

HOMESTEAD

POST ACUTE

1608 Versailles Road
Lexington, KY 40504
Phone: 859-252-0871
Fax: 859-255-2467

To: McGroth Ward Care

Date: 8/21/25

From: Elvita T.

Fax: 859-399-6697

Re: M. Brown

No. of Pages

☐ Urgent

☒ For Review

☐ Please Comment

☐ Please Reply

Notes:

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Brown, Mildred(10047) - Continued on Page 2

CARE PROVIDERS

Physiatrist Ilkanich, Paul	Office:(872) 231-3162	401Michigan Avenue Chicago, IL 60611	1639674500
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PHARMACY

Pharmacy Med Care Pharmacy (Primary)	Phone: (859) 689-7130 Fax: (859) 689-6212	350 Aristocrat Drive Suite B Florence, KY, 41042
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EXTERNAL FACILITIES

Facility/Type Baptist Health	Phone: (859) 260-6100	Hospital
Solaris Diagnostics	Phone: (844) 660-0308	Laboratory
Gash Memorial Chapel	Phone: (502) 839-6801	Funeral Home

CONTACTS

Name	Contact Info	Relationship	Address	Phone/Email
Rogers, Jackie	Emergency Contact # 1 Healthcare Decision-maker Responsible Party	Daughter	1109 SHAGBARK LANE Lexington, KY, 40515	Cell:(859) 619-7066 Office:(859) 278-7066 Email:jackie.rogers@hotmail.com
Porter, Branda	Emergency Contact # 2 Healthcare Decision-maker	Daughter		Cell:(606) 424-1369

DIAGNOSIS INFORMATION

Code	Description	Onset Date	Rank	Classification
N10	ACUTE PYELONEPHRITIS	07/30/2025	Primary	Admission
N12	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC	07/30/2025	A	Admission
R78.81	BACTEREMIA	07/30/2025	B	Admission
N17.9	ACUTE KIDNEY FAILURE, UNSPECIFIED	07/30/2025	C	Admission
M62.81	MUSCLE WEAKNESS (GENERALIZED)	07/30/2025	D	Active Dx
Z74.09	OTHER REDUCED MOBILITY	07/30/2025	E	Admission
R13.10	DYSPHAGIA, UNSPECIFIED	07/30/2025	F	Admission
J44.9	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED	07/30/2025	G	Admission
D84.821	IMMUNODEFICIENCY DUE TO DRUGS	07/30/2025	H	Admission
I10	ESSENTIAL (PRIMARY) HYPERTENSION	07/30/2025	I	Admission
F33.9	MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED	07/30/2025	J	Admission
E78.5	HYPERLIPIDEMIA, UNSPECIFIED	07/30/2025	Rank N/A	Admission
F41.9	ANXIETY DISORDER, UNSPECIFIED	07/30/2025	Rank N/A	Admission
G25.81	RESTLESS LEGS SYNDROME	07/30/2025	Rank N/A	Admission
G47.00	INSOMNIA, UNSPECIFIED	07/30/2025	Rank N/A	Admission
H35.30	UNSPECIFIED MACULAR DEGENERATION	07/30/2025	Rank N/A	Admission
K21.9	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	07/30/2025	Rank N/A	Admission
M06.9	RHEUMATOID ARTHRITIS, UNSPECIFIED	07/30/2025	Rank N/A	Admission
M10.9	GOUT, UNSPECIFIED	07/30/2025	Rank N/A	Admission
M80. 00XD	AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING	07/30/2025	Rank N/A	Admission
S72. 141D	DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING	04/23/2025	Rank N/A	Admission

ADVANCE DIRECTIVE

DNR

MISCELLANEOUS INFORMATION

Physician	Date	Emergency	Declarer Info (Name, Title, License No.)
		21	
Signature	D.O.B.	Title	
Person Interacting With	Relationship	D.O.B.	Title

TRANSFER / DISCHARGE REPORT

20 Aug, 2025

Homestead Post Acute
1608 Versailles Road
Lexington KY 40504-2402 United States
(859) 252-0871

RESIDENT INFORMATION

Resident Name	Unit	Room/Bed	Admission Date	Resident No.			
Brown, Mildred	500-B	523 0	07/30/2025	10047			
Sex	Birth Date	Age	Marital Status	Religion	Primary Language	Secondary Language	
F	01/31/1934	91	Widowed	Christian	English		
Medicare (HIC) #	Medicare Beneficiary ID	Social Security #	Advantage Plan #	Advantage Plan Name	Medicaid #	Managed Medicaid #	Co-ins Policy #
	7VG4FF3UT90	***-**-4306	H04837829	Humana			
Co-Insurance Name	Life Insurance Name	Life Insurance Policy #	Insurance				
Policy #	Medical Record #						

OTHER INFORMATION

Allergies

Lisinopril, PHENobarbital, tizanidine, Cymbalta

Advance Directive	Copy Advance Directive/Living Will/Endorse	Diet Type	Diet Texture	Fluid Consistency
DNR	YES NO	High Protein, NAS	Mechanical Soft Ground	Thin Liquids

PRIMARY CONTACT

Name	Notified	Relationship	Address	Phone
Rogers, Jackie	YES NO	Daughter	1109 SHAGBARK LANE Lexington, KY 40515	Cell: (859) 619-7065 Bus: (859) 278-7065 Ext: N/A

PRIMARY PHYSICIAN

Physician	Phone	Address
Doodnauth, Davanand	Office: (859) 286-9951	1050 Monarch St Lexington, KY

DIAGNOSES

ACUTE KIDNEY FAILURE, UNSPECIFIED (N17.9)	ACUTE PYELONEPHRITIS (N10)
AGE-RELATED OSTEOPOROSIS WITH CURRENT PATHOLOGICAL FRACTURE, UNSPECIFIED SITE, SUBSEQUENT ENCOUNTER FOR FRACTURE WITH ROUTINE HEALING (M80.00XD)	ANXIETY DISORDER, UNSPECIFIED (F41.9)
BACTEREMIA (R78.81)	CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED (J44.9)
DISPLACED INTERTROCHANTERIC FRACTURE OF RIGHT FEMUR, SUBSEQUENT ENCOUNTER FOR CLOSED FRACTURE WITH ROUTINE HEALING (S72.141D)	DYSPHAGIA, UNSPECIFIED (R13.10)
ESSENTIAL (PRIMARY) HYPERTENSION (I10)	GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS (K21.9)
GOUT, UNSPECIFIED (M10.9)	HYPERLIPIDEMIA, UNSPECIFIED (E78.5)
IMMUNODEFICIENCY DUE TO DRUGS (D84.821)	INSOMNIA, UNSPECIFIED (G47.00)
MAJOR DEPRESSIVE DISORDER, RECURRENT, UNSPECIFIED (F33.9)	MUSCLE WEAKNESS (GENERALIZED) (M62.81)
OTHER REDUCED MOBILITY (Z74.09)	RESTLESS LEGS SYNDROME (G25.81)
RHEUMATOID ARTHRITIS, UNSPECIFIED (M06.9)	TUBULO-INTERSTITIAL NEPHRITIS, NOT SPECIFIED AS ACUTE OR CHRONIC (N12)
UNSPECIFIED MACULAR DEGENERATION (H35.30)	

