

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

IN RE: COOK MEDICAL, INC., IVC
FILTERS MARKETING, SALES
PRACTICES AND PRODUCTS
LIABILITY LITIGATION

**Case No. 1:14-ml-2570-RLY-TAB MDL No.
2570**

MAGISTRATE JUDGE TIM A. BAKER

This Document Relates to Plaintiff:

Penney Goodwin

Case No: 1:17-cv-02775

CONFIDENTIAL SETTLEMENT STATEMENT

TO THE HONORABLE MAGISTRATE JUDGE TIM A. BAKER of the
Southern District of Indiana, Indianapolis Division, located at United States Courthouse,
46 East Ohio Street, Indianapolis, Indiana. Plaintiff Penney Goodwin (“Plaintiff”)
submits the following Confidential Settlement Statement in preparation for the Settlement
Conference, currently scheduled for January 12, 2026, in Room #234.

On August 14, 2017, Plaintiff filed his action in MDL No. 2570 against Defendant
Cook Incorporated, et al. alleging strict products liability failure to warn and design
defect, negligence, negligence per se, breach of express and implied warranty, and
punitive damages. Plaintiff is a 62-year-old woman, living in Sacramento, California who
received a Cook Celect filter on July 29, 2012. Since the filter implantation, Plaintiff has
experienced significant defects with his Cook Celect filter including, but not limited to
fracture, perforation, tilt, and embedment. Additionally, the filter has been

deemed irretrievable. The preceding injuries evidence a defect with the Cook Select filter implanted in Ms. Goodwin.

Ms. Goodwin has, since filing and serving his complaint against Defendants, complied with all the procedural requirements for the past eight years, including serving the plaintiff fact sheet, medical records, authorizations, and categorization forms. Plaintiff now seeks to settle her claims against Defendants for **\$340,000**.

Based on her injuries the following values represent the reasonable amount for settlement of Ms. Goodwin's claims:

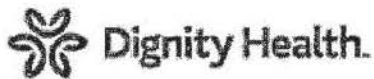
Defect/Injury	Amount
Fractured Filter	\$ 200,000
Irretrievable filter (strut remaining in dangerous location (near spine)	\$ 75,000
Above impact, chronic back pain from filter prong embedment in spine	\$ 40,000
Grade 2 perforation, not impacting organ	\$ 12,500
Significant Tilt (20°) / Embedment	\$ 12,500
Total Proposed Settlement	\$340,000

Plaintiff's medical records supporting his damages including his IVC filter implant and injury records are attached hereto as **Exhibit A**. As of the date of this statement, we have not received any reasonable settlement offers from Defendants. In the interest of avoiding further costs, time and expense associated with further litigation. Plaintiff is willing to conduct settlement discussion in good faith.

Date: January 5, 2026

	<p>Respectfully submitted,</p> <p><u>/s/ Taurin J. Robinson, Esq.</u> Taurin J. Robinson (Bar No. 352197) The Robinson Law Firm, Prof. Corp. 3055 Wilshire Boulevard, Ste. 980 P (213) 674-7301 F (213) 674-7340 robinsonlaw3055@gmail.com Counsel for Plaintiff</p>
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EXHIBIT A



Mercy San Juan Medical Center

6501 Coyle Ave.
Carmichael, CA 95608-
Facility Phone #: 916-537-5000

NAME: **GOODWIN, PENNEY MARIA**
MRN: 02434209(M); 010397110(C)
Acct #: 104302252(M)
Pt Loc: MSJ T4TL; 8415; A

DOB: 7/8/1964 Age: 48 years Sex: F
Admit Date: 7/29/2012
Disch Date: 8/5/2012
Physician: Hajiani, Rafieh MD

History and Physical

DOCUMENT NAME:
RECEIVED DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

History and Physical
7/29/2012 13:58 PDT
Auth (Verified)
Hajiani, Rafieh MD (7/29/2012 13:58 PDT)
Hajiani, Rafieh MD (8/4/2012 12:47 PDT)

0011

DATE OF ADMISSION: 07/29/2012

PRIMARY CARE PHYSICIAN: Dr. Mark Debruin.

