

Saunders, Kevin

January 20, 1997

Mr. Saunders is a 40 year old left handed caucasian male referred by Dr. Breiman for neurologic evaluation. This gentleman is a difficult historian, a rambling on with what seems like loose associations, indicating to me that he was seen at the CCC on 1/11 secondary to palpitations and "numbness" describing a six to twelve month history if not longer of numbness involving his feet, hands, and legs and arms, for example occurring at night when he goes to sleep and also more recently during the day although not with using a computer, more with driving an automobile. He says that he awakens with it in the morning with a "jolt" and that it is as if "I can't feel my arms" but also with similar symptoms involving his legs, noting that there is a numbness as if it were "asleep" with possibly no perioral numbness. He says that he has had weakness of both of his legs for several months, which also is more severe more recently, but denies any change in bladder nor bowel function. He apparently is having a "spot" in front of his eyes which he says is "similar to when I was a kid", not related to prolonged usage of his eyes, occurring randomly, present in front of both eyes without any suggestion of a hemifield distribution. He notes no pain in his eyes with usage, no pain with eye movements, no desaturation of colors, nor any loss of image sharpness. He is not sure as to whether or not he has any balance difficulties, but he certainly denies any neck pain or radicular symptoms. He has not noted any electric shocks up or down his spine with neck flexion or extension.

He denies any chemical or toxin exposure, denies any history of diabetes, collagen vascular disease, nor any tick bites. He has no history of any joint swelling, redness, nor warmth. He has been on Prozac for three weeks, and was previously on Trazadone which he was given to help him sleep and to control his agitation, taking it at night, but this was discontinued because of dry mouth, urinary retention and palpitations. Of note, he is a weekend alcohol drinker and smokes marijuana daily.

He denies any family history of spinal cord nor peripheral nerve disease.

His past medical history is remarkable for removal of an abdominal lipoma, allergies, and depression. He is not allergic to any medications. He presently is on Prozac.

Social history shows that he smokes one pack of cigarettes per day, occasionally drinks alcohol, and is employed as a computer programmer.

Family history is remarkable for a father who died of a stroke.

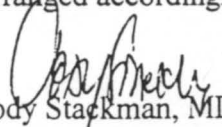
General physical exam shows a healthy looking male with a somewhat odd affect, normocephalic without any cranial nor retroorbital bruits. Fundoscopic exam showed sharp disk margins with normal vessels. No optic atrophy nor papilloedema was noted. His neck was supple, nontender, with FROM. Lungs were clear to auscultation. Cardiac exam revealed a regular rhythm without murmurs nor gallops. The abdomen was benign. Extremities showed no evidence of hemihypoplasia nor any gross orthopedic deformity. Tinel's sign was equivocally positive with percussion over the median nerve at both wrists. No skin lesions were seen.

Neurological exam: cranial nerves - II visual fields intact to confrontation. III, IV, VI - PERRL, EOMI without nystagmus. V - facial sensation intact. VII - symmetric facies with full strength. VIII - audition intact bilaterally. IX, X - uvula elevated in the midline, phonation was intact. XII - tongue protruded in the midline, with FROM.

Motor exam revealed 5/5 strength on all four extremities with normal bulk and tone throughout, no pronator drift, and there was no weakness of intrinsic hand muscles on either side, and there was no spasticity, in particular of the lower extremities, and no weakness proximally nor distally on either upper nor lower extremities. Reflexes were 1+ at the triceps and brachial radialis, 1-2+ at the biceps, 3+ at the knees, 2-3+ at the ankles and grossly symmetric. Babinski sign was absent. Sensory exam was intact to pinprick, soft touch, proprioception, with no evidence of any sensory deficit distally on the legs, nor any clear peripheral sensory loss on the hands. Cerebellar testing showed finger to nose to be performed without dysmetria. Parietal lobe testing revealed right left orientation and stereoagnosia to be intact. No sensory extinction was noted.

Clinical impression: Paresthesias -- this gentleman describes at least a six to twelve month history of numbness involving his hands, feet, not seemingly present all the time although it seems to occur at night, but also more recently during the day, associated with a sense that he can't feel his arms and legs, that they are asleep, and that there is weakness there. He has a variety of other symptoms including visual spots in front of his eyes, possibly some balance difficulties, and does not have any history of progressive neurologic symptoms or signs prior to this to suggest demyelinating disease, and certainly has no clear cut abnormalities on neurologic exam to suggest any type of upper motor neuron process, demyelinating nor compressive, for example progressive cervical myelopathy, and there is no clear history of chemical nor toxin exposure nor alcohol excess, and the onset of his paresthesias antedated the use of Prozac which sometimes can cause paresthesias of extremities. I do not see clear evidence on examination of a lower motor neuron process either, with retained reflexes, normal sensation, and no muscle atrophy nor fasciculations. As such the etiology of his complaints are uncertain, and further evaluation is clearly indicated. At the CCC he already had a CBC which showed a white count mildly elevated 11,700 and a hemoglobin and hematocrit slightly reduced at 13.6 and 40 respectively, with a normal platelet count, a sedimentation rate of 1, and a normal ER profile.

