 11/27/2018, paresthesias/numbness, urinary urgency and frequency.

COMPARISON: None available.

TECHNIQUE: Sagittal and axial T1 and T2 images, and sagittal T2 STIR images of the lumbar spine were acquired without contrast.

FINDINGS:

There is a normal lumbar lordosis. The alignment of the lumbar vertebrae is anatomic. The vertebral body heights are maintained. Normal marrow signal intensity is maintained.

There is a developmentally narrow spinal canal with epidural lipomatosis resulting in effacement of the thecal sac.

The distal cord and conus medullaris are normal in caliber and signal. The conus terminates at the L1-L2 level. There is a 1.7 cm Tarlov cyst in the right sacral canal. The paravertebral soft tissues are unremarkable.

Disc space heights and normal T2 disc signal are maintained.

L1-L2: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and mild bilateral facet arthropathy. No significant spinal canal or neural foraminal narrowing is identified at this level.

L2-L3: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L3-L4: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy, left greater than right uncovertebral arthropathy, and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L4-L5: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

L5-S1: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

IMPRESSION:

Developmentally slender lumbar spinal canal with epidural lipomatosis. Superimposed mild degenerative changes include multilevel mild disc bulging and mild central canal stenosis at L2-L3 and L3-L4, with mild bilateral foraminal narrowing from L2-L3 through L5-S1.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed off: 06/06/2019 20:11

Procedure Note

Alexander J. Nemeth - 06/06/2019

Procedure Note

Formatting of this note might be different from the original.

PROCEDURE: MRI LUMBAR SPINE WO CONTRAST

INDICATION: 32-year-old male with right-sided sciatica that began suddenly on 11/27/2018, paresthesias/numbness, urinary urgency and frequency.

COMPARISON: None available.

TECHNIQUE: Sagittal and axial T1 and T2 images, and sagittal T2 STIR images of the lumbar spine were acquired without contrast.

FINDINGS:

There is a normal lumbar lordosis. The alignment of the lumbar vertebrae is anatomic. The vertebral body heights are maintained. Normal marrow signal intensity is maintained.

There is a developmentally narrow spinal canal with epidural lipomatosis resulting in effacement of the thecal sac.

The distal cord and conus medullaris are normal in caliber and signal. The conus terminates at the L1-L2 level. There is a 1.7 cm Tarlov cyst in the right sacral canal. The paravertebral soft tissues are unremarkable.

Disc space heights and normal T2 disc signal are maintained.

L1-L2: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and mild bilateral facet arthropathy. No significant spinal canal or neural foraminal narrowing is identified at this level.

L2-L3: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L3-L4: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy, left greater than right uncovertebral arthropathy, and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L4-L5: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

L5-S1: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

IMPRESSION:

Developmentally slender lumbar spinal canal with epidural lipomatosis. Superimposed mild degenerative changes include multilevel mild disc bulging and mild central canal stenosis at L2-L3 and L3-L4, with mild bilateral foraminal narrowing from L2-L3 through L5-S1.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT

WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 20:11

Authorizing Provider	Result Type
Leah K. Wargolet	IMG MRI ORDERABLES

MRI CERVICAL SPINE WO CONTRAST - Final result (06/06/2019 7:44 AM CDT)

Anatomical Region	Laterality	Modality		
C-spine		Magnetic Resonance		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2019 11:05 AM CDT	

Narrative

06/06/2019 7:59 PM CDT

PROCEDURE: MRI CERVICAL SPINE WO CONTRAST

INDICATION: 32-year-old man with multiple episodes of syncope beginning November 2018, cervicalgia, right upper extremity pain and paresthesias.

COMPARISON: CT brain 3/23/2019.

TECHNIQUE: Sagittal T1, T2 and T2 STIR, T2 oblique and axial T2, MEDIC, images of the cervical spine were acquired without contrast.

FINDINGS:

There is straightening of the normal cervical lordosis. The alignment of the cervical spine is normal. The vertebral body heights are preserved. Normal marrow signal intensity is maintained. The spinal cord is normal in caliber and signal.

Disc space heights and normal T2 disc signal are maintained.

There is a developmentally narrow cervical spinal canal.

C2-3: There is no disc protrusion. There is no central canal stenosis or neural foraminal narrowing.

C3-4: There is no disc protrusion. There is bilateral facet arthropathy. There is no central canal stenosis. There is uncovertebral hypertrophy, left greater than right, which results in mild right and moderate left neural foraminal narrowing.

C4-5: There is no disc protrusion. There is bilateral mild facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

C5-6: There is no disc protrusion. There is right greater than left facet arthropathy. There is no central canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C6-7: There is no disc protrusion. There is bilateral facet arthropathy and right uncovertebral hypertrophy. There is no spinal canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C7-T1: There is no disc protrusion. There is bilateral facet arthropathy. There is no spinal canal narrowing. There is no right neural foraminal narrowing. There is mild left neural foraminal narrowing.

IMPRESSION:

Mild multilevel degenerative changes superimposed on a developmentally narrow spinal canal are most prominent where there are moderate left neural foraminal narrowing at C3-4, and mild neural foraminal narrowing at several other levels.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed off: 06/06/2019 19:59

Procedure Note

Alexander J. Nemeth - 06/06/2019

Procedure Note

Formatting of this note might be different from the original.

PROCEDURE: MRI CERVICAL SPINE WO CONTRAST

INDICATION: 32-year-old man with multiple episodes of syncope beginning November 2018, cervicalgia, right upper extremity pain and paresthesias.

COMPARISON: CT brain 3/23/2019.

TECHNIQUE: Sagittal T1, T2 and T2 STIR, T2 oblique and axial T2, MEDIC, images of the cervical spine were acquired without contrast.

FINDINGS:

There is straightening of the normal cervical lordosis. The alignment of the cervical spine is normal. The vertebral body heights are preserved. Normal marrow signal intensity is maintained. The spinal cord is normal in caliber and signal.

Disc space heights and normal T2 disc signal are maintained.

There is a developmentally narrow cervical spinal canal.

C2-3: There is no disc protrusion. There is no central canal stenosis or neural foraminal narrowing.

C3-4: There is no disc protrusion. There is bilateral facet arthropathy. There is no central canal stenosis. There is uncovertebral hypertrophy, left greater than right, which results in mild right and moderate left neural foraminal narrowing.

C4-5: There is no disc protrusion. There is bilateral mild facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

C5-6: There is no disc protrusion. There is right greater than left facet arthropathy. There is no central canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C6-7: There is no disc protrusion. There is bilateral facet arthropathy and right uncovertebral hypertrophy. There is no spinal canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C7-T1: There is no disc protrusion. There is bilateral facet arthropathy. There is no spinal canal narrowing. There is no right neural foraminal narrowing. There is mild left neural foraminal narrowing.

IMPRESSION:

Mild multilevel degenerative changes superimposed on a developmentally narrow spinal canal are most prominent where there are moderate left neural foraminal narrowing at C3-4, and mild neural foraminal narrowing at several other levels.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 19:59

Authorizing Provider Result Type

Leah K. Wargolet IMG MRI ORDERABLES

MRV BRAIN WO CONTRAST - Final result (06/06/2019 7:44 AM CDT)

Anatomical Region	Laterality	Modality		
Head, Vascular		Magnetic Resonance		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2019 2:52 PM CDT	

Narrative

06/06/2019 7:48 PM CDT

Narrative

MRV BRAIN WO CONTRAST

INDICATION: 32-year-old male with sudden onset of headaches, blurred vision, and multiple episodes of syncope.

TECHNIQUE: Multiplanar time-of-flight MRV of the brain was performed without contrast. Pre-infusion, oblique coronal and sagittal 3-D time-of-flight MR venogram of the head were performed

COMPARISON: CT brain without contrast 3/22/2019.

FINDINGS:

Normal flow related and contrast enhanced signal is identified within the major dural venous sinuses and deep cerebral veins.

Specifically, the superior and inferior sagittal sinuses, straight sinus and vein of Galen, internal cerebral veins, right transverse and sigmoid sinuses, and internal jugular veins demonstrate flow related enhancement.

The right transverse and sigmoid sinuses and internal jugular vein are dominant, and the left transverse and sigmoid sinuses are hypoplastic. There is a persistent left occipital sinus, compatible with a normal variant.

IMPRESSION:

No evidence of venous thrombosis.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed off: 06/06/2019 19:48

Procedure Note

Alexander J. Nemeth - 06/06/2019

Formatting of this note might be different from the original.

MRV BRAIN WO CONTRAST

INDICATION: 32-year-old male with sudden onset of headaches, blurred vision, and multiple episodes of syncope.

TECHNIQUE: Multiplanar time-of-flight MRV of the brain was performed without contrast. Pre-infusion, oblique coronal and sagittal 3-D time-of-flight MR venogram of the head were performed

COMPARISON: CT brain without contrast 3/22/2019.

FINDINGS:

Normal flow related and contrast enhanced signal is identified within the major dural venous sinuses and deep cerebral veins.

Specifically, the superior and inferior sagittal sinuses, straight sinus and vein of Galen, internal cerebral veins, right transverse and sigmoid sinuses, and internal jugular veins demonstrate flow related enhancement.

The right transverse and sigmoid sinuses and internal jugular vein are dominant, and the left transverse and sigmoid sinuses are hypoplastic. There is a persistent left occipital sinus, compatible with a normal variant.

IMPRESSION:

No evidence of venous thrombosis.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 19:48

Authorizing Provider

Result Type

Leah K. Wargolet

IMG MRI ORDERABLES

FOLATE - Final result (05/22/2019 5:18 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature				
Folate, Serum	14.5	>=5.9 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB					
Specimen (Source)		Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time					
Blood specimen (specimen)					05/22/2019 5:18 PM CDT	05/22/2019 5:18 PM CDT				
Narrative										
NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:13 PM CDT										
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)										
Ordering Provider:WARGOLET, LEAH										
Call Back Phone Number:(312)695-7950										
Authorizing Provider	Result Type									
Leah K. Wargolet	CHEMISTRY ORDERABLES									
Performing Organization	Address		City/State/ZIP Code	Phone Number						
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307		Chicago, IL 60611							

VITAMIN B12 - Final result (05/22/2019 5:18 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature				
Vitamin B12	352	180 - 933 pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB					
Comment: Approximately 50% of patients with pernicious anemia have intrinsic factor antibodies. Such interfering antibodies may cause erroneous results. Patients should be further evaluated if suspected of having these antibodies or if the Vitamin B12 results are in conflict with other clinical or laboratory findings.										
Specimen (Source)		Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time					
Blood specimen (specimen)					05/22/2019 5:18 PM CDT	05/22/2019 5:18 PM CDT				
Narrative										
NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:13 PM CDT										
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)										
Ordering Provider:WARGOLET, LEAH										
Call Back Phone Number:(312)695-7950										
Authorizing Provider	Result Type									
Leah K. Wargolet	CHEMISTRY ORDERABLES									
Performing Organization	Address		City/State/ZIP Code	Phone Number						
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307		Chicago, IL 60611							

SEDIMENTATION RATE - Final result (05/22/2019 5:15 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sedimentation Rate	5	3 - 10 mm/Hour			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Narrative						
NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:13 PM CDT						
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)						
Ordering Provider:WARGOLET, LEAH						
Call Back Phone Number:(312)695-7950						
Specimen (Source)		Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time	
Blood specimen (specimen)					05/22/2019 5:15 PM CDT	05/22/2019 5:15 PM CDT

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:15 PM CDT	05/22/2019 5:15 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 7:46 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type		
Leah K. Wargolet	HEMATOLOGY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

ANGIOTENSIN CONVERTING ENZYME (ACE) - Final result (05/22/2019 5:15 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ACE	54	9 - 67 Unit/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

@ Test Performed By:
 Quest Diagnostics Nichols Institute
 Jon M. Nakamoto M.D., Ph.D., Laboratory Director
 27027 Turney Road
 Valencia, CA 91355-5386
 CLIA #05D0550302

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:15 PM CDT	05/23/2019 11:12 AM CDT

Narrative

Authorizing Provider	Result Type		
Leah K. Wargolet	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

CHROMOGRANIN A - Final result (05/22/2019 5:14 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Chromogranin A	32	<93 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						
A reagent change was implemented on date 05/09/2018. Measured chromogranin A concentrations were on average 7% higher using the new reagent formulation. However, for individual specimens the variation may exceed 7%. Upon request, samples previously submitted within the last six months can be retested using the new reagent formulation.						

-----ADDITIONAL INFORMATION-----

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

The testing method is a homogeneous time-resolved immunofluorescent assay.

Values obtained with different assay methods or kits may be different and cannot be used interchangeably.

Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

Test Performed by:

Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55901

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:14 PM CDT	05/22/2019 8:09 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/23/2019 1:54 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	IMMUNOLOGY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

C-REACTIVE PROTEIN (C-REACTIVE PROTEIN (CRP)) - Final result (05/22/2019 5:14 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
C Reactive Protein	<0.5	0.0 - 0.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anatomical Location / Laterality						
Specimen (Source)						
Blood specimen (specimen)						
Collection Method / Volume						
Collection Time						
Received Time						

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:12 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type		
Leah K. Wargolet	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

ANA, REFLEX TO AUTOIMMUNE DISEASE PANEL - Final result (05/22/2019 5:13 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Anti-Nuclear Antibody	Positive	Negative			NORTHWESTERN MEMORIAL HOSPITAL LAB	
ANA Titer	1:80				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Low titer positive results may occur in apparently healthy people. ANA titers less than or equal to 1:80 have variable relevance while titers greater than or equal to 1:160 are considered clinically significant. Therefore, the results of this test must be interpreted in the context of the patient's total clinical presentation. Positive ANA with titer of 1:160 or greater will reflexively order Autoimmune Disease Panel.

Pattern/Titer	Speckled	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:13 PM CDT	05/22/2019 5:45 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/23/2019 12:48 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type		
Leah K. Wargolet	IMMUNOLOGY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

SERUM PROTEIN EP W/REFLEX IMMUNOFIXATION (PROTEIN ELECTROPHORESIS, SERUM, REFLEX IFE PANEL) - Final result (05/22/2019 5:12 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Total Protein	7.4	6.4 - 8.9 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Albumin	4.3	3.5 - 5.7 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Albumin ELP	3.88	3.20 - 5.00 g/ dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Alpha 1 Protein	0.2	0.1 - 0.4 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Alpha 2 Protein	0.8	0.6 - 1.0 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Beta Protein Fraction	1.0	0.6 - 1.3 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Gamma Protein Fraction	1.6	0.7 - 1.5 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Interpretation/Result: Protein Electrophoresis, Serum	Hypergammaglobulinemia observed. No restricted band seen in the gamma region. Immunofixation electrophoresis to follow.				NORTHWESTERN MEMORIAL HOSPITAL LAB	
SPE Pathologist	Yashpal Kanwar, MD, PhD				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:12 PM CDT	05/24/2019 12:50 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/24/2019 1:25 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	IMMUNOLOGY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

IMMUNOFIXATION, SERUM - Final result (05/22/2019 5:12 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
IgG	1,580	700 - 1,600 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
IgA	133	70 - 400 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
IgM	101	40 - 230 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Kappa Light Chain	312	170 - 370 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Lambda Light Chain	177	90 - 210 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Kappa/Lambda Ratio	1.8	1.4 - 2.7 RATIO			NORTHWESTERN MEMORIAL HOSPITAL LAB	
IFE Interpretation	No bands seen				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: No monoclonal bands seen

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Reviewed By	Yashpal Kanwar, MD, PhD				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume		Collection Time	Received Time
Blood specimen (specimen)					05/22/2019 5:12 PM CDT	05/24/2019 2:31 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/30/2019 6:39 AM CDT
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

ANCA SCREEN WITH MPO/PR3, REFLEX ANCA TITER - Final result (05/22/2019 5:11 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Anti-myeloperoxidase (MPO) Abs	<1.0	AI			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

value	Interpretation
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<1.0	No Antibody Detected
> or = 1.0	Antibody Detected

Autoantibodies to myeloperoxidase (MPO) are commonly associated with the following small-vessel vasculitides: microscopic polyangiitis, polyarteritis nodosa, Churg-Strauss syndrome, necrotizing and crescentic glomerulonephritis and occasionally granulomatosis with polyangiitis (GPA, Wegener's). The perinuclear IFA pattern, (p-ANCA) is based largely on autoantibody to myeloperoxidase which serves as the primary antigen. These autoantibodies are present in active disease.

Proteinase 3 (PR-3) Abs <1.0	AI	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						
value	Interpretation					
-----	-----					
<1.0	No Antibody Detected					
> or = 1.0	Antibody Detected					
<p>Autoantibodies to proteinase-3 (PR-3) are accepted as characteristic for granulomatosis with polyangiitis (GPA, Wegener's), and are detectable in 95% of the histologically proven cases. The cytoplasmic IFA pattern, (c-ANCA), is based largely on autoantibody to PR-3 which serves as the primary antigen.</p> <p>These autoantibodies are present in active disease.</p>						
<p>Test Performed at: QUEST DIAGNOSTICS WOOD DALE 1355 MITTEL BOULEVARD WOOD DALE, IL 60191-1024 ANTHONY V. THOMAS, MD</p>						
<p>Lab test performed by: QUEST DIAGNOSTICS WOOD DALE 1355 MITTEL BOULEVARD WOOD DALE, IL 60191-1024 ANTHONY V. THOMAS, MD</p>						
ANCA Screen	NEGATIVE	NEGATIVE			NORTHWESTERN MEMORIAL HOSPITAL LAB	
<p>Comment: ANCA Screen includes evaluation for p-ANCA, c-ANCA and atypical p-ANCA. A positive ANCA screen reflexes to titer and pattern(s), e.g., cytoplasmic pattern (c-ANCA), perinuclear pattern (p-ANCA), or atypical p-ANCA pattern. c-ANCA and p-ANCA are observed in vasculitis, whereas atypical p-ANCA is observed in IBD (Inflammatory Bowel Disease). Atypical p-ANCA is detected in about 55% to 80% of patients with ulcerative colitis but only 5% to 25% of patients with Crohn's disease.</p>						
C-ANCA Titer	Not Performed	<1:20 Titer			NORTHWESTERN MEMORIAL HOSPITAL LAB	
P-ANCA Titer	Not Performed	<1:20 Titer			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Atypical P-ANCA Titer	Not Performed	<1:20 Titer			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)				05/22/2019 5:11 PM CDT	05/23/2019 4:50 PM CDT	
<p>Narrative</p> <p>NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/25/2019 1:16 PM CDT ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW) Ordering Provider:WARGOLET, LEAH Call Back Phone Number:(312)695-7950</p>						
Authorizing Provider	Result Type					
Leah K. Wargolet	IMMUNOLOGY ORDERABLES					

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

CATECHOLAMINES,FRACTION (SUPINE) (CATECHOLAMINES,FRACTION (SUPINE), PLASMA) - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Catecholamines, Fractionated Plasma	17	pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Epinephrine	39	pg/mL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Norepinephrine	916	pg/mL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Total Catecholamines	972	pg/mL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						
Adult Reference Ranges for Catecholamines, Plasma						
Epinephrine		Supine: <50 pg/mL Upright: <95 pg/mL				
Norepinephrine		Supine: 112-658 pg/mL Upright: 217-1109 pg/mL				
Dopamine		Supine: <10 pg/mL Upright: <20 pg/mL				
Total (N+E+D)		Supine: 123-671 pg/mL Upright: 242-1125 pg/mL				
Pediatric Reference Ranges for Catecholamines, Plasma						
Due to stress, plasma catecholamine levels are generally unreliable in infants and small children. Urinary catecholamine assays are more reliable.						
Epinephrine						
3-15 Years		Supine: < or = 464 pg/mL Upright: No Reference Range Available				
Norepinephrine						
3-15 Years		Supine: < or = 1251 pg/mL Upright: No Reference Range Available				
Dopamine						
3-15 Years		Supine: <60 pg/mL Upright: No Reference Range Available				
Pediatric data from J Chromatogr (1993) 617:304-307.						
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.						
Test(s) performed at:						
QUEST DIAGNOSTICS-NICHOLS INST Irina Maramica, M.D., Ph.D., MBA, Laboratory Director 33608 ORTEGA HIGHWAY SAN JUAN CAPISTRANO, CA 92675 CLIA #05D0643352						
Specimen (Source)		Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time	
Blood specimen (specimen)				05/22/2019 3:41 PM CDT	05/23/2019 10:38 AM CDT	
Narrative						
NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/27/2019 3:46 PM CDT ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW) Ordering Provider:WARGOLET,LEAH Call Back Phone Number:(312)695-7950						
Authorizing Provider		Result Type				
Leah K. Wargolet		CHEMISTRY ORDERABLES				

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

VITAMIN B1, PLASMA - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vitamin B1, Plasma	13	8 - 30 nmol/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of results.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Valencia. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

@ Test Performed By:

Quest Diagnostics Nichols Institute
Jon M. Nakamoto M.D., Ph.D., Laboratory Director
27027 Tourney Road
Valencia, CA 91355-5386
CLIA #05D0550302

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 3:41 PM CDT	05/22/2019 6:47 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/26/2019 4:52 PM CDT
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
Ordering Provider:WARGOLET, LEAH
Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type		
Leah K. Wargolet	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

METANEPHRINES, FRACTIONATED, FREE PLASMA - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Metanephrenes, Plasma Free	46	< OR = 57 pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Normetanephrine, Free	163	< OR = 148 pg/ mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment:						
<p>This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.</p>						
Total, Free (MN+NMN)	209	< OR = 205 pg/ mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

Elevations > 4-fold upper reference range: strongly suggestive of a pheochromocytoma(1). Elevations >1 - 4-fold upper reference range: significant but not diagnostic, may be due to medications or stress. Suggest running 24 hr urine fractionated metanephrenes and serum Chromogranin A for confirmation.

Reference:

(1) Algeciras-Schimminich A et al, Plasma Chromogranin A or Urine Fractionated Metanephrenes Follow-Up Testing Improves the Diagnostic Accuracy of Plasma Fractionated Metanephrenes for Pheochromocytoma. The Journal of Clinical Endocrinology and Metabolism 93 (1), 91-95, 2008.

For additional information, please refer to
<http://education.questdiagnostics.com/faq/MetFractFree>
 (This link is being provided for informational/educational purposes only.)

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Test(s) performed at:

QUEST DIAGNOSTICS-NICHOLS INST
 Irina Maramica, M.D., Ph.D., MBA, Laboratory Director
 33608 ORTEGA HIGHWAY
 SAN JUAN CAPISTRANO, CA 92675
 CLIA #05D0643352

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 3:41 PM CDT	05/23/2019 10:38 AM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/27/2019 2:36 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

VITAMIN B6 (PYRIDOXINE) (VITAMIN B6 (PYRIDOXINE), PLASMA) - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vitamin B6	6.9	2.1 - 21.7 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of results.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Valencia. It has not been cleared or approved by the US Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

@ Test Performed By:

Quest Diagnostics Nichols Institute
Jon M. Nakamoto M.D., Ph.D., Laboratory Director
27027 Tourney Road
Valencia, CA 91355-5386
CLIA #05D0550302

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 3:41 PM CDT	05/22/2019 6:47 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/27/2019 7:39 AM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

TILT TABLE (TILT TABLE TEST) - Final result (05/09/2019 3:15 PM CDT)

Anatomical Region	Laterality	Modality
		Ultrasound

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time

Narrative

05/09/2019 4:27 PM CDT
This result has an attachment that is not available.

Narrative

NORTHWESTERN MEMORIAL HOSPITAL
CARDIAC ELECTROPHYSIOLOGY DEPARTMENT
Head Upright Tilt Table Test Report

Jamar Little
6/13/1986
Allergies
No Known Allergies

Medical History

No past medical history on file.

@CMED@

PROCEDURE DOCUMENTATION:

Medications administered from 05/09/2019 1401 to 05/09/2019 1531
Date/Time Order Dose Route Action
05/09/2019 1448 nitroGLYCERIN (NITROSTAT) SL tablet 0.4 mg Sublingual
Given

PROCEDURE:

The patient was brought to the Electrophysiology Laboratory in the post-absorptive, unsedated state. The patient was then interviewed and consented. The patient underwent passive head-up tilt at 70 degrees.

BRIEF PATIENT SUMMARY: Mr Little here for evaluation of syncope of which one of his events led to a motor vehicle accident where the car spun around and hit the guard rail; no major injuries. He describes his first event happened while working at the call center and while on phone call he felt a sharp pain, then felt like he was falling. His coworkers stated that he slumped over and went over to shake him to get his attention. He remembers that he couldn't see out of his right eye and had a migraine headache. Recovery time was 10-15 minutes. He states he drinks a lot of water, maybe a couple liters a day and that used to work out more prior to these events.

SYNCOPE HISTORY: True syncope x 24 since November 27th 2018, while standing and mostly sitting with date of last episode 3 weeks ago. Has some near syncopal events but usually passes.

PREMONITORY SYMPTOMS: Blurred vision mostly rt eye. Cold on rt side, ie hand. Dry mouth, Numbness and tingling in rt hand. Tension on the rt side of the neck that has shooting pain to back of the head.

RECOVERY SYMPTOMS: Rt eye blurred vision. Lightheadedness. Dizziness. Recovery time 4-7 minutes. Extreme migraine will take an Advil and lay down.

RESULTS: Baseline tilt showed some various symptoms with the tension in his neck almost constant and present upon arrival. Three minutes post administration of Nitroglycerin pt became tachycardia with HR 144 and small drop in blood pressure. Symptoms intensified but pt did not lose consciousness. After 10 min, heart returned to near baseline and pt was laid supine.

INITIAL BP 120/67 and HR 82 INITIAL BP 123/73 and HR 81

BASELINE TILT DRUG TILT - Drug used: Nitro 0.4SL Yes

No. of minutes: 20 No. of minutes: 10

Reproduction of symptoms: no Reproduction of symptoms: no

CONCLUSION:

These findings do not support a diagnosis of vasovagal syncope.

Authorizing Provider Result Type

Ramsey Michael Wehbe CARDIAC SERVICES ORDERABLES

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Reported EF	57	%			NM CV C SYNGO	
Anatomical Region	Laterality		Modality			
			Ultrasound			
Specimen (Source)	Anatomical Location / L laterality		Collection Method / Volume	Collection Time	Received Time	
				05/09/2019 9:49 AM CDT		

Narrative

05/09/2019 11:48 AM CDT

Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

Echocardiography Report: ECHO STRESS EXERCISE W DOPPLER ADULT

Date of service: 5/9/2019 9:49:46 AM

Accession #: N19US4861137

Ordering physician: 1457795502 RAMSEY MICHAEL WEHBE

Indication: Chest discomfort, Shortness of Breath, Abnormal ECG and Syncope

Sonographer: Madeline Jankowski RDCS

Exercise Physiologist: Mary E Rector MS

Interpreting Physician: 1497770762 Robert Silverberg

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Outpatient

Primary rhythm: sinus.

Height: 170.18 cm BSA: 2.36 m²

Weight: 117.94 kg BMI: 40.7 kg/m²

Medications: No Cardiac Medications

Cardiac History:

History of syncope.

Primary rhythm: sinus.

Heart rate 88 bpm

Blood pressure 146/80 mmHg

Study difficulties: body habitus.

MEASUREMENTS:

	Value	Indexed Value
Sinus of Valsalva	3.2 cm	
Left atrium diameter	3.4 cm (2D)	
Left atrial volume	34.3 ml (Area-Length)	14.5 ml/m ²
LV ID (diastole)	4.2 cm (2D)	1.8 cm/m ²
LV ID (systole)	3.0 cm (2D)	1.3 cm/m ²
IVS, leaflet tips	1.3 cm (2D)	
Posterior wall thickness	1.1 cm (2D)	
LV stroke volume	40 ml (2D biplane)	
LVOT diam s	2.3 cm	
LVOT stroke volume	64 ml	28.3 ml/m ²
LVOT cardiac output	4.4 l/min	2.0 l/min/m ²
LV end diastolic volume	70 ml (2D biplane)	29.8 ml/m ²
LV end systolic volume	30 ml (2D biplane)	12.7 ml/m ²
Ejection Fraction	57 % (2D biplane)	
RV basal diameter	3.3 cm	
TAPSE	16.0 mm	

Doppler:

	Value
AV Peak Velocity	1.2 m/s
AV Peak Gradient	5 mmHg
AV Mean Gradient	2 mmHg
AV Velocity Time Integral	19.4 cm
LVOT Peak Velocity	0.9 m/s
LVOT Peak Gradient	3 mmHg
LVOT Velocity Time Integral	16.1 cm

Narrative

LVOT Cardiac Index	2.0 l/min/m ²
AV Area Cont Eq VTI	3.3 cm ²
AV Area Cont Eq peak	3.0 cm ²
MV Area PHT	5.90 cm ²
Mitral E Point Velocity	0.8 m/s
Mitral A Point Velocity	0.6 m/s
Mitral E to A Ratio	1.5
Pulmonary Vein S/D Ratio	0.76
TR Peak Velocity	2.3 m/s
TR Peak Gradient	21.4 mmHg
PV Peak Velocity	1.1 m/s
PV Peak Gradient	5 mmHg
RVOT Peak Velocity	0.6 m/s

FINDINGS:

LEFT VENTRICLE

The left ventricle is normal in size.

There is borderline left ventricular hypertrophy.

Left ventricular systolic function is normal. EF = 57% (2D biplane)

Left ventricular diastolic function is normal. Left Atrial pressures are normal.

Mitral annular lateral e': 12.0 cm/s. Mitral annular lateral E/e': 6.8. Mitral annular septal e': 9.0 cm/s. Mitral annular septal E/e': 9.0. The average Mitral E/e' ratio is 7.9.

RIGHT VENTRICLE

The right ventricle is normal in size. Right ventricular systolic function is normal.

The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg.

Finding is consistent with normal pulmonary artery pressures.

LEFT ATRIUM:

The left atrium is normal in size. The left atrial size is normal. The LA volume is 34.3 ml, 14.5 ml/m² when indexed.

RIGHT ATRIUM:

The right atrium is normal in size. The right atrial cavity is normal in size.

PULMONARY VEINS:

The peak pulmonary vein S/D ratio is 0.76.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is no mitral stenosis. There is trivial mitral valve regurgitation at rest.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal. There is no tricuspid stenosis. There is trivial to mild tricuspid valve regurgitation at rest.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid. There is no aortic valve stenosis. There is no aortic valve regurgitation at rest.

PULMONIC VALVE:

The pulmonic valve is not well visualized, but grossly normal. There is no pulmonic stenosis. There is trivial pulmonic valve regurgitation.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.8 cm. Mid arch 2.5 cm. Proximal ascending aorta 3.0 cm.