PRIMARY GENERAL SURGEON: Dr. Afshin Eslami.

CHIEF COMPLAINT: Persistent left leg edema due to blood clot.

HISTORY OF PRESENT ILLNESS: Patient is a 48-year-old woman with history of diabetes type 2, diet controlled, history of incisional hernia repair recently in June 2012, and subsequent history of ileus and partial small bowel obstruction who was transferred from Mercy Folsom Hospital with left lower extremity DVT. The patient presented to Mercy Folsom Hospital on July 15, 2012. At that time, she was complaining of left lower extremity edema and erythema. In Mercy Folsom ER, she was found to have left lower extremity DVT and left lower lobe pulmonary emboli. Patient was placed on heparin drip and Coumadin. However, during the course of hospitalization, despite treatment with heparin and Coumadin, patient had persistent left leg edema and pain. Case was discussed with Interventional Radiology at Mercy San Juan Hospital and it was determined that she would be a candidate for catheter directed tPA to try to decrease the short and long-term morbidity from DVT. Patient has been transferred to Mercy San Juan Hospital.

During her course of hospitalization in Mercy Folsom Hospital, patient had abdominal pain and distention due to a small bowel ileus. She was treated conservatively with IV Reglan and Dulcolax suppository. Her ileus has improved. She has also been on TPN and currently is tolerating clear liquid diet. CT scan of the abdomen on July 23 did not show any transition point but did show significant small bowel distention. She was followed by surgical team and conservative management was recommended.

PAST MEDICAL HISTORY:

1. Diabetes type 2, diet controlled.
2. History of incisional hernia repair on June 26, 2012.
3. History of ulcerative colitis status post total colectomy 20 years ago.
4. Hyperlipidemia.
5. Hypertension.

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Admit Date: 7/29/2012

Disch Date: 8/5/2012

Physician: Hajiani, Rafieh MD

History and Physical

6. Depression.

7. Status post gastric bypass surgery in 2011.

CURRENT MEDICATIONS: Heparin drip, Norvasc 5 mg daily, Dulcolax 10 mg suppository b.i.d., Rocephin 1 g IV daily, Cymbalta 60 mg daily, erythromycin 250 mg IV q.6 h., Fentanyl patch 25 mcg every 3 days, lactobacillus 1 packet b.i.d., Reglan 10 mg IV q.6 h., Protonix 40 mg IV daily.

ALLERGIES: The patient has multiple allergies which include Compazine, Darvon, Demerol, Dilaudid, droperidol, Percocet, sulfa, Thorazine, Ultram, Vicodin, Zofran.

SOCIAL HISTORY: Patient is married. She lives with her husband. She works as a financial officer. No history of smoking. She drinks alcohol very rarely. No history of illicit drug use.

FAMILY HISTORY: It was reviewed and is noncontributory.

REVIEW OF SYSTEMS: As per history of present illness. All other systems were reviewed and are negative.

PHYSICAL EXAMINATION: VITAL SIGNS: Temperature 36, blood pressure 121/74, heart rate 90, respiratory rate 17, pulse ox 98% room air.

GENERAL APPEARANCE: Patient is lying in bed, in no acute distress.

HEAD, EYES, EARS, NOSE AND THROAT: Pupils equal and round, reactive to light, extraocular muscles intact. Moist mucous membranes.

NECK: Supple. No JVD.

HEART: Regular rate and rhythm. S1 is present.

LUNGS: Clear to auscultation bilaterally.

ABDOMEN: Distended. Bowel sounds present. Soft, no tenderness.

EXTREMITIES: 2 to 3+ left lower leg edema, no clubbing or cyanosis. The edema extends up to thigh area.

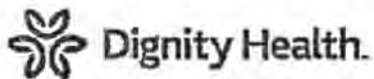
NEUROLOGIC: Alert and oriented x3, nonfocal.

