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December 12, 2001

Mr. Robert Carey, Esq.
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FAX # (603) 271-2110

Dear Mr. Carey.

Thank you for the opportunity to review the films on Cassidy Bortner from several sources:

A series of films from York hospital dated 11/9/2000 included an AP of the thorax and upper abdomen. There is no evidence of fracture, free air or pneumothorax. At the same time there is a single AP view of the cervical spine a quite dark copy. This shows an endotracheal tube in the trachea and no other abnormalities, I see no evidence of fracture or dislocation. A film of the abdomen shows no evidence of free air, the visceral outlines and intestinal gas are unremarkable. The visualized bones are normal. No fractures are seen. An AP film of the left upper extremity shows an old healed fracture through the distal ulna approximately 3cm. from the distal metaphysis. There is endosteal and periosteal callus formed in this region. This is a fracture that has healed and remodeled.

A film of the right upper extremity shows evidence of periosteal new bone formation in the radial aspect of the distal ulna approximately 3 or 4cm. proximal to the distal ulna metaphysis. It is difficult to be certain of the etiology of this periosteal new bone but it certainly could be consistent with a fracture. No fracture line is seen.

An AP film of the right lower extremity shows bones of normal mineral content and architecture. There is a metal cannula in the proximal medial tibial metaphysis. I see no evidence of fracture or dislocation on this side.

An AP film of the left lower extremity likewise shows bone of normal mineral content and architecture. There is a cannula in the soft tissues of the left proximal tibia. There is evidence of an irregular linear lucency with a cortical buckle laterally in the proximal medial tibial metaphysis. There is evidence of endosteal callus formation. This has the appearance of a healing fracture.

Films of both hands from the Main General Medical Center: On the left side the bones are of mineral content in architecture and apart from previously described distal ulna findings no other abnormality is detected.

On the right side there is a fracture in the proximal end of the second metacarpal. It is difficult to stage this fracture with a single view. No other focal abnormalities detected. The region of the distal ulna referred to previously is not visualized.

AP and Lateral films of the right foot show bones of normal mineral content and architecture and no evidence of fracture and dislocation.

AP and Lateral films of the left foot likewise show no evidence of fracture.

The one remaining film from York hospital is very dark. It is dated 11/9/2000. This is an AP film of the skull and there appears to be a depressed skull fracture in the region of the temporal bone. The lower segment is depressed approximately 4mm. below the arc of the parietal bone. This probably represents a depressed skull fracture. A single view is always difficult to interpret and a CT scan or multiple views may be helpful. It is possible that the original films are not as dark as these copies and they may be helpful.

IMPRESSION:

Multiple fractures different stages in the left proximal tibia, right and left distal ulna and proximal second metacarpal of the right hand. A probable depressed skull fracture is noted in the left temporo- parietal region.



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Dear Mr. Carey,

I enclosed a dictated summary of the films provided by your office and I have spent approximately 4 hours on this case at \$400 per hour as a consultative rate. I hope the foregoing will be helpful to you if you need any further information please feel free to contact me.

Sincerely,

John F. O'Connor, M.D.
Director Pediatric Radiology
Boston University School of Medicine &
Boston Medical Center

JFOC/gp

Encl. CV

BOSTON UNIVERSITY MEDICAL CENTER

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