PERICARDIUM:

There is no pericardial effusion.

WALL MOTION:

Rest : All scored segments are normal.

Peak : The entire anterior wall, basal and mid inferolateral wall, anterolateral wall, entire septum, entire apex, and entire inferior wall are hyperkinetic.

Stage:

Rest

Stage:

Peak

Exam Protocol: The patient exercised on a treadmill for 7 minutes and 30 seconds to stage III of a Bruce protocol , achieving 9.3 METS.

Patient Tolerance: The resting heart rate was 88 beats per minute. Age predicted maximum heart rate was 187 bpm. The peak heart rate achieved was 184 bpm, which was 98 % of age predicted maximum heart rate. The resting blood pressure was 146/80 mmHg. The peak blood pressure during stress was 180/76 mmHg. The blood pressure response was normal. The double product achieved was 33120. The patient developed fatigue during the stress exam. The symptoms resolved with rest. The patient's functional capacity is

Narrative
average.

EKG: Resting EKG showed normal sinus rhythm at a rate of 88 beats per minute, with nonspecific ST-T wave changes. The patient developed no arrhythmias during stress and/or recovery. Stress EKG findings shows no evidence of ischemia.

Baseline Echo Findings: Baseline LV systolic function was normal.

Stress Echo Findings: Study quality: fair. There were no stress-induced wall motion abnormalities. This is a negative stress echo test for ischemia. There is normal augmentation of all wall segments with exercise. The left ventricular cavity size with stress was smaller.

Stage	HR	BP
Resting	88	146/80
Stage 1	151	168/80
Stage 2	171	180/76
Stage 3	184	180/76
Immediate Post	181	180/76
Recovery 1 minute	148	180/76
Recovery 3 minutes	114	144/76
Recovery 5 minutes	109	126/80
Recovery 7 minutes	103	126/80

CONCLUSIONS:

-Two-dimensional transthoracic echocardiography was performed using standard views & projections with M-mode and Doppler (continuous, pulsed wave, spectral & color flow).

STRESS ECHO :

-Negative stress echocardiogram for ischemia at 9.3 METS (average functional capacity) 98 % of PMHR.
-In summary, there is no clinical, electrocardiographic or echocardiographic evidence of exercise-induced myocardial ischemia.

BASELINE ECHO:

-The left ventricle is normal in size. There is borderline left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 57% (2D biplane) Left ventricular diastolic function is normal.

-The right ventricle is normal in size. Right ventricular systolic function is normal. The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg. Finding is consistent with normal pulmonary artery pressures.

-The left atrium is normal in size.

-The right atrium is normal in size.

The visualized aorta is normal in size.

-No significant valvular abnormalities.

-Compared to prior echo performed on 2/23/2019, the Doppler and stress information is new, but no change in the 2D echo.

Electronically signed by Dr.Robert Silverberg on 5/9/2019 at 11:48:39 AM.

** Final **

Procedure Note

Robert A. Silverberg - 05/09/2019

Formatting of this note might be different from the original.

Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

Echocardiography Report: ECHO STRESS EXERCISE W DOPPLER ADULT

Date of service: 5/9/2019 9:49:46 AM

Accession #: N19US4861137

Ordering physician: 1457795502 RAMSEY MICHAEL WEHBE

Indication: Chest discomfort, Shortness of Breath, Abnormal ECG and Syncope

Sonographer: Madeline Jankowski RDCS

Exercise Physiologist: Mary E Rector MS

Interpreting Physician: 1497770762 Robert Silverberg

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Outpatient

Primary rhythm: sinus.

Height: 170.18 cm BSA: 2.36 m²

Procedure Note

Weight: 117.94 kg BMI: 40.7 kg/m²
Medications: No Cardiac Medications

Cardiac History:

History of syncope.

Primary rhythm: sinus.

Heart rate 88 bpm

Blood pressure 146/80 mmHg

Study difficulties: body habitus.

MEASUREMENTS:

Value Indexed Value

Sinus of Valsalva 3.2 cm

Left atrium diameter 3.4 cm (2D)

Left atrial volume 34.3 ml (Area-Length) 14.5 ml/m²

LV ID (diastole) 4.2 cm (2D) 1.8 cm/m²

LV ID (systole) 3.0 cm (2D) 1.3 cm/m²

IVS, leaflet tips 1.3 cm (2D)

Posterior wall thickness 1.1 cm (2D)

LV stroke volume 40 ml (2D biplane)

LVOT diam s 2.3 cm

LVOT stroke volume 64 ml 28.3 ml/m²

LVOT cardiac output 4.4 l/min 2.0 l/min/m²

LV end diastolic volume 70 ml (2D biplane) 29.8 ml/m²

LV end systolic volume 30 ml (2D biplane) 12.7 ml/m²

Ejection Fraction 57 % (2D biplane)

RV basal diameter 3.3 cm

TAPSE 16.0 mm

Doppler:

Value

AV Peak Velocity 1.2 m/s

AV Peak Gradient 5 mmHg

AV Mean Gradient 2 mmHg

AV Velocity Time Integral 19.4 cm

LVOT Peak Velocity 0.9 m/s

LVOT Peak Gradient 3 mmHg

LVOT Velocity Time Integral 16.1 cm

LVOT Cardiac Index 2.0 l/min/m²

AV Area Cont Eq VTI 3.3 cm²

AV Area Cont Eq peak 3.0 cm²

MV Area PHT 5.90 cm²

Mitral E Point Velocity 0.8 m/s

Mitral A Point Velocity 0.6 m/s

Mitral E to A Ratio 1.5

Pulmonary Vein S/D Ratio 0.76

TR Peak Velocity 2.3 m/s

TR Peak Gradient 21.4 mmHg

PV Peak Velocity 1.1 m/s

PV Peak Gradient 5 mmHg

RVOT Peak Velocity 0.6 m/s

FINDINGS:

LEFT VENTRICLE

The left ventricle is normal in size.

There is borderline left ventricular hypertrophy.

Left ventricular systolic function is normal. EF = 57% (2D biplane)

Left ventricular diastolic function is normal. Left Atrial pressures are normal.

Mitral annular lateral e': 12.0 cm/s. Mitral annular lateral E/e': 6.8. Mitral annular septal e': 9.0 cm/s. Mitral annular septal E/e': 9.0. The average Mitral E/e' ratio is 7.9.

RIGHT VENTRICLE

The right ventricle is normal in size. Right ventricular systolic function is normal.

Procedure Note

The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg. Finding is consistent with normal pulmonary artery pressures.

LEFT ATRIUM:

The left atrium is normal in size. The left atrial size is normal. The LA volume is 34.3 ml, 14.5 ml/m² when indexed.

RIGHT ATRIUM:

The right atrium is normal in size. The right atrial cavity is normal in size.

PULMONARY VEINS:

The peak pulmonary vein S/D ratio is 0.76.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is no mitral stenosis. There is trivial mitral valve regurgitation at rest.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal. There is no tricuspid stenosis. There is trivial to mild tricuspid valve regurgitation at rest.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid. There is no aortic valve stenosis. There is no aortic valve regurgitation at rest.

PULMONIC VALVE:

The pulmonic valve is not well visualized, but grossly normal. There is no pulmonic stenosis. There is trivial pulmonic valve regurgitation.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.8 cm. Mid arch 2.5 cm. Proximal ascending aorta 3.0 cm.

PERICARDIUM:

There is no pericardial effusion.

WALL MOTION:

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Stage:

Rest

Stage:

Peak

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Baseline Echo Findings: Baseline LV systolic function was normal.

Stress Echo Findings: Study quality: fair. There were no stress-induced wall motion abnormalities. This is a negative stress echo test for ischemia. There is normal augmentation of all wall segments with exercise. The left ventricular cavity size with stress was smaller.

Stage HR BP

Resting 88 146/80

Stage 1 151 168/80

Stage 2 171 180/76

Stage 3 184 180/76

Immediate Post 181 180/76

Recovery 1 minute 148 180/76

Procedure Note

Recovery 3 minutes 114 144/76

Recovery 5 minutes 109 126/80

Recovery 7 minutes 103 126/80

CONCLUSIONS:

-Two-dimensional transthoracic echocardiography was performed using standard views & projections with M-mode and Doppler (continuous, pulsed wave, spectral & color flow).

STRESS ECHO :

-Negative stress echocardiogram for ischemia at 9.3 METS (average functional capacity) 98 % of PMHR.

-In summary, there is no clinical, electrocardiographic or echocardiographic evidence of exercise-induced myocardial ischemia.

BASELINE ECHO:

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EF = 57% (2D biplane) Left ventricular diastolic function is normal.

-The right ventricle is normal in size. Right ventricular systolic function is normal. The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg. Finding is consistent with normal pulmonary artery pressures.

-The left atrium is normal in size.

-The right atrium is normal in size.

The visualized aorta is normal in size.

-No significant valvular abnormalities.

-Compared to prior echo performed on 2/23/2019, the Doppler and stress information is new, but no change in the 2D echo.

Electronically signed by Dr.Robert Silverberg on 5/9/2019 at 11:48:39 AM.

** Final **

Authorizing Provider Result Type

Ramsey Michael Wehbe ECHO ORDERABLES

CORTISOL, FREE 24HR URINE, WITH CREATININE - Final result (05/09/2019 9:57 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Cortisol Free Total Vol Urine	1250	mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Cortisol Free 24Hr Urine See Below					NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

Result Name	Result value	Units	Ref. Range	Hi Lo
Total Volume	1250	mL		
Cortisol, Free, Urine	22.8	mcg/24 h	4.0-50.0	

Analysis performed by Tandem Mass Spectrometry

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Creatinine, 24-Hour Urine 2.72 g/24 h 0.50-2.15 H

Test(s) performed at:

QUEST DIAGNOSTICS-NICHOLS INST

Irina Maramica, M.D., Ph.D., MBA, Laboratory Director

33608 ORTEGA HIGHWAY

SAN JUAN CAPISTRANO, CA 92675

CLIA #05D0643352

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Urine, 24 Hour (Urine - 24 hour collection)			05/09/2019 9:57 AM CDT	05/09/2019 3:21 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/14/2019 12:41 PM CDT
TV 1250

ORDERING DEPARTMENT:NMG CARDIO-GEN 675 N ST CLAIR ST STE 19-100 (GALTER)
Ordering Provider:FREED, BENJAMIN
Call Back Phone Number:(312)664-3278

Authorizing Provider	Result Type
Benjamin H. Freed	URINE ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

HEMOGLOBIN A1C - Final result (05/02/2019 10:13 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Hemoglobin A1C	6.1	4.0 - 5.6 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/02/2019 10:13 AM CDT	05/02/2019 11:32 AM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/02/2019 11:44 AM CDT
ORDERING DEPARTMENT:NMG CARDIO-GEN 675 N ST CLAIR ST STE 19-100 (GALTER)
Ordering Provider:WEHBE, RAMSEY
Call Back Phone Number:(847)234-5600

Authorizing Provider	Result Type
Ramsey Michael Wehbe	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

LIPID PANEL(AMA) W/LDL CALC (CDH,DCH,GLH,NMH,NWR) (LIPID PANEL (AMA) W/LDL CALC) - Final result (05/02/2019 10:13 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Total Cholesterol	156	mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Guideline: < 170 mg/dl, Optimal (Not to be construed as a target for drug therapy.)

Triglycerides	82	mg/dL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

Guideline: < 100 mg/dl, Optimal (Not to be construed as a target for drug therapy.)
> 499 mg/dl, Highly abnormal (Please review with your medical team.)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HDL Cholesterol	38	mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Guideline: > 50 mg/dl, Optimal (Not to be construed as a target for drug therapy.)						
LDL Cholesterol	102	mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Guideline: < 100 mg/dl, Optimal (Not to be construed as a target for drug therapy.) > 189mg/dl, Highly abnormal (Please review with your medical team.)						
Non-HDL Cholesterol	118	mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Guideline: < 120 mg/dl, optimal (Not to be construed as a target for drug therapy.) > 219 mg/dl, Highly abnormal (Please review with your medical team.)						

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/02/2019 10:13 AM CDT	05/02/2019 11:29 AM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/02/2019 12:03 PM CDT
 ORDERING DEPARTMENT:NMG CARDIO-GEN 675 N ST CLAIR ST STE 19-100 (GALTER)
 Ordering Provider:WEHBE, RAMSEY
 Call Back Phone Number:(847)234-5600

Authorizing Provider	Result Type
Ramsey Michael Wehbe	CHEMISTRY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

HOLTER MONITOR EXTENDED - Final result (04/01/2019 10:37 AM CDT)

Anatomical Region	Laterality	Modality		
		Ultrasound		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time

Narrative

04/27/2019 4:14 PM CDT
This result has an attachment that is not available.
 Agree with findings

Authorizing Provider	Result Type
Becky Joseph	CARDIAC SERVICES ORDERABLES

ECHO 2D ONLY (03/23/2019 10:58 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Reported EF	67	%			NM CV C SYNGO	

Anatomical Region	Laterality	Modality		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/23/2019 8:22 AM CDT	

Narrative

03/23/2019 12:23 PM CDT

Northwestern Medicine
Bluhm Cardiovascular Institute
675 N. St. Clair
Chicago, IL 60611

Echocardiography Report: ECHO 2D ONLY ADULT
Date of service: 3/23/2019 8:22:01 AM

Accession #: N19US4648648

Ordering physician: 1386914075 IBADETE SULEJMANI

Reason for Study: syncope

Sonographer: Tina Smith

Interpreting Physician: 1467771378 Allison Zielinski

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Inpatient

Height: 172.00 cm BSA: 2.39 m²

Weight: 119.29 kg BMI: 40.3 kg/m²

Cardiac History:

History of syncope.

Heart rate 81 bpm

Blood pressure 143/63 mmHg

Study quality: good.

MEASUREMENTS:

	Value	Indexed value
Sinus of Valsalva	3.2 cm	
Left atrium diameter	3.7 cm (2D)	
Left atrial volume		16.6 ml/m ² .
Left atrial volume	40.3 ml.	16.9 ml/m ² .
Left atrial volume	42.3 ml.	17.73 ml/m ² .
LV ID (diastole)	4.8 cm (2D)	2.0 cm/m ²
LV ID (systole)	2.9 cm (2D)	1.2 cm/m ²
IVS, leaflet tips	1.1 cm (2D)	
Posterior wall thickness	1.1 cm (2D)	
LV stroke volume	31 ml (2D biplane)	
LVOT diam	2.4 cm	
LV end diastolic volume	47 ml (2D biplane)	19.5 ml/m ²
LV end systolic volume	15 ml (2D biplane)	6.3 ml/m ²
Ejection Fraction	67 % (2D biplane)	
RV basal diameter	3.4 cm	
TAPSE	21.0 mm	

FINDINGS:

LEFT VENTRICLE:

The left ventricle is normal in size.

There is no left ventricular hypertrophy.

Left ventricular systolic function is normal. EF = 67% (2D biplane)

Left ventricular diastolic function was not evaluated.

LV Wall Motion:

All scored segments are normal.

RIGHT VENTRICLE:

The right ventricle is normal in size. Right ventricular systolic function is normal.

The right atrial pressure is 3 mmHg. RV free wall is not well seen.

LEFT ATRIUM:

The left atrial size is normal. The LA volume is 40.3 ml, 16.9 ml/m² when indexed.

RIGHT ATRIUM:

The right atrial cavity is normal in size.

Narrative

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is mild mitral valve leaflet thickening.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid.

PULMONIC VALVE

The pulmonic valve cusps are structurally normal.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.4 cm. Proximal ascending aorta 2.6 cm.

PULMONARY ARTERIES:

The pulmonary arteries are normal.

PERICARDIUM:

There is trivial pericardial effusion.

CONCLUSIONS:

--Study quality: good.

-Two-dimensional transthoracic echocardiography was performed using standard views & projections.

-The left ventricle is normal in size. There is no left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 67% (2D biplane) All scored segments are normal.

-The right ventricle is normal in size. Right ventricular systolic function is normal. The right atrial pressure is 3 mmHg.

-

-No significant valvular abnormalities. Non-doppler study.

-Normal atria and aorta.

-No prior echocardiographic exam available for comparison.

Electronically signed by Dr.Allison Zielinski on 3/23/2019 at 12:23:02 PM.

** Final **

Procedure Note

Allison R. Zielinski - 03/23/2019

Formatting of this note might be different from the original.

Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

Echocardiography Report: ECHO 2D ONLY ADULT

Date of service: 3/23/2019 8:22:01 AM

Accession #: N19US4648648

Ordering physician: 1386914075 IBADETE SULEJMANI

Reason for Study: syncope

Sonographer: Tina Smith

Interpreting Physician: 1467771378 Allison Zielinski

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Inpatient

Height: 172.00 cm BSA: 2.39 m²

Weight: 119.29 kg BMI: 40.3 kg/m²

Cardiac History:

History of syncope.

Heart rate 81 bpm

Blood pressure 143/63 mmHg

Study quality: good.

MEASUREMENTS:

Value Indexed Value

Sinus of Valsalva 3.2 cm

Procedure Note

Left atrium diameter 3.7 cm (2D)
Left atrial volume 16.6 ml/m².
Left atrial volume 40.3 ml. 16.9 ml/m².
Left atrial volume 42.3 ml. 17.73 ml/m².
LV ID (diastole) 4.8 cm (2D) 2.0 cm/m²
LV ID (systole) 2.9 cm (2D) 1.2 cm/m²
IVS, leaflet tips 1.1 cm (2D)
Posterior wall thickness 1.1 cm (2D)
LV stroke volume 31 ml (2D biplane)
LVOT diam 2.4 cm
LV end diastolic volume 47 ml (2D biplane) 19.5 ml/m²
LV end systolic volume 15 ml (2D biplane) 6.3 ml/m²
Ejection Fraction 67 % (2D biplane)
RV basal diameter 3.4 cm
TAPSE 21.0 mm

FINDINGS:

LEFT VENTRICLE:

The left ventricle is normal in size.
There is no left ventricular hypertrophy.
Left ventricular systolic function is normal. EF = 67% (2D biplane)
Left ventricular diastolic function was not evaluated.

LV Wall Motion:

All scored segments are normal.

RIGHT VENTRICLE:

The right ventricle is normal in size. Right ventricular systolic function is normal.
The right atrial pressure is 3 mmHg. RV free wall is not well seen.

LEFT ATRIUM:

The left atrial size is normal. The LA volume is 40.3 ml, 16.9 ml/m² when indexed.

RIGHT ATRIUM:

The right atrial cavity is normal in size.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is mild mitral valve leaflet thickening.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid.

PULMONIC VALVE

The pulmonic valve cusps are structurally normal.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.4 cm. Proximal ascending aorta 2.6 cm.

PULMONARY ARTERIES:

The pulmonary arteries are normal.

PERICARDIUM:

There is trivial pericardial effusion.

CONCLUSIONS:

- Study quality: good.
- Two-dimensional transthoracic echocardiography was performed using standard views & projections.
- The left ventricle is normal in size. There is no left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 67% (2D biplane) All scored segments are normal.
- The right ventricle is normal in size. Right ventricular systolic function is normal. The right atrial pressure is 3 mmHg.
-
- No significant valvular abnormalities. Non-doppler study.
- Normal atria and aorta.

-No prior echocardiographic exam available for comparison.

Electronically signed by Dr.Allison Zielinski on 3/23/2019 at 12:23:02 PM.

**** Final ****

Authorizing Provider	Result Type
Ibadete Sulejmani	ECHO ORDERABLES

TROPONIN - Final result (03/22/2019 10:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Troponin I	0.00	0.00 - 0.04 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Reference Range = 0.00 TO 0.04 ng/mL

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			03/22/2019 10:25 PM CDT	03/22/2019 10:35 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 03/22/2019 11:01 PM CDT
 ORDERING DEPARTMENT:NMH EMERGENCY DEPARTMENT
 Ordering Provider: SULEJMANI,IBADETE
 Call Back Phone Number: (312) 695-8900

Authorizing Provider	Result Type
Ibadete Sulejmani	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

CT BRAIN WO CONTRAST - Final result (03/22/2019 6:37 PM CDT)

Anatomical Region	Laterality	Modality		
Head		Computed Tomography		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/22/2019 6:49 PM CDT	

Narrative

03/23/2019 9:06 AM CDT

HISTORY: 32-year-old man presenting following a syncopal event. The patient also has a history of migraine headaches.

TECHNIQUE: Noncontrast helical images of the brain were obtained from the foramen magnum to the vertex. Coronal reformatted images were generated.

COMPARISON: None.

FINDINGS:

The ventricles and sulci are within normal limits for the patient's age. There is no midline shift or mass effect. The basal cisterns are intact.

No acute intracranial hemorrhage or extra axial fluid collection is identified. There are no areas of abnormal parenchymal attenuation. The gray-white differentiation is maintained.

The extracranial soft tissues and orbital contents are unremarkable. An osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. There is a 3.5 mm left ethmoid osteoma. Small retention cysts are identified in the right anterior ethmoid air cell and in the left maxillary sinus. The mastoid air cells and middle ear cavities are clear.

IMPRESSION:

1. No acute intracranial abnormality. Further evaluation with a brain MRI may be performed if clinically indicated.
2. Osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. Additionally, there is a 3.5 mm left ethmoid osteoma.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Hijaz, Tarek MD
Radiology Resident: Mackey, Rosewell MD
Date Signed Off: 03/23/2019 09:06

Procedure Note

Tarek A. Hijaz - 03/23/2019

Procedure Note

Formatting of this note might be different from the original.

NONCONTRAST CT BRAIN

HISTORY: 32-year-old man presenting following a syncopal event. The patient also has a history of migraine headaches.

TECHNIQUE: Noncontrast helical images of the brain were obtained from the foramen magnum to the vertex. Coronal reformatted images were generated.

COMPARISON: None.

FINDINGS:

The ventricles and sulci are within normal limits for the patient's age. There is no midline shift or mass effect. The basal cisterns are intact.

No acute intracranial hemorrhage or extra axial fluid collection is identified. There are no areas of abnormal parenchymal attenuation. The gray-white differentiation is maintained.

The extracranial soft tissues and orbital contents are unremarkable. An osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. There is a 3.5 mm left ethmoid osteoma. Small retention cysts are identified in the right anterior ethmoid air cell and in the left maxillary sinus. The mastoid air cells and middle ear cavities are clear.

IMPRESSION:

1. No acute intracranial abnormality. Further evaluation with a brain MRI may be performed if clinically indicated.
2. Osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. Additionally, there is a 3.5 mm left ethmoid osteoma.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT

WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Hijaz, Tarek MD

Radiology Resident: Mackey, Rosewell MD

Date Signed Off: 03/23/2019 09:06

Authorizing Provider	Result Type
Emily A. Baran	IMG CT ORDERABLES

XR CHEST PA LAT - Final result (03/22/2019 5:34 PM CDT)

Anatomical Region	Laterality	Modality		
Chest, Lung		Radiographic Imaging		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/22/2019 5:51 PM CDT	

Narrative

03/23/2019 1:01 PM CDT

Narrative

PROCEDURE: XR CHEST PA LAT. 3/22/2019 5:29 PM.

TECHNIQUE: 2 views (PA and Lateral) of the chest were performed.

HISTORY: Syncope.

COMPARISON: None.

FINDINGS:

Support Devices: None.

Cardiac Silhouette/Mediastinum/Hila: The cardiac, mediastinal, and hilar contours are within normal limits for age.

Lungs/Pleural Spaces: The lungs and pleural spaces are clear.

Chest Wall/Diaphragm/Upper Abdomen: The thoracic musculoskeletal structures and the upper abdomen are age-appropriate in appearance.

CONCLUSION(S):

1. There is no acute cardiopulmonary process.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Omar, Imran MD

Radiology Resident: Hirano, Miki MD

Date Signed Off: 03/23/2019 13:01

Procedure Note

Imran M. Omar - 03/23/2019

Formatting of this note might be different from the original.

PROCEDURE: XR CHEST PA LAT. 3/22/2019 5:29 PM.

TECHNIQUE: 2 views (PA and Lateral) of the chest were performed.

HISTORY: Syncope.

COMPARISON: None.

FINDINGS:

Support Devices: None.

Cardiac Silhouette/Mediastinum/Hila: The cardiac, mediastinal, and hilar contours are within normal limits for age.

Lungs/Pleural Spaces: The lungs and pleural spaces are clear.

Chest Wall/Diaphragm/Upper Abdomen: The thoracic musculoskeletal structures and the upper abdomen are age-appropriate in appearance.

CONCLUSION(S):

1. There is no acute cardiopulmonary process.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Omar, Imran MD

Radiology Resident: Hirano, Miki MD

Date Signed Off: 03/23/2019 13:01

Authorizing Provider Result Type

Emily A. Baran IMG DIAGNOSTIC IMAGING ORDERABLES

CBC (.CBC) - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	7.9	3.5 - 10.5 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
RBC	5.28	4.30 - 5.80 M/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HGB	14.2	13.0 - 17.5 g/ dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HCT	44.4	38.0 - 50.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCV	84	80 - 99 FL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCH	26.9	27.0 - 34.0 pg			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCHC	32.0	32.0 - 35.5 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RDW	14.2	11.0 - 15.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
PLT	389	140 - 390 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MPV	10.7	8.8 - 12.1 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Differential Type	Auto				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Reflex Morphology	No				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			03/22/2019 5:25 PM CDT	03/22/2019 5:29 PM CDT

Narrative

Authorizing Provider	Result Type
Emily A. Baran	HEMATOLOGY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

.AUTO DIFF - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils	55	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Lymphocytes	30	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Monocytes	11	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Eosinophils	3	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Basophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Immature Granulocytes	0	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Immature Granulocytes (IG) represents automated enumeration of Metamyelocytes, Myelocytes and Promyelocytes when IG is < 5%. Blasts are not included in IG and reported separately if present.						
Absolute Neutrophils	4.3	1.5 - 8.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Lymphocytes	2.4	1.0 - 4.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Monocytes	0.9	0.2 - 1.0 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Eosinophils	0.2	0.0 - 0.6 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Absolute Basophils	0.1	0.0 - 0.2 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
A Im Gran Absolute	0.00	0.00 - 0.10 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			03/22/2019 5:25 PM CDT	03/22/2019 5:29 PM CDT

Narrative

Authorizing Provider	Result Type
Emily A. Baran	HEMATOLOGY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

TROPONIN - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Troponin I	0.00	0.00 - 0.04 ng/ mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Reference Range = 0.00 TO 0.04 ng/mL

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)	VEIN SPECIMEN / Unknown		03/22/2019 5:25 PM CDT	03/22/2019 5:37 PM CDT

Narrative

Authorizing Provider	Result Type					
Emily A. Baran	CHEMISTRY ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611				

MAGNESIUM (MAGNESIUM LEVEL) - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	1.9	1.5 - 2.7 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)		Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time	
Blood specimen (specimen)		VEIN SPECIMEN / Unknown		03/22/2019 5:25 PM CDT	03/22/2019 5:37 PM CDT	

Narrative

Authorizing Provider	Result Type					
Emily A. Baran	CHEMISTRY ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611				

BASIC METABOLIC PANEL - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	142	133 - 146 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Potassium	4.5	3.5 - 5.1 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Hemolyzed Specimen						
Chloride	106	98 - 109 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
CO2	29	21 - 31 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Calcium	9.6	8.3 - 10.5 mg/ dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Urea Nitrogen	13	2 - 25 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Creatinine	1.06	0.60 - 1.30 mg/ dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Glucose	104	65 - 100 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anion Gap	7	5 - 16			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=60 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(Others)	>60	>=60 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)	VEIN SPECIMEN / Unknown			03/22/2019 5:25 PM CDT	03/22/2019 5:37 PM CDT	
Narrative						
Authorizing Provider	Result Type					
Emily A. Baran	CHEMISTRY ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611				



Visit Diagnoses - as of 02/05/2024

Diagnosis	Start Date
Fainting	3/22/2019
Fainting	5/2/2019
Palpitations	5/2/2019
Chest pain, unspecified type	5/2/2019
Shortness of breath	5/2/2019
Weight gain	5/2/2019
Counseling on health promotion and disease prevention	5/2/2019
Fainting	5/9/2019
Palpitations	5/9/2019
Chest pain, unspecified type	5/9/2019
Shortness of breath	5/9/2019
Fainting	5/22/2019
Acute bilateral low back pain with right-sided sciatica	5/22/2019
Neck pain	5/22/2019
Paresthesias/numbness	5/22/2019
Frequent headaches	5/22/2019
Change in vision	5/22/2019
Snoring	5/22/2019
Snoring	6/3/2019
Frequent headaches	6/3/2019
Neck pain	6/6/2019
Paresthesias/numbness	6/6/2019
Acute bilateral low back pain with right-sided sciatica	6/6/2019
Paresthesias/numbness	6/6/2019
Fainting	6/6/2019
Change in vision	6/6/2019
Paresthesias/numbness	6/6/2019
Frequent headaches	6/6/2019
Change in vision	6/26/2019
Fainting	6/26/2019
Astigmatism	6/26/2019
Back pain	10/21/2019
Strain of neck muscle	11/20/2019
Neck pain	12/11/2019
Chronic bilateral low back pain with right-sided sciatica	12/11/2019
Right upper limb pain	12/11/2019
Arm paresthesia, right	12/11/2019
Sleep apnea	12/11/2019
Right upper limb pain	5/6/2020
Arm paresthesia, right	5/6/2020
Neck pain	5/6/2020
Right leg pain	5/6/2020
Sleep apnea	5/6/2020
Headache	5/6/2020
Acute pharyngitis, unspecified etiology	1/7/2021
Viral upper respiratory tract infection	1/7/2021
Hoarseness	2/8/2021
Sleep apnea	2/11/2021
Sore throat	2/24/2021
Acute streptococcal tonsillitis, not specified as recurrent or not	2/24/2021
Sore throat	2/24/2021
Enlarged lymph nodes	2/25/2021
Salivary gland disease	2/25/2021
Strep throat	2/25/2021
Mass of submandibular gland	3/18/2021
Enlarged lymph nodes	3/18/2021

Diagnosis	Start Date
Enlarged tonsils	3/18/2021
Abnormal findings on laryngoscopy	3/18/2021
Mass of submandibular gland	4/7/2021
Difficulty falling or staying asleep	7/19/2021
Low back pain	11/18/2022
Balance problem	11/18/2022
Cervical nerve root disorder	11/18/2022
Difficulty falling or staying asleep	10/16/2023
Nightmare	10/16/2023
Sleep apnea	2/5/2024
Difficulty falling or staying asleep	2/5/2024

Care Teams - as of 02/05/2024

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (Nov. 20, 2019 - Present) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine		Jun. 13, 1986 - Feb. 05, 2024

Custodian Organization

Northwestern Memorial HealthCare
25 N Winfield Rd Winfield, IL 60190

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Telemedicine Conversion

Encounter Details

Date	Type	Department	Care Team	Description
02/05/2024 1:00 PM CST	Telemedicine	NM Neurology 676 N ST CLAIR ST, SUITE 701 CHICAGO, IL 60611-5975 312-695-7950	Jennifer M. Mundt 676 N St Clair St Ste 7-701 Arkes Pavilion Chicago, IL 60611 312-695-7950 (Work) 312-695-5747 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021		Active

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

Problem	Noted Date	Diagnosed Date
Enlarged tonsils	03/18/2021	
Mass of submandibular gland	03/18/2021	
Enlarged lymph nodes	02/25/2021	
Salivary gland disease	02/25/2021	
Strep throat	02/25/2021	

Social History - documented as of this encounter				
Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Select Community Resources		Answer		Date Recorded
Please choose the link for 'Select Community Resources' above to launch NowPow, a personalized community referral platform for a patient's SDOH needs.		-		
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter
Not on file

Progress Notes - documented in this encounter

Jennifer M. Mundt - 02/05/2024 1:00 PM CST

Formatting of this note might be different from the original.