BREAST/PELVIC: Exam deferred.

LABORATORY DATA: Sodium 138, potassium 4.2, BUN 13, creatinine 0.4, white count 8.3, hemoglobin 10.4, hematocrit 30.3, platelets 510, INR 1.6.

ASSESSMENT/PLAN:

1. Pulmonary emboli, occlusive.
2. Left lower extremity deep vein thrombosis (DVT). Pain and edema in the left lower extremity have failed to improve with heparin drip. Patient is being admitted for Interventional Radiology catheter directed tPA. Patient will be continued on heparin drip. We will hold off on Coumadin for now until the procedure is performed. The patient will be



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Physician: Hajiani, Rafieh MD

History and Physical

- monitored closely.
3. Small bowel ileus with abdominal distention. It has been improving. The patient has been tolerating clear liquid diet. Currently, she is on TPN. Will try to taper TPN and advance the diet as tolerated. Patient will be continued on Reglan and erythromycin as were implemented at Mercy Folsom Hospital. Will be monitored.
 4. Diabetes type 2. Patient will be on sliding scale insulin. She has been diet controlled.
 5. Recent urinary tract infection (UTI) Klebsiella. Patient has already finished a 5-day course of Rocephin. She is afebrile, and there is no leukocytosis.
 6. Hypertension. Will continue Norvasc.

CODE STATUS: Patient wishes to be full code.

Preliminary Report - if not signed by author

RAFIEH HAJIANI, M.D.

RH:MedQ / 524013365
D: 07/29/2012 13:58:55 T: 07/29/2012 14:52:43 #: 998085
CC: DR. MARK DEBRUIN Dr. Mark Debruin

Electronically Signed By:
Hajiani, Rafieh MD
On 08/04/12 12:47
Co Signature By:
Proxy Signature By:
Modify Signature By:

113790

MSJ

ZZZGOODWIN, PENNEY

DOB: 07/08/1964

MSJ PACS

MR#: 02434209

Vol: 1

Consent to Surgery or Special Procedure
Page 1 of 2☐ MTH ☐ MGH ☐ MHF ☒ MSJMC ☐ WHC

1. **Operation or Procedure to be performed.** Your doctors have recommended the following operation(s) or procedure(s): Inferior Vena Cava filter placement and Left Leg Venogram with thrombolysis and sedation

2. **Primary Surgeon.** Dr. Fellmeth is your primary surgeon. The primary surgeon is the doctor who will perform your operation or procedure. The primary surgeon is an independent practitioner and is not an employee, representative or agent of the Hospital.

With your permission, your primary surgeon will perform the operation or procedure named above. During your surgery, if your primary surgeon believes that other procedures are needed for your health or safety, those other procedures will be performed at his or her direction. If your primary surgeon cannot perform or complete the operation, a trained substitute surgeon will do so.

3. **Surgical Assistants.** Your primary surgeon may elect to be assisted by other doctors, registered nurses or physician assistants. Such surgical assistants are all professionally trained and perform under the supervision of the primary surgeon and within the scope of their licenses and medical staff privileges. In some cases, resident physicians may assist in your operation, under the guidance of your primary surgeon. Resident physicians are doctors who are in the Hospital's accredited teaching program, or an approved external program.

4. **Your Right to Information; Right to Refuse.** Your operation or procedure has some risks including the risk of unsuccessful results, complications, injury, or even death, from both known and unforeseen causes. No promise or guarantee is made about the result or cure. You have the right to be told about:

- the nature of the operation or procedure
- the expected benefits, risks and side effects of the operation or procedure, including potential problems that might occur during recuperation
- the likelihood of achieving your treatment goals
- reasonable alternatives to the operation or procedure, and their benefits, risks and side effects, including what might happen if you do not receive the operation or procedure
- any research or financial interests your doctors may have related to your operation
- when indicated, any limitations on the confidentiality of your medical information

Except in an emergency, your operation will not be performed until you have received this information and have given your consent to have the operation. You may refuse to have the proposed operation or procedure at any time before the operation happens.

