

12/11/2020

Encounter - Omari Williams-Massiah DOB: 25/08/2008 Gender: M HIN: 7931682160AY

CAST Health Services

**O - 30 Isabella Street | 20 DeBoers Drive - O
Toronto, Ontario M4Y 1N1**

Tel: 416-924-4640 x2044 | 416-924-4640 x3415**Fax: 416-324-2508 | 416-324-2371****Patient Demographics:****Omari Williams-Massiah**

202 Eccleston Drive
Brampton, ON
H: (416)732-2652
B: ;

Gender: Male**DOB: 25/08/2008****HIN: 7931682160AY****Discharge assessment****Visit Date: 06/07/2020**

discharge assessment due to pandemic precautions by phone. Being discharged to a relative who has experience in dealing with children with FASD and developmental issues.
has a diagnosis of fetal alcohol spectrum disorder. Comorbid ADHD and ODD. A complex case review was in fact done today. Aunt was present. Support put in place.
in good general health. He eats well. Sleeps well. Handles limit setting reasonably well in terms of responding to redirection etc. There are no significant temper tantrums, dysregulation etc. He will require educational supports.
Socially does reasonably well.
he is not on medication. Aunt has a family doctor will be assessing and managing the children. He is fit for discharge.

1620-40

FASD Complex case review**Visit Date: 20/04/2020**

Complex case review completed online
The team was given an overview of Omaris current challenges
Foster mom not present on call today.
discussed recommendations from Dr Patels report
Omari continues to struggle with social cues and aggression
FASD recommendations included leadership team support to foster mom, kin and school supports.
He has no identified health needs at this time
Follow -up CCR in 3 months time

DICTATION - FASD Consult**Visit Date: 26/11/2019****BP: 0 / 0 mmHG****HR: 0 bpm****BMI: 18.64****HT: 140.5 cm****WT: 36.8 kg****WC: 0.0 cm****RR: 0****O₂ Sat: 0 %**

Omari Williams-Massiah DOB: 25/AUG/2008

Omari was seen today for assessment re: effect of prenatal exposure to alcohol.

He has been in care since September. The initial assessment by Dr. Cohen noted significant concerns in terms of behaviour, and denotation of dysmorphism. It was also noted that mother gives a history directly of alcohol intake during the pregnancy, as she did not realize she was pregnant for the first 3-4 months. She also consumed marijuana or cigarettes.

Apparently mother herself has history of being involved with the children's aid society. Apparently there had been family service involvement with the family prior to this pregnancy.

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Apparently he was born at term at Michael Garron Hospital. I do not have information as to screening, birth weight etc. However there were no neonatal problems noted.

Apparently he has a long history of difficulties academically, and difficulty in terms of "explosive behaviour". He settles quickly.

He is now in a regular class with an IEP. He has had learning issues "from early on".

He notes himself that he had a previous hospitalization for a burn on his chest which was caused by hot coffee though did not give the genesis of this.

Apparently mother does not have health issues other than substance use. There are other siblings from different fathers. Nothing is known of Omari's father.

On examination he is dysmorphic as noted. His head circumference is 55cm. His weight is as noted previously. He is hypertelorism with Intercanthal distance of 4cm, right eye being 28mm and left 30mm. He does have a transverse crease of his ears. Lip philtrum score is 2-3. He has clinodactily. He has limited elbow supination.

Omari does present dysmorphisms, academic and behavioural difficulties, and history of prenatal exposure to alcohol. We will proceed with FASD assessment as well, apparently as he looks somewhat like his mother, we will arrange fragile x and micro array testing. He will be seen pending this.

Weight is 36.8kg and height 140.5cm.

10:30-11:15

Dr. Leo Levin/MC

Dictated but not read

DICTATION - F/U Admission

Visit Date: 20/09/2019

All four children were seen in follow up after admission. Unfortunately there was no information. Unfortunately the worker was unable to attend and a coverage FSW did come down to clinic to help answer questions. My questions included:

Why were they apprehended?

When were they apprehended?

Is there any past medical, school or community history?

