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6/12/1989 224	<p><b>EMERGENCY ROOM RECORDS: Local Hospital of Texas</b></p> <p><b>PHYSICIAN NOTES:</b> Complains of headache onset at work last night; weakness.</p> <p><b>EXAM:</b> Right side weakness, moderate to severe headache, oriented times 3. CT report shows <b>subarachnoid hemorrhage</b> (bleeding within the skull, causing pressure to be exerted on the brain);</p> <p><b>IMPRESSION:</b> Subarachnoid hemorrhage.</p> <p><b>PLAN:</b> Transfer to University Medical Branch via Life Flight Helicopter.</p>
6/12/1989 224	<p><b>EMERGENCY ROOM RECORDS: University Medical Branch</b></p> <p><b>PHYSICIAN NOTES:</b> Onset last night at work with headache and weakness. He was transferred from an outside facility after an MRI showed a subarachnoid hemorrhage. History of hypertension and diabetes.</p> <p><b>EXAM:</b> Alert and oriented, right side weakness, speech mildly slurred.</p> <p><b>IMPRESSION:</b> Subarachnoid hemorrhage.</p> <p><b>PLAN:</b> Admit to neurosurgery, neuro monitoring, blood pressure control, continue any home medications.</p>
6/12/1989 2	<p><b>LAB RESULT: University Medical Branch</b></p> <p><b>URINALYSIS:</b> Positive for ketones (by-products of protein breakdown, could be present from patient's vomiting).</p>
6/13/1989 3	<p><b>CEREBRAL ANGIOGRAM: University Medical Branch</b></p> <p><b>RADIOLOGIST:</b> James Block, MD.</p> <p><b>DIAGNOSIS:</b> Small persistent irregularity of the left anterior cerebral artery; most likely represents a small aneurysm.</p>
6/13/1989 14	<p><b>PROGRESS NOTE: University Medical Branch</b></p> <p><b>PHYSICIAN:</b> Alfred Pitcher, MD.</p> <p>Much improved today; negative cerebral angiogram, will continue to monitor..</p>
6/13/1989 15	<p><b>PROGRESS NOTE: University Medical Branch</b></p> <p><b>PHYSICIAN:</b> Alfred Pitcher, MD.</p> <p>Cerebral arteriogram preformed, showed a possible aneurysm on the left.</p>
6/13/1989 15	<p><b>PROGRESS NOTE: University Medical Branch</b></p> <p><b>PHYSICIAN:</b> Alfred Pitcher, MD.</p> <p>Lumbar puncture was very bloody (definite indication of intracranial bleeding); headache is relieved.</p>
6/15/1989 17	<p><b>PROGRESS NOTE: University Medical Branch</b></p> <p><b>PHYSICIAN:</b> Alfred Pitcher, MD.</p> <p>Stable increased intracranial pressure; lumbar drain in place(used to relieve intracranial pressure by removing excess spinal fluid); repeat cerebral angiogram today.</p>
6/15/1989 18	<p><b>PROGRESS NOTE: University Medical Branch</b></p> <p><b>PHYSICIAN:</b> Alfred Pitcher, MD.</p> <p>Lumbar drain at L4-5; good fluid return.</p>
6/16/1989 5	<p><b>X-RAY - CHEST: University Medical Branch</b></p> <p><b>RADIOLOGIST:</b> Robin Velez, MD.</p>

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	Vol I of II <b>IMPRESSION:</b> Lungs are clear; left central venous line noted; no pneumothorax or pleural fluid noted.
6/16/1989 203 to 204	<b>OPERATIVE REPORT: University Medical Branch</b> <b>OPERATIVE REPORT:</b> Calvin Perez, MD. Vol II of II <b>PROCEDURE:</b> Left craniotomy (incision into the skull) and exploration for aneurysm.  <b>PREOPERATIVE DIAGNOSIS:</b> Left internal carotid aneurysm.  <b>POSTOPERATIVE DIAGNOSIS:</b> Subarachnoid hemorrhage, <u>NO ANEURYSM FOUND</u> .
6/17/1989 4	<b>CT SCAN OF HEAD: University Medical Branch</b> <b>(THREE CT SCANS DATED 6/17/89 AND 6/19/89):</b> Vol I of II Post status craniotomy for subarachnoid hemorrhage; shows post operative craniotomy changes; diffuse cerebral edema (swelling); subarachnoid hemorrhage.  Two studies done 6/19/89 show marked progression of diffuse cerebral edema; placement of ventriculostomy (drain placed to assist in decreasing pressure); decreased attenuation (dilution of contrast material) of left middle cerebral artery may represent an involving infarction (stoppage of blood supply).  Last study on 6/19/89 shows diffuse cerebral edema; ventricles smaller in size; infarct once again demonstrated.
6/17/1989 55	<b>X-RAY REPORT: University Medical Branch</b> <b>RADIOLOGIST:</b> Jan Wiggins, MD. Vol I of II <b>CHEST X-RAY:</b> Lungs clear; numerous tubes and lines in place.  <b>SKULL X-RAY:</b> Post operative craniotomy changes seen; ventriculostomy tube in place.
6/19/1989 56	<b>X-RAY - CHEST: University Medical Branch</b> Vol I of II Area of consolidation (area of white on x-ray that represents a mass, usually fluid) has developed in right lower lung; pneumonia or aspiration (fluid taken into lungs by breathing); Swan-Ganz and endotracheal tube in place.
6/19/1989 1	<b>CAROTID ARTERIOGRAM: University Medical Branch</b> <b>RADIOLOGIST:</b> Robert Brown, MD. Vol I of II <b>IMPRESSION:</b> Brain death 6/19/89; no intracranial blood flow by way of the internal carotids or the vertebral system is identified.
6/20/1989 211	<b>OPERATIVE REPORT: University Medical Branch</b> <b>SURGEON:</b> Mitchell Greenfield, MD. Vol II of II <b>PRE AND POSTOPERATIVE DIAGNOSIS:</b> Brain death, cadaver organ donation.  <b>OPERATION:</b> Removal of heart, liver, pancreas, both kidneys, spleen, and lymph nodes for transplantation.
6/20/1989 61	<b>ECHOCARDIOGRAM REPORT: University Medical Branch</b> Vol I of II Limited study; mitral valve prolapsed; normal left ventricle; other chambers normal.
6/20/1989 11	<b>DEATH CERTIFICATE: University Medical Branch</b> Vol I of II <b>CAUSE OF DEATH:</b> Increased intracranial pressure from subarachnoid hemorrhage.

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