5. **Anesthesia.** The planned anesthesia for your operation or procedure may include: general, regional, sedation monitored anesthesia care or local. The anesthesia will be administered by an anesthesiologist (a doctor) or a nurse anesthetist. The anesthesia provider will discuss the anesthesia plan with you prior to your operation or procedure. The anesthesia plan may change, if required, to respond to events that happen during the operation or procedure. Most anesthesia providers are independent practitioners and are not employees or agents of the hospital.
6. **Staff and Facilities.** Other doctors, such as pathologists and radiologists, may be involved with the performance of some part of your operation or procedure. Most doctors on our medical staff are independent practitioners and are not employees or agents of the Hospital. The Hospital is responsible for providing the facilities, equipment, supplies and staff to help your primary surgeon and the other doctors carry out the surgery or procedure.

Consent to Surgery or Special Pr

Page 2 of 2

7. **Medical Device Representatives.** Your primary surgeon may have requested that representatives from a medical device company be present to assist with the medical devices or equipment used during your operation or procedure. The representatives' names will be documented in your medical record. These representatives are not doctors or nurses or agents or representatives of the Hospital. You have the right to refuse to have them present. Please discuss any questions about their presence with your doctors. By signing this form, you agree that they may be present in the operating room during your operation or procedure.
8. **Other Observers.** Other persons who will not take part in your operation or procedure may be present in the operating room, or may be observing your operation or procedure by audio or video communication, as part of their education or training, or in connection with medical staff oversight. These observers may include resident physicians, medical staff members, students, or trainees enrolled in a health professional training program affiliated with the hospital.
9. **Blood Transfusions.** Your doctor will tell you if you might need a blood transfusion as a result of your operation or procedure. If you do, your doctor will give you a booklet about blood transfusion. The booklet will explain the benefits and risks of different types of blood transfusions, including predonation by you or by someone else. You have the right to have adequate time before your operation or procedure to arrange for predonation. You can give up this right if you do not wish to wait. Blood transfusions have certain risks. For example, blood can carry disease, such as hepatitis or Human Immunodeficiency Virus (HIV). You have the right to refuse any transfusion. You should discuss any questions that you may have about transfusions with your doctors.
10. **Disposal of Tissues.** By signing this consent form, you give permission for the pathologist to decide how to dispose of any body part, organ, or other tissue removed from you during your operation or procedure. If you want to place special conditions on the use or disposal of your tissues, you may do so below:


no blood product removal



11. Acknowledgment and Signature.

By signing this form, you are indicating that:

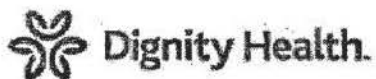
- You have read and understand the information in this form;
- Your doctor has discussed with you the operation or procedure and explained the risks and benefits and any foreseeable problems;
- Your doctor has discussed alternative methods of treatment available, their risks and benefits, and what would happen if you did not have the operation or procedure;
- You had a chance to ask your doctor any questions about the operation or procedure
- You authorize and consent to the performance of the operation or procedure and the anesthesia.

Signature:  Date: 7/29/12 Time: 1530 AM/PM
(Patient/Parent/Legally Authorized Representative)

If signed by other than patient, indicate name and relationship: _____

Witness:  (Signature)

Name: S. Miller (Print Name)

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DOB: 7/8/1964 Age: 48 years Sex: F
Admit Date: 7/29/2012
Disch Date: 8/5/2012
Physician: Hajiani, Rafieh MD

Discharge Summary

DOCUMENT NAME:
RECEIVED DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Discharge Summary
8/5/2012 15:24 PDT
Auth (Verified)
Tu, Richard T MD (8/5/2012 15:24 PDT)
Tu, Richard T MD (8/6/2012 14:38 PDT)

0014

ADMITTED: 07/29/2012
DISCHARGED: 08/05/2012

DISCHARGE DIAGNOSES:

1. Pulmonary embolism and left lower extremity deep vein thrombosis.
2. Inferior vena cava filter placement, 07/29/2012.
3. Thrombolytic therapy infusion to the left lower extremity on 07/29/2012, mechanical thrombectomy and recanalization of the occluded left common iliac vein and inferior vena cava junction with a stent placement on 07/30/2012.
4. Chronic small bowel ileus, on medical management.
5. Recent Klebsiella urinary tract infection, completed antibiotic therapy on 07/29/2012.
6. Diet-controlled type 2 diabetes.
7. Hyperlipidemia.
8. Incisional hernia repair, 06/26/2012.
9. Gastric bypass surgery in 2011.
10. Ulcerative colitis with total colectomy 20 years ago with ileal pouch.

PRIMARY CARE PHYSICIAN: Dr. Mark DeBruin

PRIMARY SURGEON: Dr. Afshin Eslami

CONSULTATION:

1. Dr. Virk, Hematology.
2. Dr. Milton Meyers, General Surgery.
3. Dr. Rakesh Parikh, Gastroenterology.
4. Dr. Amit Goyal, Colorectal Surgery.

ADMISSION DIAGNOSES: Pulmonary embolism and left lower extremity deep vein thrombosis.

DISCHARGE MEDICATIONS: New medications: Warfarin 2 mg daily, keep INR

Legend:	C=Corrected	*=Comment	H=High	L=Low			
Lab Legend:	C=Critical	@=Corrected	*=Abnormal	H=High	L=Low	\$=Interpretive Data	f=Footnotes

Laboratory Medical Director: Stephen Bauer, M.D.

Date/Time Printed: 2/25/2016 10:08 PST

NAME: **GOODWIN, PENNEY MARIA**

MRN: 02434209(M); 010397110(C)

Acct #: 104302252(M)

Pt Loc: MSJ T4TL; 8415; A

DOB: 7/8/1964 Age: 48 years Sex: F

Admit Date: 7/29/2012

Disch Date: 8/5/2012

Physician: Hajiani, Rafieh MD

Discharge Summary

between 2 to 3 for at least 6 months for DVT and pulmonary embolism.

Continue home medications:

1. Reglan 10 mg a.c. and at bedtime p.r.n. for nausea and vomiting.
2. Cymbalta 60 mg daily.
3. Simethicone/Gas-X 125 mg every 4 hours p.r.n. for bloating sensation.
4. Vitamin D 400 units daily.
5. Amlodipine 5 mg daily.
6. Diazepam 5 mg q.i.d. p.r.n. for muscle spasm.
7. Flagyl 500 mg daily for chronic ileal pouch infection.
8. Restoril 30 mg nightly p.r.n. for sleep.
9. Lo/Ovral birth control pill 1 tablet daily.

HISTORY OF PRESENT ILLNESS: This is a 48-year-old female who has a long ulcerative colitis. She required total colectomy 20 years ago and recently multiple hospitalizations between Mercy Folsom and Mercy San Juan Hospital since 06/21/2012 after the laparoscopic incisional hernia repair by Dr. Eslami and complicated with small bowel obstruction/ileus from 06/28/2012 to 07/07/2012 at Mercy San Juan Hospital. Readmitted on 07/15/2012 to Mercy Folsom Hospital for left lower extremity swelling and redness and found to have deep vein thrombosis and left lung pulmonary embolism and was transferred to Mercy San Juan Hospital on 07/29/2012.

HOSPITAL COURSE: The patient was admitted to the intensive care unit. She was treated with catheter-directed thrombolytic therapy on left lower extremity deep vein thrombosis by Interventional Radiology on 07/29/2012 and continued with heparin drips. Next day, the patient went back to Interventional Radiology for mechanical thrombectomy and recanalization of the occluded left common iliac vein and IVC junction with a stent placement. After that, heparin drip was switched to Lovenox subcu 1 mg/kg twice a day with the Coumadin therapy and the patient was able to transfer to telemetry floor. Her left lower extremity swelling and pain was much improved, no more shortness of breath, able to ambulate with a walker.

