Travis L. Herring, M.D.
106 West Fern Drive
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Physical Examination

Name: Frank Amodeo

Date of Birth: September 1, 1960, age 60 at date of examination

Dates of Evaluation: March 3,2021 and March 9, 2021

Date of Report: March 15, 2021

Referral Question: Mr. Charles Rahn requested a medical exam and report as Guardian Advocate of Case No: 2008-CP-001369 in The Circuit Court for Orange County, Florida

Procedures and Tests

Clinical interview and physical examination of Mr. Amodeo
Laboratory tests

Records Review:

1. McClean Hospital. Harvard Medical School, Belmont, Massachusetts
   Alexander Vuckovic, M.D. The Pavilion Discharge Summary (August 21, 2008)

2. Bureau of Prisons Health Services, Clinical Encounter - Administrative Notes,
   Richard Li, M.D., Ivan Negron, M.D. (2017-2018)

3. Evaluation of Capacity, Darlene B. Antonio, Ph.D. (04/27/2017)

Place of Examination: 111 North Orange Avenue, Orlando FL 32801, Suite 800

Past Medical History:

Mr. Amodeo comes with diagnoses of Bipolar Disorder Type 1(Manic), Hypertension, Diabetes Type 2, and Sleep Apnea. He has an extensive legal history and comes currently as a Ward of the Court on supervised release from federal prison while serving a 22 years 6 month sentence. He is currently approximately 8 months out of prison on supervised release. See Records Review 3. Evaluation of Capacity, Darline B. Antonio, Ph.D. above.

He is considered lacking in capacity in the eyes of the law.

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Examination:

Mr. Amodeo appears to be a pleasant, cooperative white male of stated age. He is neatly and appropriately dressed. Speech is normal. He is well-oriented to time, person, place and life situation. He has a somewhat stocky, obese, and energetic appearance. Gait is normal; no facial tics or unusual mannerisms. Romberg test is negative.

Affect is normal.

Height is 65 inches, weight is 190 lbs (down from 233 lbs in 2008). Blood pressure 190/127, pulse 109. Oxygen saturation 98%. A second reading 6 days later showed BP 192/106, pulse 99.

Afebrile.

Habits: He has never smoked tobacco, never drunk alcohol. In the past he has used large amounts of caffeine and pseudoephedrine but is not currently doing so.

Diet: He is on a ketogenic diet which he enjoys and tolerates well.

Exercise: He works 6 days a week in an office and is driven from and to his apartment, under curfew, where he may do some isometric and cardiovascular exercises.

Sleep: Sleep is interrupted. He sleeps 2-4 hrs, wakes, then may sleep 1-2 hrs. Short naps during the day, as needed, help enable high-level functioning during the day.

Review of systems: Mr Amodeo states that he has no headaches, no dizziness, no shortness of breath, no chest pain, no abdominal pain, no gastrointestinal problems, no urinary problems, and no musculoskeletal problems. He does mention some numbness in toes of the left foot but states the numbness is lessening during the last 8 months. He does not need eyeglasses.. Hearing is said to be and appears normal. No dental, eating, or swallowing problems reported.

Skin: Somewhat pale. Warm, dry. Normal.

Examination of Head: Mr. Amodeo has a full head of hair with slight thinning at the crown. Vision acuity was consistent with vision screening done 2009 in which OD was 20/25, OS 20/20. Cranial nerves are intact. Pupils are equal, round, reactive to light and accommodation.

Mouth: Teeth are complete and in good repair. Normal mucosa. Normal moisture. Tongue midline. Gag reflex prevented view of pharynx. Sleep apnea possibility due to obstruction is noted.

Neck: Supple, without bruit. No enlarged lymph nodes palpable.

Lungs: Clear to auscultation. No abnormal breath sounds.

Heart: Tachycardia. Regular with occasional extra beats. No murmurs. An EKG is appropriate.

Abdomen: Obese abdomen. Soft. Normal bowel sounds. Liver margin sharp, easily palpated. Well-healed surgical scar right abdomen; said to be due to surgery for abnormal positioning of some organs noted at birth.

Genital and rectal exam: Not done.

Peripheral vascular: Femoral, popliteal, dorsalis pedis, and posterior tibialis pulses bilaterally are normal and easily palpable. No varicose veins apparent.

