



CONFIDENTIAL Fax

FROM:

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[ID:7661820-H-11015]

SMITH, Gerry (id #334176, dob: 06/16/1963)



MONTGOMERY
CARDIOVASCULAR
ASSOCIATES, P.C.



A BAPTIST MEDICAL CENTER EAST FACILITY

THE HEALTH CARE AUTHORITY FOR BAPTIST HEALTH, AN AFFILIATE OF UAB HEALTH SY

273 Winton M. Blount Loop

MONTGOMERY, AL 36117-3512

Phone: (334) 280-1500 Fax: (334) 280-1600

Encounter Summary

Date Printed: 02/17/2025

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Patient Information	Smith, Gerry (61yo, M) #334176 DOB: 06/16/1963		
Patient Address	1802 29th St Valley, AL 36854	Home Phone	(706) 501-9420
		Work Phone	

Encounter Reason/Date	Cardiac Evaluation and Management Followup: Bicuspid aortic valve Followup: Aortic valve stenosis Followup: Mitral valve regurgitation Followup: Aortic valve regurgitation 02/17/2025 - 10:15AM - BH MCA East
Problems	Reviewed Problems • Malignant melanoma • Hyperlipidemia - 08/2023 TC 141; TG 353; HDL 23; LDL 52 • Body mass index 30+ - obesity • Essential hypertension • Mitral valve regurgitation • Aortic valve regurgitation • Aortic valve stenosis • Bicuspid aortic valve 2/29/24 TSH 3.13, T4 0.82
History of Present Illness	Gerry Smith is a 61 year old patient who returns for ongoing evaluation and management of aortic valve stenosis, aortic valve regurgitation and bicuspid aortic valve. His history includes hypertension, hyperlipidemia and melanoma. His Echocardiogram from December 2023 showed an EF of 60-65%, mild cLVH, the aortic valve has diffuse thickening with restricted cusp opening, mild to moderate aortic valve thickening, mild to moderate aortic sclerosis, mild AR, moderate aortic stenosis and trace TR. He has occasional shortness of breath and a few flutters. He denies chest pain, PND, orthopnea, pedal edema, and syncope. He has gained 5 lb.
Review of Systems	General: General: no recent weight gain or loss and no fever, weakness, or fatigue. Eyes: Eyes: no transient or complete visual loss/blindness. Ears/Nose/Mouth/Throat: Ears: no loss of hearing or tinnitus. Nose: no nosebleeds or sinus problems. Mouth/Throat: no bleeding gums.

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Respiratory:Respiratory: no snoring, shortness of breath, or coughing up blood.**Gastrointestinal:**Gastrointestinal: no dyspepsia/indigestion, abdominal pain, blood in stool or black/tarry stools, or difficulty swallowing /dysphagia and not vomiting blood.**Genitourinary:**Genitourinary: no hematuria/blood in urine or erectile dysfunction.**Musculoskeletal:**Musculoskeletal: no muscle weakness or aches or cramps and no arthralgias/joint pain.**Peripheral Vascular:**right lower extremity no right lower leg pain with walking (no claudication). left lower extremity no left lower leg pain with walking (no claudication).**Integumentary:**Skin: no rashes.**Neurologic:**Neurologic: no loss of consciousness, focal weakness, or frequent or severe headaches and normal gait/no unsteadiness or walking difficulty.**Psychiatric:**Psych: no sleep disturbances or disturbances: excessive sleepiness during the day (daytime somnolence) and no depression or anxiety.**Endocrine:**Endocrine: no unusual sweating.**Hematologic/Lymphatic:**Hematologic/Lymphatic no bruising, excessive bleeding, or unusual bleeding tendency.**Vitals**

Ht:	6 ft 1 in 02/17/2025 10:12 am	Wt:	302 lbs 02/17/2025 10:12 am	BMI:	39.8 02/17/2025 10:12 am
BP:	152/81 sitting 02/17/2025 10:14 am	HR:	63 02/17/2025 10:16 am		

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

allopurinol 300 mg tablet Take 1 tablet(s) twice a day by oral route.	04/15/21 entered
losartan 100 mg tablet TAKE ONE TABLET BY MOUTH DAILY	08/14/23 renewed
multivitamin daily	04/15/21 entered
rosuvastatin 20 mg tablet TAKE 1 TABLET BY MOUTH DAILY	01/30/25 renewed
Vascepa 1 gram capsule TAKE 2 CAPSULES BY MOUTH TWICE A DAY	01/30/25 renewed

2/17/2025 Pt did not bring meds, reviewed verbally AW
12/7/21- pt did not bring meds, reviewed verbally -E.Cook
06/07/21 pt did not bring meds, reviewed verbally. BAR

Family History

Family History not reviewed (last reviewed 08/27/2024)

pt is adopted, but states that some relatives died due to cardiac events
per ancestry website

Past Medical History

Past Medical History not reviewed (last reviewed 08/27/2024)