During the hospital stay, the patient had persistent abdominal distention, hyperactive bowel sounds with a poor tolerance of the diet. The patient was seen by multispecialty including General Surgery, Gastroenterology, and colorectal surgeon, and recommended further medical management of the chronic small bowel ileus. Does not require any surgical intervention at this time. I had multiple discussions with the patient and her husband about the current illness and treatment plans. She can be followed up with Interventional Radiology in the next 2 to 3 weeks for possible removal of the IVC filter that was placed on 07/29/2012 prior to thrombolytic therapy. She also needs to follow up with her general surgeon, Dr. Eslami, next week and check the PT/INR on 08/08/2012 to adjust the Coumadin therapy, currently 2 mg daily and INR was 2.1 today.

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Admit Date: 7/29/2012

Disch Date: 8/5/2012

Physician: Hajiani, Rafieh MD

Discharge Summary

PHYSICAL EXAMINATION ON DISCHARGE: GENERAL: At the time of the discharge, the patient is awake and alert, no signs of acute distress or shortness of breath.

VITAL SIGNS: Blood pressure 104/66, pulse 84, respirations 17, temperature 36.8, oxygenation 98% on room air.

CARDIAC: The first sound and second sound are regular.

LUNGS: Normal breath sounds, both lungs.

ABDOMEN: Soft. Slightly distended with hyperactive bowel sounds.

EXTREMITIES: There is no more edema on the left lower extremity.

NEURO: The patient is awake and alert x3. No focal neurological deficits.

LABORATORY DATA ON DISCHARGE: WBC 8.2, hemoglobin 8, hematocrit 22.8, we are not able to transfuse due to Jehovah's Witness, platelet count 344. INR 2.1. Sodium 141, potassium 4, chloride 105, bicarb 31, BUN 4, creatinine 0.58, glucose 121, calcium 8, phosphorus of 3.8, magnesium 2, albumin 1.7. Liver function tests normal. Prealbumin 9. Coagulation study including cardiolipin antibody negative.

DIAGNOSTIC STUDIES AND PROCEDURES:

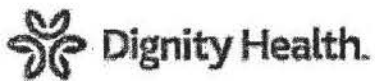
1. IVC filter placement, 07/29/2012 by Interventional Radiology.
2. Catheter-directed thrombolytic therapy on the left lower extremity deep vein thrombosis by IR, 07/29/2012.
3. Mechanical thrombectomy and recanalization of the occluded left common iliac vein and IVC junction with a stent placement by IR on 07/30/2012.
4. Abdominal x-ray, flat and upright, showed diffuse small bowel dilatation.
5. CT scan of the abdomen and pelvis with oral contrast showed persistent marked diffuse bowel dilatation, which extends down to the distal ileal pouch consistent with ileus and no change since 07/23/2012.

DISPOSITION: The patient was discharged home with her husband.

DISCHARGE INSTRUCTIONS:

1. Continue Coumadin 2 mg daily and repeat the INR on 08/08/2012, keep between 2 to 3.
2. Follow up with Interventional Radiology at Mercy San Juan Hospital in the next 2 to 3 weeks.
3. Follow up with Dr. Mark DeBruin within 1 week for Coumadin adjustment.
4. Follow up with Dr. Eslami within 1 to 2 weeks for chronic small bowel ileus.
5. Discharge diet: Soft diet as tolerated.
6. Discharge activity: As tolerated.

CONDITION ON DISCHARGE: Guarded.



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Admit Date: 7/29/2012
Disch Date: 8/5/2012
Physician: Hajjani, Rafieh MD

Discharge Summary

CODE STATUS: Full code.

TIME SPENT: Spent time on discharge, more than 35 minutes.

Preliminary Report - if not signed by author

RICHARD T. TU, M.D.

RTT: MedQ / 524951087

D: 08/05/2012 15:24:23 T: 08/06/2012 02:09:28 #: 013584

CC: BRIAN D. FELLMETH, M.D.

AFSHIN ESLAMI, M.D.

