

May 25, 2008 **CONFIDENTIAL, NOT FOR PUBLIC RECORD**

Recommendations and Proposed Schedule for Daniel Hauser, DOB 3/26/96:

[REDACTED] Medical evaluation and beginning of restaging

- 1) Bloodwork and CT scan (CT shows that the tumor has grown, and is actually larger than at diagnosis, with it now protruding outside the chest wall. There is further compression of the airway, making the initiation of standard chemotherapy imperative this week. See attached radiology reports if needed.) To clarify, Daniel had good response to the 1st round of chemotherapy with tumor shrinkage, but it has re-grown to its current and larger size.
- 2) Start 14 day course of prednisone to start controlling the growth of the tumor. This cannot replace the rest of the chemotherapy, as prednisone is not curative.

[REDACTED] Court Hearing

- 1) [REDACTED]
- 2) Bloodwork and PET scan to follow appt., to complete restaging
- 3) Will likely not need another bone marrow examination, but this will be determined after PET scan.

- 1) [REDACTED] initiate chemotherapy, which is the continuation of the original proposal of 6 cycles of chemotherapy, followed by involved field radiation (after the 6 cycles of chemo). The therapy plan is usually never shortened, but might need to be modified or lengthened if the response to chemotherapy is not adequate.

- 2) Goal will be to include alternative therapies in which the family is interested, as long as there is not data to suggest that a particular danger exists with any alternative medicine.

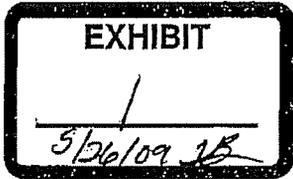
Usual ongoing care will be weekly visits for check-ups and chemotherapy as previously discussed.

I examined Daniel Hauser and determined, to the best of my ability, that it should be safe for him to be out of the hospital, and continue his evaluation as an outpatient. It is my understanding that either a home health nurse or legal court appointed guardian will ensure that Daniel takes the prescribed prednisone, which starts in the morning of Tuesday 5/26. With any worsening of Daniel's cough or respiratory status, he needs to return to Children's for admission to the hospital.

Signed,

[Signature] MD

Michael K. Richards, M.D.
Pediatric Hematology/Oncology



FILED 5/26/09
NO. JV-09-68
Carol Melick, Court Administrator
Brown County, Minnesota



Daniel House

MK/MS

Result Type: CT Chest w/ Contrast
 Result Date: 25 May 2009 17:24
 Result Status: Auth (Verified)
 Result Title: CT Chest w/ Contrast
 Performed By: Nicotra, John J on 25 May 2009 18:38
 Verified By: Nicotra, John J on 25 May 2009 19:22
 Encounter info: 11221082, Minneapolis, Short Stay, 05/25/09 -

Reason For Exam
 Hodgkins Disease

CT Chest w/ Contrast

TECHNICAL FACTORS: All scans were obtained following the uneventful administration of 100 mL Optiray 320 intravenously with images later reviewed in the axial, coronal and sagittal planes.

COMPARISON: Children's Hospital CT scans of 1/21/09 and 2/9/09 and chest radiograph of 2/20/09 and outside chest x-ray of 5/18/09.

FINDINGS: Since the last comparison CT, there has been an interval increase in the previously demonstrated large mediastinal mass filling the anterior and middle mediastinum asymmetrically on the right. As before, the overall dimensions are somewhat difficult to measure since it involves multiple compartments and has lobular contours, but the overall size on today's films measure approximately 16.0 cm x 13.5 cm x approximately 13.0 cm in maximum dimensions. Mass demonstrates heterogeneous enhancement with new extension of the mass outside the thoracic cavity to involve the chest wall between the pectoralis muscle and ribs, displacing the soft tissues of the chest wall and right Port-A-Cath. There is increasing displacement of the trachea towards the left of midline with a narrowing of the transverse diameter of the trachea and mild increase in mass effect upon the right mainstem bronchus. There is associated subcarina lymphadenopathy and right hilar lymphadenopathy, which is in direct continuity with the mass and separate enlarged pre-aortic lymph nodes. There are no findings of axillary, paracardial or paracrural lymphadenopathy separate from the mass. There is a stable to slight increase in the previously demonstrated pericardial effusion. The right pleural effusion, which had completely resolved, following a chest tube drainage, has now re-accumulated so that there is now a moderate-sized right-sided pleural effusion. There is compressive atelectasis of portions of the right lung likely as a result of airway displacement and pleural effusion. The soft tissue mass has also caused narrowing of the superior vena cava and right brachiocephalic vessels and right atrium, although the left and right internal jugular vein, left and right subclavian vein and superior vena cava appear patent. There are slight prominent interstitial markings throughout the right lung. The left lung is clear.



