Shimony

WOODSON C. MERRELL, M.D.
44 EAST 67th STREET
NEW YORK, NEW YORK 10065

Telephone: (212) 535-1012
Fax: (212) 535-1172

Date: July 27, 2011

Patient: Jeffrey Epstein (Email: jeevacation@gmail.com)

- Call me Monday afternoon, or sometime early next week to review today's lab results
- Supplements to begin for now:
  - Niacin 500mg twice a day (taking with food may reduce flushing); if flushing is too much, call me or Rony for a prescription for a sustained release form
  - One Enteric-coated baby aspirin every 1 to 2 days
  - Because of partial folic acid enzyme converting deficiency (MTHFR), take FolaPro form of folic acid by Metagenics; 1 twice a week
  - Nordic Naturals Omega 3 Fatty Acid Fish Oil; 1 capsule twice a day or 2 capsules once a day (approx 800 mg OPA/DHA)
  - Magnesium Citrate (Solgar is a good brand); 200mg once a day (taken at bedtime may act as a mild muscle relaxant)
  - Sublingual (under the tongue) B12 (Solgar is a good brand); 1,000mcg daily
  - Culturelle is an excellent brand of probiotic (acidophilus) to help digestion and intestinal immunity; one capsule/day
- Give a trial of a very low dose of Crestor. Start with ½ of a 5mg tablet twice a week. If no side effects occur (usually musculoskeletal or cognitive) after 2 weeks, increase to every other day. After 3-4 weeks on this dosage regimen recheck cholesterol blood test. Stop at any time if side effects occur
- Follow up with Dr. Rony Shimony 110 East 59th Street 8th Floor NY NY 10021 - - 212-752-2700 for cardiovascular cholesterol consultation after above blood test: I will send him a note with a copy of today's
- Schedule a one hour visit for an annual check up in the fall
- We discussed that the triglycerides are still high; cut back not only on starches, but also oils (this will help with weight loss as well)
- Due to a tendency for slightly high blood sugar (elevated glycohemoglobin), eliminate all refined carbohydrates (sugar, white flour, white rice, rolls, potatoes, etc.). Use small amounts of complex carbohydrates (whole grains); use lots of vegetables and a couple fruits as your main source of starch
- Eliminate all saturated fats from your diet. This is obviously important for your cardiovascular and cholesterol issues, but saturated fat also promotes inflammation (inflammatory prostaglandins, cytokines, etc) in the body in general
- Begin a regular aerobic exercise program
- Try to do a daily breath-based session/meditation (at least 2 minutes, preferably 15) with frequent breath breaks throughout the day. This will not only reduce stress in general and on your cardiovascular system, but reduce cortisol levels as well
- If your PTH has gone up significantly from previous, you should see your Yale parathyroid specialist (depending on today's lab results)
- Try as much as possible to go on a plant-based diet. Consider reading Arthur Agatston's "The South Beach Diet" and Dean Ornish's "Reversing Heart Disease"

Advanced Cardiovascular Imaging
62 East 86th St
New York, NY 10128
Phone (212) 369-9200 **FAX (212) 369-5048**
Steven D. Wolff, M.D., Ph.D
Director

Rony Shimony
110 E 59 St
Ste 8A
New York, NY 10022

Patient Name: EPSTEIN, JEFFREY **ACC:** 727659
DOB: 01/20/1953 **MRN:** 0406890
Exam Completed: 09/22/2011 5:55 PM

Examination

LUMBAR SPINE MRI

Comparison
None available

Clinical History

Pain in back and legs

Technique

Sagittal FSE, Axial FSE, Sagittal FLAIR T1, Sagittal IR

Findings

There is minimal degenerative grade 1 anterolisthesis of L4 on L5. Conus ends normally at the lower T12 level and appears intrinsically normal. There is no acute fracture.
T11-T12-L2-L3 there is no focal disc herniation or stenosis.
L3-L4, there is disc bulge and facet arthrosis.
L4-L5, there is anterolisthesis, there is broad disc bulge with facet arthrosis and ligamentum flavum hypertrophy. There is severe central canal, subarticular and moderate to marked foraminal stenosis. There is impingement of the L5 and encroachment on the exiting L4 nerves.
L5-S1 there is disc bulge asymmetric to the right with right greater than left facet arthrosis. There is mild to moderate right subarticular stenosis with encroachment on the right S1 nerve.

