



To Whom It May Concern:

This letter is to certify that Mr. Nikolas Bartley visited the Prostate Institute of America in Ventura, California on 2/4/2010.

Service(s) Rendered:

Color Doppler (93975)

TRUS (76872)

Intraprostatic Infiltration of Medications (90772)

Diagnosis:

Prostatitis (601.1)

Payment Type: Cash

Payment Amount: \$600

For any additional questions, please contact the Prostate Institute of America/Bahn Medical Consulting Group.

Tax ID: 20-1175544



February 4, 2010

Patient: Nikolas Bartley

MR# 00672247

Power Doppler and Tissue Harmonic Transrectal Ultrasound of the Prostate

Clinical History: This patient has had chronic prostatitis since his hemorrhoidectomy in 2001. He has tried multiple antibiotics without any appreciable success. Currently, his symptoms are severe enough to take pain control medication. There is no family history of prostate cancer. There are no known allergies to any medications.

Digital Rectal Examination: No nodule.

Gland Volume is 23 cc.

The predicted PSA is between 1.5 and 2.8.

The recent serum PSA level is 0.51.

The PSA density is 0.02.

The post- void residual urine volume is 33 cc.

The NIH Prostatitis Symptom score is 33.

Ultrasound: Careful gray scale and color Doppler ultrasound study reveals a normal size and configuration of the prostate. There are multiple calcifications throughout, consistent with chronic prostatitis. There is a subtle hypoechoic change mainly at the left mid gland extending towards the left base, mainly towards the left apex. It is associated with a minimal degree of increased blood flow on color Doppler. There is no abscess. There is no distinct lesion to suggest malignancy. Both seminal vesicles are fairly normal in size and configuration. However, there is also a calcification at the neck portion of the left seminal vesicle, consistent with underlying seminal vesiculitis.

Direct Infiltration of the Medications into the Prostate and Seminal Vesicles

Prior to the procedure, I made it clear to him that this is a highly investigational and experimental method for treating chronic prostatitis. We do not have any long term data as to efficacy and safety. I also told him that we do not have any report as to fertility since he is a young man without children at this time. He does have his sperm saved in a sperm bank.

Mixture of the Medications: Gentamicin 80 mg, Levaquin 50 mg, Diflucan 4 mg, Flagyl 5 mg, Dexamethasone 9.6 mg, Toradol 30 mg, Lidocaine 2% 2 cc. Altogether, this made up about 20 cc of fluid.

Injection: Time out protocol was enacted. 4 cc were infiltrated into the left lobe at the level of the base-to-mid gland, starting from the anterior border of the transition zone to the posterior border of the peripheral zone. 3 cc were infiltrated in the same manner at the level of the left mid-to-apex. A similar method was performed for the right lobe.



STAGING

Date 2/4/10

Last Name Bartley

First Name Nikolas

PSA 0.5 / Date _____

DRE ⊖

Gland Volume 23 cc

Predicted PSA 2.8

TZ Predicted PSA 1.5

PSA Density 0.102

Post Void Residual 33 cc

NIH IPSS Score 33

~~SHM~~ Score _____

PATHOLOGY REPORT

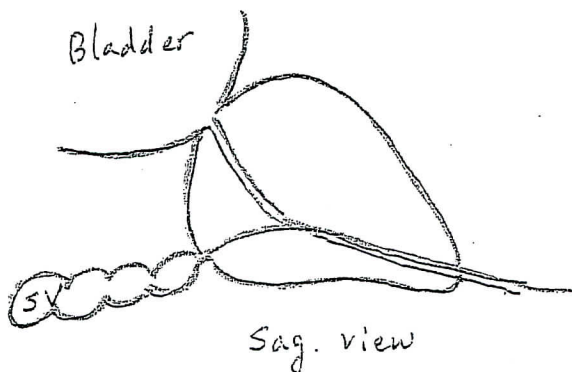
Malignant Location _____

Gleason Grade _____

Core Length _____

PNI () No, () Yes

T Stage _____



Lesion #1 _____ Flow _____

Dimension _____

Lesion #2 _____ Flow _____

Dimension _____

Lesion #3 _____ Flow _____

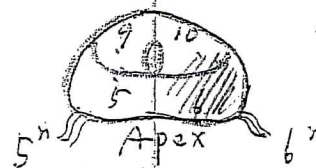
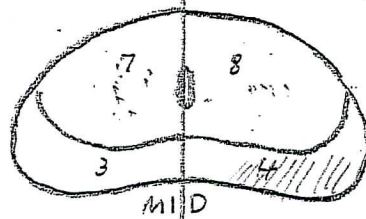
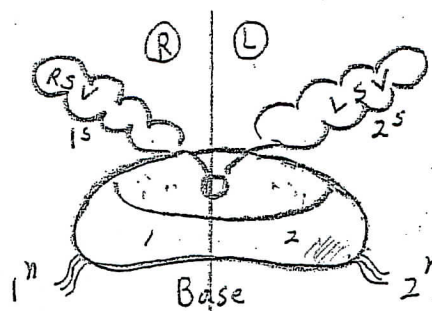
Dimension _____

Lesion #4 _____ Flow _____

Dimension _____

Biopsy _____

Staging Bx. _____



inflammation

Chronic prostatitis

Axial view
n = NeuroVascular Bundle