Name: Date:

Case 1

* **Name:** Mr. Dani
* **Age:** 61 years
* **Inception date:** 1-12-2020
* **Underwriting:** Yes
* **Continuity:** Yes
* **Medical questionnaire:** clear
* **Product:** IN, A-NSSF, AMB 0%, PM 15%
* **Chief Complaint:** BPH
* **Admission Date & request:** Tur Bipolar Olympus - [52601 (Cpt®)]
* **Dr.** Rami Wajih Nasr
* **Hospital:** AUBMC
* Rami Wajih Nasr, MD
* Cystoscopy

16/09/2024 09:47 AM

Order: 81200114

Date/Time: 16/09/2024 09:35 AM

* Reason for procedure:: Luts
* Cystoscope used: Yes
* Cystoscope type: Flexible
* Wound Condition:: Clean Contaminated
* Topical anesthesia used: Yes
* Topical anesthesia:: Lidocaine gel

Findings: Stricture bulbar urethra dilated and incomplete removal

adenoma and bladder neck very tight

* US-Pelvis. 17/10/2024

Clinical Indication

LUTS and sever obstructive urinary symptoms.

Technique

Real-time, grey-scale ultrasound images of the pelvis.

Comparison 18 March 2016.

Findings

Both kidneys are normal in size and echogenicity revealing

normal cortical thickness and corticomedullary differentiation.

The right kidney measures 11 cm in length.

The left kidney measures 12.5 cm in length.

No evidence of hydronephrosis or stones on either side.

The prostate gland measures 43 cc in volume, previously 60 cc.

**Median lobe is slightly enlarged impinging on the bladder**

**base.**

The bladder is adequately distended to a capacity of 200 cc

. No hydronephrosis.

**Mednet Decision**?

Case 2:

* **Name:** Mrs. Amal
* **Age:** 29 years
* **Inception date:** 1-07-2023
* **Underwriting:** Yes
* **Continuity:** Yes
* **Medical questionnaire:**
* **Product:** IN, A-NSSF, AMB 0%, PM 15%
* **Chief Complaint:** Married August 2023, no children, Uterine septum
* **Admission Date & request:** Hysteroscopy 56353
* **Hospital:** AUBMC
* **MRI:** MR Pelvis with Gadolinium 11/09/2024

**Clinical Indication**

**RULE OUT SEPTUM**

**Multiplanar multisequence images of the pelvis were obtained pre and post contrast**

**administration.**

**Comparison**

**None.**

**Findings**

**The uterus is anteverted anteflexed and shows normal zonal anatomy.**

**The uterus is bicavitary with a flat fundal contour.**

**There is a septum which extends to the lower uterine segment. The upper half of the**

**septum is composed of myometrial tissue and measures approximately 2.6 cm in length.**

**The lower half is composed of fibrous tissue and measures approximately 1.4 cm in length.**

**Findings are consistent with a partial septate uterus.**

**The ovaries are normal in size and signal intensity.**

**No enlarged pelvic lymph nodes.**

**Impression**

**Partial septate uterus**

**Case3**

* **Name:** Mr. Elie
* **Age:** 66 years
* **Inception date:** 01-01-2023
* **Underwriting:** Yes
* **Continuity:** Yes
* **Medical questionnaire:** clear
* **Product:** IN, B-NSSF, AMB 0%, PM 15%
* **Chief Complaint:** Prior PCI, recurrent dyspnea and unable to exercise for stress Testing **Admission Date & request:** Left Heart Catheterization With Selective Coronary And Left Ventricle Angiogram 93547
* **Proforma** High Dollar Supplies: in case or coronary angioplasty with stenting, stent(s) to used are $1200 each.
* **Hospital:** AUBMC
* 1. CAD:
* LM: no disease
* LAD: proximal 99% long segment stenosis post stent, followed by mild disease in mid segment
* LCX: mild disease in mid segment
* RCA: mild to moderate non-obstructive lesion in mid segment
* --Echo Nov 2019: normal, mild Ao Dil **37 mm**
* --Stress Echo June 2020 negative
* --Stress Echo April 2023 negative, Asc Ao 39 mm
* 2. DL (was off Rx prior to presentation)
* 3. Chronic cough in 2024
* --CT Chest 2022 done unremarkable
* **Social**: tobacco + coffee
* **Meds**:
* Plavix
* Rosuvastatin 20 --> Livazo 2 QD (myalgias)
* Nexium
* ASA --> DC
* Planned for stress echocardiography but could not continue the test due to dyspnea on exertion and chest pain; planned cor coronary angiography

Case 4:

* **Name:** Mr. Ali
* **Age:** 66 years
* **Inception date:** 01-01-2018
* **Underwriting:** Yes
* **Continuity:** Yes
* **Medical questionnaire:** clear
* **Product:** IN, B-NSSF, AMB 0%, PM 15%
* **Chief Complaint:** Type iii open displaced segmental fracture of shaft of left tibia with delayed healing, subsequent encounter

Has osteomyelitis of left tibia with intramedullary nail and fication , needs surgery for removal of nail and excision of dead bone.

* **Admission Date & request:** needs surgery for removal of nail and excision of dead bone.