Behavioral Sleep Medicine

Progress Note

Little, Jamar

DOB: 6/13/1986

Visit Date: 2/5/2024

Visit Duration: 43 minutes

Diagnosis: Insomnia Disorder

Chief Concern/Reason for Visit:

Follow-up visit to continue with Cognitive Behavioral Therapy for insomnia (CBT-I). This visit was conducted using audio-visual telecommunications.

Review of Progress:

Patient reported using CPAP about half the nights but it continues to be uncomfortable and disrupt sleep. Pain and nightmares also continue to disrupt sleep. Has been using brown noise and thunderstorm noise at night which feels helpful. Thu/Fri nights he immediately checks his bank account upon awakening because he is afraid someone will have taken his paycheck after it was deposited (he noted having some issue with a bill being taken out in the last month). After waking early he gets up to do productive things like VA claim paperwork

Patient arrived on time and was dressed/groomed appropriately. Patient was attentive and actively participated in the session. Anxious mood with broad/congruent affect. Speech/thoughts WNL. No indicators of SI/HI.

Review of sleep:

No sleep diaries completed but patient estimated the following:

Bed time: 1111pm

LO: 1130

SOL: 30-45 mins

NWAK: 2-3

Wake time: 3-4am

TST: 3-4hr

Nap/doze: 1-2hr afternoon

Intervention:

Discussed stimulus control and the need to set aside time for rest/sleep and reserve productive activity for the daytime. Set a goal of refraining from any productive tasks until 5am. Until then, pt will get out of bed if not sleeping and engage in a relaxing activity such as reading, nonstimulating video games, brown noise

Assessment/Plan:

The patient reports continued symptoms consistent with insomnia disorder. Patient will return in 1 week. Pt has VA sleep medicine appt in a month to discuss CPAP but prefers to keep his care at NM if possible. Referral placed and he will check with billing dept regarding coverage before scheduling.

Jennifer M. Mundt, PhD DBSM

Clinical Psychologist

Electronically signed by Jennifer M. Mundt at 02/05/2024 1:53 PM CST

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance		Due Date	Last Done	Comments
Flu Vaccine (Yearly) (#1)		09/01/2023		

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis

Difficulty falling or staying asleep - Primary

Sleep apnea

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

Naveed Atif Muhammad (Nov. 20, 2019 - Present)

NPI: 1396799029

312-808-0621 (Work)

312-808-0655 (Fax)

2850 S WABASH AVE

SUITE 203

CHICAGO, IL 60616

Family Medicine

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Encounter Providers

Jennifer M. Mundt (Attending)

NPI: 1205333945

312-695-7950 (Work)

312-695-5747 (Fax)

676 N St Clair St Ste 7-701

Arkes Pavilion

Chicago, IL 60611

Sleep Psychologist

Document Coverage Dates

Feb. 05, 2024

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

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Reason for Visit

Reason

Telemedicine Conversion

Encounter Details

Date	Type	Department	Care Team	Description
10/16/2023 1:00 PM CDT	Telemedicine	NM Neurology 676 N ST CLAIR ST, SUITE 701 CHICAGO, IL 60611-5975 312-695-7950	Jennifer M. Mundt 676 N St Clair St Ste 7-701 Arkes Pavilion Chicago, IL 60611 312-695-7950 (Work) 312-695-5747 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021		Active

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

Problem	Noted Date	Diagnosed Date
Enlarged tonsils	03/18/2021	
Mass of submandibular gland	03/18/2021	
Enlarged lymph nodes	02/25/2021	
Salivary gland disease	02/25/2021	
Strep throat	02/25/2021	

Social History - documented as of this encounter				
Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Select Community Resources		Answer		Date Recorded
Please choose the link for 'Select Community Resources' above to launch NowPow, a personalized community referral platform for a patient's SDOH needs.		-		
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth	Male		12/06/2019 12:13 PM CST	
Gender Identity	Not on file			
Sexual Orientation	Straight		06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Not on file

Progress Notes - documented in this encounter

Jennifer M. Mundt - 10/16/2023 1:00 PM CDT

Formatting of this note is different from the original.

Behavioral Sleep Medicine
Initial Evaluation Report

Little, Jamar
DOB: 6/13/1986
Visit Date: 10/16/2023
Visit Duration: 45 minutes

Chief Complaint
Patient presents with
• Telemedicine Conversion

The patient is a 37 y.o. male who was referred to the Behavioral Sleep Medicine Clinic for evaluation and treatment of insomnia. This visit was conducted using audio-visual telecommunications. Pt's last visit with me was 7/19/21 and this visit was a re-evaluation to obtain interim history.

History of Present Illness:
The patient presents with difficulty falling and staying asleep. Patient reported he also falls asleep "throughout the day." He was last seen two years ago and lost his job/insurance so he was not able to continue CBT-I. Currently pain is a major factor in insomnia. CPAP is uncomfortable and can disrupt sleep - usually only wearing it for first couple of hours

Nightmares 1-3x/week, beginning 6mo ago. Also has vivid dreams since that time. The only change around that time was a positive one in which he began accepting things in his life and trying to live more honestly. Dream recurring themes - falling or driving off something, trapped inside of somewhere. No motor activity, occasional talk/laugh

Current sleep medications: none

Current Sleep-Wake Schedule:
Pre-sleep routine: TV in bed (comfortable for pain), falls asleep to relaxing sounds

In bed: 930-10
Lights off: 11
Sleep onset latency: Up to 1 hr
Number of awakenings: 1-2
Wake after sleep onset: 20-60 mins
Wake time: 722 alarm but often awake before then
Total sleep time: 4-6 hours
Naps/Dozing: 2pm while working

Other Sleep-Related Factors:
Sleep tracking device: yes
Substance use:

Caffeine: denied
Alcohol: 1-2 drinks, 1-2x/month
Tobacco/nicotine: denied
Other substances: thc edible nightly - helps with falling asleep but not staying asleep
Work/occupational factors: wfh 9-5, not too stressful

Psychological History:

Patient reported their recent mood has been "fairly happy and optimistic." Occasional but not persistent anxiety/depression. No current mental health treatment but has benefited from doing meditation on his own, journaling

Mental Status:

Appearance/Attitude: Appropriately dressed/groomed, alert, and engaged.

Motor behavior: WNL.

Speech: Rate, rhythm, and volume WNL.

Mood/affect: Euthymic with broad/congruent affect

Thought process: Linear, logical and goal directed

Thought content: Pertinent to topic

Suicidal ideation, plan, or intent: None reported

Homicidal ideation, plan, or intent: None reported

Insight/Judgment: Good

Impulse control (current): Intact

Orientation: Oriented to person, place, and time.

Delusions/hallucinations: None reported or observed

Assessment and Plan:

The findings from this evaluation indicate that the patient reports signs and symptoms consistent with insomnia disorder as well as nightmares for the last 6mo. Pain is a major contributor to insomnia and will need to be better managed in order to adequately improve insomnia. OSA also needs to be treated to improve sleep quality and sleep maintenance. CBT-I was recommended to help the patient improve sleep efficiency and consistency. An overview of CBT-I was provided to the patient, including the duration of treatment, expectations of treatment, and goals of treatment. The patient expressed an understanding and wished to proceed. Will monitor nightmares and consider IRT as well. Inadequately treated OSA may be contributing to nightmares. The following initial instructions were provided:

- Complete sleep diary and bring to next session.
- Schedule f/u appointment with sleep provider to manage OSA
- Schedule f/u with pain provider

Jennifer M. Mundt, PhD DBSM

Clinical Psychologist

Electronically signed by Jennifer M. Mundt at 10/16/2023 3:20 PM CDT

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis

Difficulty falling or staying asleep - Primary

Nightmare



Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (Nov. 20, 2019 - Present) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190		Oct. 16, 2023

Custodian Organization

Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190

Encounter Providers	Encounter Date
Jennifer M. Mundt (Attending) NPI: 1205333945 312-695-7950 (Work) 312-695-5747 (Fax) 676 N St Clair St Ste 7-701 Arkes Pavilion Chicago, IL 60611 Sleep Psychologist	Oct. 16, 2023

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Back Pain

Encounter Details

Date	Type	Department	Care Team	Description
11/18/2022 1:00 PM CST	Office Visit	THE CENTER FOR SPINE HEALTH 259 E Erie St 14th Fl Chicago, IL 60611 312-695-7746	Mary-Katherine Slattery 259 E Erie St Ste 1450 Lavin Family Pavilion Chicago, IL 60611 312-695-7746 (Work) 312-694-6387 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021		Active

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

Problem	Noted Date	Diagnosed Date
Enlarged tonsils	03/18/2021	
Mass of submandibular gland	03/18/2021	
Enlarged lymph nodes	02/25/2021	
Salivary gland disease	02/25/2021	
Strep throat	02/25/2021	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Select Community Resources		Answer		Date Recorded
Please choose the link for 'Select Community Resources' above to launch NowPow, a personalized community referral platform for a patient's SDOH needs.		-		
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth	Male		12/06/2019 12:13 PM CST	
Gender Identity	Not on file			
Sexual Orientation	Straight		06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	-	-	
Pulse	-	-	
Temperature	-	-	
Respiratory Rate	-	-	
Oxygen Saturation	-	-	
Inhaled Oxygen Concentration	-	-	
Weight	110.2 kg (243 lb)	11/18/2022 1:35 PM CST	
Height	172.7 cm (5' 8")	11/18/2022 1:35 PM CST	
Body Mass Index	36.95	11/18/2022 1:35 PM CST	

Progress Notes - documented in this encounter

Mary-Katherine Slattery - 11/18/2022 12:00 AM CST

Formatting of this note is different from the original.

Patient: Little, Jamar ()

DOB: 6/13/1986

Date: 11/18/2022

Attending: Mary Katherine Slattery PA-C

HISTORY OF PRESENT ILLNESS: Mr. Little is a pleasant 36-year old gentleman, otherwise healthy, right-hand-dominant, who presents for evaluation of low back and bilateral leg pain. He endorses symptoms began in 2019. Denies inciting trauma or injury. He reports pain began exacerbating ongoing over past month or so. Pain radiates along bilateral posterior legs predominantly to the knee and occasionally into the posterior calf and into the plantar aspect of both feet, right significantly greater than left. He endorses pain is 5/10, sharp, shooting, constant, worsened with walking, standing and improved with sitting. He endorses numbness and tingling in the same distribution as pain. He denies weakness to bilateral lower extremities. Denies bowel or bladder dysfunction.

He additionally endorses evidence of right neck and arm pain initially occurring in 2019. He endorses in 2019 when onset of pain began he was experiencing intermittent syncopal episodes with pain radiating to his right temporal region where he would lose consciousness. He endorses these syncopal episodes have resolved and he has followed up with Neurology, however, was unable to confirm a specialized medical diagnosis for this or cause. He endorses occasionally will experience arm pain in the ulnar aspect of his right arm into the small and ring finger of his right hand. He endorses tingling sensation in same distribution as pain as well as numbness. Denies left upper extremity symptoms. Denies weakness to bilateral upper extremities. He does endorse gait instability intermittently as well as hand clumsiness ongoing over the past few years, however, the symptoms of balance and hand clumsiness have improved over the past few years moderately.

Attempted interventions include physical therapy ongoing over the past 3 weeks with uncertain relief of pain. He utilizes edible marijuana at night which mildly improves symptoms. He has undergone weight loss as well as utilized ibuprofen 800 mg p.r.n. which provides moderate relief. He denies prior history of epidural steroid injections or neck or back surgery. He presents today for further recommendations.

PAST MEDICAL HISTORY: Negative.

PAST SURGICAL HISTORY: Negative.

ALLERGIES: Denies known allergies to medications.

MEDICATIONS: Advil.

SOCIAL HISTORY: He does not smoke tobacco. He utilizes marijuana as well as mushrooms. He drinks about 2-3 times per week.

OCCUPATION: Desk role.

FAMILY HISTORY: Negative for neck or back problems.

REVIEW OF SYSTEMS: Negative.

CERVICAL SPINE PHYSICAL EXAMINATION: He is 5 feet 8.75 inches tall and weighs 243 pounds. Pulse and respirations are normal. The patient is alert, awake, and oriented to person place and time with a pleasant affect and was examined in the office, appearing their stated age. Head exam is normal. Anterior throat is nontender.

No rashes or skin changes are seen. There is no lymphedema or lymphadenopathy. There is tenderness to palpation over the cervical spine in multiple areas. There is limited range of motion of the cervical spine associated with pain.

Upper Extremity

Motor Strength Deltoid Biceps Triceps WE WF HI Grip

Right 5 5 5 5 5 5

Left 5 5 5 5 5 5

Lower Extremity

Motor Strength IP Quads AT EHL GS

Right 5 5 5 5

Left 5 5 5 5

Sensation is intact to light touch in the C3-T1 distributions.

Biceps, triceps, brachioradialis reflexes are equal and symmetric bilaterally.

Negative Spurling's sign bilaterally. Negative Lhermitte's sign. Negative Hoffmann's sign bilaterally. Normal tandem gait. No difficulty with rapid alternating movements.

Radial, ulnar and distal blood flow is intact.

LUMBAR SPINE PHYSICAL EXAMINATION: Pulse and respirations are normal. The patient is alert, awake, and oriented to person place and time with a pleasant affect and was examined in the office, appearing their stated age. Head exam is normal. Abdomen is soft, nontender.

No rashes or skin changes are seen. There is no lymphedema or lymphadenopathy. There is diffuse tenderness to palpation over the lumbar spine. There is limited range of motion of the lumbar spine associated with pain.

Lower Extremity

Motor Strength IP Quads AT EHL Gastroc

Right 5 5 5 5

Left 5 5 5 5

Sensation is intact to light touch in the L2-S1 distributions.

Patellar and Achilles reflexes are equal and symmetric bilaterally.

Negative straight leg raise bilaterally. Negative Babinski sign and no clonus bilaterally.

No pain with range of motion of the hips.

Pedal and distal blood flow is intact.

IMAGING: X-rays of lumbar spine performed today, four views, which demonstrated degenerative changes at L5-S1 level. No evidence of instability or fracture.

X-rays of cervical spine performed today, four views, which demonstrate straightening of cervical lordosis with trace anterolisthesis at C4-C5 level. No evidence of fracture.

MRI of cervical spine reviewed today, dated June 6, 2019, which demonstrates a congenitally narrow canal without evidence of spinal cord compression or myelomalacia.

ASSESSMENT:

1. Low back pain with bilateral lumbar radiculopathy.
2. Balance problems.
3. Right sided cervical radiculopathy.

PLAN: Mr. Little is a pleasant 36-year old gentleman, otherwise healthy who presents for evaluation of low back and bilateral leg pain intermittent over past 2 years and worsening over the past month. Denies inciting trauma or injury. He additionally endorses evidence of balance problems ongoing over past 2 years, however, mildly improving over the past few years as well as

hand clumsiness.

X-rays of lumbar spine performed today which demonstrate degenerative disk disease at L5-S1 level. There is no evidence of instability or fracture. X-rays of the cervical spine performed today which demonstrate mild degenerative anterolisthesis grade I at C4-C5 level.

Discussed with patient today advise proceeding with physical therapy focusing on cervical and lumbar spine without evidence of traction or manipulation indicated. Due to prior MRI of cervical spine without evidence of central cord compression, lower suspicion for underlying cervical stenosis at this time especially with symptoms improving, however, we will proceed with physical therapy focused on the cervical and lumbar spine with a referral provided today. He will follow up in about 6 week to provide symptomatic update. If symptoms unresolved or worsening, he would be a candidate for an updated MRI of cervical spine without contrast as well as MRI of lumbar spine for further evaluation. All of the patient's questions were addressed and answered.

Electronically Signed by:
Mary Katherine Slattery PA-C

Electronically signed by Mary-Katherine Slattery at 11/26/2022 12:00 AM CST

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)		09/01/2023		

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis

Low back pain - Primary

Balance problem

Cervical nerve root disorder

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

Naveed Atif Muhammad (Nov. 20, 2019 - Present)

NPI: 1396799029

312-808-0621 (Work)

312-808-0655 (Fax)

2850 S WABASH AVE

SUITE 203

CHICAGO, IL 60616

Family Medicine

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Other Service Providers

Document Coverage Dates

Nov. 18, 2022

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Encounter Providers

Encounter Date

Mary-Katherine Slattery (Attending)

Nov. 18, 2022

NPI: 1326524729

312-695-7746 (Work)

312-694-6387 (Fax)

259 E Erie St Ste 1450

Lavin Family Pavilion

Chicago, IL 60611

Spine Surgery

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Telemedicine Conversion

Encounter Details

Date	Type	Department	Care Team	Description
07/19/2021 10:00 AM CDT	Telemedicine	NM Neurology 676 N ST CLAIR ST, SUITE 701 CHICAGO, IL 60611-5975 312-695-7950	Jennifer M. Mundt 676 N St Clair St Ste 7-701 Arkes Pavilion Chicago, IL 60611 312-695-7950 (Work) 312-695-5747 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021		Active

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

Problem	Noted Date	Diagnosed Date
Enlarged tonsils	03/18/2021	
Mass of submandibular gland	03/18/2021	
Enlarged lymph nodes	02/25/2021	
Salivary gland disease	02/25/2021	
Strep throat	02/25/2021	

Social History - documented as of this encounter				
Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Select Community Resources		Answer		Date Recorded
Please choose the link for 'Select Community Resources' above to launch NowPow, a personalized community referral platform for a patient's SDOH needs.		-		
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Not on file

Progress Notes - documented in this encounter

Jennifer M. Mundt - 07/19/2021 10:00 AM CDT

Formatting of this note is different from the original.

Behavioral Sleep Medicine

Initial Evaluation Report

Little, Jamar

DOB: 6/13/1986

Visit Date: 7/19/2021

Visit Duration: 50 minutes

Referred By: Michael Awad MD

Chief Complaint

Patient presents with

- Telemedicine Conversion

The patient is a 35 y.o. male who was referred to the Behavioral Sleep Medicine Clinic for further evaluation and treatment of insomnia.

Verbal consent obtained from patient in lieu of in-person signature due to the coronavirus emergency. This visit was converted to telephone at pt's request. Patient provided verbal consent for psychology doctoral student Kyle Jozsa, MA, to join this visit.

History of Present Illness:

The patient presents with difficulty falling and staying asleep 2-3x/week. Patient reported insomnia has "gotten a lot better" since he was referred. These symptoms began November 2018 after "I passed out at work" due to "extreme pain from my nerves." He reported that stress, anxiety, and depression also contributed to insomnia. Pain is currently the main contributor to insomnia. He noted some improvement in pain. Stress exacerbates pain.

Current sleep medications: none

Patient's treatment goal: "go to sleep at night, actually have a dream, wake up and be refreshed"

Premorbid sleep pattern: had sleep problems most of life due to "mental issues"

Current Sleep-Wake Schedule:

Pre-sleep routine: shower, talks to girlfriend

In bed: 11pm

Lights off: same

Sleep onset latency: Quick most nights, >30 mins 2-3x/week

Number of awakenings: 2-3 (pain or no reason)

Wake after sleep onset: 2-3 hours

Wake time: 5:30-6am

Total sleep time: 4 hours

Naps: Up to 1 hour during lunch, sometimes feels refreshed but often wakes up with a headache
Dozing: During tv, working, "occasionally during driving" (most recently two months ago swerved when dozing)

Weekend schedule: same

Chronotype: "I'm just always awake, I don't prefer either [morning or evening]"

Other Sleep-Related Factors:

When unable to sleep: video games, phone games, cleans (sometimes compulsively), calls/text girlfriend, smokes cannabis which helps calm his mind but doesn't necessarily help him sleep

Clock monitoring: yes

Sleep tracking device: no

Sleep environment: denied problems with light, noise, and temperature. Plays thunderstorm sounds, blackout shades

Substance use:

Caffeine: occasional green tea

Alcohol: 1-2 drinks socially (few times a month)

Tobacco/nicotine: denied

Other substances: 2-3g medical cannabis/day (midday and at night)

Physical activity: walks, runs

Work/occupational factors: analyst for facebook. Prior jobs in customer service were stressful

Previous Sleep Studies/Treatment:

HSAT completed 6/3/19 showed moderate OSA (AHI = 19.2). Pt states he hates CPAP and it is "terrible" and worsens insomnia. He has difficulty getting a mask to fit his nose. When he does wear it he feels more rested and has less pain the next day.

Assessment Measures:

Epworth Sleepiness Scale (ESS): 18 (completed 2/11/21; high degree of daytime sleep propensity)

Psychological History:

Patient reported "I'm an anxious wreck" and noted being anxious about "anything and everything." Anxiety has been a lifelong issue but worsened since the start of health problems in 2018. Pt stated he saw EAP counselor at former job which was helpful. He tried seeing another therapist in 2018 but it was not covered by his insurance. Pt stated he is interested in resuming therapy.

Pt noted some obsessive and compulsive behaviors including "counting all the time" and "cleaning all the time." He described these behaviors as frustrating and sometimes interfering with daytime function.

He states he was taking duloxetine for pain but stopped due to adverse effects (weight gain, increased tiredness, drowsy, irritable). Is not currently taking any psychiatric medications.

Mental Status:

Appearance/Attitude: Unable to assess appearance. alert and engaged.

Motor behavior: Unable to observe

Speech: Rate, rhythm, and volume WNL.

Mood/affect: Anxious. Unable to assess affect

Thought process: Linear, logical and goal directed

Thought content: Pertinent to topic

Suicidal ideation, plan, or intent: None reported

Homicidal ideation, plan, or intent: None reported

Insight/Judgment: Good

Impulse control (current): Intact

Orientation: Oriented to person, place, and time.

Delusions/hallucinations: None reported or observed

Past Medical History:

Diagnosis Date

• Heart murmur

• Multiple gastric ulcers

No past surgical history on file.

Current Outpatient Medications

Medication Sig Dispense Refill

- CANNABIDIOL, CBD, EXTRACT ORAL Take by mouth.
- cyclobenzaprine 5 mg tablet Take 1 tablet by mouth nightly as needed (for muscle spasm). 30 tablet 3
- DULoxetine 60 mg capsule Take 1 capsule by mouth daily. 30 capsule 3
- ibuprofen 800 mg tablet Take 1 tablet by mouth every 8 (eight) hours as needed for pain. 30 tablet 0
- lidocaine 5 % patch Place 1 patch onto the skin daily. 10 patch 0
- methylPREDNISolone 4 mg Dose Pack Tablet Take 1 tablet by mouth before breakfast. follow package directions 1 Package 0

No current facility-administered medications for this visit.

Family History

Problem Relation Age of Onset

- Diabetes Mother
- Other (free text) ("nerve issues") Mother
arm pain - probable spinal cord stimulator
- Migraines Brother
- Other (free text) (gastric ulcers) Brother
- No Known Problems Maternal Grandmother
- No Known Problems Maternal Grandfather

Assessment and Plan:

The findings from this evaluation indicate that the patient reports signs and symptoms consistent with insomnia disorder. CBT-I was recommended to help the patient improve sleep efficiency and consistency. An overview of CBT-I was provided to the patient, including the duration of treatment, expectations of treatment, and goals of treatment. The patient expressed an understanding and wished to proceed. The following initial instructions were provided:

- Complete sleep diary and bring to next session.
- Call to schedule follow-up with me.
- Schedule follow-up with Dr. Bove for OSA management and follow-up with DME for help with getting a mask that fits.
- Instructed pt to not drive if sleepy and to take a nap if needed.
- Consider additional treatment to address generalized anxiety, which seems to be a significant contributor sleep problem. Pt expressed interest in therapy. Will send clinic recommendations.

Jennifer M. Mundt, PhD DBSM

Clinical Psychologist

Electronically signed by Jennifer M. Mundt at 07/19/2021 5:18 PM CDT

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis

Difficulty falling or staying asleep - Primary

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts			
Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact
Document Information			
Primary Care Provider		Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (Nov. 20, 2019 - Present) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			Jul. 19, 2021
Custodian Organization			
Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			
Encounter Providers		Encounter Date	
Jennifer M. Mundt (Attending) NPI: 1205333945 312-695-7950 (Work) 312-695-5747 (Fax) 676 N St Clair St Ste 7-701 Arkes Pavilion Chicago, IL 60611 Sleep Psychologist		Jul. 19, 2021	
Legal Authenticator			
Him			

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

MRI/CAT Scan (Routine) - Closed

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact			
Radiology	Diagnoses Mass of submandibular gland	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 Phone: 312-695-8182 Fax: 312-695-4303				
Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
9534428	Closed		3/26/2021	4/24/2021	1	1

Encounter Details

Date	Type	Department	Care Team	Description
04/07/2021	Hospital	NM Radiology		
8:14 AM	Encounter	251 E Huron St, 4th Floor		Discharge Disposition: Home or Self Care
CDT -		Chicago, IL 60611		
04/07/2021		312-926-6366		
11:59 PM			Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
CDT				

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021		Active

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

Problem	Noted Date	Diagnosed Date
Enlarged tonsils	03/18/2021	
Mass of submandibular gland	03/18/2021	
Enlarged lymph nodes	02/25/2021	
Salivary gland disease	02/25/2021	
Strep throat	02/25/2021	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Not on file

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Start Date	End Date
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.			
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020	
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019	
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021	
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019	
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021	

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance Flu Vaccine (Yearly) (#1)	Due Date	Last Done	Comments	

09/01/2023



Results - documented in this encounter

CT SOFT TISSUE NECK W CONTRAST - Final result (04/07/2021 9:40 AM CDT)

Anatomical Region	Laterality	Modality		
Neck, C-spine		Computed Tomography		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			04/08/2021 2:37 PM CDT	

Narrative

04/11/2021 9:35 PM CDT

CT SOFT TISSUE NECK W CONTRAST

CLINICAL HISTORY: Intermittent throat discomfort. Recent strep pharyngitis infection. Ultrasound at that time demonstrated a hypoechoic region within the left submandibular gland.

TECHNIQUE: Following the administration of intravenous contrast, axial CT images of the neck were obtained. Coronal and sagittal reformatted images were reviewed.

COMPARISON: CT brain March 22, 2019

FINDINGS:

Pharynx/larynx: There is mild adenotonsillar hypertrophy. No focal asymmetric soft tissue lesion is identified along the visualized aerodigestive tract.

Oral cavity: Evaluation of the oral cavity is limited by artifact. The visualized portions of the oral tongue and floor of mouth are intact.

Glands: Within the limitations of artifact, no definite lesion is identified in the submandibular or parotid salivary glands. A region of apparent hyperenhancement at the superior aspect of the left submandibular gland is likely due to beam hardening artifact from the adjacent mandible (series 5/image 49; series 6 image 73). There is no evidence of abnormal stranding surrounding the salivary glands. There is a 2 mm hypoattenuating nodule in the thyroid isthmus (series 5/image 52).

Cervical soft tissues: A right level Ia lymph node measures 11 mm (series 3/image 30). A right level IIa lymph node measures 16 mm (series 3/image 29). A left level IIa lymph node measures 15 mm (series 3/image 28). A left level Ia lymph node measures 10 mm (series 3/image 28).

There is a left maxillary sinus retention cyst. The visualized mastoid air cells are clear. There are small anterior endplate osteophytes at T3-T4 and T4-T5. There is straightening of the cervical lordosis.

IMPRESSION:

1. No definite left submandibular mass lesion is identified. Clinical follow-up is recommended. If there is continued clinical concern for a submandibular mass lesion, MR imaging of the salivary glands with and without contrast would be recommended for further characterization.
2. Prominent and mildly enlarged bilateral level IIa and bilateral level Ia lymph nodes are likely reactive.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Moum, Sarah MD

Radiology Resident: Curl, Patti MD

Date Signed Off: 04/11/2021 21:35

Procedure Note

Sarah J. Moum - 04/11/2021

Procedure Note

Formatting of this note might be different from the original.

CT SOFT TISSUE NECK W CONTRAST

CLINICAL HISTORY: Intermittent throat discomfort. Recent strep pharyngitis infection. Ultrasound at that time demonstrated a hypoechoic region within the left submandibular gland.

TECHNIQUE: Following the administration of intravenous contrast, axial CT images of the neck were obtained. Coronal and sagittal reformatted images were reviewed.

COMPARISON: CT brain March 22, 2019

FINDINGS:

Pharynx/larynx: There is mild adenotonsillar hypertrophy. No focal asymmetric soft tissue lesion is identified along the visualized aerodigestive tract.

Oral cavity: Evaluation of the oral cavity is limited by artifact. The visualized portions of the oral tongue and floor of mouth are intact.

Glands: Within the limitations of artifact, no definite lesion is identified in the submandibular or parotid salivary glands. A region of apparent hyperenhancement at the superior aspect of the left submandibular gland is likely due to beam hardening artifact from the adjacent mandible (series 5/image 49; series 6 image 73). There is no evidence of abnormal stranding surrounding the salivary glands. There is a 2 mm hypoattenuating nodule in the thyroid isthmus (series 5/image 52).

Cervical soft tissues: A right level Ia lymph node measures 11 mm (series 3/image 30). A right level IIa lymph node measures 16 mm (series 3/image 29). A left level IIa lymph node measures 15 mm (series 3/image 28). A left level Ia lymph node measures 10 mm (series 3/image 28).

There is a left maxillary sinus retention cyst. The visualized mastoid air cells are clear. There are small anterior endplate osteophytes at T3-T4 and T4-T5. There is straightening of the cervical lordosis.