I am going to send him for some additional blood work including a B12 and folic acid level, thyroid functions, and an RPR and if those are unrewarding then nerve conduction studies will be obtained to see if there is any electrophysiologic evidence for a peripheral neuropathy. Pending those results further diagnostic and/or therapeutic efforts can be decided upon in the future. Follow up will be arranged accordingly.


Jody Stackman, MD
119 W. Buffalo St.
Ithaca, NY 14850

JS/dlr

cc: Dr. Breiman

JODY M. STACKMAN, M.D.
JAMES S. GAFFNEY, M.D.
119 West Buffalo Street
Ithaca, NY 14850
(607)273-6757

Nerve Conduction / Electromyography Report

Name: Kevin Saunders

Date: 03/26/97

Referring Physician: Stackman/Breiman

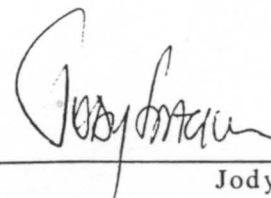
Date of Birth: 05/01/56

Clinical Information: Rule out neuropathy in a patient with paresthesias.

Results

Comments: The nerve conduction studies are within normal limits, demonstrating normal median and ulnar sensory distal latencies, median sensory conduction velocity, and both the median and peroneal motor nerve conduction studies demonstrate normal distal latencies, conduction velocities, and amplitudes.

Interpretation: Normal nerve conduction study without demonstrating any evidence of a neuropathy.



Jody Stackman, MD
James Gaffney, MD

JODY M. STACKMAN, M.D.
JAMES S. GAFFNEY, M.D.
 119 West Buffalo Street
 Ithaca, New York 14850
 (607) 273-6757

Pat: Kevin Saunders	Date: 03/26/97
RefMD: Stackman/Breiman	DOB: 05/01/36
purpose r/o neuropathy	

Nerve Conductive Studies
 (Normal Value in Parentheses)

	Amplitude (μ V or mV)		(Conduction Velocity (M/s)		Distal Latency (ms)		Distance (mm)
Nerve	R	L	R	L	R	L	
Sensory (Antidromic)							
Median							
Wrist	_____	<u>80</u> (>9)			_____	<u>3.3</u> (<3.6)	130
Elbow	_____	<u>70</u>	_____	<u>54.9</u> (>48)		<u>7.0</u>	
Orthodromic	_____	_____			_____	_____ (<2.2)	80
Ulnar							
Wrist	_____	<u>70</u> (>9)			_____	<u>2.9</u> (<3.0)	110
Elbow	_____	_____	_____	_____			
Radial							
Wrist	_____	_____ (>9)			_____	_____ (<2.9)	100
Sural	_____	_____			_____	_____	100
Ankle	_____	_____ (>7)			_____	_____ (<4.5)	140
	_____	_____			_____	_____	210

Motor

Median							
Wrist	_____	<u>12.2</u> (>4)			_____	<u>3.3</u> (<4.5)	80
Elbow	_____	<u>12.3</u>	_____	<u>57.5</u> (>48)	_____	<u>6.7</u>	—
F-Wave	_____	_____			_____	<u>26.6</u> (<31)	
Ulnar							
Wrist	_____	_____ (>5)			_____	_____ (<3.6)	80
B. Elbow	_____	_____	_____	_____ (>48)	_____	_____	—
A. Elbow	_____	_____	_____	_____	_____	_____	—
F-Wave					_____	_____ (<31)	
Peroneal							
Ankle	_____	<u>3.8</u> (>2)			_____	<u>4.0</u> (<6.9)	80
Knee	_____	<u>3.7</u>	_____	<u>49.6</u> (>40)	_____	<u>11.5</u>	—
F-Wave					_____	_____ (<60)	
Tibial							
Ankle	_____	_____ (>2.7)			_____	_____ (<6.9)	80
Knee	_____	_____	_____	_____ (>40)	_____	_____	—
F-Wave					_____	_____ (<60)	
H-Reflex					_____	_____ (R-L<1.3)	

OUTPATIENT LABORATORY REPORT

RUN DATE: 01/23/97
RUN TIME: 0036

Cayuga Medical Center
DOCTOR REPORT

SLIVER

PAGE 1

PHYSICIAN
STACKMAN, JUDY MD.

Name: SAUNDERS, KEVIN E

Copies to: STACKMAN, JUDY MD.

Acct#: 32243370

Age/Sex: 40/M

Unit#: 0597460

Location: 1

Ref: 01/21/97

Status: REG REF

Specimen: 0121:SE00002R

Collected: 01/21/97-1000

Status: CUMP

Ref#: 0034/451

Received: 01/21/97-1008

Subm Dr: STACKMAN, JUDY MD.

Ordered: RPR

Test	Low	Normal	High	Flag Reference
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RPR

> RPR RESULT

NON REACTIVE

NEGATIVE

CAYUGA MEDICAL CENTER AT ITHACA
LABORATORY

101 DATES DRIVE • ITHACA, NEW YORK 14850
PHONE NO. (607) 274-4474
PERMIT NO. 54017010

JEROME NOSANCHUK, M.D.
DIRECTOR OF LABORATORIES
MANUEL POSSO, M.D.