LAST VITAL SIGNS

Blood Pressure	Pulse	Temperature	Respiration	Diagnosis/Other Signs
131/70 Date: 08/20/2025	82 Date: 08/20/2025	97.5 Date: 08/19/2025	16 Date: 08/19/2025	

TRANSFER / DISCHARGE REPORT

20 Aug, 2025

Homestead Post Acute
 1608 Versailles Road
 Lexington KY 40604-2402 United States
 (859) 252-0871

RESIDENT INFORMATION

Resident Name	Unit	Room/Bed	Admission Date	Resident No.
Brown, Mildred	500-B	523 0	07/30/2025	10047

CHIEF COMPLAINT(reason for transfer)

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RELEVANT INFORMATION

Behavior(s)	Appetition	Bladder	Bowel	Feeding

Wound/Lesions/Functioning

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MISCELLANEOUS INFORMATION

Date of Transfer/Discharge	Time	Transfer/Discharged to

Signature	Date	Time

Personal Effects Sent With	Relationship	Date	Time

TRANSFER / DISCHARGE REPORT

20 Aug, 2025

Homestead Post Acute
1608 Versailles Road
Lexington KY 40504-2402 United States
(859) 252-0871

RESIDENT INFORMATION

Resident Name	Unit	Room/Bed	Admission Date	Resident No.
Brown, Mildred	500-B	523 0	07/30/2025	10047

CURRENT MEDICATIONS

The Last Administered column only includes medications with a Chart Code of 0 - Administered. For complete details, see the Medication Administration Record (MAR).

Medication	Last Administered	Related Diagnosis	Start Date	End Date
Diclofenac Sodium External Gel 1 %. Directions: Apply to BUE/BLE topically four times a day for pain 2grams each area	08/20/2025 11:33		07/30/2025	
diltiazem HCl ER Oral Tablet Extended Release 24 Hour 240 MG. Directions: Give 1 tablet by mouth one time a day for HTN hold systolic less than 110 HR less than 60	08/20/2025 08:05		07/31/2025	
Lidocaine Patch 4 %. Directions: Apply to left shoulder topically one time a day for pain and remove per schedule	08/20/2025 08:05		08/01/2025	
MiraLax Oral Powder 17 GM/SCOOP. Directions: Give 1 scoop by mouth one time a day for constipation hold for loose stool	08/20/2025 08:05		08/06/2025	
Multivitamin-Minerals Oral Tablet. Directions: Give 1 tablet by mouth one time a day for supplement	08/20/2025 08:05		07/31/2025	
Vitamin B-12 Oral Tablet 1000 MCG. Directions: Give 1 tablet by mouth one time a day for supplement	08/20/2025 08:05		07/31/2025	
Calcium-Vitamin D Tablet 600-200 MG-UNIT. Directions: Give 2 tablet by mouth one time a day for supplementation	08/20/2025 08:05		07/31/2025	
Cetirizine HCl Oral Tablet 10 MG. Directions: Give 1 tablet by mouth one time a day for congestion	08/20/2025 08:02		07/31/2025	
Folic Acid Oral Tablet 1 MG. Directions: Give 1 tablet by mouth one time a day for supplement	08/20/2025 08:02		07/31/2025	
HYDROcodone-Acetaminophen Oral Tablet 10-325 MG. Directions: Give 1 tablet by mouth two times a day for pain	08/20/2025 08:01		08/06/2025	
Mirtazapine Oral Tablet 7.5 MG. Directions: Give 1 tablet by mouth at bedtime for depression	08/19/2025 22:07		07/30/2025	
Omeprazole Oral Capsule Delayed Release 20 MG. Directions: Give 1 capsule by mouth at bedtime for GERD	08/19/2025 22:07		07/31/2025	
Melatonin Oral Tablet 5 MG. Directions: Give 1 tablet by mouth at bedtime for insomnia	08/19/2025 22:07		07/30/2025	
Skin Prep Spray Miscellaneous. Directions: Apply to right heel topically every day shift for unstageable pressure wound cleanse wound with NS, pat dry, apply skin prep allow to dry	08/19/2025 11:39		08/15/2025	
Tylenol Extra Strength Oral Tablet 500 MG. Directions: Give 2 tablet by mouth every 8 hours as needed for pain	08/18/2025 22:01		08/08/2025	
MiraLax Oral Powder 17 GM/SCOOP. Directions: Give 1 scoop by mouth as needed for constipation Daily hold for loose stool	08/17/2025 20:00		07/30/2025	
Zofran Oral Tablet 4 MG. Directions: Give 1 tablet by mouth every 8 hours as needed for nausea			07/30/2025	

IMMUNIZATIONS

Immunization	Date Given
TB 2 Step Mantoux Skin Test (Step2)	08/11/2025
TB 2 Step Mantoux Skin Test (Step1)	07/30/2025
Pfizer COVID-19(Comirnaty) Seasonal 2024-2025	02/28/2025
Influenza (high dose)	11/07/2024
Pneumococcal PCV13	09/07/2018

**Physical Therapy
Treatment Encounter Note(s)**

Provider: Homestead Post Acute

Brown, Mildred

Identification Information

Patient: Brown, Mildred
MRN: 10047

DOB: 1/31/1934

Date of Service: 8/19/2025

Completed Date: 8/19/2025

Summary of Daily Skilled Services

Precautions Precautions: high fall risk, L shoulder pain, B heel wounds

97110 97110: Pt reported seated BLE reciprocal strengthening exer x 10 min to promote LE strength for improved mobility w/ skill of PT for monitoring activity tolerance, set up and load mgmt. Pt performed seated BLE exer 10 x 2 reps. Skill of PT for LE excursion, sequencing and cadence. Assessment of LE strength for PT progress report

97530 97530: Pt xfer'd STS x 3 reps using grab bars w/ min A. Pt xfer'd w/c<=>toilet w/ min<=>mod A. Pt reports having raised toilet seat at home. Pt stood w/ 1 UE support transitioning to no UE support 30 sec w/ min A. Skill of PT for hand/foot placement, sequencing and task/mvmt initiation. Pt reports not amb past 5 yrs. Assessment of xfer's, standing balance and bed mobility for PT progress report

Response to Tx Response to Treatment: Participatory and motivated

Supervising Therapist Supervising Therapist: Participatory and motivated

Functional Status as a Result of Skilled Interventions

Bed Mobility Bed Mobility = Min (A); Rolling = SBA; Supine --> Sit = Min (A); Sit --> Supine = CGA

Transfers Transfers = Min (A); Sit --> Stand = Min (A)

Gait Gait: Level Surfaces = DNT; Distance Level Surfaces = 5 feet; Assistive Device = Two-wheeled walker; Gait: Uneven Surfaces = N/A - Not Applicable at this time

Other Areas Stairs = N/A - Not Applicable at this time

Sitting Balance Static Sitting = Fair-; Dynamic Sitting = Poor+

Standing Balance Static Standing = Fair-; Dynamic Standing = Poor+

I accept responsibility for the content I documented in this patient's record and attest, to the best of my knowledge, that it accurately reflects the current performance, condition and medically necessary, skilled services provided per this patient's current treatment plan.

