

Exhibit E



Hon. Valerie E. Caproni,
Judge U.S. District Court, S.D.N.Y.
40 Foley Square
New York, N.Y.

Re Sheldon Silver

DOB [REDACTED] 1934

This 76 year old male has been my patient for 10 years.

His medical record is outlined in his recent medical visit with me.

He has multiple chronic medical problems that include a malabsorption syndrome with resultant edema, chronic kidney disease, anemia and thrombocytopenia, treated prostate cancer and obesity.

These conditions and his age put him at great risk for a poor outcome should he contract the Covid-19 virus.

Sincerely

Peter HR Green MD

Phyllis and Ivan Seidenberg Professor of Medicine

Columbia University Medical Center

New York, NY 10032

Phone 212-305-5590

COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

Silver, Sheldon

MRN: 1005642162

Video Visit 6/1/2020

Provider: Peter H Green (Gastroenterology)

COLUMBIA MEDICINE - HARKNESS PAVILION
180 Ft Washington Ave, 9th Fl
New York, New York 10032

Progress Notes

Peter H Green (Attending) • Gastroenterology

Patient Name: Sheldon Silver**MRN:** 1005642162**Date of Service:** 6/1/2020**Referring Provider:****PCP**

Provider name: PETER GREEN

Type: Attending

Address: 161 FORT WASHINGTON AVENUE, NEW YORK, NY 10032-3739

Phone: 212-305-5590

Fax: 212-305-3738

cc: malabsorption secondary to blind loop; Edema; Anemia; and Obesity**History of Present Illness**

This visit was provided by a secure Telehealth system. The patient/parent/guardian is aware of their right to refuse to participate in services delivered via telemedicine and the alternatives and potential limitations of participating in a telemedicine visit versus a face-to-face visit; I have also informed the patient/parent/guardian of my current location and the names of all persons participating in the telemedicine service and their role in the encounter. The patient/parent/guardian agrees to have this service via Telehealth.

This 76-year-old male was 1st seen by me in 2010 when he presented with edema due to a malabsorption syndrome. It was discovered that the patient had undergone a gastrectomy and gastrojejunostomy at the time of his gallstone pancreatitis in 1990. The malabsorption syndrome was found to be due to a blind loop syndrome and pancreatic insufficiency secondary to this. Patient was treated initially with antibiotics and pancreatic supplements on which he has been maintained. In 2015 he presented with a gastrointestinal bleed due to a stomal ulcer situated at the anastomosis of the gastrojejunostomy. He did not require admission nor transfusion and was treated with a PPI which he has remained on (omeprazole). He has persistent edema and multiple other medical problems including successful treatment for prostatic cancer (at Sloan Kettering), PSA in out a negative. Chronic kidney disease with mild renal insufficiency followed by Dr. Jerry Appell at CUMC. Mild anemia and thrombocytopenia of unclear origin followed by Hematology (Dr. G Mears, CUMC). He remains obese with minimal exercise tolerance.

Past Medical History:

Diagnosis	Date
• Anemia	
• Cancer <i>prostate</i>	
• Chronic kidney disease	
• Ehrlichiosis	2013
• Enlarged prostate	
• Gall stone pancreatitis	1990
• Gout	
• Medical history reviewed with no changes	
• Prostate cancer	
• Stomach ulcer	
• Thrombocytopenia	

Past Surgical History:

Procedure	Laterality	Date
• GALLBLADDER SURGERY		
• gastrectomy gastrojenjunostomy		1990
• KNEE SURGERY		

Social History**Tobacco Use**

- Smoking status: Former Smoker
 - Last attempt to quit: 1986
 - Years since quitting: 34.4
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: No
- Drug use: Not on file

Family History

Problem	Relation	Age of Onset
• Prostate Cancer	Father	
• Heart Disease	Father	
• Prostate Cancer	Brother	
• Heart Disease	Brother	
• Prostate Cancer	Brother	

Medications (Reviewed in this Encounter by: Peter Green, MD)

Name	Sig	Status
1. ergocalciferol 1.25 Mg (50000 Ut) Capsule	Take by mouth Every Week. Indications: Vitamin Deficiency	Reordered (Taking)
2. allopurinol 100 Mg Tablet	Take 1 tablet by mouth Daily for 30 days. Indications: Disorder of Excessive Uric Acid in the Blood, chronic gout	(Taking)
3. calcium carbonate (calcium) 600 Mg Tablet	Take by mouth.	
4. Calcium Carbonate-Vitamin D 600-200 Mg-Unit Tablet	Take by mouth.	
5. Creon 24000 Units Cap Ec		(Taking)
6. docusate sodium (colace) 100 Mg Capsule	Take by mouth.	
7. Fluticasone Propionate 50 Mcg/act Suspension	2 Sprays nasally daily.	
8. Omeprazole 20 Mg Cap Dr		(Taking)
9. pancrelipase, Lip-Prot-Amyl, (creon) 24000-76000 units Capsule Delayed Release Particles	Take by mouth.	(Taking)
10. spironolactone 25 Mg Tablet	Take by mouth.	
11. Tamsulosin Hcl 0.4 Mg Cap		(Taking)
12. Zinc Sulfate 66 Mg Tablet	Take by mouth.	
13. Amylase-Lipase-Protease (creon 10 Or)	Take by mouth.	Discontd
14. Spironolactone 25 Mg Tab		Discontd (Taking)
15. tamsulosin 0.4 Mg Capsule	Take by mouth.	Discontd
16. Vitamin D, Ergocalciferol, 50000 Units Cap		Discontd (Taking)
17. Vitamin E (vitamin E Complex) 400 Units Capsule	Take by mouth.	Discontd

Allergies

1. Other

*Hay fever***ROS: Review of Systems**Constitutional: Positive for **activity change**. Negative for appetite change.

