

PLEASE I'm currently
under treatment with
Dr. Sandlin Lowe - MD
Psychiatry & Neuroscience
at
the Arson Clinic in New York City
for severe brain injury #



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Physician Section

PHYSICIAN'S SECTION DOR: 09/18/2015

I met with Mr. Leone and his Mother after reviewing the history, clinical questionnaires, and the psychological and neuropsychological testing results. I have read the SPECT images and performed a clinical evaluation.

Current Mental Status Exam is significant for anxious mood with a constricted, tense, mood congruent affect. Speech is pressured with thought processes being illogical. No homicidal or suicidal intent. Pt. denies abnormal perceptions. Cognition is problematic to gross testing. Insight and Judgment are limited. Impulse control was adequate in the context of the interview.

As part of your evaluation, a brain SPECT study was performed under at rest/baseline.

SPECT scans help delineate the brain pathophysiology underlying psychiatric conditions and may or may not fully correlate with the clinical DSM-V diagnoses, since the DSM-V is based on symptom clusters and not on underlying brain pathophysiology.

Conclusions and Discussions for the Most Significant SPECT Findings:

A) Evidence of cortical atrophy is noted, and Ventricular enlargement is suggested by:

- Decreased activity in the region of the third ventricle, centrally, and surrounding white matter.

-- Occasionally SPECT brain images suggest neuroanatomical anomalies. These findings should be discussed with your Primary Care Physician for possible brain MRI.

B) Brain injury. A combination of findings suggests past brain injury. These findings include:

- Decreased prefrontal pole activity
 - Decreased temporal lobe activity
 - Decreased parietal lobe activity
 - Decreased occipital lobe activity
 - Decreased activity along the longitudinal fissure
 - Decreased dorsal prefrontal cortex activity.
- The effects of these injuries secondary to brain trauma are contributing to some of your symptoms.

C) Increased left and right thalamic tracer activity seen at rest; Increased left basal ganglia tracer activity seen at rest; Decreased left temporal lobe tracer activity seen at rest.

-- These findings correlate with any anxiety and/or mood issues that you may experience. The hyperactive thalamus suggests mood cycling. The dysfunction in the temporal lobes, particularly the left temporal lobe, along with the hyperactive left basal ganglia are biomarkers for any low frustration tolerance, irritability, lability, moodiness, mood swings, temper and/or anger/rage issues you may experience. In people who are not clinically depressed or anxious, the hyperactive thalamus and basal ganglia are signs of increased motivation and drive.

D) Decreased medial prefrontal cortex tracer activity seen at rest; Decreased tracer activity in the left and right inferior orbital prefrontal cortex seen at rest; Decreased left internal cerebellar tracer activity seen at rest; Decreased left and right temporal lobe tracer activity seen at rest.

Exhibit 1A

-- These findings correlate with the difficulties you experience with cognition (registration, focus, attention, concentration, memory and information processing) and executive function (organization, planning, multitasking, working memory, motivation, insight, judgment, impulse control, the ability to learn from your mistakes, the ability to persevere). The temporal lobe dysfunctions correlate with sensory processing and integration issues as well as any difficulties with abstraction and comprehension which often manifest as various learning disabilities particularly in math and reading and reading comprehension. The decreases in blood flow and function in the temporal lobes, particularly the right temporal lobe, are markers for any abnormal perceptions or paranoia you are experiencing.

E) Moderate scalloping seen at rest.

-- As discussed, these are non-specific signs for brain toxicity which in most cases is multifactorial.

F) You have given me clinical evidence of anterior cingulate cortex dysfunction even though it was not overtly apparent in the activity scans.

-- The dysfunction of this brain region correlates with your inability to "let go" of certain thoughts and emotions. It also plays a role in the difficulties with procrastination or "getting started" on a task and making transitions from task to task. It is involved in any obsessive/compulsive behaviors as well as any oppositional/defiant behaviors and/or cognitive inflexibility you may have.

Bio-Psycho-Social-Spiritual Evaluation

Given the pattern of symptoms and scan findings, I believe there is real hope for significant improvement with a regimen to properly optimize brain function.

Diagnosis

Current

907.0 - Traumatic Brain Injury 09/18/2015	Modify Sandlin Lowe, MD
310.2 - Postconcussion Syndrome 09/18/2015	Modify Sandlin Lowe, MD
310.0 - Frontal/Temporal lobe disorder/dysfunction 09/18/2015	Modify Sandlin Lowe, MD
349.82 - Toxic encephalopathy 09/18/2015	Modify Sandlin Lowe, MD
F02.81 - Major Neurocognitive Disorder Due to Traumatic Brain Injury, with Behavioral Disturbance 09/18/2015	Modify Sandlin Lowe, MD
309.81 - Post Traumatic Stress Disorder 09/18/2015	Modify Sandlin Lowe, MD
293.81 - Psychotic Disorder Secondary to a Medical Condition 09/18/2015	Modify Sandlin Lowe, MD
296.90 - Mood Disorder NOS 09/18/2015	Modify Sandlin Lowe, MD
314.00 - Attention Deficit Disorder (Inattentive, anxious, cerebellar) 09/18/2015	Modify Sandlin Lowe, MD

Biological Plan

General Bio-Medical Principles:

- Eliminate any potential toxins such as marijuana, excessive alcohol, other drugs, nicotine, caffeine, and environmental toxins.
- Treat or eliminate any potential underlying medical problem (for example: hypothyroidism, hormone imbalances, chronic infections).
- Avoid any behaviors that put your brain at risk.

Laboratory Recommendations: We want to rule out any underlying biomedical issues that may be causing or exacerbating your s

General

Complete blood count with differential

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