Daniel Hausen
M.D.

The enhanced liver, spleen, adrenals, gallbladder, pancreas and kidneys appear normal. Redemonstrated is a small, low attenuation lymph node noted at the level of the left renal hilum, measuring approximately 11 mm in diameter, which appears slightly smaller in size than on last comparison. Several smaller, nonpathologically enlarged lymph nodes are also present. There are no new findings of retroperitoneal adenopathy or adenopathy elsewhere throughout the abdomen and pelvis. No findings of bowel-centered disease, free air or fluid collections dependently within the abdomen or pelvis. The other included osseous structures or soft tissues appear normal.

IMPRESSION:

1. Increasing bulk of anterior and middle mediastinal mass with extension of tumor now outside the chest wall to extend between the pectoralis muscle and chest wall. Increasing mass effect upon the trachea, which is displaced to the left of midline and increasing narrowing of the superior vena cava. Right pleural effusion is smaller than on last comparison CT although it is a recurrent finding since this had been successfully drained between the last comparison CT and the last available Children's Hospitals and Clinics of Minnesota - Mpls, chest x-ray of 2/20/09.
2. Slightly smaller retroperitoneal lymph node at the level of the hilum of the left kidney.

2840427; 2399461

Signature Line

Dictated By: Nicotra, John J 05/25/2009 6:38 pm
 Transcribed By: Nordin, Carolyn 05/25/2009 6:55 pm
 Electronically Released By: Nicotra, John J 05/25/2009 7:22 pm

Completed Action List:

- * Order by Richards, Michael K on 25 May 2009 13:37
- * Perform by Wehner, Melanie on 25 May 2009 17:24
- * Assist by Como, Kari Ann on 25 May 2009 17:24
- * VERIFY by Nicotra, John J on 25 May 2009 19:22 25 May 2009 19:22

CT Chest w/ Contrast



Daniel Hansen
MHA/MS

Result Type: CT Chest w/ Contrast
Result Date: 21 January 2009 20:53
Result Status: Auth (Verified)
Result Title: CT Chest w/ Contrast
Performed By: Nicotra, John J on 21 January 2009 21:13
Verified By: Nicotra, John J on 22 January 2009 08:18
Encounter info: 11220820, Minneapolis, Inpatient, 01/21/09 - 01/23/09

Reason For Exam
Medaistinum Soft Tissue Abnormalities;Mass

CT Chest w/ Contrast

CLINICAL HISTORY: Mediastinal mass.

TECHNICAL FACTORS: All scans were obtained following the uneventful administration of nonionic contrast with images later reviewed in the axial, coronal and sagittal planes according to protocol.

FINDINGS: There is a large, lobular, anterior mediastinal mass. Overall dimensions are somewhat difficult to measure since it infiltrates the anterior and middle mediastinal but the overall maximum dimensions measure approximately 12.3 cm by 14.6 cm by 14.3 cm in maximum AP, transverse and craniocaudad dimensions. The lesion is predominantly soft tissue in attenuation and has infiltrated the adjacent mediastinal fat without mixed attenuation or calcification. There is significant posterior displacement of the intrathoracic trachea and carina posteriorly as well as significant narrowing of the left internal jugular vein, left brachiocephalic vein and superior vena cava. There is prominent collateral flow noted within the azygos and hemiazygos system with epidural and collateral veins noted within the soft tissues and surrounding the spinal canal with some collateral filling of the inferior vena cava by these collateral pathways. There is associated high attenuation paracardial fluid or paracardial thickening. There is an associated right-sided pleural effusion with compressive atelectasis of the right lung. Lungs are clear of infiltrate, effusion, pulmonary nodule or pulmonary edema. Tracheobronchial tree appears normal. There are no findings to suggest the presence of axillary adenopathy although there is probably associated right hilar adenopathy.

Liver demonstrates an area of diminished enhancement near the intrahepatic fissure probably representing a small area of focal fatty change. The enhanced liver and spleen, adrenals, gallbladder, pancreas and kidneys are normal. There is 1 or 2 small lymph nodes measuring approximately 1.3 cm by 1.2 cm noted at the level of the left renal hilum. No other findings of retroperitoneal adenopathy, adenopathy elsewhere throughout the abdomen or pelvis are present. The other included osseous structures and soft tissues appear normal.

