

CLINICAL FILE OF MR CHRIS XENOS

(AS AT AUGUST 2014)

Capital Radiology - Vermont Nuclear Medicine & MRI
411 Burwood Highway
VERMONT VIC 3133
T: 9814 6633
F: 9802 9641
W: www.capitalradiology.com.au

DR STEPHEN MCKERNAN
3 Swansea Road
MONTROSE VIC 3765

Ph: 03 9728 6869 Fax: 03 9728 6407

PATIENT: **MR SIVAKUMAR SIVAKUMAR REDDY**

DOB: 23/11/1969

ADDRESS: 3 Tarwin Place
CRANBOURNE EAST VIC 3977

ID: 866795

Service Date: Tuesday, 25 March 2014

MRI Lumbar Spine

Clinical Notes:

? radiculopathy.

Technique:

Lumbar radiculopathy protocol performed.

Findings:

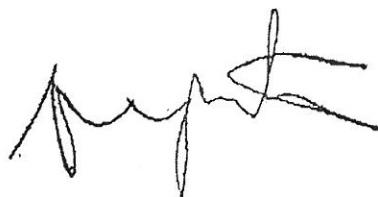
Lumbar alignment is normal. The lumbosacral junction is in normal position. There is mild disc desiccation throughout the lumbar spine but disc height is preserved. There are no degenerative end-plate changes. Marrow signal is age appropriate. The conus is in normal position terminating at T12-L1. Paraspinal soft tissue morphology is normal.

The L1-2 to L4-5 levels are normal.

At L5-S1, there is a focal right paracentral and foraminal disc protrusion which contacts the budding right S1 nerve root without displacement. The central canal and neural exit foramina are patent.

Comment:

Right paracentral and foraminal disc protrusion at L5-S1 contacts the budding right S1 nerve root. There is no central canal narrowing or further neural compression. Mild intervertebral disc degeneration.



Dr Anthony Upton,
Radiologist

sl

New GP MRI Medicare rebates are now available for patients 16 years and over.

Electronically Sent, Urgent

PATIENT: MR SIVAKUMAR SIVAKUMAR REDDY

Service Date: Tuesday, 25 March 2014

*Patients meeting the guidelines for Brain, Cervical Spine and Knee will be BULK
BILLED at all of our MRI locations.
For more information, call your local clinic.*

DR STEPHEN MCKERNAN
3 Swansea Road
MONTROSE VIC 3765

PATIENT: MR SIVAKUMAR SIVAKUMAR REDDY
DOB: 23/11/1969
ADDRESS: 3 Tarwin Place
CRANBOURNE EAST VIC 3977

CC:

ID: 866795

Service Date: Tuesday, 25 March 2014

MRI Cervical Spine

Clinical Notes:

Cervicalgia with referred pain to upper limbs.

Technique:

Cervical radiculopathy protocol performed.

Findings:

There is some straightening of the cervical lordosis. There is disc desiccation at each cervical disc level with mild to moderate disc height loss at C6/7. Disc height is otherwise preserved. There are no degenerative endplate changes. Marrow signal is normal and age appropriate. The craniovertebral junction is normal. Intrinsic cord signal is normal. There is no cervical rib. The prevertebral soft tissues are normal.

The C2/3 level is normal.

At C3/4 the posterior disc contour is normal. There is mild right neural exit foraminal narrowing due to uncovertebral osteophyte but no nerve root compression. The left neural exit foramen is patent.

The C4/5 level is normal.

At C5/6 there is a mild broadbased disc protrusion with mild central canal narrowing. There is moderate to severe right neural exit foraminal narrowing due to disc and uncovertebral osteophyte with compression of the exiting right C6 nerve root. The left neural exit foramen is patent.

The C6/7 and C7/T1 levels are normal.

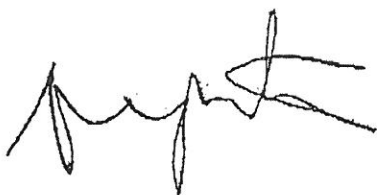
Comment:

Mild central canal narrowing at C5/6. There is compression of the exiting right C6 nerve root at this level due to disc and uncovertebral osteophyte but no further neural compression.

