

# Office Visit - Apr 30, 2026

with John Dalfino at Albany Med Neurosurgery



Notes from Care Team



## Daily Progress Note

John Dalfino at 4/30/2026 10:30 AM

### HPI:

#### History of Present Illness

A 72-year-old female with normal pressure hydrocephalus and prior E shunt placement presents for evaluation of progressive mobility decline and persistent neurosurgical symptoms.

After E shunt placement, she had marked improvement for one day, but within three weeks developed generalized pain and was hospitalized. Since then, she has experienced rapid health decline, worsening mobility, and increased wheelchair dependence for transfers. She was readmitted on 09/18/2025 with body pain, elevated inflammatory markers, and urinary tract infection. Labs showed albumin decreased from 4.1 to 3.2 and creatinine from 0.8 to 0.59 over three weeks. Spinal taps previously provided relief, but recent taps have not. Carbidopa-levodopa had similar effects to her current regimen. Neurology appointment is scheduled to evaluate possible parkinsonian features.

She currently takes Adderall 5 mg, five days per week, which improves focus.

Since the last visit, she has had continued decline in mobility and health, including hospitalization and ongoing wheelchair dependence.

Past Surgical History: E shunt placement for normal pressure hydrocephalus. Decompression surgery for prior spinal fluid flow obstruction.

Past Medical History: Normal pressure hydrocephalus, urinary tract infection, possible prior stroke, diabetes, inflammation, and microvascular brain changes.

#### FAMILY HISTORY

- Father: Frequent passing out episodes and small TIAs.

Negative for other conditions or diseases discussed in the transcript.

#### Physical Exam:

Parkinsonian appearance.

Speech is clear, fluent, and appropriate.

Higher cognitive function is intact.

Visual fields are full.

No nystagmus.

Face is symmetrical.

Left UE pill rolling tremor.

Uses a wheelchair.

#### Results:

MRI LS reviewed. There is only mild lumbar degenerative disc disease within normal limits for her age.

#### Assessment & Plan

1. Normal pressure hydrocephalus

- Rapid mobility decline since September 2025 with worsening pain and deterioration. Brief improvement after E shunt, then increased pain and hospitalization. Currently wheelchair-dependent with minimal ambulation.

- MRI shows borderline ventricular enlargement, brain atrophy, and white matter changes. No stroke. CSF diversion appears functional. No significant lumbar spine changes requiring surgery.

- Discussed overlap with Parkinson's disease and other degenerative conditions. Reviewed shunt procedure, risks, and expected outcomes. Provided counseling on disease progression and shunt complications.

- Neurology appointment scheduled Friday to evaluate for Parkinson's disease and consider restarting carbidopa if indicated. If Parkinson's is excluded, revisit shunt discussion in 1-2 months if desired.

Follow-up: Neurology appointment Friday. Revisit shunt discussion in 1-2 months if Parkinson's is excluded.

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