Original Signature: _____

Electronically signed by Denise Sandman, PT

8/19/2025 02:20:39 PM EDT

Date

**Occupational Therapy
Treatment Encounter Note(s)**

Provider: Homestead Post Acute

Brown, Mildred

Identification InformationPatient: Brown, Mildred
MRN: 10047

DOB: 1/31/1934

Date of Service: 8/19/2025**Completed Date: 8/19/2025****Summary of Daily Skilled Services**

Precautions Precautions: Fall risk, visual impairment, L shoulder pain, BLE heel wounds/threat to skin integrity.

97110 97110: Facilitated BLUE ther-ex reciprocal exerciser with min resistance for increase ROM, ax tolerance, endurance and muscle strength to promote IND in self care and transfers to return to prior level of living.

97535 97535: Assessed toileting task. Pt on commode and staff had assisted. Pt completed peri care IND. Sit to stand from commode with min A. Pt donned pull up with CGA. Pivot transfer to w/c with CGA using grab bar to assist.

Response to Tx Response to Treatment: Good

Functional Status as a Result of Skilled Interventions

Self Feeding Self Feeding = Supervised (A)

UB Dressing UB Dressing = Mod (A)

LB Dressing LB Dressing = Max (A)

Toileting Toileting = Mod (A)

Bathing UB Bathing = Max (A); LB Bathing = Total Dependence without attempts to initiate

I accept responsibility for the content I documented in this patient's record and attest, to the best of my knowledge, that it accurately reflects the current performance, condition and medically necessary, skilled services provided per this patient's current treatment plan.

Original Signature: _____

Electronically signed by Jennifer Shipp, COTA 8/19/2025 03:15:53 PM EDT

Date

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record


**BAPTIST HEALTH®****Brown, Mildred W**

MRN: 8910852066

Lambert, Margaret E, APRN

Nurse Practitioner

Hospitalist

H&P 

Attested

Date of Service: 07/24/25 1741

Creation Time: 07/24/25 1741

Attested

Attestation signed by Bhinder, Muhammad, MD at 07/24/25 2300

Attending Cosignature

Pyelonephritis, await cultures continue antibiotics, due to Immunocompromise status will be broad to cover for pneumonia as well. Inflammatory markers significantly elevated.

I supervised care of the patient on day of service with direct care provided by the advanced care provider (APC).

Muhammad Bhinder, MD
07/24/25**BAPTIST HEALTH****Baptist Health Lexington Hospital Medicine Services**
HISTORY AND PHYSICAL**Patient Name:** Mildred W Brown**DOB:** 1/31/1934**MRN:** 8910852066**Primary Care Physician:** Holestol, Bjorn L, MD**Date of admission:** 7/24/2025**Subjective****Subjective****Chief Complaint:** Increased generalized weakness, N/V/D, anorexia, confusion**HPI:**

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

Mildred W Brown is a 91 y.o. female with PMH significant for recent right hip fracture with repair 4/23/2025 (BHL, Dr. Denehy), HTN, HLD, RA (on prednisone, methotrexate, Remicade), GERD, anxiety who presents to BHL ED via EMS for progressive weakness, anorexia, N/V/D, and confusion after a fall at home 4 days ago. Patient reports that she slid out of her wheelchair on Sunday and her grandson caught her. She denies hitting her head but has had left shoulder pain since that time. Daughter, Brenda, at bedside reports that her mom has had ongoing nausea, vomiting, and diarrhea in the same timeframe. She called EMS today based on patient's profound weakness and increasing confusion. Patient found to have a kidney infection. She denies having a kidney infection before or frequent UTIs. She does wear Depends for urinary incontinence. Since her hip fracture in April, she has been using a wheelchair for mobility and transfers with a walker. She is current with Centerwell Home Health.

On presentation to the ED, patient is afebrile, HR and BP are stable and within normal limits. Labs are notable for Na 132, Cr 1.43, mag 2.7, alk phos 246, procal 10.10, WBCs 15.37 with abs neuts 14.14. UA show turbid urine with moderate blood, WBCs TNTC, 4+ bacteria. CT A&P shows edematous left kidney consistent with extensive pyelonephritis but without evidence of abscess or obstructive uropathy. Also shows mild patchy RLL disease, atelectasis vs pneumonia. CT head is negative. Urology contacted from ED and does not recommend a ureteral stent and recommends treatment with antibiotics. Patient received 1 dose Rocephin in ED.

Personal History

Past Medical History:

Diagnosis

Date

- Anemia
- Anxiety
- Arthritis
- Breast lump
- Cancer
endometrial
- Chronic back pain
- COPD (chronic obstructive pulmonary disease)
Secondhand smoke
- Depression
- Diverticulitis
- Endometrial cancer
- Fatigue
- GERD (gastroesophageal reflux disease)
- Gout
- Hypertension
- Incontinence of urine
- Macular degeneration
- Mild cognitive impairment with memory loss
Mainly short term memory
- Osteoarthritis of knee
- Osteoporosis
- Pyelonephritis
- RA (rheumatoid arthritis)
- RAD (reactive airway disease)
- Renal insufficiency
- RLS (restless legs syndrome)
- Visual impairment

05/12/2021

7/24/2025

10/15/2024

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

Past Surgical History:

Procedure

Laterality

Date

• APPENDECTOMY

• BACK SURGERY

• BREAST LUMPECTOMY

• HIP TROCHANTERIC NAILING WITH INTRAMEDULLARY

Left

Right

4/23/2025

HIP SCREW

*Procedure: HIP TROCHANTERIC NAILING RIGHT; Surgeon: Denehy, Kevin M, MD; Location: BH LEX**OR; Service: Orthopedics; Laterality: Right;*

• HYSTERECTOMY

Family History: family history includes Arthritis in her sister; Cancer in her father and son; Heart attack in her father; Heart disease in her father; Hyperlipidemia in her daughter and son; Leukemia in her father; Lung cancer in her daughter and son; Obesity in her daughter; Osteoarthritis in her mother.

Social History: reports that she has never smoked. She has been exposed to tobacco smoke. She has never used smokeless tobacco. She reports that she does not drink alcohol and does not use drugs.

Social History

Social History Narrative

2023: Lives with daughter Jackie. She also has another daughter, lost 1 son from lung cancer around 2015. She used to do accounting in the past, worked for the state. Per 2023 patient is wheelchair dependent.

Medications:

B-12, Calcium-Magnesium-Vitamin D, HYDROcodone-acetaminophen, acetaminophen, cetirizine, cloNIDine, diITIAZem CD, folic acid, hydroOXYzine, inFLIXimab, melatonin, methocarbamol, methotrexate, mirtazapine, multivitamin with minerals, omeprazole, ondansetron, polyethylene glycol, predniSONE, and valsartan

Allergies

Allergen

Reactions

• Lisinopril

Cough

• Phenobarbital

Other (See Comments)

Blisters

• Tizanidine

Hallucinations

• Cymbalta [Duloxetine Hcl]

Anxiety and Hallucinations

Objective

Objective

Vital Signs:

Temp: [98.2 °F (36.8 °C)] 98.2 °F (36.8 °C)

Heart Rate: [74-80] 80

Resp: [14] 14

BP: (105-162)/(65-90) 151/66

Physical Exam

Constitutional: Awake, alert

Eyes: PERRLA, sclerae anicteric, no conjunctival injection

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

- HENT: NCAT, mucous membranes moist
- Neck: Supple, no thyromegaly, no lymphadenopathy, trachea midline
- Respiratory: Pleural rub RLL, other lobes CTA bilaterally, nonlabored respirations, room air
- Cardiovascular: RRR, no murmurs, rubs, or gallops, palpable pedal pulses bilaterally
- Gastrointestinal: Positive bowel sounds, soft, nontender, nondistended
- Musculoskeletal: No bilateral ankle edema, no clubbing or cyanosis to extremities
- Psychiatric: Appropriate affect, cooperative
- Neurologic: Oriented x 3, strength symmetric in all extremities, Cranial Nerves grossly intact to confrontation, speech clear
- Skin: No rashes, bilateral heel dressings intact

Result Review:

I have personally reviewed the results from the time of this admission to 7/24/2025 19:18 EDT and agree with these findings:

- ☒ Laboratory list / accordion
- ☐ Microbiology
- ☒ Radiology
- ☒ EKG/Telemetry
- ☐ Cardiology/Vascular
- ☐ Pathology
- ☒ Old records
- ☐ Other:

Most notable findings include:

LAB RESULTS:

Lab	07/24/25 1741	07/24/25 1537
WBC	--	15.37*
HEMOGLOBIN	--	11.4*
HEMATOCRIT	--	34.3
PLATELETS	--	186
NEUTROS ABS	--	14.14*
EOS ABS	--	0.15
MCV	--	97.4*
SED RATE	--	>130*
CRP	--	43.00*
PROCALCITONIN	--	10.10*
LACTATE	1.5	--
CK TOTAL	--	95

Lab	07/24/25 1537
SODIUM	132*
POTASSIUM	4.4
CHLORIDE	99
CO2	21.7*
ANION GAP	11.3
BUN	54.3*
CREATININE	1.43*
EGFR	34.7*
GLUCOSE	92
CALCIUM	8.7
MAGNESIUM	2.7*

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

Lab	07/24/25 1537
TOTAL PROTEIN	6.5
ALBUMIN	2.9*
GLOBULIN	3.6
ALT (SGPT)	22
AST (SGOT)	47*
BILIRUBIN	0.9
ALK PHOS	246*
LIPASE	19

Brief Urine Lab Results (Last result in the past 365 days)

	Color	Clarity	Blood	Leuk Est	Nitrite	Protein	CREAT	Urine HCG
07/24/25 1533	Yellow	Turbid ?	Moderate (2+) ?	Large (3+) ?	Negative	100 mg/dL (2+) ?		

Microbiology Results (last 10 days)**** No results found for the last 240 hours. ******CT Abdomen Pelvis With Contrast**

Result Date: 7/24/2025

CT ABDOMEN PELVIS W CONTRAST Date of Exam: 7/24/2025 4:48 PM EDT Indication: N/V/D.

Comparison: None available. Technique: Axial CT images were obtained of the abdomen and pelvis following the uneventful intravenous administration of 85 mL Isovue-300. Reconstructed coronal and sagittal images were also obtained. Automated exposure control and iterative construction methods were used. Findings: There is mild patchy atelectasis versus pneumonia or aspiration in the posterior right lower lobe, benign-appearing left basilar pleural scarring and a calcified right middle lobe granuloma. There is diffuse fatty liver change. No liver lesions are identified. Gallbladder appears normally distended with no visible gall stones or gallbladder inflammation. No biliary ductal dilatation is appreciated. Pancreas appears within normal limits for age. Spleen is not enlarged. Adrenal glands appear normal. Right kidney appears normal with normal enhancement and no evidence of obstructive uropathy. Left kidney, by contrast, appears edematous, with markedly abnormal enhancement throughout nearly all of the renal parenchyma consistent with pyelonephritis. No renal mass is seen. Coronal images show partially duplicated left renal collecting system with upper and lower pole ureters, both of which show increased urothelial enhancement, coronal images 58 through 52 series 900. There is a small nonenhancing lower pole cyst. No obstructive uropathy is seen. Ureters are normal in caliber. Bladder is mildly distended and normal in appearance. No free air, ascites, or adenopathy is seen. No abnormally dilated or inflamed bowel loops are appreciated. No intrapelvic mass or inflammatory change is seen. Uterus and ovaries are not identified, either atrophic or surgically absent. Delayed venous phase images show normal contrast excretion by the right upper renal pole moiety, and slightly delayed contrast excretion into the left lower pole collecting system. There is normal contrast opacification of right upper ureter, and contrast is seen forming a left ureteral "jet" indicating patency of the left UVJ. There is attenuation of the left renal calyces due

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

to edema/inflammation, but no delay in excretion. Left ureter opacifies normally with contrast Bony structures appear intact. Advanced L3-4 L4-5 and L5-S1 degenerative disc disease is noted.

Impression: Impression: 1. Markedly abnormal, hypoenhancing appearance of the left kidney and edematous appearance of the left kidney, consistent with extensive pyelonephritis. No evidence of abscess, and no evidence of significant obstructive uropathy. 2. At least partial duplication of the left renal collecting system with upper and lower pole collecting systems. 3. Mild patchy right lower lobe disease, whether atelectasis or pneumonia.. Electronically Signed: Marc Ford, MD 7/24/2025 5:28 PM EDT Workstation ID: KYRAI025

CT Head Without Contrast

Result Date: 7/24/2025

CT HEAD WO CONTRAST Date of Exam: 7/24/2025 3:43 PM EDT Indication: fall. Comparison: 5/27/2025 head CT scan Technique: Axial CT images were obtained of the head without contrast administration. Automated exposure control and iterative reconstruction methods were used. Findings: The calvarium appears intact. Paranasal sinuses and mastoids appear clear. Orbits appear unremarkable except for bilateral lens replacements. No scalp hematoma or foreign body is seen. There is a relatively mild degree of generalized cerebral atrophy for the patient's age. There is no evidence of intracranial hemorrhage, contusion, or edema, no evidence of mass or mass effect, infarct, hydrocephalus, or abnormal extra-axial collection.

Impression: Impression: No evidence of acute trauma to the brain or other acute intracranial disease. Electronically Signed: Marc Ford, MD 7/24/2025 4:09 PM EDT Workstation ID: KYRAI025

XR Shoulder 2+ View Left

Result Date: 7/24/2025

XR HUMERUS LEFT, XR SHOULDER 2+ VW LEFT Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Radiographs of the left shoulder and left humerus obtained. No evidence of acute fracture. No joint dislocation. Moderate degenerative changes of the acromioclavicular and glenohumeral joints. Bones appear demineralized.

