

STEVEN SMITH

Male DOB: 05/23/1964

174821

Home: (661) 380-6025

Ins: TRIWEST VA CCN

06/10/2025 - Office Visit

Provider: Abdallah S Farrukh MD

Location of Care: Antelope Valley Neuroscience Medical Group

History of Present Illness:

So I seen Stephen Smith today he is planned hip surgery with Dr. intently down the line in the meantime the patient is coming to discuss options for his back pain the patient has advanced discogenic disease at L4-5 with Modic type II changes but the patient has a massive hemangioma in the L5 vertebral body and therefore the anterior discectomy interbody fusion there is risk of the vertebral body collapses the patient may have significant hemorrhage

So I think the risk of surgery in this particular patient is higher than normal and I will adopt a conservative approach

He does have a disc osteophyte complex at L4-5 level he usually disc at L5 1 level but the patient has no sciatica.

The patient pain is localized to the back we also know that hip pathology can cause back pain is concerned Reynaud has no sciatica is preservation of function both lower extremities tapping both lower extremity is within normal limits.

For now my recommendation patient is to be aggressive in a daily exercise program and I suggested the multifidus transverse abdominis pulldown Pauline chest press and chest fly

Final diagnoses is L4-5, L5-S1 discogenic disease with hernia needles were pauses, currently without sciatica.

Large hemangioma L5 vertebral body

Active Medications:

Aricept 5 mg tablet (donepezil) Take 1 tablet by mouth once a day
ropinirole 0.25 mg tablet (ropinirole) Take 2 tablet by mouth at bedtime

Current Allergies:

No known allergies

Radiology Impression

Review of Records

Past Medical History:

Lumbar radiculopathy

PHARMACY:

RITE AID

ROSAMOND

Past Surgical History: