

NAME	DATE	AGE	MRG #	DO NOT WRITE IN AREA ABOVE	DO NOT WRITE IN AREA BELOW
SCHLAUCH, T	SA				
PATIENT DATE				14417	14418
2/15/91				10-12	11-14
DATE 3-5-91	ON	CARLTON			
PREGNANT?				STAT	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> SURGERY	
				<input type="checkbox"/> PORTABLE	
				<input type="checkbox"/> CORONARY	
				<input type="checkbox"/> ISOLATION	
				<input type="checkbox"/> DIABETIC	
CLOSED, DEAD INJURY				<input type="checkbox"/> WALK	
REFERRING PHYSICIAN				<input type="checkbox"/> CHAIR	
CARLTON				<input type="checkbox"/> STRETCHER	
MANUFACTURER				IMM. X-RAY TIME HOSPITAL	
				<input type="checkbox"/> yes <input type="checkbox"/> no	
				DATE	
				TECH	
				FLASHCARD	
<b>ROUTINE</b>					

3/5/91

MAP 3/5/1991

**BONE SCAN:**

Indication: Evaluate for trauma.

Procedure and findings: Multiple gamma camera images of the axial and proximal appendicular skeleton in the anterior and posterior projections were obtained, following 21.1 millicuries of Technetium 99m HDP. There are an extensive number of focal abnormal areas of nuclide accumulation of intense type. These include, multiple bilateral ribs, the costovertebral aspects of several of the thoracic vertebrae, bodies, the L1 vertebral body, both sacroiliac joints, the distal right femoral diaphysis, both knees, and both ankles, right greater than left. Correlative radiographs are obtained of the lumbar spine and of the right femur which reveal compression fracture, minor, superior and plate of L1 and shaggy irregular periosteal ossification along the distal femoral diaphysis and metaphysis primarily ventrally. The patient has a history of trauma, most likely the femoral periosteal reaction reflects a response to a subperiosteal hemorrhage and the activity in L1 correlates perfectly with the compression fracture which is presumably traumatic. The presumption is that the other multiple areas of abnormal activity also relate to previous trauma. Additional possibility would be neoplastic bone disease, widespread disseminated infectious bone disease or multiple bone infarcts from abnormal hemoglobin.

**CONCLUSION:**

Multiple areas of abnormal scintigraphic accumulation some of which are radiograph for differential as discussed above.

W. CAMPBELL WALKER, M.D./mjt  
Dictated 3/5/91

Transcribed 3/5/91

MEMORIAL HOSPITAL

RADIOLOGY DEPARTMENT

Blue - Chest, Abdo - Physician  
Goldeneb - Radiologist - 12 White - Radiology  
Red White - Patient Transportation

SIGNATURE OF RADIOLOGIST

PPY-13

Med. Rx 3/91, 10:00 AM, Schlauch, T.