Impression: Impression: No acute osseous abnormality. Chronic/degenerative findings as above. Electronically Signed: Trevor Stone, MD 7/24/2025 2:26 PM EDT Workstation ID: KYRAI045

XR Humerus Left

Result Date: 7/24/2025

XR HUMERUS LEFT, XR SHOULDER 2+ VW LEFT Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Radiographs of the left shoulder and left humerus obtained. No evidence of acute fracture. No joint dislocation. Moderate degenerative changes of the acromioclavicular and glenohumeral joints. Bones appear demineralized.

Impression: Impression: No acute osseous abnormality. Chronic/degenerative findings as above. Electronically Signed: Trevor Stone, MD 7/24/2025 2:26 PM EDT Workstation ID: KYRAI045

XR Chest 1 View

Result Date: 7/24/2025

XR CHEST 1 VW Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Heart size and pulmonary vessels are within normal limits. No focal airspace consolidation. There are calcified granulomas within the right lung base. No pleural effusion. No pneumothorax. Severe degenerative changes are noted of both shoulders. No definite acute fractures are identified.

Impression: Impression: 1. No acute cardiopulmonary disease. Electronically Signed: Scott Stevens, MD 7/24/2025 2:07 PM EDT Workstation ID: KYRAI017

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

Assessment & Plan**Assessment & Plan**

Pyelonephritis
 Mixed hyperlipidemia
 Essential hypertension
 Falls frequently
 MDD (major depressive disorder), recurrent, in partial remission

Mildred W Brown is a 91 y.o. female with PMH significant for recent right hip fracture with repair 4/23/2025 (BHL, Dr. Denehy), HTN, HLD, RA (on prednisone, methotrexate, Remicade, RLS, GERD, gout, anxiety who presents to BHL ED via EMS for progressive weakness, anorexia, N/V/D, and confusion after a fall at home 4 days ago.

Pyelonephritis

- Pt afebrile and VSS on admission
- WBCs 15.37, abs neuts 14.14, procal 10.10, lactate 1.5
- CRP 43, known RA
- UA UA shows turbid urine with moderate blood, WBCs TNTC, 4+ bacteria.
- Urine culture and BC x 2 pending
- S/p Rocephlin x 1 dose and 2L NS bolus in ED
- Continue IV abx with IV Zosyn and IV Zyvox given immunocompromise
- Consult ID out of caution as pt immunocompromised
- Continue IV NS x 16 hours
- Strict I's & O's to monitor UOP
- Check PVR x 1
- AM CBC w/ diff

?PNA

- CT A/P shows mild patchy RLL disease that could be atelectasis vs pneumonia
- CXR negative
- Cover with Zosyn and Zyvox as above
- Urinary antigens pending
- Respiratory panel and sputum culture pending
- Duonebs prn, OPEP
- AM CBC w/ diff

AKI

- Likely secondary to hypovolemia from N/V/D
- Baseline creatinine 0.60-0.90
- Cr 1.43 on admission
- Hold losartan
- Avoid nephrotoxic meds
- Continue IVF overnight, NS @ 75 ml/hr x 16 hours
- AM BMP

N/V/D**Increased confusion - Improving**

- Likely secondary to infection
- CT head negative for acute intracranial process
- S/p 2L IV NS in ED, confusion improving with hydration per daughter
- Supportive care with IVF, antiemetics
- Continue IVF as above

Fall at home**Left shoulder pain**

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

- X-rays left humerus and left shoulder negative for fractures
- Of note, has macular degeneration
- PT and OT consults, wheelchair with mobility at baseline since hip fracture and repair in April 2025
- Pain control with prn Norco, prn Robaxin per home dosing, add lidocaine patch to left shoulder

RA

- Immunocompromised at baseline, on Remicade infusions, methotrexate, prednisone
- Hold methotrexate, prednisone for now

HTN

HLD

- Hold home losartan d/t AKI
- Hold clonidine while monitoring BP, BP 142/105 at time of exam but pt has not taken any home meds
- Continue diltiazem 240 mg daily in AM
- Patient not on home statin

GERD

- Continue PPI

DVT prophylaxis: Medical

CODE STATUS:

Code Status (Patient has no pulse and is not breathing): No CPR (Do Not Attempt to Resuscitate)

Medical Interventions (Patient has pulse or is breathing): Limited Support

Medical Intervention Limits: No intubation (DNI)

Level Of Support Discussed With: Patient

Expected Discharge

Expected Discharge Date: 7/28/2025; Expected Discharge Time:

This note has been completed as part of a split-shared workflow.

Signature: Electronically signed by Margaret E Lambert, APRN, 07/24/25, 5:41 PM EDT

Cosigned by: Bhinder, Muhammad, MD at 07/24/25 2300

Electronically signed by Lambert, Margaret E, APRN at 07/24/25 1920

Electronically signed by Bhinder, Muhammad, MD at 07/24/25 2300

Routing History

Date/Time	From	To	Method
07/24/25 2300	Bhinder, Muhammad, MD	Holestol, Bjorn L, MD	In Basket

Revision History

Date/Time	User	Provider Type	Action
07/24/25 2300	Bhinder, Muhammad, MD	Physician	Cosign
07/24/25 1920	Lambert, Margaret E, APRN	Nurse Practitioner	Sign

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

ED to Hosp-Admission (Current) on 7/24/2025 *Note viewed by patient*

Additional Details

Note status

Signed

Visit Information

7/24/2025 1:23 PM

Department

BAPTIST HEALTH LEXINGTON 4G

Brown, Mildred W (MR # 8910852066) Printed by Hatton, Julie [605899] at 7/29/2025 11:20 AM

Encounter Date: 07/24/2025

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

**BAPTIST HEALTH®****Brown, Mildred W**

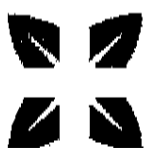
MRN: 8910852066



Lyons, Andrea L, MD
Physician
Hospitalist

Discharge Summary
Signed

Date of Service: 07/30/25 1125
Creation Time: 07/30/25 1125

Signed**BAPTIST HEALTH**

Baptist Health Lexington Hospital Medicine Services
DISCHARGE SUMMARY

Patient Name: Mildred W Brown
DOB: 1/31/1934
MRN: 8910852066

Date of Admission: 7/24/2025 1:23 PM
Date of Discharge: 7/30/2025
Primary Care Physician: Holestol, Bjorn L, MD

Consults

Date and Time	Order Name	Status	Description
7/26/2025 3:11 PM	Inpatient Palliative Care MD Consult	Completed	
7/25/2025 8:33 AM	Inpatient Orthopedic Surgery Consult	Completed	
7/24/2025 9:20 PM	Inpatient Infectious Diseases Consult	Completed	

Hospital Course

Presenting Problem:**Active Hospital Problems**

- Diagnosis
- **Pyelonephritis [N12]
 - MDD (major depressive disorder), recurrent, in partial remission [F33.41]
 - Falls frequently [R29.6]
 - Essential hypertension [I10]

POA
Yes
Yes

Not Applicable
Yes

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- Mixed hyperlipidemia [E78.2]

Yes

Resolved Hospital Problems

No resolved problems to display.