IMPRESSION:

1. No definite left submandibular mass lesion is identified. Clinical follow-up is recommended. If there is continued clinical concern for a submandibular mass lesion, MR imaging of the salivary glands with and without contrast would be recommended for further characterization.
2. Prominent and mildly enlarged bilateral level IIa and bilateral level Ia lymph nodes are likely reactive.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Moum, Sarah MD

Radiology Resident: Curl, Patti MD

Date Signed Off: 04/11/2021 21:35

Authorizing Provider	Result Type
Katy Y. Hassan	IMG CT ORDERABLES

POCT CREATININE - Final result (04/07/2021 9:14 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Creatinine POC	1.1	0.8 - 1.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=59 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
eGFR (N-AA) POC	>60	>=59 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
Blood specimen (specimen)				04/07/2021 9:14 AM CDT	04/07/2021 9:18 AM CDT	

Narrative

Authorizing Provider Result Type
Katy Y. Hassan POCT ORDERABLES - DEVICE

Performing Organization Address City/State/ZIP Code Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB 251 E. Huron 7307 Chicago, IL 60611

Visit Diagnoses - documented in this encounter

Diagnosis

Mass of submandibular gland

Administered Medications - documented in this encounter

Inactive Administered Medications - up to 3 most recent administrations

Medication Order	MAR Action	Action Date	Dose	Rate	Site
iohexoL (OMNIPACQUE-350) 350 mg iodine/mL injection 125 mL 125 mL, Intravenous, ONCE PRN, other, CT Contrast, Starting on Wed 4/7/21 at 0922, For 1 dose	Given	04/07/2021 9:33 AM CDT	125 mLs		

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

Naveed Atif Muhammad (Nov. 20, 2019 - Present)
NPI: 1396799029
312-808-0621 (Work)
312-808-0655 (Fax)
2850 S WABASH AVE
SUITE 203
CHICAGO, IL 60616
Family Medicine
Northwestern Memorial HealthCare
25 N Winfield Rd
Winfield, IL 60190

Other Service Providers

Document Coverage Dates

Apr. 07, 2021

Custodian Organization

Northwestern Memorial HealthCare
25 N Winfield Rd
Winfield, IL 60190

Encounter Providers

Encounter Date

Katy Y. Hassan (Attending)
NPI: 1194050500
312-695-8182 (Work)
312-695-4303 (Fax)
675 N St Clair St Ste 15-200
Galter Pavilion
Chicago, IL 60611
Thyroid and Parathyroid Surgery

Apr. 07, 2021

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

FOLLOW UP

Encounter Details

Date	Type	Department	Care Team	Description
03/18/2021 7:45 AM CDT	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021		Active

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

Problem	Noted Date	Diagnosed Date
Enlarged tonsils	03/18/2021	
Mass of submandibular gland	03/18/2021	
Enlarged lymph nodes	02/25/2021	
Salivary gland disease	02/25/2021	
Strep throat	02/25/2021	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Not on file

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis

Mass of submandibular gland - Primary

Enlarged lymph nodes

Enlarged tonsils

Abnormal findings on laryngoscopy

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

Naveed Atif Muhammad (Nov. 20, 2019 - Present)

NPI: 1396799029

312-808-0621 (Work)

312-808-0655 (Fax)

2850 S WABASH AVE

SUITE 203

CHICAGO, IL 60616

Family Medicine

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Encounter Providers

Katy Y. Hassan (Attending)

NPI: 1194050500

312-695-8182 (Work)

312-695-4303 (Fax)

675 N St Clair St Ste 15-200

Galter Pavilion

Chicago, IL 60611

Thyroid and Parathyroid Surgery

Document Coverage Dates

Mar. 18, 2021

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

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Reason for Visit

Reason

Swollen Lymph Nodes

Encounter Details

Date	Type	Department	Care Team	Description
02/25/2021 8:30 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021		Active
amoxicillin-clavulanate 875-125 mg per tablet	Take 1 tablet by mouth 2 (two) times daily for 10 days.	20 tablet	02/24/2021	03/06/2021	Expired

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

Problem	Noted Date	Diagnosed Date
Enlarged lymph nodes	02/25/2021	
Salivary gland disease	02/25/2021	
Strep throat	02/25/2021	

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	121/72	02/25/2021 8:35 AM CST	
Pulse	77	02/25/2021 8:35 AM CST	
Temperature	35.6 °C (96.1 °F)	02/25/2021 8:35 AM CST	
Respiratory Rate	-	-	
Oxygen Saturation	-	-	
Inhaled Oxygen Concentration	-	-	
Weight	108.9 kg (240 lb)	02/25/2021 8:35 AM CST	
Height	172.7 cm (5' 8")	02/25/2021 8:35 AM CST	
Body Mass Index	36.49	02/25/2021 8:35 AM CST	

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis
Enlarged lymph nodes - Primary
Salivary gland disease
Strep throat

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts			
Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact
Document Information			
Primary Care Provider		Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (Nov. 20, 2019 - Present) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			Feb. 25, 2021
Custodian Organization			
Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			
Encounter Providers		Encounter Date	
Katy Y. Hassan (Attending) NPI: 1194050500 312-695-8182 (Work) 312-695-4303 (Fax) 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 Thyroid and Parathyroid Surgery		Feb. 25, 2021	
Legal Authenticator			
Him			

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Sore Throat

Encounter Details

Date	Type	Department	Care Team	Description
02/24/2021	Hospital	NM Immediate Care		
11:24 AM	Encounter	Streeterville		Discharge Disposition: Home or Self Care
CST -		635 N Fairbanks Ct.		
02/24/2021		CHICAGO, IL 60611-5435	Andrew Suplicki 635 N Dearborn St Ste 100 Chicago, IL 60654 312-694-2273 (Work) 312-694-2129 (Fax)	
11:58 AM		312-472-3173		
CST				

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021	Discontinued
amoxicillin-clavulanate 875-125 mg per tablet	Take 1 tablet by mouth 2 (two) times daily for 10 days.	20 tablet	02/24/2021	03/06/2021	Expired
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021	02/24/2021	Discontinued (Reorder)

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	104/67	02/24/2021 11:26 AM CST	
Pulse	87	02/24/2021 11:26 AM CST	
Temperature	36.9 °C (98.4 °F)	02/24/2021 11:26 AM CST	
Respiratory Rate	16	02/24/2021 11:26 AM CST	
Oxygen Saturation	98%	02/24/2021 11:26 AM CST	
Inhaled Oxygen Concentration	-	-	
Weight	-	-	
Height	-	-	
Body Mass Index	-	-	

Discharge Instructions - documented in this encounter

Discharge Instructions

Andrew Suplicki - 02/24/2021 11:52 AM CST

Formatting of this note might be different from the original.

- contagious with strep until on the antibiotic x 24 hours. Change toothbrush after 24 hours.
- ibuprofen or tylenol as needed for pain/fever
- push PO fluids
- cepacol throat lozenges PRN sore throat
- f/u if no improvement in 2-3 days. Sooner if worsening or new sxs develop.

Electronically signed by Andrew Suplicki at 02/24/2021 11:52 AM CST

Attachments

The following attachments were made available to the patient upon discharge.

Pharyngitis, Strep (Presumed) (English)

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Start Date	End Date
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.			
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020	
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019	
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021	
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019	
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021	
amoxicillin-clavulanate 875-125 mg per tablet	Take 1 tablet by mouth 2 (two) times daily for 10 days.	20 tablet	02/24/2021	03/06/2021

Ordered Prescriptions - documented in this encounter

Prescription	Sig	Dispensed	Start Date	End Date
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021	
methylPREDNISolone 4 mg Dose Pack Tablet	Take 1 tablet by mouth before breakfast. follow package directions	1 Package	02/24/2021	
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	02/24/2021	02/24/2021
amoxicillin-clavulanate 875-125 mg per tablet	Take 1 tablet by mouth 2 (two) times daily for 10 days.	20 tablet	02/24/2021	03/06/2021

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Results - documented in this encounter

CULTURE, GROUP A STREP SCN - Final result (02/24/2021 11:34 AM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Final Report	Culture negative for Group A Beta-hemolytic Streptococci.				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)		Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time	
Specimen from throat (specimen)		PHARYNGEAL STRUCTURE / Unknown		02/24/2021 11:34 AM CST		

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 02/26/2021 7:58 AM CST

ORDERING DEPARTMENT: NMG IMMEDIATE CARE 635 N FAIRBANKS CT STE 17-100 (STREETERVILLE)

Ordering Provider: SUPLICKI, ANDREW

Call Back Phone Number: (312)694-2273

Authorizing Provider	Result Type
Andrew Suplicki	MICROBIOLOGY - GENERAL ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

POCT RAPID STREP - Final result (02/24/2021)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POC Strep Antigen, Group A	Positive	Negative			NMG STREETERVILLE ICC	
Internal Control	Valid				NMG STREETERVILLE ICC	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Specimen from throat (specimen)			02/24/2021	

Narrative

Authorizing Provider	Result Type
Andrew Suplicki	POINT OF CARE TEST ORDERABLES
Performing Organization	Address
NMG STREETERVILLE ICC	635 N Fairbanks Ct Ste 17-100

Visit Diagnoses - documented in this encounter

Diagnosis

Sore throat - Primary

Acute streptococcal tonsillitis, not specified as recurrent or not



Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (Nov. 20, 2019 - Present) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190		Feb. 24, 2021

Custodian Organization

Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190

Encounter Providers	Encounter Date
Andrew Suplicki (Attending) NPI: 1881220150 312-694-2273 (Work) 312-694-2129 (Fax) 635 N Dearborn St Ste 100 Chicago, IL 60654 Emergency Medicine	Feb. 24, 2021

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Telemedicine Conversion

Encounter Details

Date	Type	Department	Care Team	Description
02/24/2021	Hospital	NM Immediate Care		
9:55 AM	Encounter	Streeterville		Discharge Disposition: Home or Self Care
CST -		635 N Fairbanks Ct.		
02/24/2021		CHICAGO, IL 60611-5435	Andrew Suplicki 635 N Dearborn St Ste 100 Chicago, IL 60654 312-694-2273 (Work) 312-694-2129 (Fax)	
10:03 AM		312-472-3173		
CST				

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Not on file

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Start Date	End Date
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.			
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020	
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019	
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019	

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis

Sore throat - Primary

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts			
Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact
Document Information			
Primary Care Provider		Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (Nov. 20, 2019 - Present) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			Feb. 24, 2021
Custodian Organization			
Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			
Encounter Providers		Encounter Date	
Andrew Suplicki (Attending) NPI: 1881220150 312-694-2273 (Work) 312-694-2129 (Fax) 635 N Dearborn St Ste 100 Chicago, IL 60654 Emergency Medicine		Feb. 24, 2021	
Legal Authenticator			
Him			

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

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Reason for Visit

Reason

Obstructive Sleep Apnea

Encounter Details

Date	Type	Department	Care Team	Description
02/11/2021 9:00 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Michael Awad 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	142/84	02/11/2021 9:10 AM CST	
Pulse	93	02/11/2021 9:10 AM CST	
Temperature	36.5 °C (97.7 °F)	02/11/2021 9:10 AM CST	
Respiratory Rate	-	-	
Oxygen Saturation	-	-	
Inhaled Oxygen Concentration	-	-	
Weight	108.9 kg (240 lb)	02/11/2021 9:10 AM CST	
Height	172.7 cm (5' 8")	02/11/2021 9:10 AM CST	
Body Mass Index	36.49	02/11/2021 9:10 AM CST	

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis
Sleep apnea - Primary

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts			
Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact
Document Information			
Primary Care Provider		Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (Nov. 20, 2019 - Present) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			Feb. 11, 2021
Custodian Organization			
Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			
Encounter Providers		Encounter Date	
Michael Awad (Attending) NPI: 1144882960 312-695-8182 (Work) 312-695-4303 (Fax) 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 Sleep Surgery		Feb. 11, 2021	
Legal Authenticator			
Him			

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

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Reason for Visit

Reason

HOARSENESS

Encounter Details

Date	Type	Department	Care Team	Description
02/08/2021 8:00 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Michiel J. Bove Dept 5777 Carol Stream, IL 60122-5777 312-695-9797 (Work) 630-933-2740 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Current				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	121/68	02/08/2021 8:37 AM CST	
Pulse	78	02/08/2021 8:37 AM CST	
Temperature	36.2 °C (97.2 °F)	02/08/2021 8:37 AM CST	
Respiratory Rate	-	-	
Oxygen Saturation	96%	02/08/2021 8:37 AM CST	
Inhaled Oxygen Concentration	-	-	
Weight	113.4 kg (250 lb)	02/08/2021 8:37 AM CST	
Height	172.7 cm (5' 8")	02/08/2021 8:37 AM CST	
Body Mass Index	38.01	02/08/2021 8:37 AM CST	

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis
Hoarseness - Primary

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts			
Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact
Document Information			
Primary Care Provider		Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (Nov. 20, 2019 - Present) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			Feb. 08, 2021
Custodian Organization			
Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			
Encounter Providers		Encounter Date	
Michiel J. Bove (Attending) NPI: 1295822799 312-695-9797 (Work) 630-933-2740 (Fax) Dept 5777 Carol Stream, IL 60122-5777 Laryngology		Feb. 08, 2021	
Legal Authenticator			
Him			

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

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Reason for Visit

Reason

Sinus Problems

Encounter Details

Date	Type	Department	Care Team	Description
01/07/2021	Hospital	NM Immediate Care		
1:01 PM	Encounter	Streeterville	Lindsay Elizabeth Fitzpatrick	Discharge Disposition: Home or Self Care
CST -		635 N Fairbanks Ct.	259 E Erie St Ste 13-205	
01/07/2021		CHICAGO, IL 60611-5435	Lavin Family Pavilion	
1:56 PM		312-472-3173	Chicago, IL 60611	
CST			312-695-8143 (Work)	
			312-695-4430 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Current				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	113/74	01/07/2021 1:07 PM CST	
Pulse	81	01/07/2021 1:07 PM CST	
Temperature	36.7 °C (98 °F)	01/07/2021 1:07 PM CST	
Respiratory Rate	18	01/07/2021 1:07 PM CST	
Oxygen Saturation	97%	01/07/2021 1:07 PM CST	
Inhaled Oxygen Concentration	-	-	
Weight	-	-	
Height	-	-	
Body Mass Index	-	-	

Discharge Instructions - documented in this encounter

Discharge Instructions

Lindsay Elizabeth Fitzpatrick - 01/07/2021 1:50 PM CST

Formatting of this note might be different from the original.

Take tylenol or ibuprofen for throat pain and headache

We will let you know about throat culture

Take zyrtec or claritin daily for congestion

Take sudafed for sinus pressure

Take flonase for congestion

Drink lots of fluids - keep drinking tea, soups, etc

Gargle with salt water

If symptoms persist in 1 week, follow-up with PCP

If develop chest pain or trouble breathing, go to emergency room

Electronically signed by Lindsay Elizabeth Fitzpatrick at 01/07/2021 1:50 PM CST

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Start Date	End Date
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.			
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020	
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019	
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019	
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021



Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)		09/01/2023		



Results - documented in this encounter

CULTURE, GROUP A STREP SCN - Final result (01/07/2021 1:46 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Final Report	Moderate Beta Hemolytic Streptococci, Group C Culture negative for Group A Beta-hemolytic Streptococci.				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Organism Identification	STREP C			01/09/2021 11:20 AM CST	NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Specimen from throat (specimen)	PHARYNGEAL STRUCTURE / Unknown		01/07/2021 1:46 PM CST	

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 01/09/2021 11:20 AM CST
 ORDERING DEPARTMENT: NMG IMMEDIATE CARE 635 N FAIRBANKS CT STE 17-100 (STREETERVILLE)
 Ordering Provider: FITZPATRICK, LINDSAY
 Call Back Phone Number: (312)694-2273

Authorizing Provider	Result Type					
Lindsay Elizabeth Fitzpatrick	MICROBIOLOGY - GENERAL ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			

NORTHWESTERN
MEMORIAL HOSPITAL
LAB

POCT RAPID STREP - Final result (01/07/2021)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POC Strep Antigen, Group A	Negative	Negative			NMG STREETERVILLE ICC	
Internal Control	Valid				NMG STREETERVILLE ICC	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Specimen from throat (specimen)			01/07/2021	

Narrative

Authorizing Provider	Result Type					
Lindsay Elizabeth Fitzpatrick	POINT OF CARE TEST ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			

NMG STREETERVILLE
ICC

635 N Fairbanks Ct Ste 17-100 Chicago, IL 60611

POCT SARS-COV-2-NAT - Final result (01/07/2021)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
POCT SARS-COV-2, NAT	Negative	Negative			NMG STREETERVILLE ICC	
SARS-CoV-2 NAT - ID NOW Comment	A negative result does not exclude COVID-19. Testing, which was performed using an NAAT authorized for emergency use by the FDA (Abbott ID Now), may not satisfy an RT PCR requirement.				NMG STREETERVILLE ICC	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
NP Swab	NASOPHARYNGEAL STRUCTURE / Unknown		01/07/2021	

Narrative

Authorizing Provider	Result Type
Lindsay Elizabeth Fitzpatrick	POINT OF CARE TEST ORDERABLES
Performing Organization	Address
NMG STREETERVILLE ICC	635 N Fairbanks Ct Ste 17-100

 Visit Diagnoses - documented in this encounter

Diagnosis

Acute pharyngitis, unspecified etiology - Primary

Viral upper respiratory tract infection

 Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

 Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

Naveed Atif Muhammad (Nov. 20, 2019 - Present)

NPI: 1396799029

312-808-0621 (Work)

312-808-0655 (Fax)

2850 S WABASH AVE

SUITE 203

CHICAGO, IL 60616

Family Medicine

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Encounter Providers

Lindsay Elizabeth Fitzpatrick (Attending)

NPI: 1720635741

312-695-8143 (Work)

312-695-4430 (Fax)

259 E Erie St Ste 13-205

Lavin Family Pavilion

Chicago, IL 60611

Neurological Surgery

Document Coverage Dates

Jan. 07, 2021

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Telemedicine Conversion

Encounter Details

Date	Type	Department	Care Team	Description
05/06/2020 11:10 AM CDT	Office Visit	NM Neurology 1333 W BELMONT AVENUE SUITE 200 CHICAGO, IL 60657 312-695-7950	Leah K. Wargolet 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611 312-695-7950 (Work) 312-695-5747 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020		Active
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021	Discontinued
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	12/11/2019	05/06/2020	Discontinued (Reorder)

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Not on file

Patient Instructions - documented in this encounter

Patient Instructions

Leah K. Wargolet - 05/06/2020 11:10 AM CDT

Formatting of this note might be different from the original.

- Schedule thoracic outlet ultrasound: 312-926-2650.
- Resume use of CPAP as soon as possible - this is very, very important.
- Schedule EMG/NCV: 312-926-2650.
- Schedule follow up with ophthalmology: 312-695-8150.
- Let me know what dose of Nortriptyline you are taking.
- Take Flexeril/Cyclobenzaprine every night for the next few weeks, then take nightly as needed thereafter.
- Get ergonomic/neck pillow.
- Keep doing physical therapy exercises.
- Try taking Duloxetine at nighttime.
- Schedule follow up appt in 3-4 months (can schedule via MyChart or by calling 312-695-7950).

Electronically signed by Leah K. Wargolet at 05/06/2020 11:47 AM CDT

Ordered Prescriptions - documented in this encounter

Prescription	Sig	Dispensed	Start Date	End Date
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	05/06/2020	

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Results - documented in this encounter

Not on file



Visit Diagnoses - documented in this encounter

Diagnosis

Right upper limb pain - Primary
Arm paresthesia, right
Neck pain
Right leg pain
Sleep apnea
Headache



Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	



Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (Nov. 20, 2019 - Present) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine		May 06, 2020
Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190		

Custodian Organization

Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190

Encounter Providers	Encounter Date
Leah K. Wargolet (Attending) NPI: 1396144721 312-695-7950 (Work) 312-695-5747 (Fax) 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611 Vascular Neurology and Stroke	May 06, 2020

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason
Follow-up

Encounter Details

Date	Type	Department	Care Team	Description
12/11/2019	Office Visit	NM Neurology	Leah K. Wargolet	
3:40 PM		1333 W BELMONT AVENUE		259 E Erie St Ste 1900
CST		SUITE 200		Lavin Family Pavilion
		CHICAGO, IL 60657		Chicago, IL 60611
		312-695-7950		312-695-7950 (Work)
				312-695-5747 (Fax)

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019		Active
nortriptyline 10 mg capsule	Take 2 capsules by mouth nightly.	60 capsule	08/27/2019	12/11/2019	Discontinued
DULoxetine 30 mg capsule	Take 1 capsule by mouth daily.	30 capsule	08/27/2019	12/11/2019	Discontinued
diazepam 5 mg tablet	Take 1 tablet by mouth every 6 (six) hours as needed for anxiety.	8 tablet	11/20/2019	12/11/2019	Discontinued
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021	Discontinued
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	12/11/2019	05/06/2020	Discontinued (Reorder)

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

① Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

 Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	122/70	12/11/2019 3:39 PM CST	
Pulse	79	12/11/2019 3:39 PM CST	
Temperature	36.6 °C (97.8 °F)	12/11/2019 3:39 PM CST	
Respiratory Rate	-	-	
Oxygen Saturation	98%	12/11/2019 3:39 PM CST	
Inhaled Oxygen Concentration	-	-	
Weight	122.9 kg (271 lb)	12/11/2019 3:39 PM CST	
Height	170.2 cm (5' 7")	12/11/2019 3:39 PM CST	
Body Mass Index	42.44	12/11/2019 3:39 PM CST	

Patient Instructions - documented in this encounter

Patient Instructions

Leah K. Wargolet - 12/11/2019 3:40 PM CST

Formatting of this note is different from the original.

Images from the original note were not included.

- Start PT.
- Stop Nortriptyline.
- Increase Cymbalta to 60 mg/day.
- Try Cyclobenzaprine/Flexeril: 5 mg at bedtime as needed for muscle spasm - can increase to 10 mg if tolerated.

Neck Exercises:

- Perform these exercises 3 times daily.
- Do not do any exercise that increases/worsens pain.

Exercises to Strengthen Your Lower Back

Strong lower back and abdominal muscles work together to support your spine. The exercises below will help strengthen the lower back. It is important that you begin exercising slowly and increase levels gradually.

Always begin any exercise program with stretching. If you feel pain while doing any of these exercises, stop and talk to your doctor about a more specific exercise program that better suits your condition.

Low back stretch

The point of stretching is to make you more flexible and increase your range of motion. Stretch only as much as you are able. Stretch slowly. Do not push your stretch to the limit. If at any point you feel pain while stretching, this is your (temporary) limit.

- Lie on your back with your knees bent and both feet on the ground.
- Slowly raise your left knee to your chest as you flatten your lower back against the floor. Hold for 5 seconds.
- Relax and repeat the exercise with your right knee.
- Do 10 of these exercises for each leg.
- Repeat hugging both knees to your chest at the same time.

Building lower back strength

Start your exercise routine with 10 to 30 minutes a day, 1 to 3 times a day.

Initial exercises

Lying on your back:

1. Ankle pumps: Move your foot up and down, towards your head, and then away. Repeat 10 times with each foot.
2. Heel slides: Slowly bend your knee, drawing the heel of your foot towards you. Then slide your heel/foot from you, straightening your knee. Do not lift your foot off the floor (this is not a leg lift).
3. Abdominal contraction: Bend your knees and put your hands on your stomach. Tighten your stomach muscles. Hold for 5 seconds, then relax. Repeat 10 times.

4. Straight leg raise: Bend one leg at the knee and keep the other leg straight. Tighten your stomach muscles. Slowly lift your straight leg 6 to 12 inches off the floor and hold for up to 5 seconds. Repeat 10 times on each side.

Standing:

1. Wall squats: Stand with your back against the wall. Move your feet about 12 inches away from the wall. Tighten your stomach muscles, and slowly bend your knees until they are at about a 45 degree angle. Do not go down too far. Hold about 5 seconds. Then slowly return to your starting position. Repeat 10 times.

2. Heel raises: Stand facing the wall. Slowly raise the heels of your feet up and down, while keeping your toes on the floor. If you have trouble balancing, you can touch the wall with your hands. Repeat 10 times.

More advanced exercises

When you feel comfortable enough, try these exercises.

1. Kneeling lumbar extension: Begin on your hands and knees. At the same time, raise and straighten your right arm and left leg until they are parallel to the ground. Hold for 2 seconds and come back slowly to a starting position. Repeat with left arm and right leg, alternating 10 times.

2. Prone lumbar extension: Lie face down, arms extended overhead, palms on the floor. At the same time, raise your right arm and left leg as high as comfortably possible. Hold for 10 seconds and slowly return to start. Repeat with left arm and right leg, alternating 10 times. Gradually build up to 20 times. (Advanced: Repeat this exercise raising both arms and both legs a few inches off the floor at the same time. Hold for 5 seconds and release.)

3. Pelvic tilt: Lie on the floor on your back with your knees bent at 90 degrees. Your feet should be flat on the floor. Inhale, exhale, then slowly contract your abdominal muscles bringing your navel toward your spine. Let your pelvis rock back until your lower back is flat on the floor. Hold for 10 seconds while breathing smoothly.

4. Abdominal crunch: Perform a pelvic tilt (above) flattening your lower back against the floor. Holding the tension in your abdominal muscles, take another breath and raise your shoulder blades off the ground (this is not a full sit-up). Keep your head in line with your body (don't bend your neck forward). Hold for 2 seconds, then slowly lower.

Ordered Prescriptions - documented in this encounter				
Prescription	Sig	Dispensed	Start Date	End Date
DULoxetine 60 mg capsule	Take 1 capsule by mouth daily.	30 capsule	12/11/2019	
cyclobenzaprine 5 mg tablet	Take 1 tablet by mouth nightly as needed (for muscle spasm).	30 tablet	12/11/2019	05/06/2020

Plan of Treatment - documented as of this encounter				
Upcoming Encounters				
Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance		Due Date	Last Done	Comments
Flu Vaccine (Yearly) (#1)		09/01/2023		

Results - documented in this encounter	
Not on file	

Visit Diagnoses - documented in this encounter	
Diagnosis	
Neck pain - Primary	
Chronic bilateral low back pain with right-sided sciatica	
Right upper limb pain	
Arm paresthesia, right	
Sleep apnea	

Care Teams - documented as of this encounter				
Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts			
Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

Naveed Atif Muhammad (Nov. 20, 2019 - Present)

NPI: 1396799029

312-808-0621 (Work)

312-808-0655 (Fax)

2850 S WABASH AVE

SUITE 203

CHICAGO, IL 60616

Family Medicine

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Other Service Providers

Document Coverage Dates

Dec. 11, 2019

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Encounter Providers

Encounter Date

Leah K. Wargolet (Attending)

Dec. 11, 2019

NPI: 1396144721

312-695-7950 (Work)

312-695-5747 (Fax)

259 E Erie St Ste 1900

Lavin Family Pavilion

Chicago, IL 60611

Vascular Neurology and Stroke

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Back Pain

Encounter Details

Date	Type	Department	Care Team	Description
11/20/2019	Emergency	NM Emergency Medicine	Joshua Daniel Zimmerman	Discharge Disposition: Home or Self Care
12:33 PM		251 E. Huron Street	1000 N Westmoreland Rd	
CST -		Feinberg Pavilion	Lake Forest, IL 60045-9989	
11/20/2019		Chicago, IL 60611-2908	847-535-6150 (Work)	
4:50 PM		312-926-5188	847-535-7801 (Fax)	
CST				

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019	Discontinued
nortriptyline 10 mg capsule	Take 2 capsules by mouth nightly.	60 capsule	08/27/2019	12/11/2019	Discontinued
DULoxetine 30 mg capsule	Take 1 capsule by mouth daily.	30 capsule	08/27/2019	12/11/2019	Discontinued
ibuprofen 600 mg tablet	Take 1 tablet by mouth every 6 (six) hours as needed for pain.	30 tablet	10/21/2019	11/20/2019	Discontinued
diazepam 5 mg tablet	Take 1 tablet by mouth every 6 (six) hours as needed for anxiety.	8 tablet	11/20/2019	12/11/2019	Discontinued
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	137/82	11/20/2019 12:37 PM CST	
Pulse	78	11/20/2019 12:37 PM CST	
Temperature	36.8 °C (98.2 °F)	11/20/2019 12:37 PM CST	
Respiratory Rate	18	11/20/2019 12:37 PM CST	
Oxygen Saturation	97%	11/20/2019 12:37 PM CST	
Inhaled Oxygen Concentration	-	-	
Weight	-	-	
Height	-	-	
Body Mass Index	-	-	

Discharge Instructions - documented in this encounter

Discharge Instructions

Tara C. Nikodem - 11/20/2019 4:43 PM CST

Formatting of this note might be different from the original.

You should take ibuprofen 800 mg every 8 hours as needed for pain and try to take the medication with meals. You can also take tylenol every 6 hours as needed (no more than one gram at a time, no more than 4 grams in a day). This will help control the inflammation and pain.

Electronically signed by Tara C. Nikodem at 11/20/2019 4:43 PM CST

Attachments

The following attachments were made available to the patient upon discharge.

NECK SPRAIN OR STRAIN (ENGLISH)

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Start Date	End Date
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.			
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019	
diazepam 5 mg tablet	Take 1 tablet by mouth every 6 (six) hours as needed for anxiety.	8 tablet	11/20/2019	12/11/2019
DULoxetine 30 mg capsule	Take 1 capsule by mouth daily.	30 capsule	08/27/2019	12/11/2019
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021
nortriptyline 10 mg capsule	Take 2 capsules by mouth nightly.	60 capsule	08/27/2019	12/11/2019



Ordered Prescriptions - documented in this encounter

Prescription	Sig	Dispensed	Start Date	End Date
ibuprofen 800 mg tablet	Take 1 tablet by mouth every 8 (eight) hours as needed for pain.	30 tablet	11/20/2019	02/24/2021
diazepam 5 mg tablet	Take 1 tablet by mouth every 6 (six) hours as needed for anxiety.	8 tablet	11/20/2019	12/11/2019



Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			



Results - documented in this encounter

.AUTO DIFF - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils	61	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Lymphocytes	27	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Monocytes	9	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Eosinophils	2	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Basophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Immature Granulocytes	0	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Immature Granulocytes (IG) represents automated enumeration of Metamyelocytes, Myelocytes and Promyelocytes when IG is < 5%. Blasts are not included in IG and reported separately if present.

