

CONFIDENTIAL Fax

FROM:

BARBARA THOMPSON CRNP
273 Winton M Blount Loop, Montgomery, AL 36117-3507
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TO:

BARTON, LINDSEY T, CRNP
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MCA • 273 Winton M Blount Loop, Montgomery AL 36117-3507

SMITH, GERRY (id #192392, dob: 06/16/1963)
MONTGOMERY CARDIOVASCULAR ASSOCIATES PC
 273 Winton M Blount Loop
 Montgomery, AL 36117-3507
 Phone: (334) 280-1500
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Encounter Summary - Progress Note

Date Printed: 06/07/2021

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Patient	Smith, Gerry (57yo, M) #192392
DOB	06/16/1963

Patient Address	1802 29th Street Valley, AL 36854	Home Phone	(706) 501-9420
		Work Phone	

Encounter Reason/Date	Cardiac Evaluation and Management Followup: Aortic valve regurgitation Followup: Hyperlipidemia Followup: Heart murmur Followup: Essential hypertension Followup: Mitral valve regurgitation 06/07/2021 - 08:40AM - MCA East
History of Present Illness	Mr. Smith is a 57-year-old male patient followed by Dr. Crawford. He returns for ongoing evaluation management of aortic regurgitation as well as mitral regurgitation and hypertension. He has a history hyperlipidemia. Blood pressure was elevated at his last visit. Losartan was increased to 50 mg daily. Echocardiogram was of poor quality. Transesophageal echocardiogram was performed on the 29th of April. Demonstrated congenital malformed aortic valve with calcified and fixed right coronary cusp. There was mild-to-moderate aortic stenosis and mild mitral regurgitation. He will need continued monitoring. He has been doing well. Denies chest pain, tightness, fullness, PND, orthopnea, or syncope. He has lost 4 lb since his last visit.
Review of Systems	Patient reports no fever, no recent weight gain, no recent weight loss, no weakness, and no fatigue. He reports no transient or complete visual loss/blindness. He reports no loss of hearing or tinnitus. He reports no nosebleeds and no sinus problems. He reports no bleeding gums. He reports no shortness of breath, no coughing up blood, and no snoring. He reports no abdominal pain, not vomiting blood, no dyspepsia/indigestion, no blood in stool or black/tarry stools, and no difficulty swallowing /dysphagia. He reports no hematuria/blood in urine and no erectile dysfunction. He reports no muscle aches or cramps, no muscle weakness, and no arthralgias/joint pain. He reports no right lower leg pain with walking (no claudication). He reports no left lower leg pain with walking (no claudication). He reports no rashes. He reports no loss of consciousness, no focal weakness, no frequent or severe headaches, normal gait/no unsteadiness or walking difficulty, and (normal) abnormality of walk: frequent falls while walking. He reports no depression, no sleep disturbances, no anxiety, and no sleep disturbances: excessive sleepiness during the day (daytime somnolence). He reports no unusual sweating. He reports no bruising, no excessive bleeding, and no unusual bleeding tendency.

MCA

Smith, Gerry (ID: 192392), DOB: 06/16/1963

*Reviewed
 6/24/21
 J. Banton, MD
 CLP*

Vitals	<table border="1"> <tr> <td>Ht: 6 ft 1 in 06/07/2021 08:33 am</td> <td>Wt: 271 lbs 06/07/2021 08:36 am</td> <td>BMI: 35.8 06/07/2021 08:36 am</td> </tr> <tr> <td>BP: 136/80 sitting 06/07/2021 08:41 am</td> <td>HR: 64 06/07/2021 08:41 am</td> <td></td> </tr> </table>	Ht: 6 ft 1 in 06/07/2021 08:33 am	Wt: 271 lbs 06/07/2021 08:36 am	BMI: 35.8 06/07/2021 08:36 am	BP: 136/80 sitting 06/07/2021 08:41 am	HR: 64 06/07/2021 08:41 am							
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Allergies	Reviewed Allergies NKDA												
Medications	Reviewed Medications <table border="1"> <tr> <td>allopurinol 300 mg tablet Take 1 tablet(s) twice a day by oral route.</td> <td>04/15/21 entered</td> </tr> <tr> <td>fenofibrate micronized 145 mg tablet Take 1 tablet(s) every day by oral route at bedtime.</td> <td>04/15/21 entered</td> </tr> <tr> <td>losartan 50 mg tablet Take 1 tablet(s) every day by oral route.</td> <td>04/15/21 prescribed</td> </tr> <tr> <td>meloxicam 7.5 mg tablet Take 1 tablet(s) every day by oral route as needed.</td> <td>04/15/21 entered</td> </tr> <tr> <td>multivitamin daily</td> <td>04/15/21 entered</td> </tr> <tr> <td>Vascepa 1 gram capsule Take 2 capsule(s) twice a day by oral route.</td> <td>04/15/21 entered</td> </tr> </table> 06/07/21 pt did not bring meds, reviewed verbally. BAR	allopurinol 300 mg tablet Take 1 tablet(s) twice a day by oral route.	04/15/21 entered	fenofibrate micronized 145 mg tablet Take 1 tablet(s) every day by oral route at bedtime.	04/15/21 entered	losartan 50 mg tablet Take 1 tablet(s) every day by oral route.	04/15/21 prescribed	meloxicam 7.5 mg tablet Take 1 tablet(s) every day by oral route as needed.	04/15/21 entered	multivitamin daily	04/15/21 entered	Vascepa 1 gram capsule Take 2 capsule(s) twice a day by oral route.	04/15/21 entered
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Family History	Discussed Family History 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 04/15/2021) Gout: Y Heart Murmur: Y Hyperlipidemia: Y Hypertension: Y												
Past Surgical History	Reviewed Surgical History - Other Non-Cardiac Surgery - hernia repair - 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	Patient is a 57-year-old male. 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. Mouth, Lips, Teeth: no cyanosis or deformity or lesions and normal dentition. 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. Thyroid: not enlarged, non tender, or no nodules.

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**. 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. Liver: non tender or no hepatomegaly.

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.

Assessment and Plan

Mr. Smith is doing well from a cardiac perspective. Recent transesophageal echocardiogram demonstrated bicuspid aortic valve. He has known mitral regurgitation as well. He remains quite active with his lawn business. He will need continued monitoring of his bicuspid aortic valve. Blood pressure has improved significantly with increasing losartan. Continue with his present medical regimen. Plan for routine follow-up as scheduled.

1. Mitral valve regurgitation

I34.0: Nonrheumatic mitral (valve) insufficiency

2. Aortic valve regurgitation

I35.1: Nonrheumatic aortic (valve) insufficiency

3. Bicuspid aortic valve

Q23.1: Congenital insufficiency of aortic valve

4. Hyperlipidemia

E78.2: Mixed hyperlipidemia

5. Essential hypertension

I10: Essential (primary) hypertension

- HIGH BLOOD PRESSURE: CARE INSTRUCTIONS

6. Body mass Index 30+ - obesity

Z68.35: Body mass index [BMI] 35.0-35.9, adult

- BODY MASS INDEX: CARE INSTRUCTIONS
- LEARNING ABOUT HEALTHY WEIGHT

Patient Instructions

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

Discussion Notes

- I have discussed the importance of keeping the blood pressure at or below 130/80 to prevent stroke, heart attacks, kidney failure, blindness, and loss of limbs.

Return to Office

- Wynne Crawford MD for Return MD at MCA East on 12/07/2021 at 09:00 AM

Electronically Signed by: BARBARA THOMPSON CRNP, NP

Barbara Thompson CRNP