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June 23, 1989

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Milton H. Seifert, M.D.
675 Water Street
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RE: John Heurung
MC# 429427

Dear Doctor Seifert:

Thank you for the opportunity to reassess Mr. Heurung who was seen in the office Friday, June 23, for complaints of right arm weakness, numbness and tingling as well as similar symptoms involving both legs. Mr. Heurung was initially evaluated in December of this year for evaluation of severe right-sided chest pain. Neurological diagnosis entertained at that time was that of thoracic radiculopathy; however, he was obviously found to have very different phenomena of right-sided pleural effusion secondary pulmonary emboli and deep vein thrombophlebitis involving both lower extremities. He has been anticoagulated and has had a filter placed in his inferior vena cava and has not had further embolic problems. He has, however, had extensive cramping in the calves of the lower extremities, significant head and neck pains, and two episodes of weakness and numbness of the entire right upper extremity and four episodes of similar symptoms involving the legs lasting only several minutes. He has been evaluated for an occult malignancy as well as slated to undergo further hematologic evaluation at the University for hypercoagulable problem and has not been found to have any diagnosis at this time.

His clinical examination at this time including mental status, cranial nerve, motor, sensory, coordination, station, gait and reflexes is entirely normal.

Mr. Heurung's paroxysmal loss of right arm and both leg function sounds like TIA or some vascular compromise of the left hemisphere and lower spinal cord. This raises concerns on my part once again of a systemic vasculitic process such as granulomatous angiitis and may have some bearing on his headaches. His neck pain and headache also may be related to muscle contraction problem. I am uncertain as to the etiology of his lower extremity cramping.

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