DR. MARK DEBRUIN Brian D. Fellmeth, M.D.

Afshin Eslami, M.D.

Dr. Mark DeBruin

Electronically Signed By:

Tu, Richard T MD

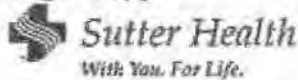
On 08/06/12 14:38

Co Signature By:

Proxy Signature By:

Modify Signature By:

Legal Copy

SMF SACRAMENTO
Orders/ResultsGOODWIN, PENNEY M
MRN: 53346392
DOB: 7/8/1964, Sex: F
Enc. Date: 08/31/15**XR CHEST 2 VIEWS PA LATERAL [527496178] (continued)**

Resulted: 08/31/15 1016, Result status: Final result

PROCEDURE: XR CHEST 2 VIEWS PA LATERAL, 8/31/2015 8:28 AM
ACCESSION NUMBER(S): CRD15002049141
LOCATION: SSSADIDG

CLINICAL INDICATION: Displacement of IVC filter.

COMPARISON: 10/20/2010 chest x-ray and 6/24/2015 lumbar spine x-ray.

TECHNIQUE: PA and lateral radiographs of the chest.

FINDINGS:

Heart and Mediastinum: The heart is normal in size. The mediastinum is normal. Calcification and mild tortuosity in the aorta is unchanged. There is no definite aneurysm.

Tubes and Lines: None.

Lungs: The lungs are clear. There is no pleural effusion or pneumothorax. Hyperinflation is unchanged.

Osseous Structures/Other: There are stable degenerative changes within the spine. Surgical clips and herniorrhaphy coils in the upper abdomen are unchanged. An IVC filter is again identified, appearing in unchanged position since the June 2015 x-ray. This is tilted with its proximal tip near the L1-L2 interspace.

Impression:

IMPRESSION:

No acute cardiopulmonary process. Unchanged hyperinflation.

Tilted IVC filter appears unchanged in position since June.

Electronically Signed by Scott A Foster, MD, Sutter Medical Group
8/31/2015 10:16 AMImages available in EPIC and Sutterlink and
<https://pacsweb.ssr.sutterhealth.org/>**Specimen Information**

ID	Type	Source	Collected On
CRD15002049141			08/31/15 1013

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
432 - SHRAD	SUTTER HEALTH RADIOLOGY	Unknown	3707 Schriever Mather CA 95742	03/05/09 0836 - Present

MAMMO SCREENING BILATERAL DIGITAL [527496179]

Electronically signed by: Vonk, Judith on 02/22/16 1246

Ordering user: Vonk, Judith 02/22/16 1246

Authorized by: Walker, Cheryl Ann Katheri, MD

Frequency: 02/22/16 -

Diagnoses:

Encounter for screening mammogram for malignant neoplasm of breast [Z12.31]

Questions:

OK to follow Breast Imaging Standard Operating Procedure (SOP)? May include: mammography, ultrasound, MRI and/or aspiration/biopsy as indicated. NO - May only perform ordered procedure and those specified below

Order comments:

Paper Order (Monday, February 22, 2016 12:46 PM Judith Vonk) No to SOP

Ordering provider: Walker, Cheryl Ann Katheri, MD

Ordered during: Ancillary Orders on 02/22/2016

Status: Completed

MAMMO SCREENING BILATERAL DIGITAL [527496180]

Resulted: 03/18/16 0813, Result status: Final result

Ordering provider: Walker, Cheryl Ann Katheri, MD 03/16/16 1559
Performed: 03/16/16 1617 - 03/16/16 1618Resulted by: Murphy, Miyuki Irai, MD
Resulting lab: SUTTER HEALTH RADIOLOGY

Narrative:

PATIENT: PENNEY M GOODWIN MRN: 53346392:SS
AGE: 51 years DOB: 7/8/1964 GENDER: Female

PROCEDURE: MAMMO SCREENING BILATERAL DIGITAL, 3/16/2016 4:17 PM

Printed by [ROBINSPI] at 12/23/16 2:54 PM

Page :

MAMM BILATERAL SCREENING W/CAD [250420777] (continued)

Resulted: 05/08/13 1617, Result status: Final result

FINDINGS: Comparison was made with previous exam. The breasts are almost entirely composed of fat.