PATIENT: MR SIVAKUMAR SIVAKUMAR REDDY

Clinical Report Continued:

23/11/1969



866795

Dr Anthony Upton,
Radiologist
kf

***New GP MRI Medicare rebates are now available for patients 16 years and over.
Patients meeting the guidelines for Brain, Cervical Spine and Knee will be BULK
BILLED at all of our MRI locations.
For more information, call your local clinic.***

Park Avenue Medical Centre

3-7 Kingdom Drive
Cranbourne. Vic. Vic 3977

3-6m
flame-up:
pushing
pulling
tough

44d
in x child
Plant growth
(Assembly
green boxes)
- off since

Dr Chris Xenos
212 - 220 Clayton Rd
CLAYTON VIC 3168
PHONE:9545 6924
FAX:9545 6921

Dear Chris,

Re: Mr. Sivakumar Reddy
3 Tarwin Place
CRANBOURNE
3977
PHONE NUMBER:

(2) LBP - 6m DATE OF BIRTH: 23/11/1969
- Bilateral Numb
+ Calf

Thank you for seeing Mr. Sivakumar Reddy, age 44 yrs, whom I consulted today. I reprint for your information my history and examination findings together with relevant Past History, Allergies and Current Medications. Considering his is a ? work related issue, I would appreciate your opinion and magement options. I have recommended Lyprinol and acupuncture, as Endep and Mersyndol make him sleepy and unable to atted to his work

Reason for contact:

CERVICAL DISC PROLAPSE, LUMBAR DISC PROLAPSE
SEE ATTACHED SCANS

Past History:

None recorded.

Allergies:

No known allergies.

Current Medications:

Drug Name	Strength	Dosage	Reason	Last script
LYPRINOL Capsule (Perna canaliculus off)	50mg	2 b.d. m.d.u.		30/03/2014
NAPHCON-A Eye Drops (Naphazoline hydrochloride/Pheniramine maleate)	0.025%/0.3% (0.25mg-3mg/mL)	1-2 DROPS q.i.d. m.d.u.	Hay fever	09/03/2014
PANADEINE FORTE Tablet	500mg/30mg	1-2 tabs t.i.d.	Back pain	06/04/2013

Endep

(L) x (R) Sole
Pain relief

(Paracetamol/Codeine phosphate)

Warnings

None recorded.

Should any of the above need clarification, please feel free to contact me on Telephone 03 59950766. Thankyou for your care and assistance. I look forward to hearing the outcome of Sivakumar's attendance.

Yours sincerely,


Dr Mir Asif Ali

MR CHRIS XENOS

MBBS, FRACS

Adult & Paediatric Neurosurgeon

Provider No: 0815904Y
ABN: 44588415985

All correspondence & appointments to:

Monash Specialist Centre

Suite 5B

212-220 Clayton Road, Clayton 3168

Ph: 9545 6924

Fax: 9545 6921

Also at: South Eastern Private Hospital
Cabrini Medical Centre

20/05/2015

Dr Mir Asif Ali
Park Avenue Medical Centre
3-7 Kingdom Drive
Cranbourne 3977

Dear Dr Ali

Re: Mr Sivakumar Reddy, 3 Tarwin Place, Cranbourne East, 3977
DOB: 23/11/69

This is a courtesy note regarding Mr Reddy who came back alone for more discussion with regards to his painful left arm. There was no additional letter of referral, but simply the patient coming back to say that he is "still in pain with pain and numbness in the left arm".

Mr Reddy once again came in, looking very emotional, almost somewhat drowsy and I still have reservations that maybe the current Endone and Lyrica course of management maybe "hitting him a bit too hard".

He still describes lower back pain and bilateral thigh pain worse on the left. He still also describes neck and left shoulder pain, with pain of an intermittent nature down the left arm with sensory disturbance in the left hand. The neurological findings today were no different today than a few weeks ago.

As per my conclusion previously, he does have some cervical spondylosis, but nothing compressive at the C5/6 on the left. He does have some lumbar spondylosis, but there is only a tiny right L5/S1 disc bulge, not accounting for the left sciatica.

Thus my original plan of management and advice with regards to a multi-disciplinary pain rehab management plan as describes in my original letter is unchanged.

The only thing that I did today, was to provide him with a script for a weaning dose of oral Prednisolone for the next 6 days. I will leave him in your capable hands. He does not require surgery and I do not need to see him again.