Impression
Severe L4-L5 and to a lesser degree right-sided L5-S1 stenosis.

Thank you for the courtesy of this referral.

Dictated by: Jilani, Mohammad MD
Electronically Signed By: Jilani, Mohammad, MD 09/23/2011 9:14 AM

Transcribed by: Jilani, Mohammad, MD on September 23, 2011 9:14 AM

!R!callLTHD;SLPP66;SLPI6.3;SCPI10;EXIT;

FINAL REPORT

EPSTEIN,JEFFREY F#: B000434390
DOB:01/20/53 56Y Sex: M ADM: MOSKOWITZ,BRUCE W
ACCT #: 060006996 ORD: MOSKOWITZ,BRUCE W
TRANS: AMBULATORY OCC OCC

Exam Date: 10/02/09 0829
Exam: 7508 MR MRI LUMBAR SPINE W/O CNTRST CI#: 3308778
Ord Diag.: 724.4-LUMBOSACRAL NEURITIS NO ORD#: 0003

SEDATION : NO-SEDATION ADMINISTERED
CONTRAST USED: *NONE*

MRI of the lumbar spine without contrast:

Sagittal T1, T2 and STIR images demonstrate normal bone marrow signal.

There is diminished signal within the L1 to and L4-L5 intervertebral discs. These findings are consistent with dehydration.

There is a disc bulge which is diffuse at the L4-L5 level with protrusion centrally associated with moderate degenerative changes of the apophyseal joints bilaterally the combination causing a moderate central stenosis. There is also mild encroachment on the left lateral recess.

There is a disc bulge at L5-S1 but no significant central or lateral recess stenosis.

IMPRESSION:
There is a diffuse disc bulge at the L4-L5 level associated with central protrusion causing moderate central stenosis as well as left lateral recess stenosis.

Transcriptionist- HOWARD G BUTLER, M.D.
Reading Radiologist- HOWARD G BUTLER, M.D.
Released Date Time- 10/02/09 0923

MOSKOWITZ,BRUCE W
1411 N Flagler Dr, #9300

W Palm Beach, FL 33401

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.631.1390

PATIENT INFORMATION
EPSTEIN,JEFFREY

DOB: 01/20/1953 AGE: 58
GENDER: M FASTING: N

REPORT STATUS **FINAL**

ORDERING PHYSICIAN

SPECIMEN INFORMATION
SPECIMEN: K2534668
REQUISITION: MANUAL327631

PHONE: 212.750.9895

CLIENT INFORMATION
T11886 **10013575**
WOODSON MERRELL, M.D.
44 E 67TH STREET
NEW YORK, NY 10065

COLLECTED: 07/27/2011 13:05
RECEIVED: 07/27/2011 20:43
REPORTED: 08/04/2011 08:15

Test Name	In Range	Out of Range	Reference Range	Lab
COMP METAB PANEL				TBR
GLUCOSE	102		65-139 mg/dL	
The glucose reference range is based on a non-fasting state.				
SODIUM	142		135-146 mmol/L	
POTASSIUM	4.1		3.5-5.3 mmol/L	
CHLORIDE	107		98-110 mmol/L	
CARBON DIOXIDE	21		21-33 mmol/L	
UREA NITROGEN	24		7-25 mg/dL	
CREATININE	0.94		0.76-1.46 mg/dL	
BUN/CREATININE RATIO	NOTE		6-22	
Bun/Creatinine ratio is not reported when the Bun and Creatinine values are within normal limits.				
CALCIUM	9.5		8.6-10.2 mg/dL	
PROTEIN,TOTAL	6.9		6.2-8.3 g/dL	
ALBUMIN	4.4		3.6-5.1 g/dL	
GLOBULIN,CALCULATED	2.5		2.1-3.7 g/dL	
A/G RATIO	1.8		1.0-2.1	
BILIRUBIN,TOTAL	0.5		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	57		40-115 U/L	
AST	19		10-35 U/L	
ALT	16		9-60 U/L	
EGFR NON AFR AMERICAN	89		>=60 mL/min/1.73m2	
EGFR AFRICAN AMERICAN	103		>=60 mL/min/1.73m2	
URIC ACID	7.7		4.0-8.0 mg/dL	TBR
GGT	14		3-85 U/L	TBR
TSH,3RD GENERATION	1.67		0.40-4.50 mIU/L	TBR
FERRITIN	88		20-380 ng/mL	TBR
VITAMIN B12 + FOLATE				TBR
VITAMIN B12,SERUM	316		200-1100 pg/mL	
Please note: although the reference range for Vitamin B12 is 200-1100 pg/mL, it has been reported that between 5 and 10% of patients with values between 200 and 400 pg/mL may experience neuropsychiatric and hematologic abnormalities				

