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Department
t Contacts

Neurological & Oncological Case

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|-------------------|--|
| Condition | CC: Progressive lower extremity weakness. |
| History | HX: 52-year-old RHF with history of right frontal glioblastoma multiforme (GBM) diagnosed 1/15/1991. Initially presented after a generalized tonic-clonic seizure. Brain biopsy/partial resection, then radioactive Iodine implantation and 6020 cGy radiation in 35 fractions, followed by chemotherapy (BCNU, Procarbazine, multiple 5FU/Carboplatin courses). On 10/12/92, she complained of non-radiating low back pain and proximal lower extremity weakness but no bowel/bladder difficulty. |
| Exam & Impression | Vitals unremarkable, mild proximal LE weakness, no significant sensory deficits, mild stair-climbing difficulty, reflexes 1+/1+ bilateral. INITIAL IMPRESSION: Steroid myopathy vs. possible drop metastasis. |
| Course | COURSE: MRI L-spine showed linear enhancement along dorsal conus medullaris, suggesting subarachnoid seeding of tumor. CSF: RBC 19, WBC 22, Protein 150, negative cytology. Patient discharged 10/17/92, but progressed to worsening weakness and became wheelchair-bound within months. By 3/3/93, left hemiplegia also developed, leading to hospice care. |

Orthopedic Surgery: Left Subtrochanteric Femur

- Neurosurger
y
- Dr. Andrea Martin
- Dr. Kevin Kim
- Orthopedics
- Dr. James Allen
- Dr. Priya Shah
- Radiology
- Dr. Wei Chen
- Dr. Marcus Lin

Facility
Informatio
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Hours: 8 AM - 8 PM

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| Diagnosis | <p>PREOPERATIVE: Displaced left subtrochanteric femur fracture.</p> <p>POSTOPERATIVE: Same.</p> | <p>(Mon-Fri) 9 AM - 5 PM (Sat-Sun)</p> |
| Operation | OPERATION: Intramedullary rod using Synthes trochanteric fixation nail (11 x 130°) with 85-mm helical blade. | |
| Indications | Patient with a displaced subcapital hip fracture after a fall. Risks, benefits, and alternatives discussed with patient and son (POA). Consent obtained. | |
| Procedure & Outcome | Patient under general anesthesia, fracture reduced under fluoroscopic control, fixation nail placed, distal screw inserted, alignment confirmed. Minimal EBL (~50 mL). Patient tolerated procedure well, no complications, transferred stable to recovery. | |

Additional Services

- 24/7 Urgent Care
- Oncology & Hematology
- Physical Therapy & Rehab
- Pediatric Specialties

Radiology: Right Foot Series

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| Exam | Right foot series. |
| Reason | Injury. |
| Findings | Three images obtained. Subtle lucency in the proximal 4th metatarsal and mild sclerosis in the proximal 5th metatarsal. Lucency in lateral calcaneus on oblique image. Nondisplaced fractures cannot be excluded. Soft tissue swelling over calcaneus region. |
| Impression | Possible nondisplaced fractures of the lateral calcaneus, base of 4th or 5th metatarsals. Recommend correlation with site of pain, conservative management, and follow-up imaging. ER notified by phone of findings. |