

# Olathe Health Comprehensive Neurology

22GG00224  
EXHIBIT A  
DIV 8

20375 W. 151st St. Olathe, KS 66061-

Patient: **PRICE JR, THOMAS J**

DOB: 2/7/1936

Sex: Male

Admit Age: 86 years

MR# OMSI\_3937778

Acct#: 502081056

Location: Comprehensive Neurology;  
Room 4

Physician: Watkins, Jennifer M APRN

Print Date: 8/24/2022 11:14 CDT

Admit Date: 8/19/2022

Disch Date: 8/19/2022

## Office-Clinic Notes

| Document              | Author/Signed Date                                | Date of Service     | Document Status |
|-----------------------|---|---------------------|-----------------|
| Neurology Clinic Note | Watkins, Jennifer M APRN<br>(8/19/2022 13:31 CDT) | 8/19/2022 10:41 CDT | Auth (Verified) |

### Chief Complaint

Dementia/ mmse=22/30

### History of Present Illness

Mr Price is here for evaluation of dementia. He is referred by Dr. Schermoly. He has a PMH of Afib, BPH, DM2 with neuropathy, HTN, HLD. He is joined by his daughter. He lives at Cedar Lake. He was dx with Afib recently. His daughter says he is having trouble telling what time of day it is. He loses track of if it is morning or afternoon for example. He has trouble remembering to take his medicine. He is in independent living. His daughter sets up a pill box but he forgets to take them at the right time. His son manages his finances. He moved to Cedar Lake in December 2021 but the issues started before this. He has no family hx of dementia. Both parents lived to old age. His brother died of pancreatic cancer. He has no significant smoking history. He sleeps well. He does snore. He has not had a sleep study. He denies feeling depressed. He does get anxious. His wife died 5 years ago. He does not have a regular sleep wake pattern. He may go to bed very early and then wake up too early. He does nap. He does not get more exercise. He has a friend that visits. He has trouble reading the calendar and following along. He does not have hallucinations. He is not paranoid. His B12 was found to be low recently so he started replacement for this orally. He has balance problems. He denies tingling in the feet. He has bilateral foot drop. He is not sure why. He has a brain MRI scheduled for next week. He also is having a CT abdomen. He does endorse bowel and bladder incontinence. He denies any back or leg pain.

### Review of Systems

Constitutional: Negative\_  
Eye: Negative\_  
ENT: Negative\_  
Mouth/Pharynx: Negative\_  
Respiratory: Negative\_  
Cardiovascular: Negative\_  
Gastrointestinal: Negative\_  
Genitourinary: Negative\_  
Hema/Lymph: Negative\_  
Endocrine: Negative\_  
Musculoskeletal: Negative\_  
Integumentary: Negative\_  
Neurologic: memory loss  
Psychiatric: Cooperative, alert and oriented\_

### Physical Exam

#### Vitals & Measurements

### Problem List/Past Medical History

#### Ongoing

Acute urinary retention  
Adenomatous polyp of colon  
Atrial fibrillation  
BPH - Benign prostatic hypertrophy  
Dementia  
Diabetic peripheral neuropathy  
Hammer toe  
HTN - Hypertension  
Hyperlipidemia  
Onychomycosis  
Rotator cuff tear - left  
Type 2 diabetes mellitus with diabetic polyneuropathy  
Urinary retention  
Ventral hernia

#### Historical

No qualifying data

### Procedure/Surgical History

- Colonoscopy - 2 small hyperplastic polyps (09/16/2020)
- Colonoscopy - normal, repeat 2 years (04/24/2017)
- Colonoscopy - recurrent tubular adenoma (04/11/2016)
- Colonoscopy - multiple adenomatous polyps (02/23/2015)
- L/S Sigmoid Resection (03/13/2014)
- Colonoscopy - polyps x 2, sigmoid mass (02/24/2014)
- transanal resection large rectal polyp - tubular adenoma with high grade dysplasia (02/24/2012)
- Colonoscopy - multiple adenomatous polyps (02/06/2012)
- Bilateral Cataract Removal
- cholesteatoma removed left ear
- vasectomy

LEGEND: Abnormal = \* Critical = C Interpretive data = i Corrected = c Low = L High = H Footnotes = @  
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Location: Comprehensive Neurology; Room 4

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Request ID: 190477377

Patient: PRICE JR, THOMAS J

MR#: OMSI\_3937778

Clerk of the District Court, Johnson County Kansas  
10/07/22 01:44pm SF

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**HR:** 65 (Peripheral) **RR:** 16 **BP:** 127/72  
**HT:** 188 cm **WT:** 91.3 kg (Dosing) **BMI:** 25.83

He was alert, awake, and cooperative. He was normally developed and well groomed. The mental status was normal. He was well oriented to person, place, situation. Recent and remote memory was impaired. Attention span and concentration were good. Language function was normal. He had a good fund of knowledge. His speech was of normal flow and content and was well enunciated. Examination of the cranial nerves revealed visual fields to be full to confrontation. The extra ocular movements were intact. Pupils were [2] millimeters, equally round and reacted to light. There was no afferent pupillary defect. The muscles of mastication were powerful symmetrically. Facial sensation was normal. The muscles of facial expression were powerful symmetrically. Hearing was intact to finger rub. The pallet arched symmetrically. The tongue was midline and had full range of motion. Sternocleidomastoid and trapezii were powerful bilaterally. Funduscopic examination did not reveal any papilledema, exudate, or hemorrhage. The muscle bulk, tone and power were normal in upper and lower extremities. Reflexes were 2/4 and symmetric in upper and lower extremities. The toes were downgoing bilaterally. Coordination testing revealed normal finger to nose, heel to shin, fine motor and rapid alternating movements. Sensory examination was normal to pain, light touch, proprioception, graphesthesia, cold thermal, and vibration. There was no extinction to double simultaneous stimulation. The gait was of a normal base and a steady walk. Heel and toe walking was well performed. Tandem walking was well performed. Romberg's stance was negative. Auscultation of the carotid arteries did not reveal any bruits. Heart had a regular rate and rhythm without a murmur. Peripheral pulses were 2/4 and symmetric in upper and lower extremities. Extremities were warm without any cyanosis or swelling. Palpation of the temporomandibular joint did not reveal tenderness.

### Exceptions to the above exam:

*There was fine tremor with rest and intention to the hands. He had cogwheel rigidity in the biceps, worse on the L*

*He had significant difficulty rising from a chair. He used a walker to ambulate, his gait was slow and shuffled, but with high steppage due to bilateral AFOs. He had difficulty turning. His strength was decreased in the hip flexors, knee flexors, and to ankle dorsiflexion and toe extension.*

### Assessment/Plan

#### 1. Mixed action and resting tremor R25.9

His exam is concerning for a Parkinsonian process. He has tremors, rigidity, and poor balance. He is very high risk for falls. Will arrange DaTscan to assess. MRI will be done next week.

#### Ordered:

NM Spect Brain

Office Visit Level 5 Est 99215

#### 2. Balance disorder R26.89

He is deconditioned but also very weak. His foot drop is perplexing, he has numbness in the legs, presumably from the DM. However this would not typically cause foot drop.

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n/a

### Medications

Cipro 500 mg oral tablet, 500 mg= 1 Tablet, PO, Q12H  
Flomax 0.4 mg oral capsule, 0.4 mg= 1 Capsule, PO, DAILY, 3 refills  
glimepiride 2 mg oral tablet, 2 Tablet, PO, DAILY, 3 refills  
Glucose Monitor - One Touch Verio, See Instructions  
lisinopril 20 mg oral tablet, 20 mg= 1 Tablet, PO, DAILY, 3 refills  
One Touch Ultra 2 lancets, See Instructions, 3 refills  
ONE TOUCH Ultra 2 TEST STRIPS, See Instructions, 3 refills  
Xarelto 15 mg oral tablet, 15 mg= 1 Tablet, PO, DAILY, 6 refills

### Allergies

NKA

No Known Medication Allergies

### Social History

#### Smoking Status

Denies

#### Alcohol

Current, Beer, Liquor, 1-2 times per month

#### Employment/School

Retired, Work/School description: Worked 30 years at Proctor and Gamble as an engineer..

#### Exercise

Exercise duration: 30. Exercise frequency: 1-2 times/week. Exercise type: Walking.

#### Home/Environment

Living situation: Home/Independent.

#### Nutrition/Health

Regular

#### Substance Abuse

Denies

#### Tobacco

Never (less than 100 in lifetime) Tobacco Use:.

### Family History

Pancreatic cancer: Brother.

