

**Ketan D. Vora, D.O., P.C.**

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**PROCEDURE REPORT**

**Name:** Abdus Choudhury

**Date:** 06/20/2022

**Location:** TS Chiropractic Wellness, Richmond Hill

**DOB:** 5/3/1975

**PREOPERATIVE DIAGNOSIS:** Right knee internal derangement.

**POSTOPERATIVE DIAGNOSIS:** Right knee internal derangement.

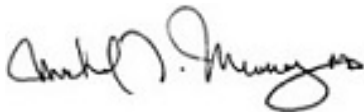
**PROCEDURE:** Right knee intra-articular steroid injection with Ultrasound Guidance.

**DESCRIPTION OF PROCEDURE:** The patient was identified and was found to be stable. Because the patient reports that the pain still continues, and given the MRI findings and physical exam, the indication for the procedure persists.

The patient was put in the appropriate position. Ethyl chloride was sprayed over the region to be injected to allow for a numbing effect. The medication combination below was drawn using a 22 gauge 1 ½ inch needle. The injection field was prepped and draped with Betadine three times. The needle used was a 27 gauge spinal needle, 1.25 inches long. The interspace between the distal femur and the proximal tibia was identified clinically and verified via Ultrasound guidance technique. Ultrasound was used to guide the needle into the intra-articular joint space and negative aspiration of blood was confirmed. Subsequently an intra-articular injection into the knee was performed under sterile technique. At this time the following mixture of medication was injected in the joint.

6\_cc of 1% lidocaine      1\_cc of 40mg/cc of depomedrol

The patient tolerated the procedure well and was discharged without complications. This should stand for the letter of medical necessity for the requested procedure.



Michael Murray, MD

Kevin Ball, PA

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