Printed by: Richards, Michael K
Printed on: 05/25/09 19:06



*Daniel Hause
MKN/Jan*

IMPRESSION:

1. Large lobular anterior and middle mediastinal mass with associated right-sided pleural effusion and either pericardial effusion/thickening. This large mass has caused posterior displacement of the tracheobronchial tree and narrowing of the distal left internal jugular vein, left brachiocephalic vein and superior vena cava
2. Borderline enlarged lymph node is noted within the left renal hilar region. Otherwise computer tomography of the abdomen and pelvis is normal.
3. Prominent collateral flow noted within the thorax, within the azygos and hemiazygos system, and within the soft tissues and epidural venous complex.

Findings were discussed with Dr. Wheeler at the conclusion of the examination.

2694624; 2253160

Signature Line

Dictated By: Nicotra, John J 01/21/2009 9:13 pm
Transcribed By: Smith, Fern 01/22/2009 6:07 am
Electronically Released By: Nicotra, John J 01/22/2009 8:18 am

Completed Action List:

- * Order by Ehler, Barbara Jane on 21 January 2009 19:06
- * Perform by Olund, Catherine on 21 January 2009 20:53
- * Assist by Kohout, Mary on 21 January 2009 20:53
- * VERIFY by Nicotra, John J on 22 January 2009 08:18 22 January 2009 08:18

Age: 43 years Sex: Male Loc: SSU-H; "No Known Allergies"
 Weight: 63.600 kg 05/25/2009 16:43 DOB: 03/26/66 MRN: 2322362-errm Account No: 11221082 Short Stay (05/25/2009 15:23) Active
 Dosing Weight: 63.600 kg 05/25/2009 15:23 Precautions: Standard

Print Printables.asp

Menu - Ambulatory

Worksheet: All Results Worksheet Level: ALLRESULTS Table Group List

20 May 2009 16:27 - 26 May 2009 16:27 (Virtual Range)

Navigator	Result	
<input checked="" type="checkbox"/> MEASUREMENTS	Systolic Blood Pressure	106 mmHg
<input checked="" type="checkbox"/> VITAL SIGNS	Diastolic Blood Pressure	64 mmHg
<input checked="" type="checkbox"/> Routine Chemistry	BP Cuff-Location Site	RUE
<input checked="" type="checkbox"/> Special Chemistry	Oxygen Concentration	
<input checked="" type="checkbox"/> Vitamin D-25 Hydroxy Pct	SpO2	
<input checked="" type="checkbox"/> Enzymes	Oxygen Flow Rate	
<input checked="" type="checkbox"/> Thyroid Studies	Oxygen Therapy	
<input checked="" type="checkbox"/> Hormone Studies	Concent about Pain	No
<input checked="" type="checkbox"/> Electrolytes - Ite and	Routine Chemistry	
<input checked="" type="checkbox"/> Prostate Hematology	Sodium	136 mEq/L
<input checked="" type="checkbox"/> CBC Panel w/Diff	Potassium	4.1 mEq/L
<input checked="" type="checkbox"/> Special Hematology	Chloride	96 mEq/L
<input checked="" type="checkbox"/> Testosterone Profile	CO2- Total	30 mEq/L
<input checked="" type="checkbox"/> Calcium Alys	Anion Gap	10
<input checked="" type="checkbox"/> Coag (w/INR) Calc	Glucose Serum Level	86 mg/dL
<input checked="" type="checkbox"/> Microbiology (Flu) Test	BUH	6 mg/dL
<input checked="" type="checkbox"/> Blood Bank	Creatinine	0.6 mg/dL
<input checked="" type="checkbox"/> Coagulation Screening I	Bilirubin- Total	0.6 mg/dL
<input checked="" type="checkbox"/> Special Drug Screen	Calcium	4.3 mEq/L
<input checked="" type="checkbox"/> Fecal Level	Calcium- Ionized	
<input checked="" type="checkbox"/> Thrombin W/pt	CRP (C-Reactive Protein)	
<input checked="" type="checkbox"/> Prothrombin 2010-11/2	Magnesium	1.7 mEq/L
<input checked="" type="checkbox"/> Tumor Labels	Phosphorus	4.6 mg/dL
<input checked="" type="checkbox"/> Special Coag Panel	Uric Acid	3.0 mg/dL
	Albumin	2.2 g/dL
	Protein- Total	7.0 g/dL
	Special Chemistry	
	Cholesterol	
	Triglycerides	
	Vitamin D-25 Hydroxy Profile	
	Vitamin D-25 Hydroxy	
	25-Hydroxy D2	
	25-Hydroxy D3	
	Enzymes	