Absolute Neutrophils	4.1	1.5 - 8.0 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Lymphocytes	1.8	1.0 - 4.0 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Monocytes	0.6	0.2 - 1.0 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Eosinophils	0.1	0.0 - 0.6 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Basophils	0.1	0.0 - 0.2 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
A Im Gran Absolute	0.00	0.00 - 0.10 K/ UL		NORTHWESTERN MEMORIAL HOSPITAL LAB

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			11/20/2019 1:52 PM CST	11/20/2019 1:57 PM CST

Narrative

Authorizing Provider	Result Type		
Joshua Daniel Zimmerman	HEMATOLOGY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

CBC (.CBC) - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	6.7	3.5 - 10.5 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RBC	5.41	4.30 - 5.80 M/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HGB	14.3	13.0 - 17.5 g/ dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HCT	44.4	38.0 - 50.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCV	82	80 - 99 FL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCH	26.4	27.0 - 34.0 pg			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCHC	32.2	32.0 - 35.5 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RDW	14.0	11.0 - 15.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
PLT	289	140 - 390 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MPV	9.4	8.8 - 12.1 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Differential Type	Auto				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Reflex Morphology	No				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			11/20/2019 1:52 PM CST	11/20/2019 1:57 PM CST

Narrative

Authorizing Provider	Result Type		
Joshua Daniel Zimmerman	HEMATOLOGY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

MAGNESIUM (MAGNESIUM LEVEL) - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	1.8	1.5 - 2.7 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)	VEIN SPECIMEN / Unknown		11/20/2019 1:52 PM CST	11/20/2019 2:05 PM CST
Narrative				
Authorizing Provider		Result Type		
Joshua Daniel Zimmerman		CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number	
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611		

BASIC METABOLIC PANEL - Final result (11/20/2019 1:52 PM CST)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	139	133 - 146 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Potassium	3.8	3.5 - 5.1 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Chloride	104	98 - 109 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
CO2	27	21 - 31 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Calcium	9.9	8.3 - 10.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Urea Nitrogen	12	2 - 25 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Creatinine	0.92	0.60 - 1.30 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Glucose	95	65 - 100 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anion Gap	8	5 - 16			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=60 mL/min/1.73m2			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(Others)	>60	>=60 mL/min/1.73m2			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)	VEIN SPECIMEN / Unknown			11/20/2019 1:52 PM CST	11/20/2019 2:05 PM CST	

Narrative

Authorizing Provider	Result Type		
Joshua Daniel Zimmerman	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

Visit Diagnoses - documented in this encounter

Diagnosis

Strain of neck muscle - Primary

Administered Medications - documented in this encounter

Inactive Administered Medications - up to 3 most recent administrations

Medication Order	MAR Action	Action Date	Dose	Rate	Site
diazepam (VALIUM) syringe 2 mg 2 mg, IVPush, ONCE, On Wed 11/20/19 at 1348, For 1 dose, STAT	Given	11/20/2019 1:48 PM CST	2 mg		
diazepam (VALIUM) syringe 5 mg 5 mg, IVPush, ONCE, On Wed 11/20/19 at 1421, For 1 dose, STAT	Given	11/20/2019 2:21 PM CST	5 mg		
ketorolac (TORADOL) injection 30 mg 30 mg, IVPush, ONCE, On Wed 11/20/19 at 1348, For 1 dose, STAT	Given	11/20/2019 1:48 PM CST	30 mg		
lidocaine (LIDODERM) 5 % 1 patch 1 patch, Transdermal, Administer over 12 Hours, ONCE, On Wed 11/20/19 at 1421, For 1 dose, Apply to back remove patch after 12 hours	Patch Applied	11/20/2019 2:21 PM CST	1 patch		Other

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	11/20/19	

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

Naveed Atif Muhammad (Nov. 20, 2019 - Present)
NPI: 1396799029
312-808-0621 (Work)
312-808-0655 (Fax)
2850 S WABASH AVE
SUITE 203
CHICAGO, IL 60616
Family Medicine
Northwestern Memorial HealthCare
25 N Winfield Rd
Winfield, IL 60190

Other Service Providers

Document Coverage Dates

Nov. 20, 2019

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd
Winfield, IL 60190

Encounter Providers

Encounter Date

Joshua Daniel Zimmerman (Attending)
NPI: 1053653634
847-535-6150 (Work)
847-535-7801 (Fax)
1000 N Westmoreland Rd
Lake Forest, IL 60045-9989
Emergency Medicine

Nov. 20, 2019

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Headache- Recurrent Or Know Dx

Back Pain

Encounter Details

Date	Type	Department	Care Team	Description
10/21/2019	Emergency	NM Emergency Medicine	Timothy M. Loftus	Discharge Disposition: Home or Self Care
4:51 PM		251 E. Huron Street	211 E Ontario St Ste 200	
CDT -		Feinberg Pavilion	Chicago, IL 60611	
10/21/2019		Chicago, IL 60611-2908	312-694-7000 (Work)	
6:31 PM		312-926-5188	312-926-6274 (Fax)	
CDT				

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019		Active
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019	Discontinued
nortriptyline 10 mg capsule	Take 2 capsules by mouth nightly.	60 capsule	08/27/2019	12/11/2019	Discontinued
DULoxetine 30 mg capsule	Take 1 capsule by mouth daily.	30 capsule	08/27/2019	12/11/2019	Discontinued
ibuprofen 600 mg tablet	Take 1 tablet by mouth every 6 (six) hours as needed for pain.	30 tablet	10/21/2019	11/20/2019	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	119/70	10/21/2019 4:07 PM CDT	
Pulse	67	10/21/2019 4:07 PM CDT	
Temperature	36.9 °C (98.4 °F)	10/21/2019 4:07 PM CDT	
Respiratory Rate	18	10/21/2019 4:07 PM CDT	
Oxygen Saturation	95%	10/21/2019 4:07 PM CDT	
Inhaled Oxygen Concentration	-	-	
Weight	-	-	
Height	-	-	
Body Mass Index	-	-	

Discharge Instructions - documented in this encounter

Discharge Instructions

Alysia M. Horcher - 10/21/2019 6:25 PM CDT

Formatting of this note might be different from the original.

You were seen in the ER for headache and back pain. You were given toradol and lidocaine patches in the ER.

If your pain worsens and you can't tolerate it at home, you develop new numbness/tingling, new weakness, inability to control your bladder or bowel or develop other new concerning symptoms return to the ER.

Follow up with neurology at your scheduled appointment.

Electronically signed by Alysia M. Horcher at 10/21/2019 6:25 PM CDT

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Start Date	End Date
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.			
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019	
DULoxetine 30 mg capsule	Take 1 capsule by mouth daily.	30 capsule	08/27/2019	12/11/2019
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.		11/20/2019	
ibuprofen 600 mg tablet	Take 1 tablet by mouth every 6 (six) hours as needed for pain.	30 tablet	10/21/2019	11/20/2019
nortriptyline 10 mg capsule	Take 2 capsules by mouth nightly.	60 capsule	08/27/2019	12/11/2019

Ordered Prescriptions - documented in this encounter

Prescription	Sig	Dispensed	Start Date	End Date
lidocaine 5 % patch	Place 1 patch onto the skin daily.	10 patch	10/21/2019	
ibuprofen 600 mg tablet	Take 1 tablet by mouth every 6 (six) hours as needed for pain.	30 tablet	10/21/2019	11/20/2019



Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)		09/01/2023		



Results - documented in this encounter

.AUTO DIFF - Final result (10/21/2019 4:58 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils	46	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Lymphocytes	41	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Monocytes	10	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Eosinophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Basophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Immature Granulocytes	0	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Immature Granulocytes (IG) represents automated enumeration of Metamyelocytes, Myelocytes and Promyelocytes when IG is < 5%. Blasts are not included in IG and reported separately if present.

Absolute Neutrophils	3.1	1.5 - 8.0 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Lymphocytes	2.8	1.0 - 4.0 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Monocytes	0.7	0.2 - 1.0 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Eosinophils	0.1	0.0 - 0.6 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Basophils	0.1	0.0 - 0.2 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
A Im Gran Absolute	0.00	0.00 - 0.10 K/ UL		NORTHWESTERN MEMORIAL HOSPITAL LAB

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			10/21/2019 4:58 PM CDT	10/21/2019 5:06 PM CDT

Narrative

Authorizing Provider	Result Type		
Timothy M. Loftus	HEMATOLOGY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

CBC (.CBC) - Final result (10/21/2019 4:58 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	6.8	3.5 - 10.5 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RBC	5.34	4.30 - 5.80 M/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HGB	14.0	13.0 - 17.5 g/ dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HCT	45.2	38.0 - 50.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCV	85	80 - 99 FL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCH	26.2	27.0 - 34.0 pg			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCHC	31.0	32.0 - 35.5 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RDW	14.0	11.0 - 15.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
PLT	300	140 - 390 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MPV	9.2	8.8 - 12.1 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Differential Type	Auto				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Reflex Morphology	No				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			10/21/2019 4:58 PM CDT	10/21/2019 5:06 PM CDT

Narrative

Authorizing Provider	Result Type		
Timothy M. Loftus	HEMATOLOGY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

BASIC METABOLIC PANEL - Final result (10/21/2019 4:58 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	140	133 - 146 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Potassium	4.2	3.5 - 5.1 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Chloride	104	98 - 109 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
CO2	29	21 - 31 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Calcium	9.8	8.3 - 10.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Urea Nitrogen	9	2 - 25 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Creatinine	0.98	0.60 - 1.30 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Glucose	95	65 - 100 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anion Gap	7	5 - 16			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=60 mL/min/1.73m2			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(Others)	>60	>=60 mL/min/1.73m2			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)	PERIPHERAL CATHETER / Unknown			10/21/2019 4:58 PM CDT	10/21/2019 5:24 PM CDT	
Narrative						
Authorizing Provider	Result Type					
Timothy M. Loftus	CHEMISTRY ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611				

Visit Diagnoses - documented in this encounter

Diagnosis

Back pain - Primary

Administered Medications - documented in this encounter					
Inactive Administered Medications - up to 3 most recent administrations					
Medication Order	MAR Action	Action Date	Dose	Rate	Site
ketorolac (TORADOL) injection 30 mg 30 mg, Intramuscular, ONCE, On Mon 10/21/19 at 1754, For 1 dose, STAT	Given	10/21/2019 5:38 PM CDT	30 mg		Left Deltoid
lidocaine (LIDODERM) 5 % 3 patch 3 patch, Transdermal, Administer over 12 Hours, ONCE, On Mon 10/21/19 at 1754, For 1 dose, Apply to back remove patch after 12 hours	Patch Applied	10/21/2019 5:38 PM CDT	3 patches		Other

Care Teams - documented as of this encounter				
Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	5/23/19	11/19/19

Patient Contacts				
Contact Name	Contact Address	Communication	Relationship to Patient	
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact	

Document Information			
Primary Care Provider	Other Service Providers	Document Coverage Dates	
Naveed Atif Muhammad (May 23, 2019 - Nov. 19, 2019) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine		Oct. 21, 2019	
Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			
Custodian Organization			
Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190			

Encounter Providers	Encounter Date
Timothy M. Loftus (Attending) NPI: 1164788717 312-694-7000 (Work) 312-926-6274 (Fax) 211 E Ontario St Ste 200 Chicago, IL 60611 Emergency Medicine	Oct. 21, 2019
Legal Authenticator	
Him	

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Blurred Vision

Consult, Test & Treat (Routine) - Closed

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Ophthalmology	Diagnoses Change in vision	Leah K. Wargolet 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611 Phone: 312-695-7950 Fax: 312-695-5747	
Referral ID	Status	Reason	Start Date
5576116	Closed	Consult and Treat	5/22/2019
			Expiration Date
			5/22/2020
			Visits Requested
			1
			Visits Authorized
			1

Encounter Details

Date	Type	Department	Care Team	Description
06/26/2019 7:45 AM CDT	Office Visit	NM Ophthalmology 259 E Erie St, Suite 1520 Chicago, IL 60611-3111 312-695-8150	Carol H. Schmidt 259 E Erie St Ste 1520 Lavin Family Pavilion Chicago, IL 60611 312-695-8150 (Work) 312-695-3652 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019	Discontinued
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019	Discontinued
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019	Discontinued
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Alcohol Use	Standard Drinks/Week			
Not Currently	0 (1 standard drink = 0.6 oz pure alcohol)			
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Not on file

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance Flu Vaccine (Yearly) (#1)	Due Date 09/01/2023	Last Done	Comments	

Results - documented in this encounter

Not on file

Visit Diagnoses - documented in this encounter

Diagnosis
Fainting - Primary
Change in vision
Astigmatism



Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	5/23/19	11/19/19

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (May 23, 2019 - Nov. 19, 2019) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190		Jun. 26, 2019

Custodian Organization

Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190

Encounter Providers	Encounter Date
Carol H. Schmidt (Attending) NPI: 1164447538 312-695-8150 (Work) 312-695-3652 (Fax) 259 E Erie St Ste 1520 Lavin Family Pavilion Chicago, IL 60611 Ophthalmology	Jun. 26, 2019

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

MRI/CAT Scan (Routine) - Closed

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact			
Radiology	Diagnoses Neck pain Paresthesias/numbness	Leah K. Wargolet 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611 Phone: 312-695-7950 Fax: 312-695-5747				
Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
5576110	Closed		6/4/2019	7/3/2019	1	1

Encounter Details

Date	Type	Department	Care Team	Description
06/06/2019	Hospital	Lavin Radiology	Leah K. Wargolet	Discharge Disposition: Home or Self Care
6:42 AM	Encounter	259 East Erie, 17th Floor	259 E Erie St Ste 1900	
CDT -		Lavin Pavilion	Lavin Family Pavilion	
06/06/2019		Chicago, IL 60611	Chicago, IL 60611	
11:59 PM		312-926-9000	312-695-7950 (Work)	
CDT			312-695-5747 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019	Discontinued
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019	Discontinued
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019	Discontinued
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter				
Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Sex and Gender Information		Value	Date Recorded	
Sex Assigned at Birth		Male	12/06/2019 12:13 PM CST	
Gender Identity		Not on file		
Sexual Orientation		Straight	06/24/2019 3:09 AM CDT	

Last Filed Vital Signs - documented in this encounter
Not on file

Medications at Time of Discharge - documented as of this encounter				
Medication	Sig	Dispensed	Start Date	End Date
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.			
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019

Plan of Treatment - documented as of this encounter				
Upcoming Encounters				
Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Results - documented in this encounter

MRI CERVICAL SPINE WO CONTRAST - Final result (06/06/2019 7:44 AM CDT)

Anatomical Region	Laterality	Modality		
C-spine		Magnetic Resonance		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2019 11:05 AM CDT	

Narrative

06/06/2019 7:59 PM CDT

PROCEDURE: MRI CERVICAL SPINE WO CONTRAST

INDICATION: 32-year-old man with multiple episodes of syncope beginning November 2018, cervicalgia, right upper extremity pain and paresthesias.

COMPARISON: CT brain 3/23/2019.

TECHNIQUE: Sagittal T1, T2 and T2 STIR, T2 oblique and axial T2, MEDIC, images of the cervical spine were acquired without contrast.

FINDINGS:

There is straightening of the normal cervical lordosis. The alignment of the cervical spine is normal. The vertebral body heights are preserved. Normal marrow signal intensity is maintained. The spinal cord is normal in caliber and signal.

Disc space heights and normal T2 disc signal are maintained.

There is a developmentally narrow cervical spinal canal.

C2-3: There is no disc protrusion. There is no central canal stenosis or neural foraminal narrowing.

C3-4: There is no disc protrusion. There is bilateral facet arthropathy. There is no central canal stenosis. There is uncovertebral hypertrophy, left greater than right, which results in mild right and moderate left neural foraminal narrowing.

C4-5: There is no disc protrusion. There is bilateral mild facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

C5-6: There is no disc protrusion. There is right greater than left facet arthropathy. There is no central canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C6-7: There is no disc protrusion. There is bilateral facet arthropathy and right uncovertebral hypertrophy. There is no spinal canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C7-T1: There is no disc protrusion. There is bilateral facet arthropathy. There is no spinal canal narrowing. There is no right neural foraminal narrowing. There is mild left neural foraminal narrowing.

IMPRESSION:

Mild multilevel degenerative changes superimposed on a developmentally narrow spinal canal are most prominent where there are moderate left neural foraminal narrowing at C3-4, and mild neural foraminal narrowing at several other levels.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 19:59

Procedure Note

Alexander J. Nemeth - 06/06/2019

Procedure Note

Formatting of this note might be different from the original.

PROCEDURE: MRI CERVICAL SPINE WO CONTRAST

INDICATION: 32-year-old man with multiple episodes of syncope beginning November 2018, cervicalgia, right upper extremity pain and paresthesias.

COMPARISON: CT brain 3/23/2019.

TECHNIQUE: Sagittal T1, T2 and T2 STIR, T2 oblique and axial T2, MEDIC, images of the cervical spine were acquired without contrast.

FINDINGS:

There is straightening of the normal cervical lordosis. The alignment of the cervical spine is normal. The vertebral body heights are preserved. Normal marrow signal intensity is maintained. The spinal cord is normal in caliber and signal.

Disc space heights and normal T2 disc signal are maintained.

There is a developmentally narrow cervical spinal canal.

C2-3: There is no disc protrusion. There is no central canal stenosis or neural foraminal narrowing.

C3-4: There is no disc protrusion. There is bilateral facet arthropathy. There is no central canal stenosis. There is uncovertebral hypertrophy, left greater than right, which results in mild right and moderate left neural foraminal narrowing.

C4-5: There is no disc protrusion. There is bilateral mild facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

C5-6: There is no disc protrusion. There is right greater than left facet arthropathy. There is no central canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C6-7: There is no disc protrusion. There is bilateral facet arthropathy and right uncovertebral hypertrophy. There is no spinal canal stenosis. There is mild right neural foraminal narrowing. There is no left neural foraminal narrowing.

C7-T1: There is no disc protrusion. There is bilateral facet arthropathy. There is no spinal canal narrowing. There is no right neural foraminal narrowing. There is mild left neural foraminal narrowing.

IMPRESSION:

Mild multilevel degenerative changes superimposed on a developmentally narrow spinal canal are most prominent where there are moderate left neural foraminal narrowing at C3-4, and mild neural foraminal narrowing at several other levels.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 19:59

Authorizing Provider Result Type

Leah K. Wargolet IMG MRI ORDERABLES

Visit Diagnoses - documented in this encounter

Diagnosis

Neck pain

Paresthesias/numbness



Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	5/23/19	11/19/19

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (May 23, 2019 - Nov. 19, 2019) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190		Jun. 06, 2019

Custodian Organization

Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190

Encounter Providers	Encounter Date
Leah K. Wargolet (Attending) NPI: 1396144721 312-695-7950 (Work) 312-695-5747 (Fax) 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611 Vascular Neurology and Stroke	Jun. 06, 2019

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

MRI/CAT Scan (Routine) - Closed

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact			
Radiology	Diagnoses Acute bilateral low back pain with right-sided sciatica Paresthesias/numbness	Leah K. Wargolet 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611 Phone: 312-695-7950 Fax: 312-695-5747				
Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
5576111	Closed		6/4/2019	8/20/2020	1	1

Encounter Details

Date	Type	Department	Care Team	Description
06/06/2019 6:41 AM CDT	Hospital Encounter	Lavin Radiology 259 East Erie, 17th Floor Lavin Pavilion Chicago, IL 60611 312-926-9000	Leah K. Wargolet 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611 312-695-7950 (Work) 312-695-5747 (Fax)	Discharge Disposition: Home or Self Care

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019	Discontinued
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019	Discontinued
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019	Discontinued
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Not on file

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Start Date	End Date
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.			
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance		Due Date	Last Done	Comments
Flu Vaccine (Yearly) (#1)	09/01/2023			



Results - documented in this encounter

MRI LUMBAR SPINE WO CONTRAST - Final result (06/06/2019 7:55 AM CDT)

Anatomical Region	Laterality	Modality		
L-spine		Magnetic Resonance		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2019 10:35 AM CDT	

Narrative

06/06/2019 8:11 PM CDT

PROCEDURE: MRI LUMBAR SPINE WO CONTRAST

INDICATION: 32-year-old male with right-sided sciatica that began suddenly on 11/27/2018, paresthesias/numbness, urinary urgency and frequency.

COMPARISON: None available.

TECHNIQUE: Sagittal and axial T1 and T2 images, and sagittal T2 STIR images of the lumbar spine were acquired without contrast.

FINDINGS:

There is a normal lumbar lordosis. The alignment of the lumbar vertebrae is anatomic. The vertebral body heights are maintained. Normal marrow signal intensity is maintained.

There is a developmentally narrow spinal canal with epidural lipomatosis resulting in effacement of the thecal sac.

The distal cord and conus medullaris are normal in caliber and signal. The conus terminates at the L1-L2 level. There is a 1.7 cm Tarlov cyst in the right sacral canal. The paravertebral soft tissues are unremarkable.

Disc space heights and normal T2 disc signal are maintained.

L1-L2: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and mild bilateral facet arthropathy. No significant spinal canal or neural foraminal narrowing is identified at this level.

L2-L3: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L3-L4: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy, left greater than right uncovertebral arthropathy, and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L4-L5: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

L5-S1: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

IMPRESSION:

Developmentally slender lumbar spinal canal with epidural lipomatosis. Superimposed mild degenerative changes include multilevel mild disc bulging and mild central canal stenosis at L2-L3 and L3-L4, with mild bilateral foraminal narrowing from L2-L3 through L5-S1.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 20:11

Procedure Note

Alexander J. Nemeth - 06/06/2019

Procedure Note

Formatting of this note might be different from the original.

PROCEDURE: MRI LUMBAR SPINE WO CONTRAST

INDICATION: 32-year-old male with right-sided sciatica that began suddenly on 11/27/2018, paresthesias/numbness, urinary urgency and frequency.

COMPARISON: None available.

TECHNIQUE: Sagittal and axial T1 and T2 images, and sagittal T2 STIR images of the lumbar spine were acquired without contrast.

FINDINGS:

There is a normal lumbar lordosis. The alignment of the lumbar vertebrae is anatomic. The vertebral body heights are maintained. Normal marrow signal intensity is maintained.

There is a developmentally narrow spinal canal with epidural lipomatosis resulting in effacement of the thecal sac.

The distal cord and conus medullaris are normal in caliber and signal. The conus terminates at the L1-L2 level. There is a 1.7 cm Tarlov cyst in the right sacral canal. The paravertebral soft tissues are unremarkable.

Disc space heights and normal T2 disc signal are maintained.

L1-L2: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and mild bilateral facet arthropathy. No significant spinal canal or neural foraminal narrowing is identified at this level.

L2-L3: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L3-L4: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy, left greater than right uncovertebral arthropathy, and bilateral facet arthropathy. There is mild central canal stenosis. There is mild bilateral neural foraminal narrowing.

L4-L5: There is a mild diffuse disc bulge, ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

L5-S1: There is a mild diffuse disc bulge, mild ligamentum flavum hypertrophy and bilateral facet arthropathy. There is no central canal stenosis. There is mild bilateral neural foraminal narrowing.

IMPRESSION:

Developmentally slender lumbar spinal canal with epidural lipomatosis. Superimposed mild degenerative changes include multilevel mild disc bulging and mild central canal stenosis at L2-L3 and L3-L4, with mild bilateral foraminal narrowing from L2-L3 through L5-S1.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT

WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 20:11

Authorizing Provider

Result Type

Leah K. Wargolet

IMG MRI ORDERABLES

Visit Diagnoses - documented in this encounter

Diagnosis

Acute bilateral low back pain with right-sided sciatica

Paresthesias/numbness



Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	5/23/19	11/19/19

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (May 23, 2019 - Nov. 19, 2019) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190		Jun. 06, 2019

Custodian Organization

Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190

Encounter Providers	Encounter Date
Leah K. Wargolet (Attending) NPI: 1396144721 312-695-7950 (Work) 312-695-5747 (Fax) 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611 Vascular Neurology and Stroke	Jun. 06, 2019

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

MRI/CAT Scan (Routine) - Closed

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact			
Radiology	Diagnoses Fainting Change in vision Paresthesias/numbness Frequent headaches	Leah K. Wargolet 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611 Phone: 312-695-7950 Fax: 312-695-5747				
Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
5576112	Closed		6/4/2019	7/3/2019	1	1

Encounter Details

Date	Type	Department	Care Team	Description
06/06/2019	Hospital	Lavin Radiology	Leah K. Wargolet	Discharge Disposition: Home or Self Care
6:30 AM	Encounter	259 East Erie, 17th Floor	259 E Erie St Ste 1900	
CDT -		Lavin Pavilion	Lavin Family Pavilion	
06/06/2019		Chicago, IL 60611	Chicago, IL 60611	
6:40 AM		312-926-9000	312-695-7950 (Work)	
CDT			312-695-5747 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019	Discontinued
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019	Discontinued
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019	Discontinued
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Not on file

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Start Date	End Date
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.			
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance		Due Date	Last Done	Comments
Flu Vaccine (Yearly) (#1)	09/01/2023			



Results - documented in this encounter

MRV BRAIN WO CONTRAST - Final result (06/06/2019 7:44 AM CDT)

Anatomical Region

Laterality

Modality

Head, Vascular

Magnetic Resonance

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/06/2019 2:52 PM CDT	

Narrative

06/06/2019 7:48 PM CDT

MRV BRAIN WO CONTRAST

INDICATION: 32-year-old male with sudden onset of headaches, blurred vision, and multiple episodes of syncope.

TECHNIQUE: Multiplanar time-of-flight MRV of the brain was performed without contrast. Pre-infusion, oblique coronal and sagittal 3-D time-of-flight MR venogram of the head were performed

COMPARISON: CT brain without contrast 3/22/2019.

FINDINGS:

Normal flow related and contrast enhanced signal is identified within the major dural venous sinuses and deep cerebral veins.

Specifically, the superior and inferior sagittal sinuses, straight sinus and vein of Galen, internal cerebral veins, right transverse and sigmoid sinuses, and internal jugular veins demonstrate flow related enhancement.

The right transverse and sigmoid sinuses and internal jugular vein are dominant, and the left transverse and sigmoid sinuses are hypoplastic. There is a persistent left occipital sinus, compatible with a normal variant.

IMPRESSION:

No evidence of venous thrombosis.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 19:48

Procedure Note

Alexander J. Nemeth - 06/06/2019

Procedure Note

Formatting of this note might be different from the original.

MRV BRAIN WO CONTRAST

INDICATION: 32-year-old male with sudden onset of headaches, blurred vision, and multiple episodes of syncope.

TECHNIQUE: Multiplanar time-of-flight MRV of the brain was performed without contrast. Pre-infusion, oblique coronal and sagittal 3-D time-of-flight MR venogram of the head were performed

COMPARISON: CT brain without contrast 3/22/2019.

FINDINGS:

Normal flow related and contrast enhanced signal is identified within the major dural venous sinuses and deep cerebral veins.

Specifically, the superior and inferior sagittal sinuses, straight sinus and vein of Galen, internal cerebral veins, right transverse and sigmoid sinuses, and internal jugular veins demonstrate flow related enhancement.

The right transverse and sigmoid sinuses and internal jugular vein are dominant, and the left transverse and sigmoid sinuses are hypoplastic. There is a persistent left occipital sinus, compatible with a normal variant.

IMPRESSION:

No evidence of venous thrombosis.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Nemeth, Alexander MD

Radiology Resident: Quinn, Mila MD

Date Signed Off: 06/06/2019 19:48

Authorizing Provider

Result Type

Leah K. Wargolet

IMG MRI ORDERABLES

Visit Diagnoses - documented in this encounter

Diagnosis

Fainting

Change in vision

Paresthesias/numbness

Frequent headaches

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	5/23/19	11/19/19

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

Naveed Atif Muhammad (May 23, 2019 - Nov. 19, 2019)

NPI: 1396799029

312-808-0621 (Work)

312-808-0655 (Fax)

2850 S WABASH AVE

SUITE 203

CHICAGO, IL 60616

Family Medicine

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Other Service Providers

Document Coverage Dates

Jun. 06, 2019

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd

Winfield, IL 60190

Encounter Providers

Encounter Date

Leah K. Wargolet (Attending)

Jun. 06, 2019

NPI: 1396144721

312-695-7950 (Work)

312-695-5747 (Fax)

259 E Erie St Ste 1900

Lavin Family Pavilion

Chicago, IL 60611

Vascular Neurology and Stroke

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Other (Routine) - Closed

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Sleep Medicine	Diagnoses Snoring Frequent headaches	Leah K. Wargolet 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611	
	Procedures HOME SLEEP TEST	Phone: 312-695-7950 Fax: 312-695-5747	
Referral ID	Status	Reason	Start Date
5576113	Closed		5/24/2019
			Expiration Date
			5/21/2020
		Visits Requested	Visits Authorized
		1	1

Encounter Details

Date	Type	Department	Care Team	Description
06/03/2019	Hospital	NM Sleep Medicine	Leah K. Wargolet	Discharge Disposition: Home or Self Care
10:03 AM	Encounter	676 N St Clair St, Suite 701	259 E Erie St Ste 1900	
CDT -		Arkes Pavilion	Lavin Family Pavilion	
06/03/2019		Chicago, IL 60611	Chicago, IL 60611	
11:59 PM		312-926-2650	312-695-7950 (Work)	
CDT			312-695-5747 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019	Discontinued
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019	Discontinued
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019	Discontinued
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Not on file

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Start Date	End Date
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.			
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance		Due Date	Last Done	Comments
Flu Vaccine (Yearly) (#1)		09/01/2023		

Procedures - documented in this encounter

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
HOME SLEEP TEST	Routine	06/26/2019 10:13 AM CDT	Snoring Frequent headaches	

Results - documented in this encounter

HOME SLEEP TEST - Final result (06/26/2019 10:13 AM CDT)

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/26/2019 1:18 AM CDT	

Narrative

RADIOLOGY - 06/27/2019 8:52 AM CDT

Narrative

Name: LITTLE, JAMAR
Date of Birth: 6/13/1986
Date of Study: 06/26/2019
Scheduled Date: 06/03/2019
Referring MD: WARGOLET, LEAH

CLINICAL HISTORY:

This patient is a 33 year old male who reports trouble falling and staying asleep, trouble falling back to sleep, snores, wakes up gasping/choking, nocturia. BMI = 40kg/m² (weight = 259 lbs). Neck circumference = 18.5 inches.

Past medical history is pertinent for heart murmur, multiple gastric ulcers. .

Current medications include: Gabapentin, nortriptyline.

This was an unattended polysomnogram.