Hospital Course:

Mildred W Brown is a 91 y.o. female with PMH significant for recent right hip fracture with repair 4/23/2025 (BHL, Dr. Denehy), HTN, HLD, RA (on prednisone, methotrexate, Remicade, RLS, GERD, gout, anxiety who presents to BHL ED via EMS for progressive weakness, anorexia, N/V/D, and confusion after a fall at home 4 days ago. Found to have E. Coli bacteremia d/t pyelonephritis. ID followed and treated with abx.

E. coli bacteremia**Pyelonephritis**

- E. Coli in both blood and urine cultures,
- ID followed. D/w Dr. Miedler recs rocephin 2G daily x 6 more days either IM or through PIV (will give a dose today prior to discharge so should start tomorrow on 7/31/2025)
- ID was concerned about left shoulder as well and consulted ortho who has seen and recs that no signs of infection of shoulder

?PNA

- CT A/P shows mild patchy RLL disease that could be atelectasis vs pneumonia
- CXR negative
- continue rocephin
- strep and legionella antigens negative
- Respiratory panel and MRSA PCR negative
- Duonebs prn, OPEP

AKI

- Likely secondary to hypovolemia from N/V/D
- Baseline creatinine 0.60-0.90
- Cr 1.43 on admission
- Hold losartan
- Avoid nephrotoxic meds
- resolved with IVF

Anemia**Tcp**

- both improved. Platelets back to normal

N/V/D**Increased confusion - improving**

- Likely secondary to infection
- CT head negative for acute intracranial process
- puny but now tolerating diet

Fall at home**Left shoulder pain**

- X-rays left humerus and left shoulder negative for fractures
- Of note, has macular degeneration.
- PT and OT consults, wheelchair with mobility at baseline since hip fracture and repair in April 2025
- Pain control with prn Norco, prn Robaxin per home dosing, lidocaine patch to left shoulder
- seen by ortho who recs that this is d/t her advanced rotator cuff arthropathy of her left shoulder
- add voltaran gel per patient request

RA

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--Immunocompromised at baseline, on Remicade infusions, methotrexate, prednisone
--Hold methotrexate, prednisone and Remicade infusion as well while treating bacteremia. Will be per her PCP/rheumatologist when to restart. Would consider starting prednisone sooner after bacteremia treated as maybe holding it is why she feels so bad still

HTN

HLD

--Hold home losartan d/t AKI
--Hold clonidine while monitoring BP, BP 142/105 at time of exam but pt has not taken any home meds
--Continue diltiazem 240 mg daily in AM
--Patient not on home statin

GERD

--Continue PPI

Long discussion with daughter at bedside on 7/26.

Palliative care following and hospice gave family information per their request

Discharge Follow Up Recommendations for outpatient labs/diagnostics:

F/u with PCP 1 week after discharged from rehab

F/u with ID/Dr. Miedler

Day of Discharge

HPI:

Says "I don't know" when asked how she is. Continues to be puny but was sitting up in bed and her ate all of her breakfast.

Review of Systems

Gen- No fevers, chills
CV- No chest pain, palpitations
Resp- No cough, dyspnea
GI- No N/V/D, abd pain

Vital Signs:

Temp: [97.5 °F (36.4 °C)-98.4 °F (36.9 °C)] 98.4 °F (36.9 °C)
Heart Rate: [69-90] 83
Resp: [16-18] 16
BP: (133-140)/(63-70) 133/63
Flow (L/min) (Oxygen Therapy): [2] 2

Physical Exam:

Constitutional: No acute distress, awake, alert, frail/puny
HENT: NCAT, mucous membranes moist
Respiratory: Clear to auscultation bilaterally, respiratory effort normal
Cardiovascular: RRR, no murmurs, rubs, or gallops
Gastrointestinal: Positive bowel sounds, soft, nontender, nondistended
Musculoskeletal: No bilateral ankle edema
Psychiatric: Appropriate affect, cooperative
Neurologic: Oriented x 3, MAE, speech clear
Skin: No rashes

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

Pertinent and/or Most Recent Results

LAB RESULTS:

Lab	07/29/25 0707	07/28/25 0643	07/27/25 1000	07/26/25 0751	07/25/25 0752	07/24/25 1741	07/24/25 1537
WBC	10.57	11.24*	14.39*	11.14*	18.58*	--	15.37*
HEMOGLOBIN	10.2*	9.9*	11.3*	10.7*	11.3*	--	11.4*
HEMATOCRIT	31.2*	30.6*	35.2	32.6*	35.4	--	34.3
PLATELETS	148	116*	132*	166	183	--	186
NEUTROS ABS	--	--	--	--	17.09*	--	14.14*
EOS ABS	--	--	--	--	0.00	--	0.15
MCV	99.0*	98.4*	99.7*	97.6*	99.2*	--	97.4*
SED RATE	--	--	--	--	--	--	>130*
CRP	--	--	--	--	--	--	43.00*
PROCALCITONIN	--	--	--	--	--	--	10.10*
LACTATE	--	--	--	--	--	1.5	--

Lab	07/30/25 0542	07/29/25 0707	07/28/25 0643	07/27/25 2006	07/27/25 1000	07/26/25 0751	07/25/25 0752	07/24/25 1537
SODIUM	138	135*	137	--	136	137	< >	132*
POTASSIUM	3.7	3.7	4.0	4.0	3.5	3.8	< >	4.4
CHLORIDE	106	103	105	--	105	106	< >	99
CO2	24.4	24.0	24.0	--	19.1*	22.0	< >	21.7*
ANION GAP	7.6	8.0	8.0	--	11.9	9.0	< >	11.3
BUN	17.6	18.5	19.4	--	20.3	31.7*	< >	54.3*
CREATININE	0.93	0.73	0.79	--	0.89	0.95	< >	1.43*
EGFR	58.1*	77.8	70.7	--	61.3	56.7*	< >	34.7*
GLUCOSE	85	82	89	--	116*	100*	< >	92
CALCIUM	8.3	8.4	8.4	--	8.2	8.7	< >	8.7
MAGNESIUM	1.9	--	--	--	--	--	--	2.7*
PHOSPHORUS	2.4*	--	--	--	--	--	--	--

< > = values in this interval not displayed.

Lab	07/24/25 1537
TOTAL PROTEIN	6.5
ALBUMIN	2.9*
GLOBULIN	3.6
ALT (SGPT)	22
AST (SGOT)	47*
BILIRUBIN	0.9
ALK PHOS	246*
LIPASE	19

Brief Urine Lab Results (Last result in the past 365 days)

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

	Color	Clarity	Blood	Leuk Est	Nitrite	Protein	CREAT	Urine HCG
07/24/25 1533	Yellow	Turbid ?	Moderate (2+) ?	Large (3+) ?	Negative	100 mg/dl (2+) ?		