Musculoskeletal: Biceps of the arms appear to lack normal tone from underuse. No lower extremity edema. Feet appear in excellent condition without any sign of mycosis or dystrophy. Pedal pulses are normal. Some hair on dorsum of feet.

Laboratory Test Results: A1c, Lipid panel, CBC, U/A, CMP, TSH, and PSA were done. Fasting. Only pertinent abnormal results will be listed here.

A1c:
Hemoglobin A1c 8.0 (improved from 2018 value of 9.3 with weight of 207 lbs)

CBC:
RBC 6.03. (4.20 - 5.80)
Hemoglobin 17.4 (13.2 -17.1)
Hematocrit 52.6. (38.5 - 50.0)

U/A:
Ketones Trace found (negative is normal)
Protein. Trace found (negative is normal)

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CMP:

Glucose 138. (65-99)

Lipid panel, TSH, and PSA were normal

Assessment and Opinion:

Mr. Amodeo's RBC, hemoglobin, and hematocrit have been creeping up over the years as seen from a review of his medical records. These values tend to rise as lung oxygen perfusion decreases. Rising values correlate with an attempt to increase oxygen carrying capacity, There are other reasons as well including polycythemia, dehydration, smoking, and lung disease in general.

In Mr. Amodeo's case, sleep apnea may be a contributory cause. Sleep apnea is very often caused or worsened by obesity. Additionally, a pulmonary consult could investigate the possibility of lung disease.

Diabetes (A1c 8.0): Mr Amodeo has long-standing adult onset diabetes Type 2. Again, weight loss is frequently the best treatment. His current diet is appropriate with calorie restriction.

U/A: Trace ketones and Trace protein: This may be due to his diet, in which case it is benign. On the other hand, the kidneys may be spilling protein due to long-standing hypertension and diabetes. Again, weight loss can possibly help.

Regarding medicines: Blood pressure medicine could be employed to lower blood pressure. But it's likely to cause unintended side effects that decrease quality of life and cause disturbances that would disturb the equilibrium Mr. Amodeo has attained in dealing with his bipolar disorder. Moreover, vital organs have adapted to the long-standing blood pressure and may now depend on it. Unintended consequences could result.

Ideally, I would advise an EKG and cardio exam be done.

In the final analysis, Mr. Amodeo seems capable and self-aware enough to understand and make decisions regarding medicines that affect him.

Travis L. Herring, M.D., Fl Licence # ME56568

Patient Information	Specimen Information	Client Information
AMODEO, FRANK DOB: 09/01/1960 AGE: 60 Gender: M Fasting: FASTING Phone: NG Patient ID: NG	Specimen: TM797363U Requisition: 6731333 Collected: 03/03/2021 Received: 03/05/2021 / 03:15 EST Faxed: 03/05/2021 / 10:01 EST	Client #: 111448 41OZ101 HERRING, TRAVIS L HERRING,TRAVIS L MD 106 W FERN DR ORANGE CITY, FL 32763-7310

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL, STANDARD				
CHOLESTEROL, TOTAL	179		<200 mg/dL	TP
HDL CHOLESTEROL	66		> OR = 40 mg/dL	TP
TRIGLYCERIDES	58		<150 mg/dL	TP
LDL-CHOLESTEROL	99		mg/dL (calc)	TP

Reference range: <100

Desirable range <100 mg/dL for primary prevention; <70 mg/dL for patients with CHD or diabetic patients with > or = 2 CHD risk factors.

LDL-C is now calculated using the Martin-Hopkins calculation, which is a validated novel method providing better accuracy than the Friedewald equation in the estimation of LDL-C.
Martin SS et al. JAMA. 2013;310(19): 2061-2068
(http://education.QuestDiagnostics.com/faq/FAQ164)

Test Name	In Range	Out Of Range	Reference Range	Lab
CHOL/HDLC RATIO	2.7		<5.0 (calc)	TP
NON HDL CHOLESTEROL	113		<130 mg/dL (calc)	TP

For patients with diabetes plus 1 major ASCVD risk factor, treating to a non-HDL-C goal of <100 mg/dL (LDL-C of <70 mg/dL) is considered a therapeutic option.