Low = L

High = H

Footnotes = @

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He denies back pain or radicular symptoms. I do wonder if his "foot drop" symptoms that started as walking difficulty were more shuffling and he perceived it as weakness? He does feel he walks better with the AFOs. If DaTscan is normal, consider lumbar MRI. Consider Big and Loud therapy if DaTscan normal. He has started oral replacement for the low B12, having this rechecked next month. May need injectables if not improving enough.

Ordered:

NM Spect Brain

Office Visit Level 5 Est 99215

### 3. Cognitive decline R41.89

MMSE 22. He is having quite a bit of time disorientation. He does live alone and does not keep a regular routine so it's easy to lose track of time. However, he seems to have difficulty telling day from night, morning from evening etc. Long talk on switching his level of care to assisted living vs independent. He is missing medication doses and is high fall risk. He likely needs help with things like laundry and more routine care. RTC in November

Patient was seen today in clinic for \_\_\_\_75 minutes\_\_\_\_.

5 min was spent prepping for patients visit with review of old records and documenting in EHR.

60 min was spent in face to face visit in clinic

10 min was spent in post visit documenting in EHR and reviewing test results.

Ordered:

NM Spect Brain

Office Visit Level 5 Est 99215

Orders:

Radiology Testing - Schedule

## Lab Results

| Test Name  | Test Result   | Date/Time               |
|------------|---------------|-------------------------|
| WBC        | 7.1 thous/uL  | 08/10/2022<br>12:13 CDT |
| RBC        | 4.90 mil/uL   | 08/10/2022<br>12:13 CDT |
| Hgb        | 14.8 g/dL     | 08/10/2022<br>12:13 CDT |
| Hct        | 44.3 %        | 08/10/2022<br>12:13 CDT |
| MCV        | 90.4 fL       | 08/10/2022<br>12:13 CDT |
| MCH        | 30.2 pg       | 08/10/2022<br>12:13 CDT |
| MCHC       | 33.4 g/dL     | 08/10/2022<br>12:13 CDT |
| RDW-CV     | 12.8 %        | 08/10/2022<br>12:13 CDT |
| Platelet   | 233 thous/uL  | 08/10/2022<br>12:13 CDT |
| MPV        | 10.0 fL       | 08/10/2022<br>12:13 CDT |
| Neutro %   | 58.9 %        | 08/10/2022<br>12:13 CDT |
| Lymph %    | 29.8 %        | 08/10/2022<br>12:13 CDT |
| Mono %     | 8.7 %         | 08/10/2022<br>12:13 CDT |
| Eosin %    | 1.5 %         | 08/10/2022<br>12:13 CDT |
| Baso %     | 1.1 %         | 08/10/2022<br>12:13 CDT |
| Abs Neutro | 4182 Cells/uL | 08/10/2022<br>12:13 CDT |
| Abs Lymph  | 2116 Cells/uL | 08/10/2022<br>12:13 CDT |
| Abs Mono   | 618 Cells/uL  | 08/10/2022<br>12:13 CDT |
| Abs Eosin  | 107 Cells/uL  | 08/10/2022<br>12:13 CDT |
| Abs Baso   | 78 Cells/uL   | 08/10/2022<br>12:13 CDT |

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| Test Name       | Test Result         | Date/Time               |
|-----------------|---------------------|-------------------------|
| Glucose Level   | 103 mg/dL<br>(High) | 08/10/2022<br>12:13 CDT |
| BUN             | 16 mg/dL            | 08/10/2022<br>12:13 CDT |
| Creatinine      | 1.11 mg/dL          | 08/10/2022<br>12:13 CDT |
| BUN/Creat Ratio | NOT<br>APPLICABLE   | 08/10/2022<br>12:13 CDT |
| Sodium          | 141 mmol/L          | 08/10/2022<br>12:13 CDT |
| K Plasma        | TNP                 | 08/10/2022<br>12:13 CDT |
| K Serum         | 4.5 mmol/L          | 08/10/2022<br>12:13 CDT |
| Chloride        | 104 mmol/L          | 08/10/2022<br>12:13 CDT |
| CO2             | 29 mmol/L           | 08/10/2022<br>12:13 CDT |
| AST (SGOT)      | 12 Unit/L           | 08/10/2022<br>12:13 CDT |
| TBil            | 0.7 mg/dL           | 08/10/2022<br>12:13 CDT |
| ALT (SGPT)      | 11 Unit/L           | 08/10/2022<br>12:13 CDT |
| Alk Phos        | 65 Unit/L           | 08/10/2022<br>12:13 CDT |
| Calcium         | 9.9 mg/dL           | 08/10/2022<br>12:13 CDT |
| T. Protein      | 7.2 g/dL            | 08/10/2022<br>12:13 CDT |
| Albumin         | 4.3 g/dL            | 08/10/2022<br>12:13 CDT |
| Globulin        | 2.9 g/dL            | 08/10/2022<br>12:13 CDT |
| Alb/Glob Ratio  | 1.5                 | 08/10/2022<br>12:13 CDT |
| GFR Est.        | 65<br>mL/min/1.73m2 | 08/10/2022<br>12:13 CDT |
| Cholesterol     | 161 mg/dL           | 08/10/2022<br>12:13 CDT |