Daniel House
MHA

Age 13 years Sex Male Log: SSILM "No Known Allergies"
 Weight 53.600 kg 05/25/2009 16:13 DOB: 03/26/96 MRN: 2322362-errv Account No: 11221082 Short Stay 05/25/2009 15:23 Active
 Dosing Weight 53.600 kg 05/25/2009 15:23 Precautions: Standard

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Fluorid All Reiki Fluorid Level ALLASLTSECT 6 Tests Group List

20 May 2008 16:27 - 20 May 2009 16:27 (Printing Range)

Navigator	Result
MEASUREMENTS	Cholesterol
VITAL SIGNS	Triglycerides
Protein Chemistry	Vitamin D-25 Hydroxy Profile
Special Chemistry	Vitamin D-25 Hydroxy
Vitamin D-25 Hydroxy	25-Hydroxy D2
Enzymes	25-Hydroxy D3
Enzymes	ALP Phosphatase 41 U/L
Hydrolytic	ALT 80 U/L (H)
Hydrolytic	AST 30 U/L
Hydrolytic	LDH 210 U/L
Thyroid Studies	T4 Free
Thyroid Studies	TSH
Hormone Studies	FSH
Hormone Studies	LH
Testosterone (Free and Total)	Testosterone Level
Testosterone (Free and Total)	Free Testosterone
Testosterone (Free and Total)	X Free Testosterone
Testosterone (Free and Total)	Sex Hormone Binding Globulin
Routine Hematology	Sedimentation Rate 108 mm/hr (H)
Routine Hematology	WBC 15.2 k/L (H)
Routine Hematology	RBC 3.55 M/L (L)
Routine Hematology	HEMOGLOBIN 9.6 g/dL (L)
Routine Hematology	HEMATOCRIT 29.0% (L)
Routine Hematology	MCV 82 fL
Routine Hematology	MCH 26.8 pg
Routine Hematology	MCHC 32.3%
Routine Hematology	RDW 14.0%
Routine Hematology	PLATELET COUNT 622 /kL (H)

Daniel Houser
M.D.

Age: 43 years Sex: Male Loc: SSU-M; "No Known Allergies"
Weight: 53.600 kg 05/25/2009 16:43 DOB: 03/28/66 MRN: 2322362-emrn Account No: 11221082 Short Stay [45792009 15:23] Active
Dosing Weight: 63.600 kg 05/25/2009 16:23 Precautions: Standard

Print 0 minutes ago

Menu - Ambulatory

Filtered: All Results Overlaid Level: ALLRESULTS Table Group List

20 May 2009 16:27 - 26 May 2009 16:27 (Pending Refill)

Navigator	Results
MEASUREMENTS	Free Testosterone
VITAL SIGNS	X Free Testosterone
Routine Chemistry	Sex Hormone Binding Globulin
Special Chemistry	Routine Hematology
Vitamin D 25 Hydroxy Pn	Sedimentation Rate 109 mm/hr (H)
Lipid Panel	CBC Platelet w/ Diff
Thyroid Studies	WBC 15.2 K/L (H)
Hormone Studies	RBC 3.55 M/L (L)
Testosterone Free and	HEMOGLOBIN 9.6 g/dL (L)
Routine Hematology	HEMATOCRIT 29.0% (L)
DOC Platelet w/ Diff	MCV 82 fL
Special Hematology	MCH 26.9 fpg
Leukocytes Profile	MCHC 32.9%
Cardiac Azy	RDW 14.0%
Cyto to H (Gross) (Ca)	PLATELET COUNT 822 K/L (H)
Immunology (Flow Test)	Mean Platelet Volume 8.0 fL
Blood Test	Diff Type
Coagulation Studies	Monocytes 7% (H)
Special Coag Studies	Lymphocytes 11% (L)
Factor Level	Eosinophils 1%
Thrombin Time	Basophils 0%
Prothrombin Time (PT)	Neutrophils 61% (H)
APTT	Bands
INR	ANC 12,400/UL
Scanned Coagulation	Platelet Estimate
	Red Cell Morphology
	White Cell Morphology
	Peripheral Blood Slide Review
	Special Hematology
	Femina
	Leuk/Lymphocyte Profile
	Specimen Type - LL Profile
	LL Profile Result
	Cardiolipin Azy