Respiratory: Negative for cough and shortness of breath.

Gastrointestinal: Negative for abdominal distention, blood in stool, constipation and diarrhea.

Musculoskeletal: Positive for **arthralgias**.

Skin: Negative for rash.

Neurological: Negative for numbness.

Physical Exam:

There were no vitals taken for this visit.

Weight: 230 lbs

BMI: 33.48

There are no diagnoses linked to this encounter.

Assessment/Plan

Sheldon was seen today for malabsorption secondary to blind loop, edema, anemia and obesity.

Diagnoses and all orders for this visit:

Malabsorption syndrome (Primary)

- CBC PLATELET W/O DIFFERENTIAL; Future
- BASIC METABOLIC PANEL; Future
- HEPATIC FUNCTION PANEL; Future
- FERRITIN; Future
- VITAMIN B12; Future
- METHYLMALONIC ACID,SERUM; Future

Generalized edema**Obesity (BMI 30.0-34.9)****Acute idiopathic gout, unspecified site****Chronic kidney disease, unspecified CKD stage****Peptic ulcer disease****Hyperparathyroidism, secondary**

- VITAMIN D,25-OH:TOT,D3,D2; Future

Anemia due to protein deficiency**Other orders**

- allopurinol 100 MG Tablet; Take 1 tablet by mouth Daily for 30 days. Indications: Disorder of Excessive Uric Acid in the Blood, chronic gout
- ergocalciferol 1.25 MG (50000 UT) Capsule; Take by mouth Every Week. Indications: Vitamin Deficiency

Patient was advised to maintain his current medications of spironolactone for the edema, allopurinol further a chronic gout, omeprazole because of the stomal peptic ulceration and Creon for the relative pancreatic insufficiency due to the blind loop syndrome secondary to his gastrojejunostomy surgery performed in 1990. He is advised to have his flu shot Pneumovax and shingles vaccination.

He should maintain calcium and vitamin D to treat the hyperparathyroidism that is due to the malabsorption and chronic kidney disease

PETER GREEN, MD

Instructions

Perform blood tests

Patient was advised to maintain his current medications of spironolactone for the edema, allopurinol further a chronic gout, omeprazole because of the stomal peptic ulceration and Creon for the relative pancreatic insufficiency due to the blind loop syndrome secondary to his gastrojejunostomy surgery performed in 1990. He is advised to have his flu shot Pneumovax and shingles vaccination.

Follow up with prostate surgeon at Memorial

[AVS - Outpatient \(Automatic SnapShot taken 6/1/2020\)](#)

Additional Documentation

Vitals: Ht 1.765 m Wt 104.3 kg BMI 33.48 kg/m² BSA 2.26 m²

Encounter Info: [Billing Info](#), [History](#), [Allergies](#)

Media

[Electronic signature on 5/31/2020 7:19 PM - E-signed](#)

Orders Placed

[BASIC METABOLIC PANEL](#)
[CBC PLATELET W/O DIFFERENTIAL](#)
[FERRITIN](#)
[HEPATIC FUNCTION PANEL](#)
[METHYLMALONIC ACID,SERUM](#)
[VITAMIN B12](#)
[VITAMIN D,25-OH:TOT,D3,D2](#)

Medication Renewals and Changes

As of 6/1/2020 12:34 PM

	Refills	Start Date	End Date
Ergocalciferol			
Discontinued or Completed: Vitamin D, Ergocalciferol, 50000 UNITS Cap			
Patient-reported medication			
Changed: ergocalciferol 1.25 MG (50000 UT)	6	6/1/2020	
Capsule			
Take by mouth Every Week. Indications: Vitamin Deficiency - Oral			
Previously: Oral			
Tamsulosin HCl			
Unchanged: Tamsulosin HCl 0.4 MG Cap	0	11/12/2015	
Patient-reported medication			
Discontinued or Completed: taMSULOSIN 0.4 MG Capsule			
Patient-reported medication			
Discontinued or Completed: Amylase-Lipase-Protease (CREON 10 OR)			
Patient-reported medication			
Discontinued or Completed: Vitamin E (VITAMIN E COMPLEX) 400 UNITS Capsule (Alternate therapy)			
Patient-reported medication			
Refilled: allopurinol 100 MG Tablet	6	6/1/2020	7/1/2020

Refills	Start Date	End Date
Take 1 tablet by mouth Daily for 30 days. Indications: Disorder of Excessive Uric Acid in the Blood, chronic gout - Oral		
*Discontinued/Modified in another encounter before the end of this visit		

Visit Diagnoses

- Malabsorption syndrome K90.9
- Generalized edema R60.1
- Obesity (BMI 30.0-34.9) E66.9
- Acute idiopathic gout, unspecified site M10.00
- Chronic kidney disease, unspecified CKD stage N18.9
- Peptic ulcer disease K27.9
- Hyperparathyroidism, secondary N25.81
- Anemia due to protein deficiency D53.0