Partial Excision (Craterization, Saucerization Or Diaphysectomy) Of

Osteomyelitis Or Exostosis): Tibia Or Fibula - [27640 (Cpt®)] - Left

Ankle Implant (Prosthesis) - [27704 (Cpt®)] - Left

Surgeon(s): Rachid Kassem Haidar, MD

* **History:**

Covered admission for Gunshot injury to left leg in April 2023, resulting in compound comminuted segmental fracture of proximal shaft left tibia and fibula treated with external fixator complicated by infection treated with IV antibiotics

Then with intramedullary nailing and local flap. Swab culture taken post op grew Enterococcus coli and enterococcus faecalis.

Has been on chloramphenicol since 23/3/24 as 1 Gram 3 times daily but then decreased to 500 milligram 3 times daily due to transient pancytopenia,.

Following up closely with Doctor Gustavo Fring for chronic osteomyelitis with recurrent (now chronic ) draining sinus.

Clinically

Complete left foot drop with evidence of complete, peroneal nerve injury, also no clinical evidence of tibialis posterior muscle function

Mild varus deformity of left leg

Scar over surgical incision and local flap over proximal leg with a small draining sinus

Left knee reasonable range of movement

Tight left Achilli’s tendon with mild equinus deformity

No more discharge around distal locking portal site

**Culture, Wound**

**10/10/2024** Wound Growth Escherichia coli ESBL

Exam Name

XR left Leg 03/0102024

Clinical Indication

non union

Technique

2 views left leg

Comparison

CT scan 2 September 2024 and x-rays 30 July 2024.

Impression

Improved healing of proximal left tibia shaft fracture with bony callus formation, however persistent

lucency denoting focal non united area along the lateral cortex of the proximal left tibia shaft.

No hardware related complication. No new fracture or displacement. Nonunited proximal left fibular

fracture again noted.

Clinical Indication

non union left leg fracture.

Technique

Nonenhanced axial cuts of the left leg with multiplanar

reformats.

Comparison

CT scan of 16 January 2024

Findings

Multiple prior x-rays and CT scan.

Tibia:No significant change in the previously present circumferential

bone resorption, compatible with loosening, along the proximal

aspect of the tibial intramedullary nail. There is mild decrease of

bone resorption at the distal tip of the intramedullary nail. No

change in the alignment of the tibial fracture which is

acceptable.

There is further healing process by callus formation and

periosteal reaction at the tibial fracture. Persistent defect along

the lateral aspect of the proximal tibia, estimated at 3 cm.

Residual oblique lucent fracture is noted at the mid shaft

showing increased slightly dense haziness due to callus.

No new fracture. No aggressive periosteal reaction. No bony

sequestrum, no cloaca. No CT features of acute or chronic

osteomyelitis.

Fibula:

There is mild improvement in fibular alignment which is

acceptable. No significant change in the significantly

comminuted fracture of the proximal fibular diaphysis with

multiple detached bone fragments with no significant healing at

this level. However, the nondisplaced fracture of the mid fibular

diaphysis shows further improved healing by callus formation

with residual lucent fracture line..

No new fracture is seen. No aggressive periosteal reaction.

Mild osteoarthritis of the knee joint .

Patchy diffuse osteopenia, likely related to disuse.

The knee joint is not included on this examination for evaluation

or comparison.

Grossly unchanged diffuse subcutaneous fat planes edema,

thickening, scarring as well as anterior muscle edema.

Again noted mild diffuse muscle atrophy of the leg. No large

fluid collection.

Few small Shrapnels are seen along the posterior aspect of the

leg.

Impression

1. Mild progression of healing of the proximal tibial fracture by

callus and periostitis. Unchanged acceptable alignment.

2. Decrease in bone resorption over the distal tip of the

intramedullary tibial nail. Stable significant bone resorption in

keeping with loosening surrounding the proximal portion of the

tibial nail.

3. Progression of healing of the fracture involving the midshaft of

the fibula. However no change with no interval healing process

of the proximal fibular comminuted fracture, showing multiple

bone fragments. Mild improvement of the fibular alignment,4. Unchanged postoperative subcutaneous soft tissue

thickening, edema and scarring of the left leg. No gross soft

tissue collections.

5. No new fractures or new areas of periprosthetic bone

resorption.

Other

Case 5:

* **Name:** Mr. Hani
* **Age:** 66 years
* **Inception date:** 01-01-2018
* **Underwriting:** Yes
* **Continuity:** Yes
* **Medical questionnaire:**
* **Product:** IN, B-NSSF, AMB 0%, PM 15%
* **Chief Complaint:** urine tract infection culture ESBL
* **Admission Date & request:** Home care / provider home care
* Patient needs to receive imipenem 1 g IV q8hrs for 10 days
* Quotation:

|  |  |  |  |
| --- | --- | --- | --- |
| Treatment | Cost/ unit | Quantity | Total USD |
| Imipenem | 10usd | 30 | 300 |
| RN visit | 5 | 30 | 150 |
| IV hydration and supplies | 2 | 30 | 60 |
| cost | 27 | - | 510 |

Case 6

* **Name:** Ms. Dania
* **Age:** 23 years
* **Inception date:** 01-01-2023
* **Underwriting:** Yes
* **Continuity:** Yes
* **Medical questionnaire:**
* **Product:** IN, B-NSSF, AMB 0%, PM 15%
* **Chief Complaint:** epigastric pain, rectorrhagia, anemia
* **Admission Date & request: Gastroscopy, Colonoscopy**

**Results:**

**-occult blood positive, hb 10, ferritin 12, iron 3**