

Neurology Second Opinion

Extended Report

Patient:

DATE: 04/4/2022

Discussion, analysis and recommendations:

I reviewed the patient's records from the Hospital in Tampa in their entirety. These records span 2009-2011. The records suggest advanced demyelinating disease, most likely multiple sclerosis. This diagnosis is supported by the clinical documentation and neuroimaging studies which show significant findings in both the brain and spinal cord. Notably, cerebrospinal fluid did not have the characteristic findings for demyelinating disease but this does not rule out the diagnosis. The most recent neuroimaging study reports from 2011 indicate no active lesions. He is taking Copaxone (glatiramer) which is an approved medication for multiple sclerosis. According to his attending neurologist's note (Dr. _____) dated 2/22/2011, the patient has additional neurological history of stroke and diabetic peripheral neuropathy.

I also reviewed the documents in the "MS Nexus Latest" attachment that was forwarded to me by XMRI. On his military discharge medical examination dated 12/17/1972, there is clear documentation of decreased visual acuity in both eyes: 20/30 in the right eye and 20/40 in the left eye. Both correct to 20/20. I am unable to interpret the audiometry section due to the poor quality of the image. Another independent medical examiner, Dr. _____, concluded that there was hearing loss based on this exam. Unfortunately, there is no baseline or pre-enlistment physical examination to compare with the discharge exam. There are several subjective reports from persons who know Mr. _____ that support the claim that his demyelinating disease started during his military service.

Impression: Demyelinating disease, advanced, with unclear time of onset based on documentation provided.

Discussion: It is certainly possible that Mr. _____ decrease in visual acuity during the service may have been due to demyelinating disease. However, without a documented baseline exam I am not able





2601 E. Oakland Park Blvd, Suite 102 Ft. Lauderdale, FL 33306 Phone: 855-573-2663

to comment as to when the decrease in visual acuity occurred. Incidentally, there is an implication that working in a cold environment may have triggered the demyelinating disease. There is no scientific evidence to support this relationship at the present time.

Electronically Signed by M.D. Board Certified Neurologist

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