Microbiology Results (last 10 days)

Procedure	Component	Value	Date/Time
Respiratory Panel PCR w/COVID-19(SARS-CoV-2)			Collected: 07/25/25 0648
LOU/LEX/FLO/PAD/COR/RIC In-House, NP Swab in UTM/VTM, 2			
HR TAT - Swab, Nasopharynx [828420266] (Normal)			
Lab Status: Final result		Specimen: Swab from Nasopharynx	Updated: 07/25/25 0851
	ADENOVIRUS, PCR	Not Detected	
	Coronavirus 229E	Not Detected	
	Coronavirus HKU1	Not Detected	
	Coronavirus NL63	Not Detected	
	Coronavirus OC43	Not Detected	
	COVID19 Human	Not Detected	
	Metapneumovirus Human	Not Detected	
	Rhinovirus/Enterovirus		
	Influenza A PCR	Not Detected	
	Influenza B PCR	Not Detected	
	Parainfluenza Virus 1	Not Detected	
	Parainfluenza Virus 2	Not Detected	
	Parainfluenza Virus 3	Not Detected	
	Parainfluenza Virus 4	Not Detected	
	RSV, PCR	Not Detected	
	Bordetella pertussis pcr	Not Detected	
	Bordetella parapertussis PCR	Not Detected	
	Chlamydia pneumoniae PCR	Not Detected	
	Mycoplasma pneumo by PCR	Not Detected	

Narrative:

In the setting of a positive respiratory panel with a viral infection PLUS a negative procalcitonin without other underlying concern for bacterial infection, consider observing off antibiotics or discontinuation of antibiotics and continue supportive care. If the respiratory panel is positive for atypical bacterial infection (Bordetella pertussis, Chlamydia pneumoniae, or Mycoplasma pneumoniae), consider antibiotic de-escalation to target atypical bacterial infection.

MRSA Screen, PCR (Inpatient) - Swab, Nares [828420269]
(Normal)

Collected: 07/25/25 0648

Lab Status: Final result

Specimen: Swab from Nares

Updated: 07/25/25 0904

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Procedure	Component	Value	Date/Time
	MRSA PCR	Negative	

Narrative:

The negative predictive value of this diagnostic test is high and should only be used to consider de-escalating anti-MRSA therapy. A positive result may indicate colonization with MRSA and must be correlated clinically.

MRSA Negative

Blood Culture - Blood, Arm, Left [828407045] (Abnormal)

Collected: 07/24/25 1741

(Susceptibility)

Lab Status: Final result

Specimen: Blood from Arm, Left Updated: 07/27/25 0628

Blood Culture**Isolated from****Gram Stain**

Escherichia coli

Aerobic and Anaerobic Bottles

Anaerobic Bottle Gram negative bacilli

Aerobic Bottle Gram negative bacilli

Narrative:

Less than seven (7) mL's of blood was collected. Insufficient quantity may yield false negative results.

Susceptibility

	Escherichia coli
	MIC
Amoxicillin + Clavulanate	Susceptible
Ampicillin	Resistant
Ampicillin + Sulbactam	Susceptible
Cefazolin (Non Urine)	Susceptible
Cefepime	Susceptible
Ceftazidime	Susceptible
Ceftriaxone	Susceptible
Cefuroxime axetil	Susceptible
Gentamicin	Susceptible
Levofloxacin	Susceptible
Piperacillin + Tazobactam	Susceptible
Trimethoprim + Sulfamethoxazole	Resistant

Susceptibility Comments

Escherichia coli

With the exception of urinary-sourced infections, aminoglycosides should not be used as monotherapy.

Blood Culture ID, PCR - Blood, Arm, Left [828541041] (Abnormal)

Collected: 07/24/25 1741

Lab Status: Final result

Specimen: Blood from Arm, Left Updated: 07/25/25 0815

BCID, PCR

Escherichia coli. Identification by BCID2 PCR. †

BOTTLE TYPE

Anaerobic Bottle

Narrative:

No resistance genes detected.

Blood Culture - Blood, Wrist, Right [828407044] (Abnormal)

Collected: 07/24/25 1725

Lab Status: Final result

Specimen: Blood from Wrist, Right Updated: 07/27/25 0628

Blood Culture**Isolated from****Gram Stain**

Escherichia coli

Aerobic and Anaerobic Bottles

Anaerobic Bottle Gram negative bacilli

Aerobic Bottle Gram negative bacilli

Narrative:

Less than seven (7) mL's of blood was collected. Insufficient quantity may yield false negative results.

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Procedure	Component	Value	Date/Time
Refer to previous blood culture collected on 07/24/2025 1741 for MICs			
Urine Culture - Urine, Urine, Catheter [828404160] (Abnormal)			Collected: 07/24/25 1533
(Susceptibility)			
Lab Status: Final result	Specimen: Urine, Catheter		Updated: 07/26/25 0322
Urine Culture	>100,000 CFU/mL Escherichia coli ?		

Narrative:

Colonization of the urinary tract without infection is common. Treatment is discouraged unless the patient is symptomatic, pregnant, or undergoing an invasive urologic procedure.

Susceptibility

	Escherichia coli
	MIC
Amoxicillin + Clavulanate	Susceptible
Ampicillin	Resistant
Ampicillin + Sulbactam	Susceptible
Cefazolin (Urine)	Susceptible
Cefepime	Susceptible
Ceftazidime	Susceptible
Ceftriaxone	Susceptible
Cefuroxime axetil	Susceptible
Gentamicin	Susceptible
Levofloxacin	Susceptible
Nitrofurantoin	Susceptible
Piperacillin + Tazobactam	Susceptible
Trimethoprim + Sulfamethoxazole	Resistant

S. Pneumo Ag Urine or CSF - Urine, Urine, Clean Catch Collected: 07/24/25 1533
[828420267] (Normal)
 Lab Status: Final result Specimen: Urine, Clean Catch Updated: 07/25/25 0429
Strep Pneumo Negative
Ag

Legionella Antigen, Urine - Urine, Urine, Clean Catch Collected: 07/24/25 1533
[828420268] (Normal)
 Lab Status: Final result Specimen: Urine, Clean Catch Updated: 07/25/25 0429
LEGIONELLA Negative
ANTIGEN, URINE

CT Abdomen Pelvis With Contrast

Result Date: 7/24/2025

CT ABDOMEN PELVIS W CONTRAST Date of Exam: 7/24/2025 4:48 PM EDT Indication: N/V/D.

Comparison: None available. Technique: Axial CT images were obtained of the abdomen and pelvis following the uneventful intravenous administration of 85 mL Isovue-300. Reconstructed coronal and sagittal images were also obtained. Automated exposure control and iterative construction methods were used. Findings: There is mild patchy atelectasis versus pneumonia or aspiration in the posterior right lower lobe, benign-appearing left basilar pleural scarring and a calcified right middle lobe granuloma. There is diffuse fatty liver change. No liver lesions are identified. Gallbladder appears normally distended with no visible gall stones or gallbladder inflammation. No biliary ductal dilatation is appreciated. Pancreas appears within normal limits for age. Spleen is not enlarged. Adrenal glands appear normal. Right kidney appears normal with normal enhancement and no evidence of obstructive uropathy. Left kidney, by contrast, appears edematous, with markedly abnormal enhancement throughout nearly all of the renal parenchyma consistent with pyelonephritis. No renal mass is seen. Coronal images show partially duplicated left renal collecting system with upper and

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lower pole ureters, both of which show increased urothelial enhancement, coronal images 58 through 52 series 900. There is a small nonenhancing lower pole cyst. No obstructive uropathy is seen. Ureters are normal in caliber. Bladder is mildly distended and normal in appearance. No free air, ascites, or adenopathy is seen. No abnormally dilated or inflamed bowel loops are appreciated. No intrapelvic mass or inflammatory change is seen. Uterus and ovaries are not identified, either atrophic or surgically absent. Delayed venous phase images show normal contrast excretion by the right upper renal pole moiety, and slightly delayed contrast excretion into the left lower pole collecting system. There is normal contrast opacification of right upper ureter, and contrast is seen forming a left ureteral "jet" indicating patency of the left UVJ. There is attenuation of the left renal calyces due to edema/inflammation, but no delay in excretion. Left ureter opacifies normally with contrast. Bony structures appear intact. Advanced L3-4 L4-5 and L5-S1 degenerative disc disease is noted.