RESPIRATORY: Moderate obstructive sleep apnea as evidenced by an AHI (REI) of 19.2/hour and nadir SpO₂ of 80%.

Hypopnea events were scored using a criteria of 3% SpO₂ desaturation.

PULSE: Normal throughout

DIAGNOSIS/ES:

327.23 / G47.33 - Obstructive Sleep Apnea (adult) (pediatric)

MANAGEMENT OPTIONS/RECOMMENDATIONS:

Nasal CPAP may be indicated and is the therapy most likely to succeed due to the severity of sleep-disordered breathing, but other therapies could also be considered.

Options include: dental evaluation for oral appliance, ENT evaluation

Electronically signed by:

Attending: Hrayr Attarian, MD

FINDINGS:

TECHNICAL RECORDING SUMMARY: The patient underwent all night unattended polysomnography (7 channels) which recorded airflow by nasal thermocouple and nasal pressure transducer, 1 channel of pulse, 1 channel of thoracic and 1 channel of abdominal respiratory motion, snoring and finger pulse oximetry. Data was recorded using Nomad™ Portable Home Sleep Testing Type III device sold by Nihon Kohden Corporation. All raw data was reviewed by the interpreting physician signing this report. The interpreting physician determined the raw data to be adequate for interpretation.

POLYSOMNOGRAPHIC FINDINGS:

Lights Off time: 6/26/2019 01:19:01

Lights On time: 6/26/2019 05:03:56

Begin Recording: 6/26/2019 01:18:58

End Recording: 6/26/2019 06:31:59

Total Recorded Time (minus artifact): 225 min

Time	Total	SUPINE	LEFT	RIGHT	PRONE	SITTING
Monitoring Time	225 min	00 min	01 min	199 min	22 min	02 min
(Lights Out to Lights On)						
Apneas	Central: 2	Total: 19				Apnea Duration Average: 12
seconds	Mixed: 0	Apnea Index: 5.1				
	Obstructive: 17					Longest: 19
Hypopneas	Total: 53.0	Hypopnea Index: 14.1				Hypopnea Duration Average (4%): 21
seconds						
						Longest(4%): 40
seconds						
						Average (3% only): 00
min	Total: 72.0	A + H Index (REI): 19.2				Longest (3% only): 00
Positional AHI (REI)	Total 19.2	SUPINE 0.0	LEFT 0.0	RIGHT 20.5	PRONE 10.9	SITTING 0.0
Saturation Information/ % Time In Range						
Baseline Artifac	61% - 70%	71% - 80%	81% - 90%	91% - 100%		SpO ₂ Nadir
96%	0.03%	0.00%	0.03%	6.09%	93.85%	80%
Time spent below 88%:	6.9 min.					

Heart Rate range during recording: 73 - 105 beats per minute

Mean Heart Rate during recording: 91 beats per minute

Respiratory Rate: 11-12 breaths per minute

DATA TREND GRAPHS:

Report Digitally Signed By:

HRAYR ATTARIAN 04049 (6/26/2019 5:28:10 PM)

HRAYR ATTARIAN 04049 (6/26/2019 5:32:00 PM)

Procedure Note

Hrayr P. Attarian - 06/27/2019

Procedure Note

Formatting of this note might be different from the original.

Name: LITTLE, JAMAR

Date of Birth: 6/13/1986

Date of Study: 06/26/2019

Scheduled Date: 06/03/2019

Referring MD: WARGOLET,LEAH

CLINICAL HISTORY:

This patient is a 33 year old male who reports trouble falling and staying asleep, trouble falling back to sleep, snores, wakes up gasping/choking, nocturia. BMI = 40kg/m² (weight = 259 lbs). Neck circumference = 18.5 inches.

Past medical history is pertinent for heart murmur, multiple gastric ulcers. .

Current medications include: Gabapentin, nortriptyline.

This was an unattended polysomnogram.

RESPIRATORY: Moderate obstructive sleep apnea as evidenced by an AHI (REI) of 19.2/hour and nadir SpO₂ of 80%.

Hypopnea events were scored using a criteria of 3% SpO₂ desaturation.

PULSE: Normal throughout

DIAGNOSIS/ES:

327.23 / G47.33 - Obstructive Sleep Apnea (adult) (pediatric)

MANAGEMENT OPTIONS/RECOMMENDATIONS:

Nasal CPAP may be indicated and is the therapy most likely to succeed due to the severity of sleep-disordered breathing, but other therapies could also be considered.

Options include: dental evaluation for oral appliance, ENT evaluation

Electronically signed by:

Attending: Hrayr Attarian, MD

FINDINGS:

TECHNICAL RECORDING SUMMARY: The patient underwent all night unattended polysomnography (7 channels) which recorded airflow

by nasal thermocouple and nasal pressure transducer, 1 channel of pulse, 1 channel of thoracic and 1 channel of abdominal respiratory motion, snoring and finger pulse oximetry. Data was recorded using Nomad™ Portable Home Sleep Testing Type III device sold by Nihon Kohden Corporation. All raw data was reviewed by the interpreting physician signing this report. The interpreting physician determined the raw data to be adequate for interpretation.

POLYSOMNOGRAPHIC FINDINGS:

Lights Off time: 6/26/2019 01:19:01

Lights On time: 6/26/2019 05:03:56

Begin Recording: 6/26/2019 01:18:58

End Recording: 6/26/2019 06:31:59

Total Recorded Time (minus artifact): 225 min

Time Total SUPINE LEFT RIGHT PRONE SITTING

Monitoring Time 225 min 00 min 01 min 199 min 22 min 02 min

(Lights Out to Lights On)

Apneas Central: 2 Total: 19 Apnea Duration

Mixed: 0 Apnea Index: 5.1 Average: 12 seconds

Obstructive: 17 Longest: 19 seconds

Hypopneas Total: 53.0 Hypopnea Index: 14.1 Hypopnea Duration

Average (4%): 21 seconds

Longest(4%): 40 seconds

Average (3% Only): 00 min

Total: 72.0 A + H Index (REI): 19.2 Longest (3% Only): 00 min

Total SUPINE LEFT RIGHT PRONE SITTING

Positional AHI (REI) 19.2 0.0 0.0 20.5 10.9 0.0

Saturation Information/ % Time In Range

Baseline Artifact 61% - 70% 71% - 80% 81% - 90% 91% - 100% SpO₂ Nadir

96% 0.03% 0.00% 0.03% 6.09% 93.85% 80%

Time spent below 88%: 6.9 min.

Heart Rate range during recording: 73 - 105 beats per minute

Mean Heart Rate during recording: 91 beats per minute

Respiratory Rate: 11-12 breaths per minute

DATA TREND GRAPHS:

Report Digitally Signed By:

HRAYR ATTARIAN 04049 (6/26/2019 5:28:10 PM)

HRAYR ATTARIAN 04049 (6/26/2019 5:32:00 PM)

Authorizing Provider

Result Type

Leah K. Wargolet

SLEEP CENTER ORDERABLES

Performing Organization RADIOLOGY	Address 25 N Winfield Rd	City/State/ZIP Code Winfield, IL 60190	Phone Number 630-933-1799
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Visit Diagnoses - documented in this encounter

Diagnosis

Snoring

Frequent headaches

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
Naveed Atif Muhammad NPI: 1396799029 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 312-808-0621 (Work) 312-808-0655 (Fax)	PCP - General	Family Medicine	5/23/19	11/19/19

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
Naveed Atif Muhammad (May 23, 2019 - Nov. 19, 2019) NPI: 1396799029 312-808-0621 (Work) 312-808-0655 (Fax) 2850 S WABASH AVE SUITE 203 CHICAGO, IL 60616 Family Medicine		Jun. 03, 2019
Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190		

Custodian Organization

Northwestern Memorial HealthCare 25 N Winfield Rd Winfield, IL 60190

Encounter Providers

Encounter Providers	Encounter Date
Leah K. Wargolet (Attending) NPI: 1396144721 312-695-7950 (Work) 312-695-5747 (Fax) 259 E Erie St Ste 1900 Lavin Family Pavilion Chicago, IL 60611 Vascular Neurology and Stroke	Jun. 03, 2019

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Initial Consult

Encounter Details

Date	Type	Department	Care Team	Description
05/22/2019	Office Visit	NM Neurology	Leah K. Wargolet	
2:10 PM		1333 W BELMONT AVENUE		259 E Erie St Ste 1900
CDT		SUITE 200		Lavin Family Pavilion
		CHICAGO, IL 60657		Chicago, IL 60611
		312-695-7950		312-695-7950 (Work)
				312-695-5747 (Fax)

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
CANNABIDIOL, CBD, EXTRACT ORAL	Take by mouth.				Active
gabapentin 300 mg capsule	TK ONE C PO TID		04/24/2019	05/22/2019	Discontinued
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019	Discontinued
ibuprofen 200 mg tablet	Take 200 mg by mouth every 6 (six) hours as needed for pain.			11/20/2019	Discontinued
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019	Discontinued
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Smokeless Tobacco: Never				
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	121/81	05/22/2019 2:23 PM CDT	
Pulse	103	05/22/2019 2:23 PM CDT	
Temperature	36.6 °C (97.8 °F)	05/22/2019 2:23 PM CDT	
Respiratory Rate	-	-	
Oxygen Saturation	96%	05/22/2019 2:23 PM CDT	
Inhaled Oxygen Concentration	-	-	
Weight	117.5 kg (259 lb)	05/22/2019 2:23 PM CDT	
Height	170.2 cm (5' 7")	05/22/2019 2:23 PM CDT	
Body Mass Index	40.57	05/22/2019 2:23 PM CDT	

Patient Instructions - documented in this encounter

Patient Instructions

Leah K. Wargolet - 05/22/2019 2:10 PM CDT

Formatting of this note might be different from the original.

- Do not drive.
- Schedule MRI spine (cervical spine and lumbar spine). Schedule MRV head.
- Ativan: Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.
- Have labs done.
- Schedule home sleep study.
- Schedule appt with ophthalmologist.
- Increase Gabapentin:
- Take 600 mg in morning, 300 mg in afternoon, and 600 mg in evening for 5 days
- Then take 600 mg 3 times per day

Electronically signed by Leah K. Wargolet at 05/22/2019 3:29 PM CDT

Ordered Prescriptions - documented in this encounter

Prescription	Sig	Dispensed	Start Date	End Date
LORazepam 1 mg tablet	Take 1 tablet 30 minutes before MRI, take 2nd tablet immediately before MRI if needed.	2 tablet	05/22/2019	08/27/2019
gabapentin 600 mg tablet	Take 1 tablet by mouth 3 (three) times daily.	90 tablet	05/22/2019	08/27/2019



Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date		Last Done	Comments
Flu Vaccine (Yearly) (#1)	09/01/2023			



Results - documented in this encounter

HOME SLEEP TEST - Final result (06/26/2019 10:13 AM CDT)

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			06/26/2019 1:18 AM CDT	

Narrative

RADIOLOGY - 06/27/2019 8:52 AM CDT

Narrative

Name: LITTLE, JAMAR
Date of Birth: 6/13/1986
Date of Study: 06/26/2019
Scheduled Date: 06/03/2019
Referring MD: WARGOLET, LEAH

CLINICAL HISTORY:

This patient is a 33 year old male who reports trouble falling and staying asleep, trouble falling back to sleep, snores, wakes up gasping/choking, nocturia. BMI = 40kg/m² (weight = 259 lbs). Neck circumference = 18.5 inches.

Past medical history is pertinent for heart murmur, multiple gastric ulcers. .

Current medications include: Gabapentin, nortriptyline.

This was an unattended polysomnogram.

RESPIRATORY: Moderate obstructive sleep apnea as evidenced by an AHI (REI) of 19.2/hour and nadir SpO₂ of 80%.

Hypopnea events were scored using a criteria of 3% SpO₂ desaturation.

PULSE: Normal throughout

DIAGNOSIS/ES:

327.23 / G47.33 - Obstructive Sleep Apnea (adult) (pediatric)

MANAGEMENT OPTIONS/RECOMMENDATIONS:

Nasal CPAP may be indicated and is the therapy most likely to succeed due to the severity of sleep-disordered breathing, but other therapies could also be considered.

Options include: dental evaluation for oral appliance, ENT evaluation

Electronically signed by:

Attending: Hrayr Attarian, MD

FINDINGS:

TECHNICAL RECORDING SUMMARY: The patient underwent all night unattended polysomnography (7 channels) which recorded airflow by nasal thermocouple and nasal pressure transducer, 1 channel of pulse, 1 channel of thoracic and 1 channel of abdominal respiratory motion, snoring and finger pulse oximetry. Data was recorded using Nomad™ Portable Home Sleep Testing Type III device sold by Nihon Kohden Corporation. All raw data was reviewed by the interpreting physician signing this report. The interpreting physician determined the raw data to be adequate for interpretation.

POLYSOMNOGRAPHIC FINDINGS:

Lights Off time: 6/26/2019 01:19:01

Lights On time: 6/26/2019 05:03:56

Begin Recording: 6/26/2019 01:18:58

End Recording: 6/26/2019 06:31:59

Total Recorded Time (minus artifact): 225 min

Time	Total	SUPINE	LEFT	RIGHT	PRONE	SITTING
Monitoring Time	225 min	00 min	01 min	199 min	22 min	02 min
(Lights Out to Lights On)						
Apneas	Central: 2	Total: 19				Apnea Duration Average: 12
seconds	Mixed: 0	Apnea Index: 5.1				
	Obstructive: 17					Longest: 19
Hypopneas	Total: 53.0	Hypopnea Index: 14.1				Hypopnea Duration Average (4%): 21
seconds						
						Longest(4%): 40
seconds						
						Average (3% only): 00
min	Total: 72.0	A + H Index (REI): 19.2				Longest (3% only): 00
Positional AHI (REI)	Total 19.2	SUPINE 0.0	LEFT 0.0	RIGHT 20.5	PRONE 10.9	SITTING 0.0
Saturation Information/ % Time In Range						
Baseline Artifac	61% - 70%	71% - 80%	81% - 90%	91% - 100%		SpO ₂ Nadir
96%	0.03%	0.00%	0.03%	6.09%	93.85%	80%
Time spent below 88%:	6.9 min.					

Heart Rate range during recording: 73 - 105 beats per minute

Mean Heart Rate during recording: 91 beats per minute

Respiratory Rate: 11-12 breaths per minute

DATA TREND GRAPHS:

Report Digitally Signed By:

HRAYR ATTARIAN 04049 (6/26/2019 5:28:10 PM)

HRAYR ATTARIAN 04049 (6/26/2019 5:32:00 PM)

Procedure Note

Hrayr P. Attarian - 06/27/2019

Procedure Note

Formatting of this note might be different from the original.

Name: LITTLE, JAMAR

Date of Birth: 6/13/1986

Date of Study: 06/26/2019

Scheduled Date: 06/03/2019

Referring MD: WARGOLET,LEAH

CLINICAL HISTORY:

This patient is a 33 year old male who reports trouble falling and staying asleep, trouble falling back to sleep, snores, wakes up gasping/choking, nocturia. BMI = 40kg/m² (weight = 259 lbs). Neck circumference = 18.5 inches.

Past medical history is pertinent for heart murmur, multiple gastric ulcers. .

Current medications include: Gabapentin, nortriptyline.

This was an unattended polysomnogram.

RESPIRATORY: Moderate obstructive sleep apnea as evidenced by an AHI (REI) of 19.2/hour and nadir SpO₂ of 80%.

Hypopnea events were scored using a criteria of 3% SpO₂ desaturation.

PULSE: Normal throughout

DIAGNOSIS/ES:

327.23 / G47.33 - Obstructive Sleep Apnea (adult) (pediatric)

MANAGEMENT OPTIONS/RECOMMENDATIONS:

Nasal CPAP may be indicated and is the therapy most likely to succeed due to the severity of sleep-disordered breathing, but other therapies could also be considered.

Options include: dental evaluation for oral appliance, ENT evaluation

Electronically signed by:

Attending: Hrayr Attarian, MD

FINDINGS:

TECHNICAL RECORDING SUMMARY: The patient underwent all night unattended polysomnography (7 channels) which recorded airflow

by nasal thermocouple and nasal pressure transducer, 1 channel of pulse, 1 channel of thoracic and 1 channel of abdominal respiratory motion, snoring and finger pulse oximetry. Data was recorded using Nomad™ Portable Home Sleep Testing Type III device sold by Nihon Kohden Corporation. All raw data was reviewed by the interpreting physician signing this report. The interpreting physician determined the raw data to be adequate for interpretation.

POLYSOMNOGRAPHIC FINDINGS:

Lights Off time: 6/26/2019 01:19:01

Lights On time: 6/26/2019 05:03:56

Begin Recording: 6/26/2019 01:18:58

End Recording: 6/26/2019 06:31:59

Total Recorded Time (minus artifact): 225 min

Time Total SUPINE LEFT RIGHT PRONE SITTING

Monitoring Time 225 min 00 min 01 min 199 min 22 min 02 min

(Lights Out to Lights On)

Apneas Central: 2 Total: 19 Apnea Duration

Mixed: 0 Apnea Index: 5.1 Average: 12 seconds

Obstructive: 17 Longest: 19 seconds

Hypopneas Total: 53.0 Hypopnea Index: 14.1 Hypopnea Duration

Average (4%): 21 seconds

Longest(4%): 40 seconds

Average (3% Only): 00 min

Total: 72.0 A + H Index (REI): 19.2 Longest (3% Only): 00 min

Total SUPINE LEFT RIGHT PRONE SITTING

Positional AHI (REI) 19.2 0.0 0.0 20.5 10.9 0.0

Saturation Information/ % Time In Range

Baseline Artifact 61% - 70% 71% - 80% 81% - 90% 91% - 100% SpO₂ Nadir

96% 0.03% 0.00% 0.03% 6.09% 93.85% 80%

Time spent below 88%: 6.9 min.

Heart Rate range during recording: 73 - 105 beats per minute

Mean Heart Rate during recording: 91 beats per minute

Respiratory Rate: 11-12 breaths per minute

DATA TREND GRAPHS:

Report Digitally Signed By:

HRAYR ATTARIAN 04049 (6/26/2019 5:28:10 PM)

HRAYR ATTARIAN 04049 (6/26/2019 5:32:00 PM)

Authorizing Provider

Result Type

Leah K. Wargolet

SLEEP CENTER ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
RADIOLOGY	25 N Winfield Rd	Winfield, IL 60190	630-933-1799

FOLATE - Final result (05/22/2019 5:18 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Folate, Serum	14.5	>=5.9 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)				05/22/2019 5:18 PM CDT	05/22/2019 5:18 PM CDT	

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:13 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type					
Leah K. Wargolet	CHEMISTRY ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611				

VITAMIN B12 - Final result (05/22/2019 5:18 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vitamin B12	352	180 - 933 pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Approximately 50% of patients with pernicious anemia have intrinsic factor antibodies. Such interfering antibodies may cause erroneous results. Patients should be further evaluated if suspected of having these antibodies or if the Vitamin B12 results are in conflict with other clinical or laboratory findings.

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:18 PM CDT	05/22/2019 5:18 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:13 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type					
Leah K. Wargolet	CHEMISTRY ORDERABLES					
Performing Organization	Address	City/State/ZIP Code	Phone Number			
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611				

ANGIOTENSIN CONVERTING ENZYME (ACE) - Final result (05/22/2019 5:15 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
ACE	54	9 - 67 Unit/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

@ Test Performed By:

Quest Diagnostics Nichols Institute
Jon M. Nakamoto M.D., Ph.D., Laboratory Director
27027 Tourney Road
valencia, CA 91355-5386
CLIA #05D0550302

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:15 PM CDT	05/23/2019 11:12 AM CDT

Narrative

Authorizing Provider	Result Type
Leah K. Wargolet	CHEMISTRY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

SEDIMENTATION RATE - Final result (05/22/2019 5:15 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sedimentation Rate	5	3 - 10 mm/ Hour			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality					
Blood specimen (specimen)		Collection Method / Volume				
				Collection Time	Received Time	
				05/22/2019 5:15 PM CDT	05/22/2019 5:15 PM CDT	

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 7:46 PM CDT
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
Ordering Provider:WARGOLET, LEAH
Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	HEMATOLOGY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

CHROMOGRANIN A - Final result (05/22/2019 5:14 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Chromogranin A	32	<93 ng/ mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						
A reagent change was implemented on date 05/09/2018. Measured chromogranin A concentrations were on average 7% higher using the new reagent formulation. However, for individual specimens the variation may exceed 7%. Upon request, samples previously submitted within the last six months can be retested using the new reagent formulation.						

-----ADDITIONAL INFORMATION-----

This test was developed and its performance characteristics determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

The testing method is a homogeneous time-resolved immunofluorescent assay.

Values obtained with different assay methods or kits may be different and cannot be used interchangeably.

Test results cannot be interpreted as absolute evidence for the presence or absence of malignant disease.

Test Performed by:

Mayo Clinic Laboratories - Rochester Superior Drive
3050 Superior Drive NW, Rochester, MN 55901

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:14 PM CDT	05/22/2019 8:09 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/23/2019 1:54 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	IMMUNOLOGY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

C-REACTIVE PROTEIN (C-REACTIVE PROTEIN (CRP)) - Final result (05/22/2019 5:14 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
C Reactive Protein	<0.5	0.0 - 0.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Anatomical Location / Laterality						
Specimen (Source)						
Blood specimen (specimen)						
Collection Method / Volume						
Collection Time						
Received Time						

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/22/2019 6:12 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type					
Leah K. Wargolet	CHEMISTRY ORDERABLES					
Performing Organization	Address		City/State/ZIP Code		Phone Number	
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307		Chicago, IL 60611			

ANA, REFLEX TO AUTOIMMUNE DISEASE PANEL - Final result (05/22/2019 5:13 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Anti-Nuclear Antibody	Positive	Negative			NORTHWESTERN MEMORIAL HOSPITAL LAB	
ANA Titer	1:80				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Low titer positive results may occur in apparently healthy people. ANA titers less than or equal to 1:80 have variable relevance while titers greater than or equal to 1:160 are considered clinically significant. Therefore, the results of this test must be interpreted in the context of the patient's total clinical presentation. Positive ANA with titer of 1:160 or greater will reflexively order Autoimmune Disease Panel.						
Pattern/Titer	Speckled				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 5:13 PM CDT	05/22/2019 5:45 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/23/2019 12:48 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type					
Leah K. Wargolet	IMMUNOLOGY ORDERABLES					
Performing Organization	Address		City/State/ZIP Code		Phone Number	
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307		Chicago, IL 60611			

IMMUNOFIXATION, SERUM - Final result (05/22/2019 5:12 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
IgG	1,580	700 - 1,600 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
IgA	133	70 - 400 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
IgM	101	40 - 230 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Kappa Light Chain	312	170 - 370 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Lambda Light Chain	177	90 - 210 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Kappa/Lambda Ratio	1.8	1.4 - 2.7 RATIO			NORTHWESTERN MEMORIAL HOSPITAL LAB	
IFE Interpretation	No bands seen				NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: No monoclonal bands seen

Reviewed By	Yashpal Kanwar, MD, PhD	NORTHWESTERN MEMORIAL HOSPITAL LAB
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume
Blood specimen (specimen)		Collection Time 05/22/2019 5:12 PM CDT
		Received Time 05/24/2019 2:31 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/30/2019 6:39 AM CDT
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	CHEMISTRY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307 Chicago, IL 60611

SERUM PROTEIN EP W/REFLEX IMMUNOFIXATION (PROTEIN ELECTROPHORESIS, SERUM, REFLEX IFE PANEL) - Final result (05/22/2019 5:12 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Total Protein	7.4	6.4 - 8.9 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Albumin	4.3	3.5 - 5.7 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Albumin ELP	3.88	3.20 - 5.00 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Alpha 1 Protein	0.2	0.1 - 0.4 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Alpha 2 Protein	0.8	0.6 - 1.0 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Beta Protein Fraction	1.0	0.6 - 1.3 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Gamma Protein Fraction	1.6	0.7 - 1.5 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature				
Interpretation/Result: Protein Electrophoresis, Serum	Hypergammaglobulinemia observed. No restricted band seen in the gamma region. Immunofixation electrophoresis to follow.				NORTHWESTERN MEMORIAL HOSPITAL LAB					
SPE Pathologist	Yashpal Kanwar, MD, PhD				NORTHWESTERN MEMORIAL HOSPITAL LAB					
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume		Collection Time	Received Time				
Blood specimen (specimen)					05/22/2019 5:12 PM CDT	05/24/2019 12:50 PM CDT				
Narrative										
NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/24/2019 1:25 PM CDT ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW) Ordering Provider:WARGOLET, LEAH Call Back Phone Number:(312)695-7950										
Authorizing Provider	Result Type									
Leah K. Wargolet	IMMUNOLOGY ORDERABLES									
Performing Organization	Address		City/State/ZIP Code		Phone Number					
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307		Chicago, IL 60611							

ANCA SCREEN WITH MPO/PR3, REFLEX ANCA TITER - Final result (05/22/2019 5:11 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Anti-myeloperoxidase (MPO) Abs	<1.0	AI			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment:						
value Interpretation						

<1.0 No Antibody Detected						
> or = 1.0 Antibody Detected						
Autoantibodies to myeloperoxidase (MPO) are commonly associated with the following small-vessel vasculitides: microscopic polyangiitis, polyarteritis nodosa, Churg-Strauss syndrome, necrotizing and crescentic glomerulonephritis and occasionally granulomatosis with polyangiitis (GPA, Wegener's). The perinuclear IFA pattern, (p-ANCA) is based largely on autoantibody to myeloperoxidase which serves as the primary antigen. These autoantibodies are present in active disease.						
Proteinase 3 (PR-3) Abs	<1.0	AI			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						
value	Interpretation					
-----	-----					
<1.0	No Antibody Detected					
> or = 1.0	Antibody Detected					
<p>Autoantibodies to proteinase-3 (PR-3) are accepted as characteristic for granulomatosis with polyangiitis (GPA, Wegener's), and are detectable in 95% of the histologically proven cases. The cytoplasmic IFA pattern, (c-ANCA), is based largely on autoantibody to PR-3 which serves as the primary antigen.</p> <p>These autoantibodies are present in active disease.</p>						
<p>Test Performed at: QUEST DIAGNOSTICS WOOD DALE 1355 MITTEL BOULEVARD WOOD DALE, IL 60191-1024 ANTHONY V. THOMAS, MD</p>						
<p>Lab test performed by: QUEST DIAGNOSTICS WOOD DALE 1355 MITTEL BOULEVARD WOOD DALE, IL 60191-1024 ANTHONY V. THOMAS, MD</p>						
ANCA Screen	NEGATIVE	NEGATIVE			NORTHWESTERN MEMORIAL HOSPITAL LAB	
<p>Comment: ANCA Screen includes evaluation for p-ANCA, c-ANCA and atypical p-ANCA. A positive ANCA screen reflexes to titer and pattern(s), e.g., cytoplasmic pattern (c-ANCA), perinuclear pattern (p-ANCA), or atypical p-ANCA pattern. c-ANCA and p-ANCA are observed in vasculitis, whereas atypical p-ANCA is observed in IBD (Inflammatory Bowel Disease). Atypical p-ANCA is detected in about 55% to 80% of patients with ulcerative colitis but only 5% to 25% of patients with Crohn's disease.</p>						
C-ANCA Titer	Not Performed	<1:20 Titer			NORTHWESTERN MEMORIAL HOSPITAL LAB	
P-ANCA Titer	Not Performed	<1:20 Titer			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Atypical P-ANCA Titer	Not Performed	<1:20 Titer			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)				05/22/2019 5:11 PM CDT	05/23/2019 4:50 PM CDT	
<p>Narrative</p> <p>NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/25/2019 1:16 PM CDT ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW) Ordering Provider:WARGOLET, LEAH Call Back Phone Number:(312)695-7950</p>						
Authorizing Provider	Result Type					
Leah K. Wargolet	IMMUNOLOGY ORDERABLES					

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

VITAMIN B1, PLASMA - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vitamin B1, Plasma	13	8 - 30 nmol/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of results.

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Valencia. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

@ Test Performed By:

Quest Diagnostics Nichols Institute
 Jon M. Nakamoto M.D., Ph.D., Laboratory Director
 27027 Tourney Road
 Valencia, CA 91355-5386
 CLIA #05D0550302

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 3:41 PM CDT	05/22/2019 6:47 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/26/2019 4:52 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type		
Leah K. Wargolet	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

VITAMIN B6 (PYRIDOXINE) (VITAMIN B6 (PYRIDOXINE), PLASMA) - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Vitamin B6	6.9	2.1 - 21.7 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Comment:						
Vitamin supplementation within 24 hours prior to blood draw may affect the accuracy of results.						
<p>This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute Valencia. It has not been cleared or approved by the US Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.</p> <p>@ Test Performed By:</p> <p>Quest Diagnostics Nichols Institute Jon M. Nakamoto M.D., Ph.D., Laboratory Director 27027 Tourney Road Valencia, CA 91355-5386 CLIA #05D0550302</p>						

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 3:41 PM CDT	05/22/2019 6:47 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/27/2019 7:39 AM CDT
ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
Ordering Provider:WARGOLET, LEAH
Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	CHEMISTRY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

METANEPHRINES, FRACTIONATED, FREE PLASMA - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Metanephrenes, Plasma Free	46	< OR = 57 pg/ mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Normetanephrine, Free	163	< OR = 148 pg/ mL	NORTHWESTERN MEMORIAL HOSPITAL LAB
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Comment:

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Total, Free (MN+NMN)	209	< OR = 205 pg/ mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment:

Elevations > 4-fold upper reference range: strongly suggestive of a pheochromocytoma(1). Elevations >1 - 4-fold upper reference range: significant but not diagnostic, may be due to medications or stress. Suggest running 24 hr urine fractionated metanephrenes and serum Chromogranin A for confirmation.

Reference:

(1) Algeciras-Schimminich A et al, Plasma Chromogranin A or Urine Fractionated Metanephrenes Follow-Up Testing Improves the Diagnostic Accuracy of Plasma Fractionated Metanephrenes for Pheochromocytoma. The Journal of Clinical Endocrinology and Metabolism 93 (1), 91-95, 2008.

For additional information, please refer to
<http://education.questdiagnostics.com/faq/MetFractFree>
 (This link is being provided for informational/educational purposes only.)