OUTPATIENT LABORATORY REPORT

RUN DATE: 01/22/97
 RUN TIME: 0024

Cayuga Medical Center
 DOCTOR REPORT

LIVE

PAGE 1

PHYSICIAN
 STACKMAN, JODY MD.

Name: SAUNDERS, KEVIN F
 Acct#: 32243370
 Unit#: 0597460
 Res: 01/21/97

Age/Sex: 40/M
 Location: L
 Status: REG REF

Copies to: STACKMAN, JODY MD.

Specimen: 0121:CH00060R Collected: 01/21/97-1000 Status: COMP Rea#: 0034/451
 Received: 01/21/97-1008 Subm. by: STACKMAN, JODY MD.

Ordered: T4

Test	Low	Normal	High	Lab Reference
THYROXINE		7.5		5-12 MCG/DL

SWF

136904 - SAUNDERS, KEVIN E M 05/01/56 41 ACCT # 32577843
PATIENT STATUS: OUT LOC: X

RE: MRI/BRAIN MRI (**NOT** MAMOGRAPHY)
EXAM DATE: 04/08/97 ORDERED BY: STA - STACKMAN, JODY MD.

REPORT STATUS: SIGNED REPORTED BY: MAS - Anthony F. Massi, M

Sagittal and axial proton density and T-2 weighted images were obtained. In addition, axial T-1 weighted images were obtained.

The ventricles, cisterns and sulci appear normal. No significant focal abnormality or mass effect is present. Specifically, there is no evidence for demyelinating disease.

Paranasal sinuses and mastoid air cells appear grossly clear.

IMPRESSION: NEGATIVE EXAM.

CC: STACKMAN, JODY MD.

TRANSCRIBED DATE/TIME: 04/08/97 (0902)
TRANSCRIPTIONIST: LM

FOR EXAM: 04/08/97-0731 MRI/BRAIN MRI
DIAGNOSIS? R/O DEMYLINATING DISEASE
COMMENTS? N
TRANS? AMB

136904 - SAUNDERS, KEVIN E M 05/01/56 41 ACCT # 32204893
PATIENT STATUS: ER LOC: ED

RE: DX/CHEST-PA & LATERAL XRAY (**NOT** MAMOGRAPHY)
EXAM DATE: 01/11/97 ORDERED BY: SHEI - SHEIMAN, LAWRENCE MD.

REPORT STATUS: SIGNED REPORTED BY: TAL - Henry P. Talarico,

Indication: Palpitations.

PA AND LATERAL CHEST:

The lung fields are well expanded and clear. The heart and
mediastinum are normal. The bony structures are normal for age.

IMPRESSION: Normal exam.

CC: BREIMAN, ROBERT MD.; SHEIMAN, LAWRENCE MD.

TRANSCRIBED DATE/TIME: 01/13/97 (0835)
TRANSCRIPTIONIST: LM

FOR EXAM: 01/11/97- DX/CHEST-PA & LATERAL XRAY
REASON FOR EXAM? PALPITATIONS
SPEC.INST/STAT? N
TRANSPORTATION? S - STRETCHER
IS PATIENT A DIABETIC? N

136904 - SAUNDERS, KEVIN E M 05/01/56 41 ACCT # 32577843
PATIENT STATUS: OUT LOC: X

RE: MRI/BRAIN MRI (**NOT** MAMOGRAPHY)
EXAM DATE: 04/08/97 ORDERED BY: STA - STACKMAN, JODY MD.

REPORT STATUS: SIGNED REPORTED BY: MAS - Anthony F. Massi, M

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FOR EXAM: 04/08/97-0731 MRI/BRAIN MRI
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COMMENTS? N
TRANS? AMB

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TRANSCRIBED DATE/TIME: 01/13/97 (0835)
TRANSCRIPTIONIST: LM

FOR EXAM: 01/11/97- DX/CHEST-PA & LATERAL XRAY
REASON FOR EXAM? PALPITATIONS
SPEC.INST/STAT? N
TRANSPORTATION? S - STRETCHER
IS PATIENT A DIABETIC? N

RUN DATE: 05/07/97
RUN TIME: 0736

Cayuga Medical Center *LIVE*
Specimen Inquiry

PAGE 1

PCI User: CEH Lab Database: LAB.LIVE

32243370 SAUNDERS,KEVIN E 40/M <REG REF 01/21> (0597460) L STACKMAN,JODY MD.

SPEC #: 0121:CE00008R COLL: 01/21/97-1000 STATUS: COMP REQ #: 00347451
RECD: 01/21/97-1008 SUBM DR: STACKMAN,JODY MD.

ENTERED: 01/21/97-0944
ORDERED: FOLIC ACID
COMMENTS: FR

OTHR DR:

Test	Result	Flag	Reference
> FOLIC ACID	11.9		2-16 NG/ML