IMPRESSION:

No change from the prior examination. No mammographic evidence of malignancy.

BI-RADS CATEGORY 1: NEGATIVE.

American Cancer Society mammography guidelines recommend a yearly mammogram in women over the age of 40

UT: (n) RC: (n)

INTERPRETED BY: JULIE WONG MD

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
30027310 - RACRC	RAS - CARMICHAEL IMAGING	Unknown	6620 COYLE AVE SUITE 110 CARMICHAEL CA 95608	03/08/13 0631 - Present

ABDOMEN CT W/O CONTR [250420778]

Electronically signed by: Ifc, Smf Rad I on 06/10/13 1101

Ordering user: Ifc, Smf Rad I 06/10/13 1101

Frequency: 06/10/13 1101 -

Authorized by: Fellmeth, Brian David, MD

Status: Completed

ABDOMEN CT W/O CONTR [250420778]

Resulted: 06/11/13 0939, Result status: Final result

Performed: - 06/10/13 1101

Resulting lab: RAS - CARMICHAEL IMAGING

Specimen Information

ID	Type	Source	Collected On
10539464			06/10/13 1101

Components

Header	Value	Reference Range	Flag	Lab
Result:				RACRC

REASON FOR EXAM: THROMBOSIS VEIN UNSPECIFIED SITE

EXAMINATION: CT ABDOMEN W/O - (CRC/0035) -

HISTORY: IVC filter. Unable to remove. Evaluate position.

COMPARISON: Previous CT of the abdomen and pelvis 04/13/12.

TECHNIQUE: Axial images were reconstructed from breath-hold helical acquisition from the diaphragm through the aortic bifurcation. Oral contrast was administered prior to the examination.

Images were processed utilizing low dose software to optimize the reduction of radiation dose to the patient.

FINDINGS: An IVC filter is identified in place. The apex of the filter is projecting medial to the wall of the IVC and may be within the origin of the left renal vein. The right renal vein originates at or slightly above the level of the IVC filter. The filter is tilted 20 degrees to the left in relation to the IVC. Several of the filter legs project lateral to the IVC wall and may be tenting or penetrating the IVC wall. Postsurgical changes are identified in the left upper quadrant. Non-enhanced images of the liver, spleen, and pancreas appearance unremarkable. No adenopathy or ascites. No bowel distension or obstruction. A left renal vein stent is identified.

IMPRESSION:

IVC filter location as described above.

XR ABDOMEN 1 VIEW [679371992] (continued)

Resulted: 10/23/16 1419, Result status: Final result

Calcifications: No definite pathologic abdominal or pelvic calcifications are identified.

Bones and soft tissues: Surgical clips in right upper quadrant suggestive of prior cholecystectomy. Evidence of prior ventral mesh hernia repair. IVC filter also noted, with **one leg appearing to be fractured**, also unchanged. Surgical suture material in the left upper quadrant compatible with prior abdominal surgery. Mild degenerative changes in the SI joints bilaterally. Surgical clips in the left pelvis. No fractures or subluxation.

Lung bases: The visualized lung bases are within normal limits.

Impression:
IMPRESSION:
Postsurgical changes as above.

Nonspecific bowel gas pattern without evidence of bowel obstruction.

Electronically Signed by Tuan A Nguyen, MD, Sutter Medical Group
10/23/2016 2:19 PM
Images available in EPIC and Sutterlink and
<https://pacsweb.ssr.sutterhealth.org/>

Specimen Information

ID	Type	Source	Collected On
CRD16002751144			10/23/16 1415

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
432 - SHRAD	SUTTER HEALTH RADIOLOGY	Unknown	3707 Schriever Mather CA 95742	03/05/09 0836 - Present

END OF REPORT