Impression: 1. Markedly abnormal, hypoenhancing appearance of the left kidney and edematous appearance of the left kidney, consistent with extensive pyelonephritis. No evidence of abscess, and no evidence of significant obstructive uropathy. 2. At least partial duplication of the left renal collecting system with upper and lower pole collecting systems. 3. Mild patchy right lower lobe disease, whether atelectasis or pneumonia.. Electronically Signed: Marc Ford, MD 7/24/2025 5:28 PM EDT Workstation ID: KYRAI025

CT Head Without Contrast

Result Date: 7/24/2025

CT HEAD WO CONTRAST Date of Exam: 7/24/2025 3:43 PM EDT Indication: fall. Comparison: 5/27/2025 head CT scan Technique: Axial CT images were obtained of the head without contrast administration. Automated exposure control and iterative reconstruction methods were used. Findings: The calvarium appears intact. Paranasal sinuses and mastoids appear clear. Orbits appear unremarkable except for bilateral lens replacements. No scalp hematoma or foreign body is seen. There is a relatively mild degree of generalized cerebral atrophy for the patient's age. There is no evidence of intracranial hemorrhage, contusion, or edema, no evidence of mass or mass effect, infarct, hydrocephalus, or abnormal extra-axial collection.

Impression: No evidence of acute trauma to the brain or other acute intracranial disease. Electronically Signed: Marc Ford, MD 7/24/2025 4:09 PM EDT Workstation ID: KYRAI025

XR Shoulder 2+ View Left

Result Date: 7/24/2025

XR HUMERUS LEFT, XR SHOULDER 2+ VW LEFT Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Radiographs of the left shoulder and left humerus obtained. No evidence of acute fracture. No joint dislocation. Moderate degenerative changes of the acromioclavicular and glenohumeral joints. Bones appear demineralized.

Impression: No acute osseous abnormality. Chronic/degenerative findings as above. Electronically Signed: Trevor Stone, MD 7/24/2025 2:26 PM EDT Workstation ID: KYRAI045

XR Humerus Left

Result Date: 7/24/2025

XR HUMERUS LEFT, XR SHOULDER 2+ VW LEFT Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Radiographs of the left shoulder and left humerus obtained. No evidence of acute fracture. No joint dislocation. Moderate degenerative changes of the acromioclavicular and glenohumeral joints. Bones appear demineralized.

Impression: No acute osseous abnormality. Chronic/degenerative findings as above. Electronically Signed: Trevor Stone, MD 7/24/2025 2:26 PM EDT Workstation ID: KYRAI045

XR Chest 1 View

Result Date: 7/24/2025

XR CHEST 1 VW Date of Exam: 7/24/2025 1:37 PM EDT Indication: fall Comparison: None available. Findings: Heart size and pulmonary vessels are within normal limits. No focal airspace consolidation. There are calcified granulomas within the right lung base. No pleural effusion. No

Brown, Mildred W DOB: 01/31/1934 Unofficial Copy of Medical Record

pneumothorax. Severe degenerative changes are noted of both shoulders. No definite acute fractures are identified.

Impression: 1. No acute cardiopulmonary disease. Electronically Signed: Scott Stevens, MD
7/24/2025 2:07 PM EDT Workstation ID: KYRAI017

Plan for Follow-up of Pending Labs/Results:

Discharge Details

Discharge Medications

PAUSE taking these medications

	Instructions	Start Date
clonidine 0.1 MG tablet Wait to take this until your doctor or other care provider tells you to start again. Commonly known as: CATAPRES	0.1 mg, Oral, Every 12 Hours	
methotrexate 2.5 MG tablet Wait to take this until your doctor or other care provider tells you to start again.	15 mg, Oral, Weekly, Takes 6 tablets on Sundays	
prednisone 1 MG tablet Wait to take this until your doctor or other care provider tells you to start again. Commonly known as: DELTASONE	4 mg, Oral, Daily	
REMICADE IV Wait to take this until your doctor or other care provider tells you to start again.	Infuse into a venous catheter. Every 5 weeks	
valsartan 160 MG tablet Wait to take this until your doctor or other care provider tells you to start again. Commonly known as: DIOVAN	160 mg, Oral, Daily	

New Medications

	Instructions	Start Date
ceftriaxone 1 g injection Commonly known as: ROCEPHIN	2 g, Intramuscular, Every 24 Hours	Start Date: July 31, 2025
Diclofenac Sodium 1 % gel gel Commonly known as: VOLTAREN	2 g, Topical, 4 Times Daily	

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	Instructions	Start Date
Lidocaine 4 %	1 patch, Transdermal, Every 24 Hours Scheduled, Remove & Discard patch within 12 hours or as directed by MD	Start Date: July 31, 2025

Changes to Medications

	Instructions	Start Date
HYDROcodone-acetaminophen 10-325 MG per tablet Commonly known as: NORCO What changed: <ul style="list-style-type: none"> • when to take this • reasons to take this 	1 tablet, Oral, Every 4 Hours PRN	

Continue These Medications

	Instructions	Start Date
acetaminophen 325 MG tablet Commonly known as: TYLENOL	650 mg, Oral, Every 8 Hours	
B-12 1000 MCG tablet	1,000 each, Daily	
CALCIUM 1200+D3 PO	1 each, Daily	
cetirizine 10 MG tablet Commonly known as: zyrtec	TAKE ONE TABLET BY MOUTH DAILY	
diltiazem CD 240 MG 24 hr capsule Commonly known as: CARDIZEM CD	240 mg, Oral, Daily	
folic acid 1 MG tablet Commonly known as: FOLVITE	1 mg, Oral, Daily	
hydroxyzine 25 MG tablet Commonly known as: ATARAX	25 mg, Oral, Nightly PRN	
melatonin 5 MG tablet tablet	5 mg, Oral, Nightly PRN	
methocarbamol 500 MG tablet Commonly known as: ROBAXIN	250 mg, Oral, 3 Times Daily PRN	
mirtazapine 7.5 MG tablet Commonly known as: REMERON	7.5 mg, Oral, Nightly	
multivitamin with minerals tablet tablet	1 each, Daily	
omeprazole 20 MG capsule Commonly known as: prilosec	20 mg, Oral, Daily	
ondansetron 4 MG tablet Commonly known as: Zofran	4 mg, Oral, Every 8 Hours PRN	