



CONFIDENTIAL Fax

FROM:

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[ID:7805135-H-11015]

GRAY, Devonna (id #368317, dob: 03/25/1961)



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: 03/28/2025

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Patient Information	Gray, Devonna (64yo, F) #368317 DOB: 03/25/1961		
Patient Address	5621 Calmar Dr/Apt C Montgomery, AL 36116	Home Phone	(518) 364-4394
		Work Phone	

Encounter Reason/Date	Cardiac Evaluation and Management Followup: Chest pain Followup: Sinus bradycardia Followup: Essential hypertension 03/28/2025 - 08:40AM - BH MCA East
Problems	Reviewed Problems • Hyperlipidemia - Onset: 03/28/2025 • Essential hypertension • Ventricular premature complex • Sinus bradycardia • Deep venous thrombosis of lower extremity • Palpitations • Dyspnea • Chest pain • Electrocardiogram abnormal - Onset: 03/28/2025 • Cardiovascular stress test abnormal - Onset: 03/28/2025 12/17/2024 ferritin (H) 231.6, folate 19.7, Vit B12 574, iron 70, iron sat 25, T8 IBC 285 12/16/2024: AST 25, ALT 29, WBC 6.7, RBC 5.27, Hgb 10, Hct 33.9, Platelet 318, BUN 13, Crea 0.85, Na (Sodium) 138, K+ (Potassium) 3.9, GFR 67

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History of Present Illness

Ms. Devonna Gray is a 64-year old female with a past medical history of hypertension, hyperlipidemia, DVT in the setting of COVID, chronic kidney disease and IDA here for ongoing cardiac evaluation and management. She is followed by Dr. Wool. She presented to BMCS ER in December 2024 w/ complaints of intermittent chest pain and abnormal d-dimer completed at PCP's office. Cardiac enzymes were negative. CTA chest was negative for PTE. Echocardiogram on 12/17/24 revealed EF 65-70%, borderline dilated LA, and no significant valvular abnormalities. She was discharged home w/ recommendations for outpatient ischemic work up. Nuclear stress test on 1/14/25 revealed inducible ischemia in the distribution of the LAD/diagonal. She also had worsening ST depression in inferior leads w/ exercise.

She comes in today for follow up. She has not had any further episodes of chest pain. Denies any shortness of breath, lower extremity edema, orthopnea, PND, dizziness, or syncope. She notes rare episodes of palpitations. BP is elevated today, but she notes SBP normally running in the 130s when she checks it at home.

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.

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.

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:	5 ft 3 in 03/28/2025 08:24 am	Wt:	202.6 lbs 03/28/2025 08:33 am	BMI:	35.9 03/28/2025 08:33 am
BP:	168/88 sitting 03/28/2025 08:40 am	HR:	69 03/28/2025 08:41 am		

Allergies

Reviewed Allergies

NKDA

Medications

Reviewed Medications

amLODIPine 2.5 mg tablet

Take 1 tablet(s) every day by oral route.

03/28/25 prescribed

hydroCHLORothiazide 25 mg tablet

Take 1 tablet(s) every day by oral route.

03/28/25 entered

03/28/2025 pt brought meds, reviewed verbally. mburgans

GRAY, Devonna (id #368317, dob: 03/25/1961)

Family History	Reviewed Family History Father - Congestive heart failure Mother - Congestive heart failure
Past Medical History	Reviewed Past Medical History Anemia: Y Deep Vein Thrombosis: Y GERD/Reflux: Y
Past Surgical History	Reviewed Surgical History • SPECT Perfusion Study - 01/14/2025 • Echocardiogram - 12/17/2024 - BMCS - EF 65%; Borderline LAE • Ct angiography of chest with contrast - 12/16/2024 - BMCS - No acute pulmonary embolism • Radiographic imaging procedure - 12/11/2024 - BMCE: CXR: Heart: Mildly prominent, accentuated by technique. • Electrocardiogram report - 12/11/2024 • Electrocardiogram report - 12/11/2024 • Lower Extremity Venous Doppler - 02/18/2022 - BMCE: No evidence of deep venous thrombosis in the left lower extremity. • Doppler ultrasonography of vein of left upper extremity - 09/10/2021 - BMCE - Normal exam. No evidence of deep venous thrombosis • Doppler ultrasonography of vein of left lower limb - 09/10/2021 - BMCE - Left popliteal deep venous thrombosis. • Cholecystectomy - 01/01/2019 - BMCS • Partial hysterectomy - 01/01/1991 - BMCS
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. Mouth, Lips, Teeth: no cyanosis. Ears: normal hearing. Nose: no lesions on external nose. Eyes: Lids and Conjunctivae: no discharge or pallor. Pupils: PERRLA. 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: Rate And Rhythm: regular rate and rhythm. Heart Sounds: normal S1. Systolic Murmur: not heard. Diastolic Murmur: not heard. Extremities: no cyanosis or edema. Peripheral Pulses: Radial Pulse: normal. Posterior Tibialis Pulse normal. Abdomen: Inspection and Palpation: non distended or tender and soft and no masses. Musculoskeletal: Inspection: no joint tenderness or swelling. Neurologic: Gait: normal gait. Motor: normal strength and tone. Neurological: speech fluent. Skin: Inspection and Palpation: skin intact and warm and dry.

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Assessment and Plan

Ms. Gray comes in today for follow up. She presented to the ER in December w/ chest pain and r/o for ACS. She has not had any further concerning angina complaints. Echo inpatient noted normal LVEF and no WMA. Most recently she had an abnormal nuclear stress test w/ findings of ischemia towards the LAD/diagonal. She does not have a family history of premature CAD. She is not a current or previous smoker. She has known HTN but no previous diagnosis of hyperlipidemia or diabetes. Given that she is completely asymptomatic will continue w/ risk factor modification and medical management as opposed to invasive ischemic work up. Will check a lipid panel today. She will continue w/ a baby ASA daily. Will start Amlodipine 2.5 mg PO daily for better BP control and as an anti-anginal. Would avoid beta blockers s/t findings of bradycardia while in the hospital. She is to continue to follow w/ her PCP for her routine medical management. Will plan for follow up in the office in 3 months or sooner if needed.

1. Cardiovascular stress test abnormal

R94.39: Abnormal result of other cardiovascular function study

2. Sinus bradycardia

R00.1: Bradycardia, unspecified

3. Essential hypertension

I10: Essential (primary) hypertension

- amlodipine 2.5 mg tablet - Take 1 tablet(s) every day by oral route.

Qty: (90) tablet Refills: 3 Pharmacy: SAM'S CLUB PHARMACY 8106

4. Hyperlipidemia

E78.5: Hyperlipidemia, unspecified

- LIPID PANEL, SERUM -

Note to Lab:

DATE TO BE DRAWN:

5. Long-term drug therapy

Z79.899: Other long term (current) drug therapy

- AST/SGOT (ASPARTATE AMINOTRANSFERASE), SERUM OR PLASMA -

Note to Lab:

DATE TO BE DRAWN:

Patient Instructions

- Start Amlodipine 2.5 mg by mouth once daily.
- Continue taking a baby Aspirin daily.
- Lipid panel today.

Return to Office

- to see THOMAS H WOOL, DO for Return MD at BH MCA East on or around 06/28/2025

Electronically Signed by: ANNA GREENE, NP



3/28/25
J. Panton
CHP