

WaveImaging

Irvine Barranca

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Phone: (714) 322-2674

Date of Service: 05-17-2023

FRANK GUELLICH, MD
15350 SHERMAN WAY, STE 250
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EXAM: CT RIGHT SHOULDER ARTHROGRAPHY INJECTION

HISTORY: Pain. Prior surgery: No.

DOSE INFORMATION: The total DLP was 188 mGy-cm and the CTDI was 11.36 mGy. Low dose protocols were performed.

One or more of the following dose reduction techniques were used: automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique. A total of 0 CT (Computed Tomography) examinations and 0 myocardial perfusion studies have been performed on this patient over the past 12 months. Counts as indicated include examinations performed within our network.

(Note: The above reported CTDIvol and DLP values are CT scanner radiation output related dose indices, and, as such, they do NOT represent actual patient dose estimates. A medical physicist should be consulted for specific questions regarding the radiation dose for this exam).

PROCEDURE: The patient was first informed of the nature of the procedure, alternatives, and risks. Questions were answered and informed consent was obtained. Timeout was performed.

The patient was placed on the CT table in the supine position. The right shoulder joint was prepped and draped in sterile fashion. The skin and subcutaneous tissues were anesthetized with 1% lidocaine. Using CT guidance, a 22 G needle was advanced into the joint. Approximately 11 mL mixture of Optiray 240, 0.1 mL Clariscan and saline was administered. The needle was removed.

The patient tolerated the procedure well and there were no immediate complications.

FINDINGS:

There is contrast material within the right shoulder joint.

IMPRESSION:

Successful CT guided arthrogram for MRI arthrogram. Please refer to MRI report.

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In compliance with recent Worker's Compensation legislation (Labor Code Section 4628 (j) and 5703 (a) and Insurance Code Section 556): I declare under penalty of perjury that I have not violated Labor Code Section 139.3 and that the information contained in this report and its attachments, if any, is true and correct to the best of my knowledge and belief, except as to information that I have indicated I received from others. As to that information, I declare under penalty of perjury that the information accurately described the information provided to me and, except as noted herein, that I believe it to be true. Furthermore, this evaluation is in compliance with the guidelines established by the Industrial Medical Council or Administrative Director pursuant to paragraph (5) of subdivision (j) of Labor Code Section 139.2 or 5307.6.

Signed by me in the County of Orange, this 17 day of 5 2023.

End of diagnostic report for accession: 37973701

Dictated: 05-17-2023 10:51:41 AM

Electronically Signed By: Nourisamie, Kourosh, MD 05-17-2023 10:51:41 AM

Copy to: ONE CALL CARE DIAGNOSTICS BROKER

Exam requested by: FRANK GUELLICH MD

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