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

Test(s) performed at:

QUEST DIAGNOSTICS-NICHOLS INST
 Irina Maramica, M.D., Ph.D., MBA, Laboratory Director
 33608 ORTEGA HIGHWAY
 SAN JUAN CAPISTRANO, CA 92675
 CLIA #05D0643352

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			05/22/2019 3:41 PM CDT	05/23/2019 10:38 AM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/27/2019 2:36 PM CDT
 ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW)
 Ordering Provider:WARGOLET, LEAH
 Call Back Phone Number:(312)695-7950

Authorizing Provider	Result Type
Leah K. Wargolet	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

CATECHOLAMINES,FRACTION (SUPINE) (CATECHOLAMINES,FRACTION (SUPINE), PLASMA) - Final result (05/22/2019 3:41 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Catecholamines, Fractionated Plasma	17	pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment:						
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.						
Epinephrine	39	pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment:						
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.						
Norepinephrine	916	pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment:						
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.						
Total Catecholamines	972	pg/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature		
Comment:								
Adult Reference Ranges for Catecholamines, Plasma								
Epinephrine		Supine: <50 pg/mL Upright: <95 pg/mL						
Norepinephrine		Supine: 112-658 pg/mL Upright: 217-1109 pg/mL						
Dopamine		Supine: <10 pg/mL Upright: <20 pg/mL						
Total (N+E+D)		Supine: 123-671 pg/mL Upright: 242-1125 pg/mL						
Pediatric Reference Ranges for Catecholamines, Plasma								
Due to stress, plasma catecholamine levels are generally unreliable in infants and small children. Urinary catecholamine assays are more reliable.								
Epinephrine								
3-15 Years		Supine: < or = 464 pg/mL Upright: No Reference Range Available						
Norepinephrine								
3-15 Years		Supine: < or = 1251 pg/mL Upright: No Reference Range Available						
Dopamine								
3-15 Years		Supine: <60 pg/mL Upright: No Reference Range Available						
Pediatric data from J Chromatogr (1993) 617:304-307.								
This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics Nichols Institute San Juan Capistrano. It has not been cleared or approved by FDA. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.								
Test(s) performed at:								
QUEST DIAGNOSTICS-NICHOLS INST Irina Maramica, M.D., Ph.D., MBA, Laboratory Director 33608 ORTEGA HIGHWAY SAN JUAN CAPISTRANO, CA 92675 CLIA #05D0643352								
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time				
Blood specimen (specimen)			05/22/2019 3:41 PM CDT	05/23/2019 10:38 AM CDT				
Narrative								
NORTHWESTERN MEMORIAL HOSPITAL LAB - 05/27/2019 3:46 PM CDT ORDERING DEPARTMENT:NMG NEURO 1333 W BELMONT AVE (LAKEVIEW) Ordering Provider:WARGOLET, LEAH Call Back Phone Number:(312)695-7950								
Authorizing Provider	Result Type							
Leah K. Wargolet	CHEMISTRY ORDERABLES							

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

Visit Diagnoses - documented in this encounter

Diagnosis

Fainting - Primary

Acute bilateral low back pain with right-sided sciatica

Neck pain

Paresthesias/numbness

Frequent headaches

Change in vision

Snoring

Snoring

Frequent headaches

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
No Continuity Doctor	PCP - General		3/22/19	5/22/19
.				

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
No Continuity Doctor (Mar. 22, 2019 - May 22, 2019)		May 22, 2019

Northwestern Memorial HealthCare

25 N Winfield Rd
Winfield, IL 60190

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd
Winfield, IL 60190

Encounter Providers

Leah K. Wargolet (Attending)

NPI: 1396144721

312-695-7950 (Work)

312-695-5747 (Fax)

259 E Erie St Ste 1900

Lavin Family Pavilion

Chicago, IL 60611

Vascular Neurology and Stroke

Encounter Date

May 22, 2019

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Consult, Test & Treat (Routine) - Closed

Specialty	Diagnoses / Procedures	Referred By Contact	Referred To Contact
Cardiology	Diagnoses Fainting Palpitations Chest pain, unspecified type Shortness of breath	Ramsey Michael Wehbe 171 ASHLEY AVE Charleston, SC 29425-8709 Phone: 843-792-1414	
Procedures ECHO STRESS EXERCISE W DOPPLER ADULT			
Referral ID	Status	Reason	Start Date
5457454	Closed		5/2/2019
		Expiration Date	Visits Requested
		7/31/2020	1
		Visits Authorized	1

Encounter Details

Date	Type	Department	Care Team	Description
05/09/2019	Hospital	NM Cardiology		
9:44 AM	Encounter	675 N St Clair St, 8th Floor	Ramsey Michael Wehbe	Discharge Disposition: Home or Self Care
CDT -		Galter Pavilion	171 ASHLEY AVE	
05/09/2019		Chicago, IL 60611	Charleston, SC 29425-8709	
1:35 PM		312-926-7483	843-792-1414 (Work)	
CDT				

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
gabapentin 300 mg capsule	TK ONE C PO TID		04/24/2019	05/22/2019	Discontinued
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Assessed				
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Not on file

Medications at Time of Discharge - documented as of this encounter

Medication	Sig	Dispensed	Start Date	End Date
gabapentin 300 mg capsule	TK ONE C PO TID		04/24/2019	05/22/2019
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024	Office Visit 11:45 AM CST	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024	Office Visit 10:40 AM CST	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance		Due Date	Last Done	Comments
Flu Vaccine (Yearly) (#1)		09/01/2023		

Procedures - documented in this encounter

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
ECHO STRESS EXERCISE W DOPPLER ADULT	Routine	05/09/2019 10:52 AM CDT	Fainting Palpitations Chest pain, unspecified type Shortness of breath	

Results - documented in this encounter

ECHO STRESS EXERCISE W DOPPLER (05/09/2019 10:52 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Reported EF	57	%			NM CV C SYNGO	
Anatomical Region	Laterality		Modality			
			Ultrasound			
Specimen (Source)	Anatomical Location / Laterality		Collection Method / Volume	Collection Time	Received Time	
				05/09/2019 9:49 AM CDT		

Narrative

05/09/2019 11:48 AM CDT
 Northwestern Medicine
 Bluhm Cardiovascular Institute
 675 N. St. Clair

Echocardiography Report: ECHO STRESS EXERCISE W DOPPLER ADULT

Date of service: 5/9/2019 9:49:46 AM

Accession #: N19US4861137

Ordering physician: 1457795502 RAMSEY MICHAEL WEHBE

Indication: Chest discomfort, Shortness of Breath, Abnormal ECG and Syncope

Sonographer: Madeline Jankowski RDCS

Exercise Physiologist: Mary E Rector MS

Interpreting Physician: 1497770762 Robert Silverberg

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Outpatient

Primary rhythm: sinus.

Height: 170.18 cm BSA: 2.36 m²Weight: 117.94 kg BMI: 40.7 kg/m²

Medications: No Cardiac Medications

Cardiac History:

History of syncope.

Primary rhythm: sinus.

Heart rate 88 bpm

Blood pressure 146/80 mmHg

Study difficulties: body habitus.

MEASUREMENTS:

	value	Indexed value
Sinus of Valsalva	3.2 cm	
Left atrium diameter	3.4 cm (2D)	
Left atrial volume	34.3 ml (Area-Length)	14.5 ml/m ²
LV ID (diastole)	4.2 cm (2D)	1.8 cm/m ²
LV ID (systole)	3.0 cm (2D)	1.3 cm/m ²
IVS, leaflet tips	1.3 cm (2D)	
Posterior wall thickness	1.1 cm (2D)	
LV stroke volume	40 ml (2D biplane)	
LVOT diam s	2.3 cm	
LVOT stroke volume	64 ml	28.3 ml/m ²
LVOT cardiac output	4.4 l/min	2.0 l/min/m ²
LV end diastolic volume	70 ml (2D biplane)	29.8 ml/m ²
LV end systolic volume	30 ml (2D biplane)	12.7 ml/m ²
Ejection Fraction	57 % (2D biplane)	
RV basal diameter	3.3 cm	
TAPSE	16.0 mm	

Doppler:

	value
AV Peak Velocity	1.2 m/s
AV Peak Gradient	5 mmHg
AV Mean Gradient	2 mmHg
AV Velocity Time Integral	19.4 cm
LVOT Peak Velocity	0.9 m/s
LVOT Peak Gradient	3 mmHg
LVOT Velocity Time Integral	16.1 cm
LVOT Cardiac Index	2.0 l/min/m ²
AV Area Cont Eq VTI	3.3 cm ²
AV Area Cont Eq peak	3.0 cm ²
MV Area PHT	5.90 cm ²
Mitral E Point Velocity	0.8 m/s
Mitral A Point Velocity	0.6 m/s
Mitral E to A Ratio	1.5
Pulmonary Vein S/D Ratio	0.76
TR Peak Velocity	2.3 m/s
TR Peak Gradient	21.4 mmHg
PV Peak Velocity	1.1 m/s
PV Peak Gradient	5 mmHg
RVOT Peak Velocity	0.6 m/s

FINDINGS:

LEFT VENTRICLE

The left ventricle is normal in size.

There is borderline left ventricular hypertrophy.

Left ventricular systolic function is normal. EF = 57% (2D biplane)

Left ventricular diastolic function is normal. Left Atrial pressures are normal.

Mitral annular lateral e': 12.0 cm/s. Mitral annular lateral E/e': 6.8. Mitral annular septal e': 9.0 cm/s. Mitral annular septal E/e': 9.0. The average Mitral E/e' ratio is 7.9.

RIGHT VENTRICLE

The right ventricle is normal in size. Right ventricular systolic function is normal. The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg. Finding is consistent with normal pulmonary artery pressures.

LEFT ATRIUM:

The left atrium is normal in size. The left atrial size is normal. The LA volume is 34.3 ml, 14.5 ml/m² when indexed.

RIGHT ATRIUM:

The right atrium is normal in size. The right atrial cavity is normal in size.

PULMONARY VEINS:

The peak pulmonary vein S/D ratio is 0.76.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is no mitral stenosis. There is trivial mitral valve regurgitation at rest.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal. There is no tricuspid stenosis. There is trivial to mild tricuspid valve regurgitation at rest.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid. There is no aortic valve stenosis. There is no aortic valve regurgitation at rest.

PULMONIC VALVE:

The pulmonic valve is not well visualized, but grossly normal. There is no pulmonic stenosis. There is trivial pulmonic valve regurgitation.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.8 cm. Mid arch 2.5 cm. Proximal ascending aorta 3.0 cm.

PERICARDIUM:

There is no pericardial effusion.

WALL MOTION:

Rest : All scored segments are normal.

Peak : The entire anterior wall, basal and mid inferolateral wall, anterolateral wall, entire septum, entire apex, and entire inferior wall are hyperkinetic.

Stage:

Rest

Stage:

Peak

Exam Protocol: The patient exercised on a treadmill for 7 minutes and 30 seconds to stage III of a Bruce protocol , achieving 9.3 METS.

Patient Tolerance: The resting heart rate was 88 beats per minute. Age predicted maximum heart rate was 187 bpm. The peak heart rate achieved was 184 bpm, which was 98 % of age predicted maximum heart rate. The resting blood pressure was 146/80 mmHg. The peak blood pressure during stress was 180/76 mmHg. The blood pressure response was normal. The double product achieved was 33120. The patient developed fatigue during the stress exam. The symptoms resolved with rest. The patient's functional capacity is average.

EKG: Resting EKG showed normal sinus rhythm at a rate of 88 beats per minute, with nonspecific ST-T wave changes. The patient developed no arrhythmias during stress and/or recovery. Stress EKG findings shows no evidence of ischemia.

Baseline Echo Findings: Baseline LV systolic function was normal.

Stress Echo Findings: Study quality: fair. There were no stress-induced wall motion abnormalities. This is a negative stress echo test for ischemia. There is normal augmentation of all wall segments with exercise. The left ventricular cavity size with stress was smaller.

Stage	HR	BP
Resting	88	146/80
Stage 1	151	168/80
Stage 2	171	180/76
Stage 3	184	180/76
Immediate Post	181	180/76
Recovery 1 minute	148	180/76
Recovery 3 minutes	114	144/76
Recovery 5 minutes	109	126/80

CONCLUSIONS:

-Two-dimensional transthoracic echocardiography was performed using standard views & projections with M-mode and Doppler (continuous, pulsed wave, spectral & color flow).

STRESS ECHO :

-Negative stress echocardiogram for ischemia at 9.3 METS (average functional capacity) 98 % of PMHR.
-In summary, there is no clinical, electrocardiographic or echocardiographic evidence of exercise-induced myocardial ischemia.

BASELINE ECHO:

-The left ventricle is normal in size. There is borderline left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 57% (2D biplane) Left ventricular diastolic function is normal.

-The right ventricle is normal in size. Right ventricular systolic function is normal. The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg. Finding is consistent with normal pulmonary artery pressures.

-The left atrium is normal in size.

-The right atrium is normal in size.

The visualized aorta is normal in size.

-No significant valvular abnormalities.

-Compared to prior echo performed on 2/23/2019, the Doppler and stress information is new, but no change in the 2D echo.

Electronically signed by Dr.Robert silverberg on 5/9/2019 at 11:48:39 AM.

** Final **

Procedure Note**Robert A. Silverberg - 05/09/2019**

Formatting of this note might be different from the original.

Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

Echocardiography Report: ECHO STRESS EXERCISE W DOPPLER ADULT

Date of service: 5/9/2019 9:49:46 AM

Accession #: N19US4861137

Ordering physician: 1457795502 RAMSEY MICHAEL WEHBE

Indication: Chest discomfort, Shortness of Breath, Abnormal ECG and Syncope

Sonographer: Madeline Jankowski RDCS

Exercise Physiologist: Mary E Rector MS

Interpreting Physician: 1497770762 Robert Silverberg

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Outpatient

Primary rhythm: sinus.

Height: 170.18 cm BSA: 2.36 m²

Weight: 117.94 kg BMI: 40.7 kg/m²

Medications: No Cardiac Medications

Cardiac History:

History of syncope.

Primary rhythm: sinus.

Heart rate 88 bpm

Blood pressure 146/80 mmHg

Study difficulties: body habitus.

MEASUREMENTS:

Value Indexed Value

Sinus of Valsalva 3.2 cm

Left atrium diameter 3.4 cm (2D)

Left atrial volume 34.3 ml (Area-Length) 14.5 ml/m²

LV ID (diastole) 4.2 cm (2D) 1.8 cm/m²

Procedure Note

LV ID (systole) 3.0 cm (2D) 1.3 cm/m²
IVS, leaflet tips 1.3 cm (2D)
Posterior wall thickness 1.1 cm (2D)
LV stroke volume 40 ml (2D biplane)
LVOT diam s 2.3 cm
LVOT stroke volume 64 ml 28.3 ml/m²
LVOT cardiac output 4.4 l/min 2.0 l/min/m²
LV end diastolic volume 70 ml (2D biplane) 29.8 ml/m²
LV end systolic volume 30 ml (2D biplane) 12.7 ml/m²
Ejection Fraction 57 % (2D biplane)
RV basal diameter 3.3 cm
TAPSE 16.0 mm

Doppler:

Value

AV Peak Velocity 1.2 m/s
AV Peak Gradient 5 mmHg
AV Mean Gradient 2 mmHg
AV Velocity Time Integral 19.4 cm
LVOT Peak Velocity 0.9 m/s
LVOT Peak Gradient 3 mmHg
LVOT Velocity Time Integral 16.1 cm
LVOT Cardiac Index 2.0 l/min/m²
AV Area Cont Eq VTI 3.3 cm²
AV Area Cont Eq peak 3.0 cm²
MV Area PHT 5.90 cm²
Mitral E Point Velocity 0.8 m/s
Mitral A Point Velocity 0.6 m/s
Mitral E to A Ratio 1.5
Pulmonary Vein S/D Ratio 0.76
TR Peak Velocity 2.3 m/s
TR Peak Gradient 21.4 mmHg
PV Peak Velocity 1.1 m/s
PV Peak Gradient 5 mmHg
RVOT Peak Velocity 0.6 m/s

FINDINGS:

LEFT VENTRICLE

The left ventricle is normal in size.
There is borderline left ventricular hypertrophy.
Left ventricular systolic function is normal. EF = 57% (2D biplane)
Left ventricular diastolic function is normal. Left Atrial pressures are normal.

Mitral annular lateral e': 12.0 cm/s. Mitral annular lateral E/e': 6.8. Mitral annular septal e': 9.0 cm/s. Mitral annular septal E/e': 9.0. The average Mitral E/e' ratio is 7.9.

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The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg. Finding is consistent with normal pulmonary artery pressures.

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The left atrium is normal in size. The left atrial size is normal. The LA volume is 34.3 ml, 14.5 ml/m² when indexed.

RIGHT ATRIUM:

The right atrium is normal in size. The right atrial cavity is normal in size.

PULMONARY VEINS:

The peak pulmonary vein S/D ratio is 0.76.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is no mitral stenosis. There is trivial mitral valve regurgitation at rest.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal. There is no tricuspid stenosis. There is trivial to mild tricuspid valve

regurgitation at rest.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid. There is no aortic valve stenosis. There is no aortic valve regurgitation at rest.

PULMONIC VALVE:

The pulmonic valve is not well visualized, but grossly normal. There is no pulmonic stenosis. There is trivial pulmonic valve regurgitation.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.8 cm. Mid arch 2.5 cm. Proximal ascending aorta 3.0 cm.

PERICARDIUM:

There is no pericardial effusion.

WALL MOTION:

Rest : All scored segments are normal.

Peak : The entire anterior wall, basal and mid inferolateral wall, anterolateral wall, entire septum, entire apex, and entire inferior wall are hyperkinetic.

Stage:

Rest

Stage:

Peak

Exam Protocol: The patient exercised on a treadmill for 7 minutes and 30 seconds to stage III of a Bruce protocol , achieving 9.3 METS.

Patient Tolerance: The resting heart rate was 88 beats per minute. Age predicted maximum heart rate was 187 bpm. The peak heart rate achieved was 184 bpm, which was 98 % of age predicted maximum heart rate. The resting blood pressure was 146/80 mmHg. The peak blood pressure during stress was 180/76 mmHg. The blood pressure response was normal. The double product achieved was 33120. The patient developed fatigue during the stress exam. The symptoms resolved with rest. The patient's functional capacity is average.

EKG: Resting EKG showed normal sinus rhythm at a rate of 88 beats per minute, with nonspecific ST-T wave changes. The patient developed no arrhythmias during stress and/or recovery. Stress EKG findings shows no evidence of ischemia.

Baseline Echo Findings: Baseline LV systolic function was normal.

Stress Echo Findings: Study quality: fair. There were no stress-induced wall motion abnormalities. This is a negative stress echo test for ischemia. There is normal augmentation of all wall segments with exercise. The left ventricular cavity size with stress was smaller.

Stage HR BP

Resting 88 146/80

Stage 1 151 168/80

Stage 2 171 180/76

Stage 3 184 180/76

Immediate Post 181 180/76

Recovery 1 minute 148 180/76

Recovery 3 minutes 114 144/76

Recovery 5 minutes 109 126/80

Recovery 7 minutes 103 126/80

CONCLUSIONS:

-Two-dimensional transthoracic echocardiography was performed using standard views & projections with M-mode and Doppler (continuous, pulsed wave, spectral & color flow).

STRESS ECHO :

-Negative stress echocardiogram for ischemia at 9.3 METS (average functional capacity) 98 % of PMHR.

-In summary, there is no clinical, electrocardiographic or echocardiographic evidence of exercise-induced myocardial ischemia.

BASELINE ECHO:

-The left ventricle is normal in size. There is borderline left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 57% (2D biplane) Left ventricular diastolic function is normal.

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-The left atrium is normal in size.

-The right atrium is normal in size.

The visualized aorta is normal in size.

Procedure Note

-No significant valvular abnormalities.

-Compared to prior echo performed on 2/23/2019, the Doppler and stress information is new, but no change in the 2D echo.

Electronically signed by Dr.Robert Silverberg on 5/9/2019 at 11:48:39 AM.

** Final **

Authorizing Provider Result Type

Ramsey Michael Wehbe ECHO ORDERABLES

Visit Diagnoses - documented in this encounter

Diagnosis

Fainting

Palpitations

Chest pain, unspecified type

Shortness of breath

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
No Continuity Doctor	PCP - General		3/22/19	5/22/19

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider	Other Service Providers	Document Coverage Dates
No Continuity Doctor (Mar. 22, 2019 - May 22, 2019)		May 09, 2019

Northwestern Memorial HealthCare

25 N Winfield Rd
Winfield, IL 60190

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd
Winfield, IL 60190

Encounter Providers

Ramsey Michael Wehbe (Attending) NPI: 1457795502 843-792-1414 (Work) 171 ASHLEY AVE Charleston, SC 29425-8709 Cardiology	Encounter Date May 09, 2019
--	--------------------------------

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason
Syncope

Encounter Details

Date	Type	Department	Care Team	Description
05/02/2019 8:10 AM CDT	Office Visit	NM Cardiology 675 N ST CLAIR ST, STE 19-100 CHICAGO, IL 60611-5975 312-695-4965	Benjamin Md/ And Fellow Freed	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

Medication	Sig	Dispensed	Start Date	End Date	Status
aspirin 81 mg tablet,delayed release (DR/EC)	TK 1 T PO D		03/29/2019	05/02/2019	Discontinued (Other (Add Comment))
gabapentin 300 mg capsule	TK ONE C PO TID		04/24/2019	05/22/2019	Discontinued
nortriptyline 50 mg capsule	TK 1 C PO QD AT 9 PM		04/24/2019	07/12/2019	Discontinued

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never Assessed				
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	122/78	05/02/2019 9:25 AM CDT	
Pulse	80	05/02/2019 9:25 AM CDT	
Temperature	-	-	
Respiratory Rate	-	-	
Oxygen Saturation	-	-	
Inhaled Oxygen Concentration	-	-	
Weight	117.9 kg (260 lb)	05/02/2019 9:25 AM CDT	
Height	170.2 cm (5' 7")	05/02/2019 9:25 AM CDT	
Body Mass Index	40.72	05/02/2019 9:25 AM CDT	

Patient Instructions - documented in this encounter

Patient Instructions

Ramsey Michael Wehbe - 05/02/2019 8:10 AM CDT

Formatting of this note might be different from the original.

Mr. Little,

It was a pleasure seeing you in clinic today.

Please present to the lab on the 18th floor for labs. Please also schedule a stress echocardiogram and tilt table test when you check out. Finally, please STOP taking aspirin.

We will be in touch about the results of your tests and let you know whether you need to follow up with us.

Electronically signed by Ramsey Michael Wehbe at 05/02/2019 9:50 AM CDT

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)		09/01/2023		

Results - documented in this encounter

TILT TABLE (TILT TABLE TEST) - Final result (05/09/2019 3:15 PM CDT)

Anatomical Region	Laterality	Modality		
		Ultrasound		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time

Narrative

05/09/2019 4:27 PM CDT

This result has an attachment that is not available.

Narrative

NORTHWESTERN MEMORIAL HOSPITAL
CARDIAC ELECTROPHYSIOLOGY DEPARTMENT
Head Upright Tilt Table Test Report

Jamar Little
6/13/1986
Allergies
No Known Allergies

Medical History

No past medical history on file.

@CMED@

PROCEDURE DOCUMENTATION:

Medications administered from 05/09/2019 1401 to 05/09/2019 1531
Date/Time Order Dose Route Action
05/09/2019 1448 nitroGLYCERIN (NITROSTAT) SL tablet 0.4 mg Sublingual
Given

PROCEDURE:

The patient was brought to the Electrophysiology Laboratory in the post-absorptive, unsedated state. The patient was then interviewed and consented. The patient underwent passive head-up tilt at 70 degrees.

BRIEF PATIENT SUMMARY: Mr Little here for evaluation of syncope of which one of his events led to a motor vehicle accident where the car spun around and hit the guard rail; no major injuries. He describes his first event happened while working at the call center and while on phone call he felt a sharp pain, then felt like he was falling. His coworkers stated that he slumped over and went over to shake him to get his attention. He remembers that he couldn't see out of his right eye and had a migraine headache. Recovery time was 10-15 minutes. He states he drinks a lot of water, maybe a couple liters a day and that used to work out more prior to these events.

SYNCOPE HISTORY: True syncope x 24 since November 27th 2018, while standing and mostly sitting with date of last episode 3 weeks ago. Has some near syncopal events but usually passes.

PREMONITORY SYMPTOMS: Blurred vision mostly rt eye. Cold on rt side, ie hand. Dry mouth, Numbness and tingling in rt hand. Tension on the rt side of the neck that has shooting pain to back of the head.

RECOVERY SYMPTOMS: Rt eye blurred vision. Lightheadedness. Dizziness. Recovery time 4-7 minutes. Extreme migraine will take an Advil and lay down.

RESULTS: Baseline tilt showed some various symptoms with the tension in his neck almost constant and present upon arrival. Three minutes post administration of Nitroglycerin pt became tachycardia with HR 144 and small drop in blood pressure. Symptoms intensified but pt did not lose consciousness. After 10 min, heart returned to near baseline and pt was laid supine.

INITIAL BP 120/67 and HR 82 INITIAL BP 123/73 and HR 81

BASELINE TILT DRUG TILT - Drug used: Nitro 0.4SL Yes

No. of minutes: 20 No. of minutes: 10

Reproduction of symptoms: no Reproduction of symptoms: no

CONCLUSION:

These findings do not support a diagnosis of vasovagal syncope.

Authorizing Provider Result Type

Ramsey Michael Wehbe CARDIAC SERVICES ORDERABLES

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Reported EF	57	%			NM CV C SYNGO	
Anatomical Region	Laterality		Modality			
			Ultrasound			
Specimen (Source)	Anatomical Location / L laterality		Collection Method / Volume		Collection Time	Received Time
					05/09/2019 9:49 AM CDT	

Narrative

05/09/2019 11:48 AM CDT

Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

Echocardiography Report: ECHO STRESS EXERCISE W DOPPLER ADULT

Date of service: 5/9/2019 9:49:46 AM

Accession #: N19US4861137

Ordering physician: 1457795502 RAMSEY MICHAEL WEHBE

Indication: Chest discomfort, Shortness of Breath, Abnormal ECG and Syncope

Sonographer: Madeline Jankowski RDCS

Exercise Physiologist: Mary E Rector MS

Interpreting Physician: 1497770762 Robert Silverberg

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Outpatient

Primary rhythm: sinus.

Height: 170.18 cm BSA: 2.36 m²

Weight: 117.94 kg BMI: 40.7 kg/m²

Medications: No Cardiac Medications

Cardiac History:

History of syncope.

Primary rhythm: sinus.

Heart rate 88 bpm

Blood pressure 146/80 mmHg

Study difficulties: body habitus.

MEASUREMENTS:

	Value	Indexed Value
Sinus of Valsalva	3.2 cm	
Left atrium diameter	3.4 cm (2D)	
Left atrial volume	34.3 ml (Area-Length)	14.5 ml/m ²
LV ID (diastole)	4.2 cm (2D)	1.8 cm/m ²
LV ID (systole)	3.0 cm (2D)	1.3 cm/m ²
IVS, leaflet tips	1.3 cm (2D)	
Posterior wall thickness	1.1 cm (2D)	
LV stroke volume	40 ml (2D biplane)	
LVOT diam s	2.3 cm	
LVOT stroke volume	64 ml	28.3 ml/m ²
LVOT cardiac output	4.4 l/min	2.0 l/min/m ²
LV end diastolic volume	70 ml (2D biplane)	29.8 ml/m ²
LV end systolic volume	30 ml (2D biplane)	12.7 ml/m ²
Ejection Fraction	57 % (2D biplane)	
RV basal diameter	3.3 cm	
TAPSE	16.0 mm	

Doppler:

	Value
AV Peak Velocity	1.2 m/s
AV Peak Gradient	5 mmHg
AV Mean Gradient	2 mmHg
AV Velocity Time Integral	19.4 cm
LVOT Peak Velocity	0.9 m/s
LVOT Peak Gradient	3 mmHg
LVOT Velocity Time Integral	16.1 cm

Narrative

LVOT Cardiac Index	2.0 l/min/m ²
AV Area Cont Eq VTI	3.3 cm ²
AV Area Cont Eq peak	3.0 cm ²
MV Area PHT	5.90 cm ²
Mitral E Point Velocity	0.8 m/s
Mitral A Point Velocity	0.6 m/s
Mitral E to A Ratio	1.5
Pulmonary Vein S/D Ratio	0.76
TR Peak Velocity	2.3 m/s
TR Peak Gradient	21.4 mmHg
PV Peak Velocity	1.1 m/s
PV Peak Gradient	5 mmHg
RVOT Peak Velocity	0.6 m/s

FINDINGS:

LEFT VENTRICLE

The left ventricle is normal in size.

There is borderline left ventricular hypertrophy.

Left ventricular systolic function is normal. EF = 57% (2D biplane)

Left ventricular diastolic function is normal. Left Atrial pressures are normal.

Mitral annular lateral e': 12.0 cm/s. Mitral annular lateral E/e': 6.8. Mitral annular septal e': 9.0 cm/s. Mitral annular septal E/e': 9.0. The average Mitral E/e' ratio is 7.9.

RIGHT VENTRICLE

The right ventricle is normal in size. Right ventricular systolic function is normal.

The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg.

Finding is consistent with normal pulmonary artery pressures.

LEFT ATRIUM:

The left atrium is normal in size. The left atrial size is normal. The LA volume is 34.3 ml, 14.5 ml/m² when indexed.

RIGHT ATRIUM:

The right atrium is normal in size. The right atrial cavity is normal in size.

PULMONARY VEINS:

The peak pulmonary vein S/D ratio is 0.76.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is no mitral stenosis. There is trivial mitral valve regurgitation at rest.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal. There is no tricuspid stenosis. There is trivial to mild tricuspid valve regurgitation at rest.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid. There is no aortic valve stenosis. There is no aortic valve regurgitation at rest.

PULMONIC VALVE:

The pulmonic valve is not well visualized, but grossly normal. There is no pulmonic stenosis. There is trivial pulmonic valve regurgitation.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.8 cm. Mid arch 2.5 cm. Proximal ascending aorta 3.0 cm.

PERICARDIUM:

There is no pericardial effusion.

WALL MOTION:

Rest : All scored segments are normal.

Peak : The entire anterior wall, basal and mid inferolateral wall, anterolateral wall, entire septum, entire apex, and entire inferior wall are hyperkinetic.

Stage:

Rest

Stage:

Peak

Exam Protocol: The patient exercised on a treadmill for 7 minutes and 30 seconds to stage III of a Bruce protocol , achieving 9.3 METS.

