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SC Court of Appeals

THE STATE OF SOUTH CARROLINA

In the Court of Appeal

APPEAL FROM CHARLESTON COUNTY

Appellate court number 2024-001929

MOTION FOR A MEDICAL EMERGENCY EXEMPTION

George S. Jenkins, pro se

Appellant

v

Florence Heyward Davis

respondent,

I, George S. Jenkins, come before the court, axing the court for an medical emergency exemption to allow me additional time to file the documents required on the deficiency letter of February 25 .

November 20, 2024. I went to the VA for a routine visit. The nurse noticed that my voice was slurring and that I was dropping things from my left hand. She recommended I go to the emergency room. They did a CT scan and recommended that I see a neurologist. The emergency room was not equipped to do a MRI scan in order to isolate what the problem was they question whether it was high blood pressure or a mild stroke or my sugar was too high that cause the constant headache and lightheadedness

On February 15, 2025. I was given the MRI at the VA hospital in Charleston, South Carolina. What they found was that there is a small white mass on the right side of my brain that they are now trying to determine when and what cause the stroke. They have scheduled several medical exams and increased my medication for high blood pressure and diabetes. I will wear a heart monitor for 14 days to evaluate my heart function, given my history of double bypass surgery.

I do not know if I had the stroke in January or February because I did not see any difference myself other than being tired and sleepy on was the only sign that I had that I was ill and going through all of the legal things I thought added to what I was experience at the time. I pray that the court will grant me an extension to ensure that I meet the necessary requirements in a timely manner by the grace of God I am feeling more alert

and back to myself but it was a very terrifying experience to hear. The doctor says you had a stroke

affidavit page 3 through five medical report

March 31, 2025

__George' S Jenkins

George S. Jenkins, pro se

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Charleston SC 29407

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MRI SCREENING

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MRI CONTRAINDICATION REVIEW

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1. Does the patient report any contraindications,including presence of CIEDs (pacemakers, defibrillators, etc.)? No If YES, please explain:

2. Current MRI Contraindications, if applicable: No data available I have reviewed the Active Problem List for any contraindications.

****

Labs: CREATININE,SERUM/PLASMA 11/20/24 15:10 0.95
11/6/24 14:32 1.04
2/5/24 11:06 0.85 EGFR - NONE FOUND
Weight: 233.0 lb [105.69 kg] (01/13/2025 13:19)

Yes Does the patient have any implants, devices, prosthesis, or metallic fragments? If YES, please select from the following list: Addtiional comments: penile implant No Does patient use a Continuous Glucose Monitor (CGM)? If yes, inform the patient that the sensor will be removed before the MRI and to bring a replacement sensor.

No Prior surgery to the area of interest? If yes, when?

No Does the patient require medication for claustrophobia? If yes, please order appropriate medication. No Does the patient have any contrast allergies or currently taking infusion of FERUMOXYTOL? Name of Interviewing Medical Personnel?

Vernacchio

TECHNIQUE: MR 3D time of flight technique was performed for evaluation of the intracranial arterial vasculature. Tumble and spin reformats were performed.

COMPARISON: CT HEAD OR BRAIN W/O CONT 11/20/2024

FINDINGS: MRA brain: Anterior circulation: The bilateral anterior cerebral arteries and middle cerebral arteries are within normal limits. No evidence of stenosis or aneurysm. The intracranial internal carotid arteries are normal bilaterally. The anterior communicating artery is patent.

No significant anatomical variations are seen. There is no evidence of focal areas of stenosis, occlusion, AVM's or aneurysms.

Posterior Circulation: The bilateral posterior cerebral arteries are normal. The left posterior communicating artery is not convincingly seen. The vertebral arteries are not convincingly seen and may be inferior to the inferior most extent of the study.

No significant anatomical variations are seen. There is no evidence of focal areas of stenosis, occlusion, AVM's or

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aneurysms.

Impression:
No significant stricture or aneurysm.

========== End of Report ==========

CHARLESTON VAMC;534
MRI BRAIN W & W/O CONT + ADD'L SEQ

Exm Date: FEB 15, 2025@09:13
Req Phys: VERNACCHIO,VINCENT R (Req'g
Pat Loc: CHS NEURO GENERAL VERN
Img Loc: MRI
Service: Unknown

RALPH H. JOHNSON VA MEDICAL CENTER (534)
CHARLESTON, SC 29401

(Case 534-021525-3290 COMPLETE)MRI BRAIN W & W/O CONT + ADD'L SE(MRI Detailed) CPT:70553
Contrast Media : Gadolinium
Reason for Study: left hand weakness, new onset headache

Report Status: Verified Date Reported: FEB 16, 2025

Report:
PROCEDURE: MRI BRAIN W & W/O CONT + ADD'L SEQ

CLINICAL INDICATION: left hand weakness, new onset headache

MRI SCREENING
****
MRI CONTRAINDICATION REVIEW
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No Does the patient require medication for claustrophobia? If yes, please order appropriate medication. No Does the patient have any contrast allergies or currently taking infusion of FERUMOXYTOL? Name of Interviewing Medical Personnel? Vernacchio

TECHNIQUE: Multi-sequence multiplanar MRI images were obtained of the brain without and with GADAVIST 10.0ML IV contrast.

COMPARISON: CT HEAD OR BRAIN W/O CONT 11/20/2024

FINDINGS: There are scattered foci and more confluent zones of abnormally increased T2 signal in the subcortical and periventricular white matter of the bilateral cerebral hemispheres. Small suspected lacunar infarct in the left corona radiata adjacent to the posterior horn of the right lateral ventricle on axial image 19 series 11. There is an adjacent, tiny similar structure on axial image 16 series 11. There is mild global cerebral volume loss. No mass effect. No hemorrhage. There is no hydrocephalus. There is no restricted diffusion to suggest acute cerebral or cerebellar infarct. There are normal-appearing flow-voids in the bilateral intracranial large vessels. The craniocervical junction is intact.

No abnormal contrast enhancement.

Mild mucosal thickening in the ethmoid air cells. Small increased T2 signal in the bilateral mastoid air cells can be seen with retained fluid/inflammation.

Impression:

1. No acute abnormality. No restricted diffusion to suggest acute/subacute parenchymal infarct. No hydrocephalus. No mass lesion.

2. Mild to moderate abnormal signal in the subcortical and periventricular white matter of the bilateral cerebral hemispheres, which can be seen with chronic ischemic small vessel gliosis, prior inflammation/infection, vasculopathy, or other etiologies.

========== End of Report ==========

CHARLESTON VAMC;534
3D REND OF MR NOT REQ PROSTPROCESS ON INDEP WKSTN

Exm Date: FEB 15, 2025@09:13
Req Phys: VERNACCHIO,VINCENT R (Req'g
Pat Loc: CHS NEURO GENERAL VERN
Img Loc: MRI
Service: Unknown