With kind regards

Mr Chris Xenos
Consultant Neurosurgeon

Neck examination demonstrated reduced range of movement in all directions but whilst there was give way weakness due to pain in the left arm, I was not convinced of any true C6 or C7 focal weakness. There was reduced light touch to the left thumb and little finger (C6 and C8) all other reflexes were subdued and there were no signs in the right arm.

I did review an MRI examination of the cervical spine. There is evidence of mild multi-level degenerate changes, but I must say even though mention is made of some C5/6 disc bulging, it is very minor and I am not convinced of any true nerve compression at any level. There is no cord compression.

I also did review an MRI examination of the lumbar spine. Once again there is mild multi-level degenerate changes, slightly worse at the L5/S1 level, but there is a tiny right L5/S1 disc bulge probably just touching the S1 nerve which once again is very under impressive.

I would summarise that the patient has lumbar spondylosis, cervical spondylosis, and his employment with regards to bending and lifting has been a significant contributing factor to the development and or aggravation of his overall painful spine complaint. Whilst he does have radicular symptoms in the left arm and predominantly in the left leg, that correlates very poorly with the radiology as detailed above.

Surgery will not have his neck and back pain and chronic headaches. Surgery I do not think is indicated because there is significant discrepancy between the radiology findings and his clinical symptoms.

Thus for all the above reasons, there is no surgery that I would offer. I advised conservative measures. In view of the complexity of the situation, this patient will require a significant period of time off work, and indeed a formal rehabilitation and multi-disciplinary pain management program is indicated. I think it is likely he will be successful with his work cover claim, and thereafter you can refer him to either Vic Rehab in Glen Waverley or St John of God At Berwick for ongoing management of his chronic spinal condition.

With kind regards

Mr Chris Xenos
Consultant Neurosurgeon

MR CHRIS XENOS

MBBS, FRACS

Adult & Paediatric Neurosurgeon

Provider No: 0815904Y
ABN: 44588415985

All correspondence & appointments to:

Monash Specialist Centre
Suite 5B
212-220 Clayton Road, Clayton 3168

Ph: 9545 6924
Fax: 9545 6921

Also at: South Eastern Private Hospital
Cabrini Medical Centre

01/04/2014

Dr Mir Asif Ali
Park Avenue Medical Centre
3-7 Kingdom Drive
Cranbourne 3977

Dear Mir

Re: Sarakumar Reddy, 3 Tarwin Place, Cranbourne East, 3977
DOB: 23/11/69

Thank you for asking me to review and offer an opinion with regards to Mr Reddy who presents with his wife for assessment of a spinal pain complaint.

This fellow is 44 years of age, he is married with two children and he works as a plant operator. He assembles gear boxes and he has not worked since March 21st, 2014. The patient has no other major medical problems.

The patient presents to me with an at least 3-6 months flare up of cervical and lumbar spine complaint. At work, he does a lot of pushing and pulling of heavy equipment and machinery, up to 1 tonnes in weight. Apparently he has been complaining to his superiors about problems for the last six months. It also got worse on February 12th this year following some pushing of a heavy container.

I summarise his neck complaint as one of mechanical and muscular neck pain, radiation into both shoulders, and a lot of secondary headaches as well. In addition, there is some discomfort in the left arm, with some paraesthesia at the base of the left thumb. There is right shoulder and upper arm discomfort as well. His secondary complaint is one of lower back pain which he has had for six months. It is mechanical and muscular in nature and in association he does have some bilateral thigh pain, but certainly a lot worse on the left hand side, with soreness in the calf and paraesthesia in the sole of both feet, worse on the left hand side.

Time off work has not helped, he is taking regular Panadeine Forte which is constipating him, Lyrica and Endep which makes him drowsy. He has been pressured to return to work tomorrow. He is in no fit state to do so.

On examination the patient seems quite anxious and almost depressed, but that may indeed be related to the Lyrica and Endep medication as mentioned above. The patient gait is normal but slow, he is barely able to bend down and touch his knees because of pain in the back. straight leg elevation was uncomfortable bilaterally but worse on the left hand side. Whilst there is no foot drop, both ankle jerks and knee jerks were present, there was reduced light touch to the sole predominantly of the left foot (S1) alone.

Endop
Lyrica