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| Test Name                                   | Test Result         | Date/Time               |
|---|---------------------|-------------------------|
| Triglycerides                               | 248 mg/dL<br>(High) | 08/10/2022<br>12:13 CDT |
| HDL   | 43 mg/dL            | 08/10/2022<br>12:13 CDT |
| Non-HDL<br>Cholesterol                      | 118 mg/dL           | 08/10/2022<br>12:13 CDT |
| LDL,<br>Calculated                          | 85 mg/dL            | 08/10/2022<br>12:13 CDT |
| Chol/HDL                                    | 3.7                 | 08/10/2022<br>12:13 CDT |
| TSH   | 2.83 Milli IU/L     | 08/10/2022<br>12:13 CDT |
| Vitamin B12                                 | 192 pg/mL<br>(Low)  | 08/10/2022<br>12:13 CDT |
| Hemoglobin<br>A1C                           | 6.5 % (High)        | 08/10/2022<br>12:13 CDT |
| eAG (Est Avg<br>Glucose)                    | 140 mg/dL           | 08/10/2022<br>12:13 CDT |
| eAG<br>(Estimated<br>Avg Glucose)<br>mmol/L | 7.7 mmol/L          | 08/10/2022<br>12:13 CDT |

\*\*\* Final Report \*\*\*

Electronically signed by: Watkins, Jennifer M APRN 08/19/22 13:31

Electronically Cosigned by: Gill, Aman MD

Dictated/Created by: Watkins, Jennifer M APRN 08/19/22 13:31

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## Immunizations Summary

|   |                                  |                               |
|---|----------------------------------|-------------------------------|
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>10/22/2012 | <b>Age Given:</b><br>76 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>10/24/2012 | <b>Age Given:</b><br>76 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>11/20/2013 | <b>Age Given:</b><br>77 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>11/12/2014 | <b>Age Given:</b><br>78 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>10/9/2015  | <b>Age Given:</b><br>79 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>9/29/2016  | <b>Age Given:</b><br>80 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>10/31/2017 | <b>Age Given:</b><br>81 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>9/28/2018  | <b>Age Given:</b><br>82 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>10/5/2018  | <b>Age Given:</b><br>82 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>12/12/2018 | <b>Age Given:</b><br>82 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>12/9/2019  | <b>Age Given:</b><br>83 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>8/21/2020  | <b>Age Given:</b><br>84 years |
| <b>Vaccine:</b><br>influenza virus vaccine        | <b>Date Given:</b><br>9/2021     | <b>Age Given:</b><br>85 years |
| <b>Vaccine:</b><br>pneumococcal 13-valent vaccine | <b>Date Given:</b><br>2/10/2016  | <b>Age Given:</b><br>80 years |

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| <b>Vaccine:</b><br>pneumococcal 23-valent vaccine | <b>Date Given:</b><br>9/7/2000   | <b>Age Given:</b><br>64 years |
| <b>Vaccine:</b><br>zoster vaccine, inactivated    | <b>Date Given:</b><br>10/5/2018  | <b>Age Given:</b><br>82 years |
| <b>Vaccine:</b><br>zoster vaccine, inactivated    | <b>Date Given:</b><br>12/12/2018 | <b>Age Given:</b><br>82 years |
| <b>Vaccine:</b><br>zoster vaccine live            | <b>Date Given:</b><br>8/17/2009  | <b>Age Given:</b><br>73 years |

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