Patient Tolerance: The resting heart rate was 88 beats per minute. Age predicted maximum heart rate was 187 bpm. The peak heart rate achieved was 184 bpm, which was 98 % of age predicted maximum heart rate. The resting blood pressure was 146/80 mmHg. The peak blood pressure during stress was 180/76 mmHg. The blood pressure response was normal. The double product achieved was 33120. The patient developed fatigue during the stress exam. The symptoms resolved with rest. The patient's functional capacity is

Narrative
average.

EKG: Resting EKG showed normal sinus rhythm at a rate of 88 beats per minute, with nonspecific ST-T wave changes. The patient developed no arrhythmias during stress and/or recovery. Stress EKG findings shows no evidence of ischemia.

Baseline Echo Findings: Baseline LV systolic function was normal.

Stress Echo Findings: Study quality: fair. There were no stress-induced wall motion abnormalities. This is a negative stress echo test for ischemia. There is normal augmentation of all wall segments with exercise. The left ventricular cavity size with stress was smaller.

Stage	HR	BP
Resting	88	146/80
Stage 1	151	168/80
Stage 2	171	180/76
Stage 3	184	180/76
Immediate Post	181	180/76
Recovery 1 minute	148	180/76
Recovery 3 minutes	114	144/76
Recovery 5 minutes	109	126/80
Recovery 7 minutes	103	126/80

CONCLUSIONS:

-Two-dimensional transthoracic echocardiography was performed using standard views & projections with M-mode and Doppler (continuous, pulsed wave, spectral & color flow).

STRESS ECHO :

-Negative stress echocardiogram for ischemia at 9.3 METS (average functional capacity) 98 % of PMHR.
-In summary, there is no clinical, electrocardiographic or echocardiographic evidence of exercise-induced myocardial ischemia.

BASELINE ECHO:

-The left ventricle is normal in size. There is borderline left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 57% (2D biplane) Left ventricular diastolic function is normal.

-The right ventricle is normal in size. Right ventricular systolic function is normal. The estimated right ventricular systolic pressure is 24 mmHg. The right atrial pressure is 3 mmHg. Finding is consistent with normal pulmonary artery pressures.

-The left atrium is normal in size.

-The right atrium is normal in size.

The visualized aorta is normal in size.

-No significant valvular abnormalities.

-Compared to prior echo performed on 2/23/2019, the Doppler and stress information is new, but no change in the 2D echo.

Electronically signed by Dr.Robert Silverberg on 5/9/2019 at 11:48:39 AM.

** Final **

Procedure Note

Robert A. Silverberg - 05/09/2019

Formatting of this note might be different from the original.

Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

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PATIENT:

Name: JAMAR LITTLE

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Date of Birth: 6/13/1986 Age: 32 years

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Admission status: Outpatient

Primary rhythm: sinus.

Height: 170.18 cm BSA: 2.36 m²

Procedure Note

Weight: 117.94 kg BMI: 40.7 kg/m²
Medications: No Cardiac Medications

Cardiac History:

History of syncope.

Primary rhythm: sinus.

Heart rate 88 bpm

Blood pressure 146/80 mmHg

Study difficulties: body habitus.

MEASUREMENTS:

Value Indexed Value

Sinus of Valsalva 3.2 cm

Left atrium diameter 3.4 cm (2D)

Left atrial volume 34.3 ml (Area-Length) 14.5 ml/m²

LV ID (diastole) 4.2 cm (2D) 1.8 cm/m²

LV ID (systole) 3.0 cm (2D) 1.3 cm/m²

IVS, leaflet tips 1.3 cm (2D)

Posterior wall thickness 1.1 cm (2D)

LV stroke volume 40 ml (2D biplane)

LVOT diam s 2.3 cm

LVOT stroke volume 64 ml 28.3 ml/m²

LVOT cardiac output 4.4 l/min 2.0 l/min/m²

LV end diastolic volume 70 ml (2D biplane) 29.8 ml/m²

LV end systolic volume 30 ml (2D biplane) 12.7 ml/m²

Ejection Fraction 57 % (2D biplane)

RV basal diameter 3.3 cm

TAPSE 16.0 mm

Doppler:

Value

AV Peak Velocity 1.2 m/s

AV Peak Gradient 5 mmHg

AV Mean Gradient 2 mmHg

AV Velocity Time Integral 19.4 cm

LVOT Peak Velocity 0.9 m/s

LVOT Peak Gradient 3 mmHg

LVOT Velocity Time Integral 16.1 cm

LVOT Cardiac Index 2.0 l/min/m²

AV Area Cont Eq VTI 3.3 cm²

AV Area Cont Eq peak 3.0 cm²

MV Area PHT 5.90 cm²

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Mitral A Point Velocity 0.6 m/s

Mitral E to A Ratio 1.5

Pulmonary Vein S/D Ratio 0.76

TR Peak Velocity 2.3 m/s

TR Peak Gradient 21.4 mmHg

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Procedure Note

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Stage HR BP

Resting 88 146/80

Stage 1 151 168/80

Stage 2 171 180/76

Stage 3 184 180/76

Immediate Post 181 180/76

Recovery 1 minute 148 180/76

Procedure Note

Recovery 3 minutes 114 144/76

Recovery 5 minutes 109 126/80

Recovery 7 minutes 103 126/80

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-The left atrium is normal in size.

-The right atrium is normal in size.

The visualized aorta is normal in size.

-No significant valvular abnormalities.

-Compared to prior echo performed on 2/23/2019, the Doppler and stress information is new, but no change in the 2D echo.

Electronically signed by Dr.Robert Silverberg on 5/9/2019 at 11:48:39 AM.

** Final **

Authorizing Provider

Result Type

Ramsey Michael Wehbe ECHO ORDERABLES

Visit Diagnoses - documented in this encounter

Diagnosis

Fainting - Primary

Palpitations

Chest pain, unspecified type

Shortness of breath

Weight gain

Counseling on health promotion and disease prevention

Fainting

Palpitations

Chest pain, unspecified type

Shortness of breath

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
No Continuity Doctor	PCP - General		3/22/19	5/22/19
.				

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

No Continuity Doctor (Mar. 22, 2019 - May 22, 2019)

Other Service Providers

Document Coverage Dates

May 02, 2019

Northwestern Memorial HealthCare

25 N Winfield Rd
Winfield, IL 60190

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd
Winfield, IL 60190

Encounter Providers

Benjamin Md/ And Fellow Freed (Attending)

Encounter Date

May 02, 2019

Legal Authenticator

Him

Jamar Little

Summary of Care, generated on Feb. 05, 2024

Patient Demographics - Male; born Jun. 13, 1986

Patient Address	Communication	Language	Race / Ethnicity	Marital Status
7920 S Manistee Ave (Home) Chicago, IL 60617-1326	773-397-9225 (Mobile) 773-397-9225 (Home) jlittle2216@gmail.com	English (Preferred)	Black or African American / Not Hispanic or Latino	Single

(Mar. 22, 2019 -):
7920 S Manistee Ave
(Home)
Chicago, IL 60617

Note from Northwestern Memorial HealthCare

This document contains information that was shared with Jamar Little. It may not contain the entire record from Northwestern Memorial HealthCare.

Reason for Visit

Reason

Near Syncope

Auth/Cert

Specialty

Diagnoses / Procedures

Referred By Contact

Referred To Contact

Diagnoses
Fainting

Referral ID	Status	Reason	Start Date	Expiration Date	Visits Requested	Visits Authorized
5246351					1	1

Encounter Details

Date	Type	Department	Care Team	Description
03/22/2019 4:28 PM CDT -	Emergency	NM Emergency Medicine 251 E. Huron Street Feinberg Pavilion Chicago, IL 60611-2908 312-926-5188	Emily A. Baran 211 E Ontario St Ste 200 Chicago, IL 60611 312-694-7000 (Work) 312-926-6274 (Fax)	Discharge Disposition: Home or Self Care
03/23/2019 1:32 PM CDT			Peter B. Pruitt 211 E Ontario St Ste 200 Chicago, IL 60611 312-694-7000 (Work) 312-926-6274 (Fax)	

Allergies - documented as of this encounter (statuses as of 02/05/2024)

No known active allergies

Medications - documented as of this encounter (statuses as of 02/05/2024)

No known medications

Active Problems - documented as of this encounter (statuses as of 02/05/2024)

No known active problems

Social History - documented as of this encounter

Tobacco Use	Types	Packs/Day	Years Used	Date
Smoking Tobacco: Never				
Assessed				
Sex and Gender Information		Value		Date Recorded
Sex Assigned at Birth		Male		12/06/2019 12:13 PM CST
Gender Identity		Not on file		
Sexual Orientation		Straight		06/24/2019 3:09 AM CDT

Last Filed Vital Signs - documented in this encounter

Vital Sign	Reading	Time Taken	Comments
Blood Pressure	124/70	03/23/2019 11:11 AM CDT	
Pulse	83	03/23/2019 11:11 AM CDT	
Temperature	36.4 °C (97.5 °F)	03/23/2019 11:11 AM CDT	
Respiratory Rate	18	03/23/2019 11:11 AM CDT	
Oxygen Saturation	97%	03/23/2019 11:11 AM CDT	
Inhaled Oxygen Concentration	-	-	
Weight	119.5 kg (263 lb 7.2 oz)	03/22/2019 9:00 PM CDT	
Height	172.7 cm (5' 8")	03/22/2019 9:00 PM CDT	
Body Mass Index	40.06	03/22/2019 9:00 PM CDT	

Discharge Instructions - documented in this encounter

Discharge Instructions

Becky Joseph - 03/23/2019 1:07 PM CDT

Formatting of this note might be different from the original.

You had an echocardiogram done which was normal. We advise you to follow up with a primary care provider for further work up. We recommend a ziopatch holter monitor as well as a sleep study outpatient. Keep your cardiologist appt to see what they recommend. If you continue to have chest pain, SOB, dizziness, lightheadedness, syncope, call your doctor or return to ED. Try to get a better night's rest if possible.

Electronically signed by Becky Joseph at 03/23/2019 1:07 PM CDT

Plan of Treatment - documented as of this encounter

Upcoming Encounters

Date	Type	Department	Care Team	Description
02/22/2024 11:45 AM CST	Office Visit	NM Otolaryngology 675 N ST CLAIR ST, STE 15-200 CHICAGO, IL 60611-5975 312-695-8182	Katy Y. Hassan 675 N St Clair St Ste 15-200 Galter Pavilion Chicago, IL 60611 312-695-8182 (Work) 312-695-4303 (Fax)	
02/26/2024 10:40 AM CST	Office Visit	NM Internal Medicine 1333 W. Belmont Chicago, IL 60657-5785 312-926-3627	Sasha Mehrabian 1333 W Belmont Ave Ste 200 Chicago, IL 60657 312-926-3627 (Work) 312-694-1885 (Fax)	
Health Maintenance	Due Date	Last Done	Comments	
Flu Vaccine (Yearly) (#1)	09/01/2023			

Procedures - documented in this encounter

Procedure Name	Priority	Date/Time	Associated Diagnosis	Comments
ECHO 2D ONLY ADULT	STAT	03/23/2019 10:58 AM CDT		



Results - documented in this encounter

HOLTER MONITOR EXTENDED - Final result (04/01/2019 10:37 AM CDT)

Anatomical Region	Laterality	Modality		
		Ultrasound		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time

Narrative

04/27/2019 4:14 PM CDT

This result has an attachment that is not available.

Agree with findings

Authorizing Provider

Result Type

Becky Joseph

CARDIAC SERVICES ORDERABLES

ECHO 2D ONLY (03/23/2019 10:58 AM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Reported EF	67	%			NM CV C SYNGO	

Anatomical Region

Laterality

Modality

Ultrasound

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/23/2019 8:22 AM CDT	

Narrative

03/23/2019 12:23 PM CDT

Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

Echocardiography Report: ECHO 2D ONLY ADULT

Date of service: 3/23/2019 8:22:01 AM

Accession #: N19US4648648

Ordering physician: 1386914075 IBADETE SULEJMANI

Reason for Study: syncope

Sonographer: Tina Smith

Interpreting Physician: 1467771378 Allison Zielinski

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Inpatient

Height: 172.00 cm BSA: 2.39 m²

Weight: 119.29 kg BMI: 40.3 kg/m²

Cardiac History:

History of syncope.

Heart rate 81 bpm

Blood pressure 143/63 mmHg

Study quality: good.

MEASUREMENTS:

	value	Indexed Value
Sinus of Valsalva	3.2 cm	
Left atrium diameter	3.7 cm (2D)	
Left atrial volume		16.6 mL/m ² .
Left atrial volume	40.3 mL	16.9 mL/m ² .
Left atrial volume	42.3 mL	17.73 mL/m ² .
LV ID (diastole)	4.8 cm (2D)	2.0 cm/m ²
LV ID (systole)	2.9 cm (2D)	1.2 cm/m ²

Narrative

IVS, leaflet tips	1.1 cm (2D)
Posterior wall thickness	1.1 cm (2D)
LV stroke volume	31 ml (2D biplane)
LVOT diam	2.4 cm
LV end diastolic volume	47 ml (2D biplane) 19.5 ml/m ²
LV end systolic volume	15 ml (2D biplane) 6.3 ml/m ²
Ejection Fraction	67 % (2D biplane)
RV basal diameter	3.4 cm
TAPSE	21.0 mm

FINDINGS:

LEFT VENTRICLE:

The left ventricle is normal in size.

There is no left ventricular hypertrophy.

Left ventricular systolic function is normal. EF = 67% (2D biplane)

Left ventricular diastolic function was not evaluated.

LV Wall Motion:

All scored segments are normal.

RIGHT VENTRICLE:

The right ventricle is normal in size. Right ventricular systolic function is normal.

The right atrial pressure is 3 mmHg. RV free wall is not well seen.

LEFT ATRIUM:

The left atrial size is normal. The LA volume is 40.3 ml, 16.9 ml/m² when indexed.

RIGHT ATRIUM:

The right atrial cavity is normal in size.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is mild mitral valve leaflet thickening.

TRICUSPID VALVE:

The tricuspid valve leaflets are structurally normal.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid.

PULMONIC VALVE

The pulmonic valve cusps are structurally normal.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.4 cm. Proximal ascending aorta 2.6 cm.

PULMONARY ARTERIES:

The pulmonary arteries are normal.

PERICARDIUM:

There is trivial pericardial effusion.

CONCLUSIONS:

--Study quality: good.

-Two-dimensional transthoracic echocardiography was performed using standard views & projections.

-The left ventricle is normal in size. There is no left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 67% (2D biplane) All scored segments are normal.

-The right ventricle is normal in size. Right ventricular systolic function is normal. The right atrial pressure is 3 mmHg.

-

-No significant valvular abnormalities. Non-doppler study.

-Normal atria and aorta.

-No prior echocardiographic exam available for comparison.

Electronically signed by Dr.Allison Zielinski on 3/23/2019 at 12:23:02 PM.

** Final **

Procedure Note

Allison R. Zielinski - 03/23/2019

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Northwestern Medicine

Bluhm Cardiovascular Institute

675 N. St. Clair

Chicago, IL 60611

Ordering physician: 1386914075 IBADETE SULEJMANI

Reason for Study: syncope

Sonographer: Tina Smith

Interpreting Physician: 1467771378 Allison Zielinski

Referring Physician:

PATIENT:

Name: JAMAR LITTLE

MRN: 111012202087

Date of Birth: 6/13/1986 Age: 32 years

Gender: M

Admission status: Inpatient

Height: 172.00 cm BSA: 2.39 m²

Weight: 119.29 kg BMI: 40.3 kg/m²

Cardiac History:

History of syncope.

Heart rate 81 bpm

Blood pressure 143/63 mmHg

Study quality: good.

MEASUREMENTS:

Value Indexed Value

Sinus of Valsalva 3.2 cm

Left atrium diameter 3.7 cm (2D)

Left atrial volume 16.6 ml/m².

Left atrial volume 40.3 ml. 16.9 ml/m².

Left atrial volume 42.3 ml. 17.73 ml/m².

LV ID (diastole) 4.8 cm (2D) 2.0 cm/m²

LV ID (systole) 2.9 cm (2D) 1.2 cm/m²

IVS, leaflet tips 1.1 cm (2D)

Posterior wall thickness 1.1 cm (2D)

LV stroke volume 31 ml (2D biplane)

LVOT diam 2.4 cm

LV end diastolic volume 47 ml (2D biplane) 19.5 ml/m²

LV end systolic volume 15 ml (2D biplane) 6.3 ml/m²

Ejection Fraction 67 % (2D biplane)

RV basal diameter 3.4 cm

TAPSE 21.0 mm

FINDINGS:

LEFT VENTRICLE:

The left ventricle is normal in size.

There is no left ventricular hypertrophy.

Left ventricular systolic function is normal. EF = 67% (2D biplane)

Left ventricular diastolic function was not evaluated.

LV Wall Motion:

All scored segments are normal.

RIGHT VENTRICLE:

The right ventricle is normal in size. Right ventricular systolic function is normal.

The right atrial pressure is 3 mmHg. RV free wall is not well seen.

LEFT ATRIUM:

The left atrial size is normal. The LA volume is 40.3 ml, 16.9 ml/m² when indexed.

RIGHT ATRIUM:

The right atrial cavity is normal in size.

MITRAL VALVE:

The mitral valve leaflets are structurally normal. There is mild mitral valve leaflet thickening.

TRICUSPID VALVE:

Procedure Note

The tricuspid valve leaflets are structurally normal.

AORTIC VALVE:

The aortic valve leaflets are structurally normal. The aortic valve is tricuspid.

PULMONIC VALVE

The pulmonic valve cusps are structurally normal.

AORTA:

The visualized aorta is normal in size.

Measurements - Sinus 3.2 cm. Sinotubular junction 2.4 cm. Proximal ascending aorta 2.6 cm.

PULMONARY ARTERIES:

The pulmonary arteries are normal.

PERICARDIUM:

There is trivial pericardial effusion.

CONCLUSIONS:

--Study quality: good.

-Two-dimensional transthoracic echocardiography was performed using standard views & projections.

-The left ventricle is normal in size. There is no left ventricular hypertrophy. Left ventricular systolic function is normal. EF = 67% (2D biplane) All scored segments are normal.

-The right ventricle is normal in size. Right ventricular systolic function is normal. The right atrial pressure is 3 mmHg.

-

-No significant valvular abnormalities. Non-doppler study.

-Normal atria and aorta.

-No prior echocardiographic exam available for comparison.

Electronically signed by Dr.Allison Zielinski on 3/23/2019 at 12:23:02 PM.

** Final **

Authorizing Provider	Result Type
Ibadete Sulejmani	ECHO ORDERABLES

TROPONIN - Final result (03/22/2019 10:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Troponin I	0.00	0.00 - 0.04 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Reference Range = 0.00 TO 0.04 ng/mL

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			03/22/2019 10:25 PM CDT	03/22/2019 10:35 PM CDT

Narrative

NORTHWESTERN MEMORIAL HOSPITAL LAB - 03/22/2019 11:01 PM CDT

ORDERING DEPARTMENT:NMH EMERGENCY DEPARTMENT

Ordering Provider:SULEJMANI,IBADETE

Ca11 Back Phone Number:(312)695-8900

Authorizing Provider	Result Type
Ibadete Sulejmani	CHEMISTRY ORDERABLES

Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

Anatomical Region

Laterality

Modality

Head

Computed Tomography

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/22/2019 6:49 PM CDT	

Narrative

03/23/2019 9:06 AM CDT

NONCONTRAST CT BRAIN

HISTORY: 32-year-old man presenting following a syncopal event. The patient also has a history of migraine headaches.

TECHNIQUE: Noncontrast helical images of the brain were obtained from the foramen magnum to the vertex. Coronal reformatted images were generated.

COMPARISON: None.

FINDINGS:

The ventricles and sulci are within normal limits for the patient's age. There is no midline shift or mass effect. The basal cisterns are intact.

No acute intracranial hemorrhage or extra axial fluid collection is identified. There are no areas of abnormal parenchymal attenuation. The gray-white differentiation is maintained.

The extracranial soft tissues and orbital contents are unremarkable. An osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. There is a 3.5 mm left ethmoid osteoma. Small retention cysts are identified in the right anterior ethmoid air cell and in the left maxillary sinus. The mastoid air cells and middle ear cavities are clear.

IMPRESSION:

1. No acute intracranial abnormality. Further evaluation with a brain MRI may be performed if clinically indicated.
2. Osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. Additionally, there is a 3.5 mm left ethmoid osteoma.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Hijaz, Tarek MD

Radiology Resident: Mackey, Rosewell MD

Date Signed off: 03/23/2019 09:06

Procedure Note

Tarek A. Hijaz - 03/23/2019

Procedure Note

Formatting of this note might be different from the original.

NONCONTRAST CT BRAIN

HISTORY: 32-year-old man presenting following a syncopal event. The patient also has a history of migraine headaches.

TECHNIQUE: Noncontrast helical images of the brain were obtained from the foramen magnum to the vertex. Coronal reformatted images were generated.

COMPARISON: None.

FINDINGS:

The ventricles and sulci are within normal limits for the patient's age. There is no midline shift or mass effect. The basal cisterns are intact.

No acute intracranial hemorrhage or extra axial fluid collection is identified. There are no areas of abnormal parenchymal attenuation. The gray-white differentiation is maintained.

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IMPRESSION:

1. No acute intracranial abnormality. Further evaluation with a brain MRI may be performed if clinically indicated.
2. Osteoma in the medial aspect of the left frontal sinus measures approximately 10 mm AP by 17 mm TV. Additionally, there is a 3.5 mm left ethmoid osteoma.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT

WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT

AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Hijaz, Tarek MD

Radiology Resident: Mackey, Rosewell MD

Date Signed Off: 03/23/2019 09:06

Authorizing Provider	Result Type
Emily A. Baran	IMG CT ORDERABLES

XR CHEST PA LAT - Final result (03/22/2019 5:34 PM CDT)

Anatomical Region	Laterality	Modality		
Chest, Lung		Radiographic Imaging		
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
			03/22/2019 5:51 PM CDT	

Narrative

03/23/2019 1:01 PM CDT

Narrative

PROCEDURE: XR CHEST PA LAT. 3/22/2019 5:29 PM.

TECHNIQUE: 2 views (PA and Lateral) of the chest were performed.

HISTORY: Syncpe.

COMPARISON: None.

FINDINGS:

Support Devices: None.

Cardiac Silhouette/Mediastinum/Hila: The cardiac, mediastinal, and hilar contours are within normal limits for age.

Lungs/Pleural Spaces: The lungs and pleural spaces are clear.

Chest Wall/Diaphragm/Upper Abdomen: The thoracic musculoskeletal structures and the upper abdomen are age-appropriate in appearance.

CONCLUSION(S):

1. There is no acute cardiopulmonary process.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Omar, Imran MD

Radiology Resident: Hirano, Miki MD

Date Signed Off: 03/23/2019 13:01

Procedure Note

Imran M. Omar - 03/23/2019

Formatting of this note might be different from the original.

PROCEDURE: XR CHEST PA LAT. 3/22/2019 5:29 PM.

TECHNIQUE: 2 views (PA and Lateral) of the chest were performed.

HISTORY: Syncpe.

COMPARISON: None.

FINDINGS:

Support Devices: None.

Cardiac Silhouette/Mediastinum/Hila: The cardiac, mediastinal, and hilar contours are within normal limits for age.

Lungs/Pleural Spaces: The lungs and pleural spaces are clear.

Chest Wall/Diaphragm/Upper Abdomen: The thoracic musculoskeletal structures and the upper abdomen are age-appropriate in appearance.

CONCLUSION(S):

1. There is no acute cardiopulmonary process.

FINAL REPORT

THE ATTENDING RADIOLOGIST INTERPRETED THIS STUDY WITH THE RESIDENT WHOSE NAME APPEARS BELOW, AND FULLY AGREES WITH THE REPORT AND HAS AMENDED THE REPORT WHEN NECESSARY:

Attending Radiologist: Omar, Imran MD

Radiology Resident: Hirano, Miki MD

Date Signed Off: 03/23/2019 13:01

Authorizing Provider Result Type

Emily A. Baran IMG DIAGNOSTIC IMAGING ORDERABLES

.AUTO DIFF - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Neutrophils	55	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Lymphocytes	30	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Monocytes	11	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Eosinophils	3	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Basophils	1	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Immature Granulocytes	0	%			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Immature Granulocytes (IG) represents automated enumeration of Metamyelocytes, Myelocytes and Promyelocytes when IG is < 5%. Blasts are not included in IG and reported separately if present.

Absolute Neutrophils	4.3	1.5 - 8.0 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Lymphocytes	2.4	1.0 - 4.0 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Monocytes	0.9	0.2 - 1.0 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Eosinophils	0.2	0.0 - 0.6 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
Absolute Basophils	0.1	0.0 - 0.2 K/UL		NORTHWESTERN MEMORIAL HOSPITAL LAB
A Im Gran Absolute	0.00	0.00 - 0.10 K/ UL		NORTHWESTERN MEMORIAL HOSPITAL LAB

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)			03/22/2019 5:25 PM CDT	03/22/2019 5:29 PM CDT

Narrative

Authorizing Provider	Result Type
Emily A. Baran	HEMATOLOGY ORDERABLES
Performing Organization	Address
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307

CBC (.CBC) - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
WBC	7.9	3.5 - 10.5 K/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RBC	5.28	4.30 - 5.80 M/ UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
HGB	14.2	13.0 - 17.5 g/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
HCT	44.4	38.0 - 50.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCV	84	80 - 99 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCH	26.9	27.0 - 34.0 pg			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MCHC	32.0	32.0 - 35.5 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
RDW	14.2	11.0 - 15.0 %			NORTHWESTERN MEMORIAL HOSPITAL LAB	
PLT	389	140 - 390 K/UL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
MPV	10.7	8.8 - 12.1 fL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Differential Type	Auto				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Reflex Morphology	No				NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	

Blood specimen (specimen)		03/22/2019 5:25 PM CDT	03/22/2019 5:29 PM CDT
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Narrative	
Authorizing Provider	Result Type
Emily A. Baran	HEMATOLOGY ORDERABLES
Performing Organization	Address City/State/ZIP Code Phone Number

NORTHWESTERN MEMORIAL HOSPITAL LAB 251 E. Huron 7307 Chicago, IL 60611

MAGNESIUM (MAGNESIUM LEVEL) - Final result (03/22/2019 5:25 PM CDT)						
Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Magnesium	1.9	1.5 - 2.7 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)	VEIN SPECIMEN / Unknown			03/22/2019 5:25 PM CDT	03/22/2019 5:37 PM CDT	
Narrative						

Authorizing Provider	Result Type		
Emily A. Baran	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

TROPONIN - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Troponin I	0.00	0.00 - 0.04 ng/mL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Comment: Reference Range = 0.00 TO 0.04 ng/mL

Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume	Collection Time	Received Time
Blood specimen (specimen)	VEIN SPECIMEN / Unknown		03/22/2019 5:25 PM CDT	03/22/2019 5:37 PM CDT

Narrative

Authorizing Provider	Result Type		
Emily A. Baran	CHEMISTRY ORDERABLES		
Performing Organization	Address	City/State/ZIP Code	Phone Number
NORTHWESTERN MEMORIAL HOSPITAL LAB	251 E. Huron 7307	Chicago, IL 60611	

BASIC METABOLIC PANEL - Final result (03/22/2019 5:25 PM CDT)

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Sodium	142	133 - 146 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Potassium	4.5	3.5 - 5.1 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Comment: Hemolyzed Specimen						
Chloride	106	98 - 109 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
CO2	29	21 - 31 mEq/L			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Calcium	9.6	8.3 - 10.5 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Urea Nitrogen	13	2 - 25 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Creatinine	1.06	0.60 - 1.30 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Glucose	104	65 - 100 mg/dL			NORTHWESTERN MEMORIAL HOSPITAL LAB	

Component	Value	Ref Range	Test Method	Analysis Time	Performed At	Pathologist Signature
Anion Gap	7	5 - 16			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(African American)	>60	>=60 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
GFR(Others)	>60	>=60 mL/min/ 1.73m ²			NORTHWESTERN MEMORIAL HOSPITAL LAB	
Specimen (Source)	Anatomical Location / Laterality	Collection Method / Volume		Collection Time	Received Time	
Blood specimen (specimen)	VEIN SPECIMEN / Unknown			03/22/2019 5:25 PM CDT	03/22/2019 5:37 PM CDT	
Narrative						

Authorizing Provider

Emily A. Baran CHEMISTRY ORDERABLES

Performing Organization

NORTHWESTERN
MEMORIAL HOSPITAL
LAB

Visit Diagnoses - documented in this encounter

Diagnosis

Fainting - Primary

Administered Medications - documented in this encounter

Inactive Administered Medications - up to 3 most recent administrations

Medication Order	MAR Action	Action Date	Dose	Rate	Site
nortriptyline (PAMELOR) capsule 50 mg 50 mg, Oral, ONCE, On Fri 3/22/19 at 2230, For 1 dose	Given	03/22/2019 11:40 PM CDT	50 mg		
sodium chloride 0.9 % iv bolus 2,000 mL, IV Infusion, Administer over 60 Minutes, ONCE, On Fri 3/22/19 at 1718, For 1 dose	New Bag	03/22/2019 5:48 PM CDT	2,000 mLs	2000 mL/hr	
sodium chloride 0.9% infusion at 125 mL/hr, IV Infusion, ONCE, On Fri 3/22/19 at 2109, For 1 dose	New Bag	03/22/2019 9:05 PM CDT		125 mL/hr	

Care Teams - documented as of this encounter

Team Member	Relationship	Specialty	Start Date	End Date
No Continuity Doctor	PCP - General		3/22/19	5/22/19

Patient Contacts

Contact Name	Contact Address	Communication	Relationship to Patient
Gayle Little	Unknown	773-552-1715 (Home)	Mother, Emergency Contact

Document Information

Primary Care Provider

No Continuity Doctor (Mar. 22, 2019 - May 22, 2019)

Other Service Providers

Document Coverage Dates

Mar. 22, 2019 - Mar. 23, 2019

Northwestern Memorial HealthCare

25 N Winfield Rd
Winfield, IL 60190

Custodian Organization

Northwestern Memorial HealthCare

25 N Winfield Rd
Winfield, IL 60190

Encounter Providers

		Encounter Date
Emily A. Baran (Attending) NPI: 1568407641 312-694-7000 (Work) 312-926-6274 (Fax) 211 E Ontario St Ste 200 Chicago, IL 60611 Emergency Medicine	Peter B. Pruitt (Attending) NPI: 1831465749 312-694-7000 (Work) 312-926-6274 (Fax) 211 E Ontario St Ste 200 Chicago, IL 60611 Emergency Medicine	Mar. 22, 2019 - Mar. 23, 2019

Legal Authenticator

Him