



CONFIDENTIAL Fax

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[ID:7112564-H-11015]

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



A BAPTIST MEDICAL CENTER EAST FACILITY

THE HEALTH CARE AUTHORITY FOR BAPTIST HEALTH, AN AFFILIATE OF UAB HEALTH SY273 Winton M. Blount Loop
MONTGOMERY, AL 36117-3512

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

Encounter Summary

Date Printed: 08/28/2024

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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: Aortic valve regurgitation Followup: Mitral valve regurgitation 08/27/2024 - 10:00AM - BH MCA East
Problems	Reviewed Problems • Malignant melanoma - Onset: 10/30/2023 • Hyperlipidemia - 08/2023 TC 141; TG 353; HDL 23; LDL 52 • Body mass index 30+ - obesity - Onset: 12/07/2021 • Essential hypertension • Mitral valve regurgitation - Onset: 04/15/2021 • Aortic valve regurgitation - Onset: 04/15/2021 • Aortic valve stenosis - Onset: 12/07/2021 • Bicuspid aortic valve - Onset: 06/07/2021 2/29/24 TSH 3.13, T4 0.82
History of Present Illness	Mr. Smith is a 61 year old male who presents for continued evaluation and management of aortic valve stenosis, aortic valve regurgitation and mitral valve regurgitation. He has a history of hypertension and hyperlipidemia. His more recent 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 fleeting palpitations. He denies chest pain, shortness of breath, PND, orthopnea, pedal edema, and syncope. He is quite active.
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 or excessive bleeding and **easy bleeding tendency**.

Vitals	Ht:	6 ft 1 in 08/27/2024 10:16 am	Wt:	297.8 lbs 08/27/2024 10:16 am	BMI:	39.3 08/27/2024 10:16 am
	BP:	122/70 sitting 08/27/2024 10:25 am	HR:	64 08/27/2024 10:30 am		

Allergies	Reviewed Allergies
	NKDA

Medications	Reviewed Medications
	allopurinol 300 mg tablet 04/15/21 entered
	Take 1 tablet(s) twice a day by oral route.
	losartan 100 mg tablet 08/14/23 renewed
	TAKE ONE TABLET BY MOUTH DAILY
	multivitamin daily 04/15/21 entered
	rosuvastatin 20 mg tablet 01/07/24 renewed
	TAKE 1 TABLET BY MOUTH DAILY
	Vascepa 1 gram capsule 01/08/24 renewed
	TAKE 2 CAPSULES BY MOUTH TWICE A DAY
	10/30
	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	Reviewed Family History
	pt is adopted, but states that some relatives died due to cardiac events per ancestry website

Past Medical History	Reviewed Past Medical History
	Gout: Y
	Heart Murmur: Y
	Hyperlipidemia: Y
	Hypertension: Y

Past Surgical History	Surgical History not reviewed (last reviewed 10/31/2023)
	❖ 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

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Assessment and Plan

- 1. Aortic valve stenosis** - Echo showed moderate aortic stenosis in December. I have explained to him and his wife that this is going to be a progressive problem and the will be be a point which we may need to consider TAVR. They been told of the warnings symptoms to look for.
I35.0: Nonrheumatic aortic (valve) stenosis
- 2. Aortic valve regurgitation** - Fairly mild. EKG shows sinus rhythm 64 with a first-degree AV block, unchanged
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** - very well controlled
I10: Essential (primary) hypertension
- 6. Hyperlipidemia** - managed by PCP
E78.2: Mixed hyperlipidemia
- 7. Body mass index 30+ - obesity** - strongly encouraged to lose weight
Z68.36: Body mass index [BMI] 36.0-36.9, adult
- 8. Malignant melanoma** - aware
C43.9: Malignant melanoma of skin, unspecified

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. If you develop chest pain, shortness of breath, dizziness, or pass out, call

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

- Wynne Crawford, MD for Return MD at BH MCA East on 02/17/2025 at 10:15 AM

Electronically Signed by: WYNNE CRAWFORD, MD

