

SOLOMON KHALIFE

Male DOB: 09/02/2002

189608

Home: (951) 567-9537

07/07/2025 - Office Visit: INITIAL CONSULT

Provider: Abdallah S Farrukh MD

Location of Care: Antelope Valley Neuroscience Medical Group

History of Present Illness:

So the patient was seen today he was in the Marines and he was doing better obviously activities and lifting training over the past 2 years been having progressive weakness of both hands is he works of them his has fatigue he gets pain in the elbow and down the forearm into the hand her when evaluated patient is classic tardy ulnar nerve palsy there is early atrophy in the first dorsal interosseous and abductor digiti quinti

So the patient has early clawhand formation on the right side mild I showed her some I showed the patient the saphenous in the first dorsal interosseous and abductor digiti quinti and I have instructed him to either by sheepskin vocal to protect the elbow or use a heavy sleeve has to be and then will do a nerve conduction for the ulnar nerve at the elbow bilateral and will obtain an MRI of the both elbows because patient is 22 we do not see this pathology except an older individual the repeated trauma to the elbow which the patient does not have. Impaired

In addition to the arm pain patient suffered from neck pain and spine examination patient has symptoms with neck extension is to help tingling in both lower extremity said there is a component of cervical spondylosis with mild increased reflexes mild increase with taught patient seemed to have inability to dorsiflex his big toe to on to the right side so the patient has weakness in dorsiflexion of the foot on the right side this happen since he fell in the Marines

So with this assessment of the fibular nerve at the fibular head patient has tingling down the fibular nerve bilaterals to the patient has an entrapment pathology of at the

So now the patient in my pain he has multiple crush syndrome he has cervical spondylosis with radicular component when he extends his neck is all seemed to happen after an injury he had in the Marines plus he has entrapment of the ulnar nerve at the antecubital tunnel and in the fibular nerve so we will do the nerve conduction do MRI of the cervical spln the meantime I did notice the patient has a temporal in his nose and obviously has headaches so in my opinion the patient may have given the fact we did an area of pollens and dry whether he did have sinusitis that can be the basis for his headache but for now will focus on the MRI of the cervical spine with cervical spondylosis with early myelopathy and evaluate his ulnar nerve and fibular nerve and I will see him after that

Current Allergies (reviewed this update):

No known allergies

Radiology Impression

Review of Records

Past Medical History:

Reviewed and updated today:

Denies cancer, MI, Stroke, Diabetes HTN

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Pharmacy:
Walmart
10th St W

Past Surgical History:

Reviewed and updated today:
Denies prior surgeries

Family History Summary:

Family History Reviewed: 07/07/2025

Legacy Family History Notes: No family medical history

Social History Summary:

Social History Reviewed: 07/07/2025

Previous Social History:

Risk Factors-CCC:

Smoked Tobacco Use: Never smoker
HIV High Risk Behavior: no
Exercise: no

Alcohol Use: no

Drug Use: no
Marijuana Use: no

Vital Signs:

Patient Profile: 22 Years Old Male
Height: 69 inches
Weight: 160 pounds
BMI: 23.63 kg/m2
O2 Sat: 97 %
Temp: 97.7 degrees F temporal
Pulse rate: 60 / minute
BP Sitting: 112 / 72 (right arm)

Cuff size: regular

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Patient in pain? Yes

Location: both elbows

Intensity: 5

Allergies: Allergies were reviewed with the patient during this visit.
No Known Allergy.

Impression & Recommendations:

Problem # 1: Tardy ulnar nerve palsy (ICD-354.2) (ICD10-G56.20)

Orders:

NCV UPPER EXTREMITIES (NCV UPPER)

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99204-COMPREHENSIVE (CPT-99204)

Problem # 2: Neck pain (ICD-723.1) (ICD10-M54.2)

Orders:

MRI CERVICAL SPINE W/O CONTRAST (MRI CX W/O)

99204-COMPREHENSIVE (CPT-99204)

Patient Instructions:

- 1) Patient is recommended to have an NCV of the fibular nerve and the ulnar nerves.
 - 2) MRI of the cervical spine and elbow was ordered.
 - 3) Please return to clinic after studies are completed
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Electronically signed by Abdallah S Farrukh MD on 07/09/2025 at 9:07 PM