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PATIENT INFORMATION
EPSTEIN,JEFFREY

DOB: 01/20/1953 AGE: 58
GENDER: M FASTING: N

REPORT STATUS **FINAL**

ORDERING PHYSICIAN

Summary

SPECIMEN INFORMATION
SPECIMEN: K2534668
COLLECTED: 07/27/2011 13:05
REPORTED: 08/04/2011 08:15

CLIENT INFORMATION
T11886 **10013575**

Test Name	In Range	Out of Range	Reference Range	Lab
due to occult B12 deficiency; less than 1% of patients with values above 400 pg/mL will have symptoms.				
FOLATE,SERUM		**5.1 L**	> 5.4 ng/mL	
			Normal: >5.4 Borderline: 3.4-5.4 Low: <3.4	
CORTISOL,P.M.				TBR
CORTISOL (PM)	10.6		3.0-17.0 mcg/dL	
DHEA SULFATE	219		25-240 mcg/dL	TBR
CARDIO CRP (R)	0.8		mg/L	TBR
Lower relative cardiovascular risk according to AHA/CDC guidelines.				
For ages >17 Years: cCRP mg/L — Risk according to AHA/CDC guidelines <1.0 — Lower relative cardiovascular risk. 1.0-3.0 — Average relative cardiovascular risk. 3.1-10.0 — Higher relative cardiovascular risk. Consider retesting in 1 to 2 weeks to exclude a benign transient elevation in the baseline CRP value secondary to infection or inflammation. >10.0 — Persistent elevation, upon retesting, may be associated with infection and inflammation.				
PSA,TOTAL	0.5		<=4.0 ng/mL	TBR
See footnote 1				
HEMOGLOBIN A1C		**5.8 H**	Percent	TBR
Reference Range: < 5.7% Decreased risk of diabetes 5.7-6.0% Increased risk of diabetes 6.1-6.4% Higher risk of diabetes > OR = 6.5% Consistent with diabetes				

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PATIENT INFORMATION
EPSTEIN,JEFFREY

DOB: 01/20/1953 AGE: 58
GENDER: M FASTING: N

REPORT STATUS **FINAL**

ORDERING PHYSICIAN

SPECIMEN INFORMATION
SPECIMEN: K2534668
COLLECTED: 07/27/2011 13:05
REPORTED: 08/04/2011 08:15

CLIENT INFORMATION
T11886 **10013575**

Test Name	In Range	Out of Range	Reference Range	Lab
HOMOCYSTEINE,CARDIO				TBR
HOMOCYSTEINE		**16.3 H**	<11.4 MICROmol/L	
VITAMIN D,25-OH,LC/MS/MS				TBR
VITAMIN D, 25-OH, TOTAL	30		30-100 ng/mL	
VITAMIN D, 25-OH, D3	30		ng/mL	
VITAMIN D, 25-OH, D2	<4		ng/mL	
25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL indicative of Vitamin D deficiency, while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are > or = 30 ng/mL.				
TESTOSTERONE,FREE,BIO/TOT				AMD
TESTOSTERONE,TOTAL,LCMSMS		**152 L**	250-1100 ng/dL	
TESTOSTERONE FREE		**38.0 L**	46.0-224.0 pg/mL	
TESTOSTERONE BIOAVAILABLE		**78.1 L**	110.0-575.0 ng/dL	
SHBG		**11 L**	22-77 nmol/L	
ALBUMIN, SERUM	4.5		3.6-5.1 g/dL	

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QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
EPSTEIN,JEFFREY

DOB: 01/20/1953 AGE: 58
GENDER: M FASTING: N

REPORT STATUS **FINAL**

ORDERING PHYSICIAN

Steinmetz

SPECIMEN INFORMATION
SPECIMEN: K2534668
COLLECTED: 07/27/2011 13:05
REPORTED: 08/04/2011 08:15

CLIENT INFORMATION
T11886 **10013575**

Test Name	In Range	Out of Range		Reference Range	Lab
VAP (TM) CHOLESTEROL TEST					
DIRECTLY MEASURED LIPID					ATT
TOTAL LDL-C DIRECT	99			<130 mg/dL	
(Desirable range <100 mg/dL for CHD, Diabetes, or its equivalent)					
TOTAL HDL-C DIRECT		**26**	**L**	>=40 mg/dL	
TOTAL VLDL-C DIRECT		**62**	**H**	<30 mg/dL	
SUM TOTAL CHOLESTEROL	187			<200 mg/dL	
TRIGLYCERIDES-DIRECT		**711**	**H**	<150 mg/dL	
Note: Triglycerides may be elevated if patient has not fasted.					
TOTAL NON-HDL-C(LDL+VLDL)		**161**	**H**	<160 mg/dL	
FOR SETTING LDL-C GOAL					ATT
LP(a) CHOLESTEROL	8.0			<10 mg/dL	
IDL-C		**25**	**H**	<20 mg/dL	
REAL-LDL-C	67			<100 mg/dL	
SUM TOTAL LDL-C	99			<130 mg/dL	
REAL-LDL SIZE PATTERN	A			A	
[Pattern B Small, Dense LDL] [Pattern A/B] [Pattern A Large Buoyant LDL]					
REMNANT LIPO (IDL+VLDL3)		**52**	**H**	<30 mg/dL	
Presence of additional risk factors, consider lowering LDL-C goal.					
CONSIDER INSULIN RESIST/					ATT
METABOLIC SYNDROME	No				
SUB-CLASS INFORMATION					ATT
HDL-2(LARGE,BUOYANT)		**8**	**L**	>10 mg/dL	
HDL-3(SMALL,DENSE)		**18**	**L**	>30 mg/dL	
VLDL-3(REMNANT LIPO)		**27**	**H**	<10 mg/dL	

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QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
EPSTEIN,JEFFREY

DOB: 01/20/1953 AGE: 58
GENDER: M FASTING: N

REPORT STATUS **FINAL**

ORDERING PHYSICIAN

SPECIMEN INFORMATION
SPECIMEN: K2534668
COLLECTED: 07/27/2011 13:05
REPORTED: 08/04/2011 08:15

CLIENT INFORMATION
T11886 **10013575**

FOOTNOTE(S):

1 This test was performed using the Siemens (Bayer) chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

PERFORMING LABORATORY INFORMATION:

AMD Quest Diagnostics Nichols Chantilly 14225 Newbrook Drive Chantilly VA 20151
Laboratory Director: Kenneth Sisco, MD,PhD CLIA No: 49D0221801

ATT Atherotech Inc. 201 London Parkway Birmingham AL 35211 CLIA No: 01D0641541

TBR Quest Diagnostics One Malcolm Avenue Teterboro NJ 07608 Laboratory Director: William E. Tarr, M.D.
CLIA No: 31D0696246

Quest Diagnostics®

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.631.1390

PATIENT INFORMATION
EPSTEIN,JEFFREY

DOB: 01/20/1953 AGE: 58
GENDER: M FASTING: N

PHONE: 212.750.9895

REPORT STATUS **FINAL**

ORDERING PHYSICIAN

SPECIMEN INFORMATION
SPECIMEN: K2534657
REQUISITION:

COLLECTED: 07/27/2011 13:05
RECEIVED: 07/27/2011 20:42
REPORTED: 08/01/2011 08:15

CLIENT INFORMATION
T11886 **10013575**
WOODSON MERRELL, M.D.
44 E 67TH STREET
NEW YORK, NY 10065

Test Name	In Range	Out of Range	Reference Range	Lab
MERCURY,BLOOD	5		<=10 mcg/L	AMD
ARSENIC,BLOOD	<3		<23 mcg/L	AMD

Urine is usually the best specimen for the analysis of Arsenic in body fluids. Blood levels tend to be low even when urine concentrations are high.

PERFORMING LABORATORY INFORMATION:

AMD Quest Diagnostics Nichols Chantilly 14225 Newbrook Drive Chantilly VA 20151
Laboratory Director: Kenneth Sisco, MD,PhD CLIA No: 49D0221801

Quest Diagnostics

QUEST DIAGNOSTICS INCORPORATED
CLIENT SERVICE 800.631.1390

PATIENT INFORMATION
EPSTEIN,JEFFREY

DOB: 01/20/1953 AGE: 58
GENDER: M FASTING: N

REPORT STATUS **FINAL**

ORDERING PHYSICIAN

SPECIMEN INFORMATION
SPECIMEN: F0887635
REQUISITION:

PHONE: 212.750.9895

CLIENT INFORMATION
T11886 **10013575**
WOODSON MERRELL, M.D.
44 E 67TH STREET
NEW YORK, NY 10065

COLLECTED: 07/27/2011 13:05
RECEIVED: 07/27/2011 23:26
REPORTED: 07/29/2011 08:15

Test Name	In Range	Out of Range	Reference Range	Lab
CALCIUM	9.6		8.6-10.2 mg/dL	TBR
PTH,INTACT		**104 H**	10-65 pg/mL	TBR
Interpretive Guide	Intact PTH		Calcium	
Normal Parathyroid Function	Normal		Normal	
Hypoparathyroidism	Low or Low Normal		Low	
Primary Hyperparathyroidism	Normal or High		High	
Secondary Hyperparathyroidism	High		Normal or Low	
Tertiary Hyperparathyroidism	High		High	
Non-Parathyroid Hypercalcemia	Low or Low Normal		High	

PERFORMING LABORATORY INFORMATION:

TBR Quest Diagnostics One Malcolm Avenue Teterboro NJ 07608 Laboratory Director: William E. Tarr, M.D.
CLIA No: 31D0696246

Quest Diagnostics

Quest Diagnostics
One Malcolm Avenue
Teterboro, New Jersey 07608-1070
800.631.1390

QuestTrack™ Premium

Date of Report: 07/29/2011

Patient Name:
EPSTEIN, JEFFREY

Specimen: F0887635

Patient ID: 090443348

Age: 58 **Sex:** M

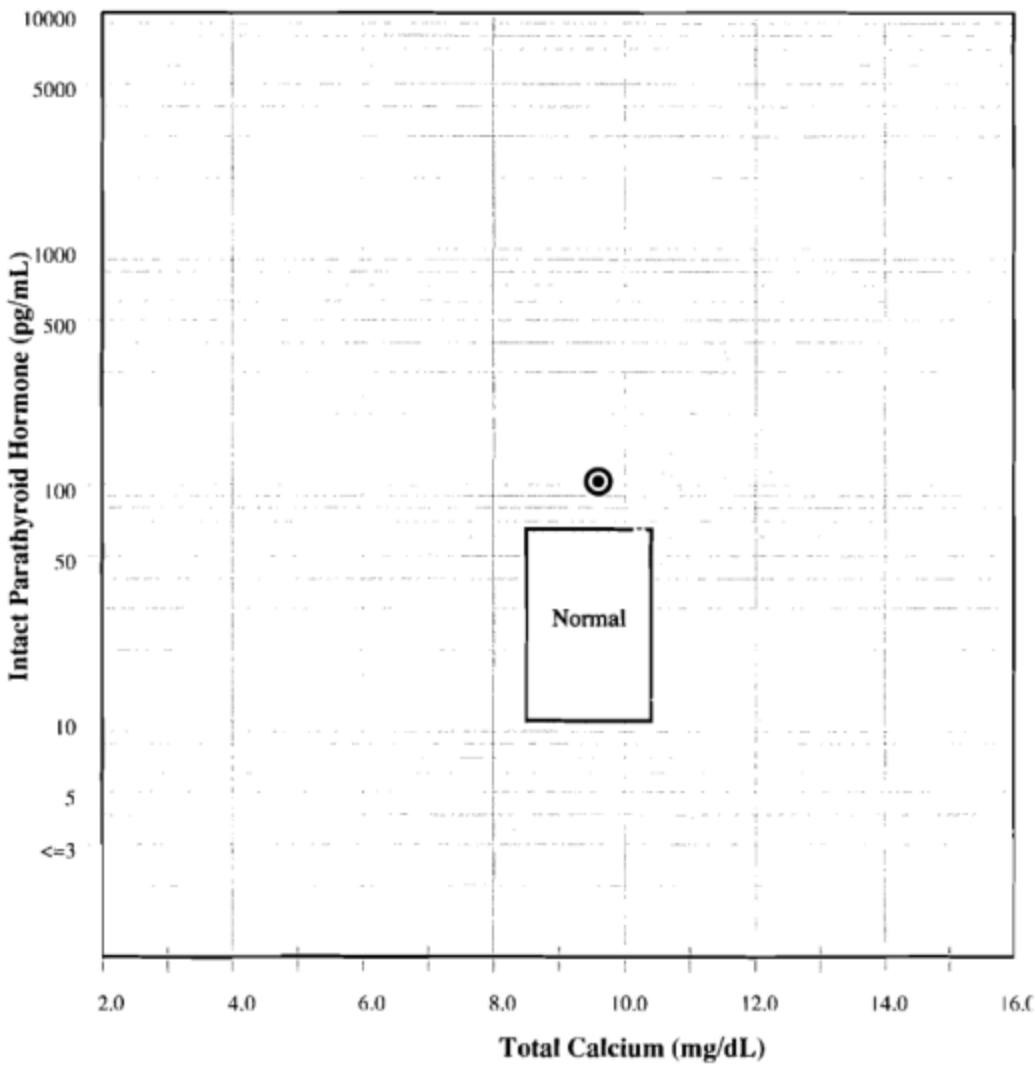
T11886 10013575
WOODSON MERRELL, M.D.
44 E 67TH STREET
NEW YORK, NY 10065

Ordering Physician:
Route: 10013575
Account Number:
T11886

Intact Parathyroid Hormone and Total Calcium

Patient Results [a]

Intact PTH Normal Range 10-65 pg/mL	**104.00**	(pg/mL)
Calcium Normal Range 8.6-10.2 mg/dL	**9.60**	(mg/dL)



Legend

- △ Primary or Tertiary Hyperparathyroidism
- ▫ Secondary Hyperparathyroidism
- ◇ Hypercalcemia of Malignancy
- ○ Hypoparathyroidism
- ◉ Patient Result

[a] This graphical representation is not intended to substitute for the Clinical Laboratory Report which may contain more complete information.

[b] Reference values on the graph above are from a proprietary data set from Quest Diagnostics Nichols Institute. Intact PTH values plotted on this graph were analyzed using an Intact PTH IRMA assay whose performance characteristics are very similar to the DPC method currently utilized at Quest Diagnostics.

DEPARTMENT OF INTERVENTIONAL CARDIAC & VASCULAR SERVICES

Rony Y. Shimony, M.D., F.A.C.C.

Director, Center for Cardiovascular Disease

Lenox Hill Hospital Heart and Vascular Institute at 59th Street

Lenox Hill
Heart and Vascular
Institute
of New York

PROGRESS NOTES

PATIENT: Epstein, Jeffrey **DATE:** December 2, 2010

AGE: 57 **SEX:** M

SALIENT ISSUES

- Blood tests done with Dr. Woodson Merrell on 11/18/2010 revealed a total cholesterol of 199 and HDL of 26. LDL could not be calculated secondary to triglycerides of 679. The cholesterol to HDL ratio was 7.7. CRP was 0.9. Hemoglobin A1c was 5.8.

REVIEW OF SYSTEMS

- Review of systems in detail is otherwise negative.

PHYSICAL EXAMINATION

- GENERAL: On physical examination, he is in no distress.
- VITAL SIGNS: BP 120/70 mmHg.
- THORAX AND LUNGS: Chest is clear.
- CARDIOVASCULAR: There is no S3 gallop.
- ABDOMEN: Abdomen is soft.
- EXTREMITIES: Extremities are benign.

DIAGNOSTIC STUDIES

- A CTA of the coronary arteries done today revealed a total coronary calcium score of 53 (0 in the left main artery and 53 in the left anterior descending artery). This represented a 13% increase from 2008. There was a zero calcium score seen in the circumflex artery and the right coronary artery. The resultant was less than 50% calcified plaque in the proximal to mid left anterior descending artery. There was 25% to 50% stenosis in the ostial part of first diagonal artery. The right coronary artery and the circumflex artery as well as the left main artery were normal.
- An echocardiogram done today revealed normal left ventricular size and systolic function. The valvular structures were normal. There was trivial mitral regurgitation secondary to valve leaflet closure.
- On exercise treadmill test today, he exercised to 20.4 METs with a peak heart rate of 148 beats per minute, representing 90% of predicted maximum heart rate. The peak blood pressure was 145/70 mmHg. There was no chest pain, no ST segment depressions to suggest ischemia, and no arrhythmias. An echocardiogram done immediately post peak exercise demonstrated normal left ventricular size, systolic function, and augmentation, with no regional wall motion abnormality.

IMPRESSION

- Mr. Epstein had muscular reaction with cramps to Lipitor as well as Crestor. His blood tests reflect lack of exercise for 6 months as well as no medications. We will start him on Livalo (pitavastatin) at 2 mg p.o. daily as well as Niaspan 500 mg p.o. daily, to be titrated to 1000 mg. He tolerated Niaspan in the past well. He will also be placed on a baby aspirin 81 mg p.o. daily. He is to have blood tests done in 6 weeks. The patient has been

(continued)

DEPARTMENT OF INTERVENTIONAL CARDIAC & VASCULAR SERVICES

Rony Y. Shimony, M.D., F.A.C.C.

Director, Center for Cardiovascular Disease

Lenox Hill Hospital Heart and Vascular Institute at 59th Street

Lenox Hill Heart and Vascular Institute of New York

PROGRESS NOTES

Epstein, Jeffrey **Page 2 of 2** **December 2, 2010**

complaining of some leg cramps with exercise. We will proceed with peripheral vascular evaluation of his carotid arteries, abdominal aorta, and lower extremities with ABI/PVR and Doppler studies.

PLAN

- Start Livalo (pitavastatin) 2 mg p.o. daily and Niaspan 500 mg p.o. daily, titrating to 1000 mg. Baby aspirin 81 mg p.o. daily.
- Blood tests in 6 weeks.
- Peripheral vascular evaluation of carotids, abdominal aorta, and lower extremities with ABI/PVR and Doppler studies.
- Medications and plan reviewed with patient in detail.

D: 12/2/2010 12:24 ET (002) /RYS
T: 12/4/2010 10:28 ET/um/slr

RONY Y. SHIMONY, MD, FACC

cc: **Dr. Woodson Merrell**
(Phone: 212-535-1012, Fax: 212-535-1172)
Dr. Eva Andersson-Dubin
1040 5th Ave Fl 15
New York NY 10028

ADDENDUM

DIAGNOSTIC STUDIES

- Carotid Dopplers done today were normal. A lower extremity vasculature study was entirely normal and triphasic. The study was done due to his complaint of claudication.
- ABI/PVR of the lower extremities revealed a brachial-ankle index of 1.1 on the right and 1.13 on the left; both are normal. The aorta below the renal arteries and above the iliac arteries was normal in size, measuring 2.0 x 1.9 cm in maximum diameter in the mid section.

IMPRESSION

- Mr. Epstein's leg symptoms may be coming from spinal issues. He will follow up with Dr. Woodson Merrell.

PLAN

- Followup with Dr. Woodson Merrell.

D: 12/2/2010 13:22 ET (005) /RYS
T: 12/4/2010 10:28 ET/um/slr

RONY Y. SHIMONY, MD, FACC

cc: **Dr. Woodson Merrell**
(Phone: 212-535-1012, Fax: 212-535-1172)
Dr. Eva Andersson-Dubin
1040 5th Ave Fl 15
New York NY 10028

LENOX HILL HOSPITAL
DEPARTMENT OF RADIOLOGY
Final/Addendum

PATIENT: EPSTEIN,JEFFREY **PT TYPE:** OP
MR NO: 1530026 **ACCT #:** 101888945
DOB: 01/20/1953 **HOSP SVC:** PCV **CLI:** PCV
ATTENDING PHYSICIAN: RONY Y. SHIMONY, MD
ORDERING PHYSICIAN: RONY Y. SHIMONY, MD
EXAM: 12/02/2010 1000 CT ANGIO CORONARY ARTERIES CPT:75574

ADMIT DIAGNOSIS:
REASON:
SCREENING

Scan 12/3/10

INTERPRETATION:

256 MDCT Coronary Angiogram:

Age: 57 years Gender: Male
Indication: SCREENING
Phase: 75%

HR: 73

Calcium Score
Coronary
Total: 53 LM: 0 LAD: 53 LCx: 0 RCA: 0
Coronary Artery Calcium Percentile: 58%

Aortic calcium: Mild
Aortic valve calcium: 0
Mitral annular calcium: 0

Dominance: Right

Left Main Coronary Artery: Normal

Left Anterior Descending Coronary Artery: There is less than 50% stenosis in the calcified proximal to mid segment. There is 25 to 50% ostial first diagonal stenosis

Left Circumflex Coronary Artery: Normal

DICTATED: 12/02/2010
RADIOLOGY ATTENDING STEPHEN MACHNICKI, MD 12/02/2010

ACC#: 26116CT10
LOCATION: **PRIVATE CARDIO VASCULAR**
PAGE: 1

(Page 1 of 3. Continued on next page)

LENOX HILL HOSPITAL
DEPARTMENT OF RADIOLOGY
Final/Addendum

PATIENT: EPSTEIN,JEFFREY **PT TYPE:** OP
MR NO: 1530026 **ACCT #:** 101888945
DOB: 01/20/1953 **HOSP SVC:** PCV **CLI:** PCV
ATTENDING PHYSICIAN: RONY Y. SHIMONY, MD
ORDERING PHYSICIAN: RONY Y. SHIMONY, MD
EXAM: 12/02/2010 1000 CT ANGIO CORONARY ARTERIES CPT:75574

ADMIT DIAGNOSIS:
REASON:
SCREENING

INTERPRETATION:
administration of intravenous contrast material. This report refers to the non-coronary portion of the exam.

PRIOR STUDIES: CT angiography of the coronary arteries dated 6/13/08.

FINDINGS: The heart is normal in size. No pericardial effusion is seen. The visualized contrast enhanced images of the aorta and pulmonary artery are unremarkable. No mediastinal or hilar lymphadenopathy is seen.

Limited evaluation of the pulmonary parenchyma demonstrates no abnormality. No pleural effusions are seen.

Evaluation of the osseous structures demonstrates degenerative changes of the spine.

IMPRESSION: Unremarkable exam.

Reviewed by 83181 Michael Karachalios, MD

Reviewed by 83181 Michael Karachalios, MDand Signed by 02007 Stephen Machnicki, MD; 12/2/2010 2:10 PM

DICTATED: 12/02/2010
RADIOLOGY ATTENDING STEPHEN MACHNICKI, MD 12/02/2010

ACC#: 26116CT10
LOCATION: **PRIVATE CARDIO VASCULAR**
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