

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: 04/17/2021

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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: Heart murmur 04/15/2021 - 08:30AM - MCA East
History of Present Illness	Mr. Gerry Smith is a 57 yo male patient being referred by Lindsey Barton CRNP for new murmur. He has a PMH positive for HLD and HTN. Family history is relatively unknown due to patient being adopted. Mr Smith had an echo done 3/24/21 that demonstrated an EF of 65-70% with Moderate MR and Aortic sclerosis He denies CP, SOB, PND, Orthopnea, syncope or near syncope. He has a little edema of his left ankle and rare palpitations. His wife says that he snores but that he had is not apneic. He has his own lawn care business and stays very active
Review of Systems	Patient reports no fever, no night sweats, no recent weight gain, no recent weight loss, no exercise intolerance, no weakness, no fatigue, and no malaise or general achiness. He reports no double vision/diplopia, no history of glaucoma, no sensitivity to light/photophobia, no cataracts, and no loss of vision. He reports no difficulty hearing, no ear pain, and no ringing in the ears/tinnitus. He reports no nosebleeds and no sinus problems. He reports no sore throat, no bleeding gums, no dry mouth, no mouth ulcers, and no teeth problems or dental decay. He reports no cough, no wheezing, no shortness of breath, no coughing up blood, and no snoring. He reports no abdominal pain, no vomiting, normal appetite, no diarrhea, not vomiting blood, no dyspepsia/indigestion, no GERD, no blood in stool or black/tarry stools, no jaundice, no difficulty swallowing /dysphagia, no constipation, and no nausea. He reports no incontinence, no difficulty urinating, no hematuria/blood in urine, no increased frequency or urgency, no burning sensation during urination, no difficulty initiating urination, no pain during urination/dysuria, and no pelvic pain. He reports no muscle aches or cramps, no muscle weakness, no arthralgias/joint pain, no back pain, and no joint swelling. He reports no right lower leg pain with walking (no claudication), no loss of hair from right lower limb, no skin discoloration or ulceration of right lower extremity, no temperature change to right leg, and no temperature change to right foot. He reports no left lower leg pain with walking (no claudication), no loss of hair from left lower extremity, no itching/pruritis, no skin discoloration or ulceration of left lower extremity, no temperature change to left leg, and no temperature change to left foot. He reports no

4/20/21
L. Barton
CRNP

rashes and no itching/pruritis. He reports no loss of consciousness, no focal weakness, no numbness, no seizures, no dizziness, no severe headaches, no headaches, no tremors, normal gait/no unsteadiness or walking difficulty, no memory loss, and no history of falls. He reports no depression, no sleep disturbances, no anxiety, no hallucinations, no suicidal thoughts, and no sleep disturbances: excessive sleepiness during the day (daytime somnolence). He reports no fatigue, no unusual sweating, no heat intolerance, and no intolerance to cold. He reports no swollen glands, no bruising, no excessive bleeding, and no unusual bleeding tendency. He reports no runny nose, no sinus pressure, no itching, no hives, and no frequent sneezing. Additionally reports: no complaints													
Vitals	<table border="1"> <tr> <td>Ht: 6 ft 1 in 04/15/2021 08:48 am</td> <td>Wt: 275.8 lbs 04/15/2021 08:49 am</td> <td>BMI: 36.4 04/15/2021 08:49 am</td> </tr> <tr> <td>BP: 130/70 sitting 04/15/2021 08:50 am</td> <td>HR: 58 04/15/2021 08:54 am</td> <td></td> </tr> </table>	Ht: 6 ft 1 in 04/15/2021 08:48 am	Wt: 275.8 lbs 04/15/2021 08:49 am	BMI: 36.4 04/15/2021 08:49 am	BP: 130/70 sitting 04/15/2021 08:50 am	HR: 58 04/15/2021 08:54 am							
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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	Discussed Past Medical History Gout: Y Heart Murmur: Y Hyperlipidemia: Y Hypertension: Y												
Past Surgical History	Reviewed Surgical History - Other Non-Cardiac Surgery - hernia repair - 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-nourished, well-developed, and appears stated age. Level of Distress: comfortable. 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

- 1. Essential hypertension** - A little too high. Will increase losartan to 50 mg daily
I10: Essential (primary) hypertension
 - HIGH BLOOD PRESSURE: CARE INSTRUCTIONS
 - losartan 50 mg tablet - Take 1 tablet(s) every day by oral route. Qty: 90 tablet(s) Refills: 3 Pharmacy: KROGER ATLANTA 310
- 2. Mitral valve regurgitation** - EKG shows normal sinus rhythm, first-degree AV block and poor R-wave progression. The transthoracic echo was only fair quality due to body habitus. I recommended a TEE for better investigation of both the mitral and aortic valves
I34.0: Nonrheumatic mitral (valve) insufficiency
 - ELECTROCARDIOGRAM
 - EC TRANSESOPHAGEAL ECHO TEE
- 3. Aortic valve regurgitation** - See above
I35.1: Nonrheumatic aortic (valve) insufficiency
- 4. Hyperlipidemia** - Managed by PCP
E78.5: Hyperlipidemia, unspecified

Patient Instructions

Increase losartan to 50 mg
Continue other meds

- Instructed patient on the benefits of weight loss for better health.

Schedule TEE

Discussion Notes

-We have discussed the steps necessary to protect against the spread of COVID-19 including social distancing, frequent hand washing, and the use of a face mask. I have encouraged vaccination when it is available.

Return to Office

- Amy B Cooper MD for TEE at Baptist East OP on 04/29/2021 at 02:00 PM
- Barbara Thompson CRNP for Return MLP at MCA East on 06/07/2021 at 08:40 AM

Electronically Signed by: WYNNE CRAWFORD MD

