

# HEADER OMITTED FOR PRIVACY

Month DD, YYYY

\_\_\_\_\_, M.D.

Address

City, ST XXXXX

RE: First Last

DOB: DD/MM/YYYY

Dear \_\_\_\_\_:

March 7, 2016 this letter goes up to Dr. **(PRIVATE INFO)** Re: The patient **(PRIVATE INFO)**. dear Dr. **(PRIVATE INFO)** many thanks for referring Mrs. **(PRIVATE INFO)** for neurosurgical consultation in regards to her abnormal MRI and recent headaches and the question of NPH. A detailed history and physical is dictated separately by our physician assistant **(PRIVATE INFO)**. Essentially, Ms. **(PRIVATE INFO)** is a very pleasant 57-year-old, right-handed female, who is a heavy tobacco smoker and also has opioid dependence and COPD, has a history of a traumatic brain injury 1980 an expansion near-death experience that time, has been suffering with chronic headaches, memory issues, and attention disorder.

Currently, 90 September 19, 1988. The patient was involved in a horrific car crash was taken to Fairfax hospital. She reports a near-death experience. Ultimately made a recovery and since then. She has had chronic headaches issues with memory and cognitive decline, except Percocet, around the clock every 4-6 hours for pain that she experiences. She denies any photophobia, no acute neurological deficit, no seizure activity. She ambulates with a slight limp. There is some stress incontinence, but there is no true urinary retention or incontinence and there is no fecal incontinence. Gait is normal.

She was referred for an MRI at insight imaging of the brain. Debris 4 2016 that demonstrates and advanced atrophy, evidence of encephalomalacia from a prior injury and there is no ventriculomegaly, which may be due to and atrophy. Her X. Factor, ventriculomegaly. There is some T2 hyperintensity, white matter, so a true extraneural CSF pressure cannot be ruled out. I think the brain is atrophic from her prior head injury.

There is a question of normal pressure hydrocephalus. According to the radiology report with aside from the chronic memory, attention issues. There is no incontinence and no new gait disorder, however given this imaging. I think an NPH workup is reasonable. We discussed Tinetti testing. We discussed the high volume lumbar drainage from a lumbar drain for 24 hours. The patient and the son are very interested in this and we will set her up for a lumbar drain with

high volume drainage. We discussed the procedure in great detail. All questions were addressed.

**Impression:** Rule out normal pressure hydrocephalus.

**Plan:**

1. Set up a lumbar drain and high volume drainage.
2. Smoking cessation was discussed.

Many thanks for allowing me to participate in the care of this patient. Please call with any questions. Sincerely, **(PRIVATE INFO)**

**(PRIVATE INFO)**, M.D.

**(PRIVATE INFO)**