Test Name	In Range	Out Of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				TP
GLUCOSE		**138 H**	65-99 mg/dL	

Fasting reference interval

For someone without known diabetes, a glucose value >125 mg/dL indicates that they may have diabetes and this should be confirmed with a follow-up test.

Test Name	In Range	Out Of Range	Reference Range	Lab
UREA NITROGEN (BUN)	23		7-25 mg/dL	
CREATININE	1.18		0.70-1.25 mg/dL	

For patients >49 years of age, the reference limit for Creatinine is approximately 13% higher for people identified as African-American.

Test Name	In Range	Out Of Range	Reference Range	Lab
eGFR NON-AFR. AMERICAN	67		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	77		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	138		135-146 mmol/L	
POTASSIUM	4.3		3.5-5.3 mmol/L	
CHLORIDE	103		98-110 mmol/L	
CARBON DIOXIDE	21		20-32 mmol/L	
CALCIUM	9.9		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.9		6.1-8.1 g/dL	
ALBUMIN	5.0		3.6-5.1 g/dL	
GLOBULIN	2.9		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.7		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.6		0.2-1.2 mg/dL	

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Test Name	In Range	Out Of Range	Reference Range	Lab
ALKALINE PHOSPHATASE	59		35-144 U/L	
AST	24		10-35 U/L	
ALT	28		9-46 U/L	
HEMOGLOBIN A1c		8.0 H	<5.7 % of total Hgb	TP

For someone without known diabetes, a hemoglobin A1c value of 6.5% or greater indicates that they may have diabetes and this should be confirmed with a follow-up test.

For someone with known diabetes, a value <7% indicates that their diabetes is well controlled and a value greater than or equal to 7% indicates suboptimal control. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes for children.

Test Name	In Range	Out Of Range	Reference Range	Lab
TSH	1.28		0.40-4.50 mIU/L	TP
CBC (INCLUDES DIFF/PLT)				TP
WHITE BLOOD CELL COUNT	9.0		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT		6.03 H	4.20-5.80 Million/uL	
HEMOGLOBIN		17.4 H	13.2-17.1 g/dL	
HEMATOCRIT		52.6 H	38.5-50.0 %	
MCV	87.2		80.0-100.0 fL	
MCH	28.9		27.0-33.0 pg	
MCHC	33.1		32.0-36.0 g/dL	
RDW	12.6		11.0-15.0 %	
PLATELET COUNT	247		140-400 Thousand/uL	
MPV	12.1		7.5-12.5 fL	
ABSOLUTE NEUTROPHILS	5085		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2970		850-3900 cells/uL	
ABSOLUTE MONOCYTES	702		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	126		15-500 cells/uL	
ABSOLUTE BASOPHILS	117		0-200 cells/uL	
NEUTROPHILS	56.5		%	
LYMPHOCYTES	33.0		%	
MONOCYTES	7.8		%	
EOSINOPHILS	1.4		%	
BASOPHILS	1.3		%	
COMMENT(S)				

Review of peripheral smear confirms automated results.

Test Name	In Range	Out Of Range	Reference Range	Lab
URINALYSIS MACROSCOPIC				TP
COLOR	YELLOW		YELLOW	
APPEARANCE	CLEAR		CLEAR	
SPECIFIC GRAVITY	1.017		1.001-1.035	
PH	< OR = 5.0		5.0-8.0	
GLUCOSE	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
KETONES		TRACE	NEGATIVE	
OCCULT BLOOD	NEGATIVE		NEGATIVE	
PROTEIN		TRACE	NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
LEUKOCYTE ESTERASE	NEGATIVE		NEGATIVE	

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Test Name	In Range	Out Of Range	Reference Range	Lab
PSA, TOTAL	2.7		< OR = 4.0 ng/mL	TP

The total PSA value from this assay system is standardized against the WHO standard. The test result will be approximately 20% lower when compared to the equimolar-standardized total PSA (Beckman Coulter). Comparison of serial PSA results should be interpreted with this fact in mind.

This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.

PERFORMING SITE:

TP QUEST DIAGNOSTICS-TAMPA, 4225 E. FOWLER AVE, TAMPA, FL 33617-2026 Laboratory Director: GLEN L HORTIN,MD,PHD, CLIA: 10D0291120

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