Do they have a family doctor?

Were the records requested?

Has the family been involved with CAS prior to admission?

Is there a history of maternal drinking or other drug use?

Information was provided in the form of an email from Dorian King who is the supervisor.

She stated that the Society has had a long history with the family and had been involved intermittently since the pregnancy of Omari who is now in care and 11 years old.

She mentioned that concerns included neglect, inadequate supervision, physical discipline, alcohol and drug use as well as exposure to violence and exposure to domestic violence as well.

I have asked the worker to ask the mother if she did drink through any or all of the pregnancies and to obtain birth records if possible so we can review any exposures if documented and also to obtain the records from the family physician which hopefully will include immunization records. She also wrote that on August 10th Szdina who will be 5 tomorrow and Nevaeh who turns 4 on the 13th of this month were found on the street at night and had no supervision for six hours. When brought home by the police there was a strong smell of marijuana and from the note several individuals at the home were under the influence of alcohol, drugs or both. This occurred while in the presence of the police and the Children's Aid society. They were taken into care on August 12th and on August 16th the court order was made that they would be under temporary care and custody of the four children to the Society. So temporary care and custody of all four children to the society.

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Mother has access at lease two times a week. So questions re: alcohol consumption, immunization records, hospitals where the children were born and the name of the family doctor, hopefully will be able to be obtained.

The supervisor had found 3 of 4 admission medicals which had been improperly uploaded to CPIN and she forwarded to us. So for Mulekwa it said it was a normal examination, for Szodina it also showed that it was a normal examination and for Omari it showed that it was a normal examination. All these were done on August 13th.

When I spoke to Omari he did say last year he was in a behaviour class. Foster mother has received two phone calls this week about his behaviour. He does have facial features compatible with FASD. I've requested that he be seen by Dr. Levin and I've asked the workers to please speak to mom directly and ask if she drank or if she drank prior to knowing she was pregnant with Omari and the other three children. His previous school records should be provided to the new school. He does deserve a psychoeducational and immunization records are required as well..

Szodina has significant carries in her mouth, the pulp is visible. She needs to be seen by a Pediatric Dentist as soon as possible. She requires extensive restoration and will probably need a general anesthetic. It would be important to ask the school how she is doing, she's in Sr. Kindergarten. It would also be important to ask the mother about drinking before she knew she was pregnant with Szodina. To obtain her birth records, her past medical records from her family physician and her immunization records.

Mulekwa who is 8 years old and in grade 3 it would be important to speak to the school to see how she's doing. And as well as all the other children to ask the mother about drugs or alcohol during the pregnancy. Birth records, family doctor records and immunization records. She should have a psychoeducational as well.

Foster mother mentioned that Nevaeh bangs her head when going to sleep. She's placed a pillow so she does not hit the walls. It occurs only when she's falling to sleep. There are numerous explanations for this including self soothing, We will see her in follow up in three to four months or sooner if necessary.

I've asked foster mother to keep in touch and to let me know if any other concerns arise. I've also asked her to come back during the Christmas break so we can review all four children to see if anything else needs to be done. Omari was discussed from 2-2:30, Nevaeh was discussed from 2:30-3, Szodina was discussed 3-3:30 and Mulekwa was discussed from 3:30-4.

Dr. Susan Cohen/tt
Dictated but not read.



The Hospital for Sick Children
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TORONTO ON M5G 1X8

Division of Genome Diagnostics
Department of Paediatric Laboratory Medicine
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CLIA ID: 99D1014032
www.sickkids.ca/genome-diagnostics

Referring Physician: LEVIN, LEO
Children's Aid Society of Toronto (Isabella)
30 Isabella Street
Toronto ON M4Y 1N1
cc:

Patient Name: WILLIAMS-MASSIAH, OMARI

Order Number: 19-25564
DOB (yyyy-mm-dd): 2008-08-25
Sex: M
MRN#: 5136451
External MRN:
HCN#: 7931682160

Family Number:
Ethnicity:
ON
Billing#:

Report Date: 2020-01-21 1:20 PM
Specimen Type: Blood
Collection Date: 2019-12-05 6:15 PM
Registration Date: 2019-12-06 5:30 PM
Received Date: 2019-12-06 11:30 AM

CYTogenetics Report

Test Performed: SNP Microarray

Indication: Learning Disability, Facial Dysmorphism, Clinodactyly, Fine motor delay, Intellectual Disability, Developmental Delay, Hypertelorism

Nomenclature
arr(1-22)x2,(X,Y)x1

Interpretation:
Normal Male

Technical Notes:

Genomic Microarray Platform: CytoScan HD SNP Array (Affymetrix)
Genome Build: NCBI 37/hg 19 (2009)
Analysis software: ChAS (Affymetrix)

This platform contains approximately 1.9 million copy number probes and 743,000 SNP probes. The assay will detect genomic gains/losses of approximately 50 Kb across the genome and 20 Kb in clinically significant targeted genes. The failure to detect a genomic loss or gain at any locus does not exclude the diagnosis of any of the disorders represented on the microarray.

The SNP content provides the detection of chromosome regions with absence of heterozygosity (AOH) greater than 5 Mb. AOH observed within one chromosome can be suggestive of uniparental disomy (UPD); however the failure to detect chromosome-specific AOH does not rule out the presence of UPD (e.g. heterodisomy). This test alone is not sufficient to confirm UPD, and requires standard molecular studies to establish a diagnosis when UPD is suspected. In cases where there is clinical suspicion of a disorder associated with UPD of a specific chromosome region, appropriate molecular testing should be pursued irrespective of results from this test. Multiple regions of AOH across the genome are indicative of regions that are identical by descent (IBD), which may be associated with an increased risk of a recessive disorder. This data is provided for clinical correlation by the ordering physician. This report will not include clinical interpretation of AOH data associated with IBD.

Copy number gains and losses that represent common variants in studies of healthy control populations will not normally be reported. Although potentially detectable by this assay, deletions less than 200 Kb and duplications less than 500 Kb, will not normally be reported if they represent copy number changes of no known clinical significance. These results are available upon request by the referring clinician.

Note: For clinical use only. Results not generated in a forensically accredited lab.

Patient Name: WILLIAMS-MASSIAH, OMARI

Order Number: 19-28564
DOB (yyyy-mm-dd): 2008-08-25
Sex: M
MRN#: 5136451
External MRN:
HCN#: 7931682160

Family Number:
Ethnicity:
ON
Billing#: 19275216

Report Date: 2020-01-21 1:20 PM
Specimen Type: Blood
Collection Date: 2019-12-05 6:15 PM
Registration Date: 2019-12-06 5:30 PM
Received Date: 2019-12-06 11:30 AM

This microarray will detect aneuploidy, deletions, and duplications of the loci represented on the microarray. This array platform does not detect balanced chromosomal rearrangements (inversions, reciprocal translocations, balanced insertions), regions not represented by the microarray, and may not detect low levels of mosaicism.

This test was developed and its performance characteristics determined by the SickKids Cytogenetics Laboratory as required by OLA and CLIA '88 regulations. This laboratory has established and verified the test's accuracy and precision. The test has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes.

All Ordered Test(s): SNP Microarray
MicroArray PO
Fragile X Syndrome PO
FMR1 gene CGG Repeat analysis

Reported by: Mary Shago, PhD, FCCMG, Clinical Laboratory Director, Cytogenetics

Note: For clinical use only. Results not generated in a forensically accredited lab.

01/21/2020 1:23:24 PM -0500 THE HOSPITAL FOR SICK CHILDREN PAGE 3 OF 3

Attached is a report from the Genome Diagnostics or Cytogenetics laboratory. For SickKids patients, a copy of the report will also be uploaded to the Epic patient chart. Please disregard the information below this line.

Environment Name: LIVE

Order Number: 190026564

Report Type: Test Specific Report for ARRAY

Tests: ARRAY

Delivery Reason: Attending Doctor, Requesting Doctor, Test Ordering Doctor RI_ LEVINLE