Gout: **Y**
Heart Murmur: **Y**
Hyperlipidemia: **Y**
Hypertension: **Y**

Past Surgical History

Reviewed Surgical History

- Other Non-Cardiac Surgery - hernia repair
- Echocardiogram - 12/26/2023 - EF: 60-65%, mild cLVH, the aortic valve has diffuse thickening with restricted cusp opening, mild to moderate aortic

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	valve thickening, mild to moderate aortic sclerosis, mild AR, moderate aortic stenosis, trace TR • Ct of thorax with contrast - 12/06/2023 - Severe aortic valve calcification • Cholecystectomy - 03/21/2023 - St. Frances. Columbia, GA. • Skin Cancer Removal - 01/27/2023 - UAB. melanoma • TEE - 04/29/2021 - EF 60-65%, congenitally malformed AV w/ calcified and fixed R coronary cusp, mild-mod AS, mild MR, trace TR • Echocardiogram - 03/24/2021 - EF 65-70%, mild cLVH, mild LAE, mild-mod MAC/MR, mild-mod AI
Results/Interpretations	None recorded
Physical Exam	Constitutional: General Appearance: well-developed, appears stated age, and obese. Level of Distress: comfortable. CSHA Clinical Frailty Assessment 2: Well appearing. Psychiatric: Mental Status: normal affect, concentration, mood, and attention span and alert, cooperative, and cognition intact. Orientation: oriented to time, place, and person. HEENT: Head: normocephalic and atraumatic. Ears: normal hearing. Nose: no lesions on external nose. Eyes: Lids and Conjunctivae: no discharge, pallor, xanthelasma, or arcus. Pupils: PERRLA and EOM intact. Neck: Neck: supple, trachea midline, no masses, and normal ROM. Carotid Arteries: no bruits or thrills and bilateral normal upstroke. Jugular Veins: normal jugular venous pressure. Lungs: Respiratory Effort: unlabored. Chest Exam: no thoracic deformity or chest wall tenderness and normal curvature. Auscultation: no wheezing, rales, or rhonchi and clear bilaterally. Cardiovascular: Precordial Exam: no heaves or precordial thrills and non displaced focal PMI. Rate And Rhythm: regular rate and rhythm. Heart Sounds: no rub, gallop, or click and normal S1 and physiologically split S2. Systolic Murmur: grade 2/6 at the apex and 3/6 at the RUSB radiates to carotid. Diastolic Murmur: not heard. Extremities: no cyanosis, edema, clubbing, or peripheral signs of emboli and normal temperature and capillary refill. Peripheral Pulses: Pulses of Chest and Abdomen: no palpable aortic enlargement or audible aortic bruit. Posterior Tibialis Pulse normal. Dorsalis Pedis Pulse: normal. Abdomen: Inspection and Palpation: non distended or tender and soft and no masses. Musculoskeletal: Inspection: no joint tenderness or swelling, no erythema, and normal ROM. Neurologic: Gait: normal gait. Motor: normal strength and tone. Neurological: speech fluent and cranial nerves II-XII grossly intact. Skin: Inspection and Palpation: skin intact and warm and dry. Accompanied by wife, who assists with history

SMITH, Gerry (id #334176, dob: 06/16/1963)**Assessment and Plan****1. Aortic valve stenosis -**

Moderate but asymptomatic

I35.0: Nonrheumatic aortic (valve) stenosis

2. Aortic valve regurgitation -

moderate. EKG shows sinus rhythm 63 with a first-degree AV block and nonspecific ST T wave changes, unchanged. We will continue to monitor

I35.1: Nonrheumatic aortic (valve) insufficiency

- ELECTROCARDIOGRAM

3. Bicuspid aortic valve - aware. Has AS and AI

Q23.1: Congenital insufficiency of aortic valve

4. Mitral valve regurgitation - relatively mild

I34.0: Nonrheumatic mitral (valve) insufficiency

5. Essential hypertension -

he has not been checking it regularly. Going to get a comprehensive metabolic profile to see what his creatinine is doing a perhaps adjust his meds. He will keep a blood pressure log at home

I10: Essential (primary) hypertension

6. Hyperlipidemia -

we will check levels

E78.2: Mixed hyperlipidemia

- LIPID PANEL, SERUM
- CMP, SERUM OR PLASMA

7. Malignant melanoma - aware

C43.9: Malignant melanoma of skin, unspecified

8. Body mass index 30+ - obesity - strongly encouraged to lose weight

Z68.39: Body mass index [BMI] 39.0-39.9, adult

Patient Instructions

- Patient has been advised to continue all medications as listed above. I have not made any changes today.

- Instructed patient on the benefits of weight loss for better health. Keep a BP log

Labs today

Discussion Notes

- I have discussed with patient the importance of regular exercise and recommended starting or continuing a regular exercise program for good health.

Return to Office

- to see Wynne Crawford, MD for Return MD at BH MCA East on or around 02/17/2026

Electronically Signed by: WYNNE CRAWFORD, MD

