SMITH, DEANE R. 5/14/03

The patient has clinical reevaluation for the following medical problems: 1) atherosclerotic cardiovascular disease with coronary artery disease, cardiac catheterization 11/2002, 50 percent LAD, 40 percent circumflex, 25 percent RCA stenosis with LV ejection fraction 45 percent, 2) chronic atrial fibrillation, 3) chronic Coumadin anticoagulation, 4) right bundle branch block with left posterior fascicular block consistent with bifascicular block.

Since previous evaluation, the patient has had no chest, throat, arm, or jaw pain to suggest angina pectoris. He has difficulty with exertional intolerance, especially with fatigue. Moderate activity results in palpitation and rapid heart rate symptoms. He has no paroxysmal nocturnal dyspnea, orthopnea, or pedal edema. He has been walking approximately one hour per day and working on his property. He has noted a new symptom with a right breast lump superior to the nipple measuring approximately 2 cm. He has no discharge from the nipple or bleeding. He has tolerated his Coumadin without evidence of GI or GU or ENT bleeding.

PHYSICAL EXAMINATION:

VITAL SIGNS:	Blood pressure is 130/90. Pulse is 50-60 and irregularly irregular. Respiratory rate is 16.
HEENT:	Normocephalic, atraumatic cranium. Jugular venous pressure is normal with normal contour. Carotid upstroke is +2 bilaterally without bruits. Sclerae are anicteric. Extraocular movements are intact. Thyroid is midline without nodules.
LUNGS:	Lungs are clear.
CARDIAC:	Reveals a irregularly irregular rhythm. S1 and S2 are normal. A 2/6 apical murmur is present without distinct radiation.
ABDOMEN:	Reveals a soft and nontender abdomen without organomegaly, masses, or bruits. Bowel sounds are positive and normal.
EXTREMITIES:	No edema. Distal pulses are +2 bilaterally.

IMPRESSION: The patient has chronic atrial fibrillation with well-controlled management on Coumadin and Toprol without evidence of bleeding. He has moderate mitral regurgitation and noncritical coronary artery disease. He has significant bradycardia at rest with exercise-induced tachycardia and I have recommended repeating Holter monitor to assess need for permanent pacemaker to manage bradycardia and titrated medical regimen to optimize control of exertional tachycardia. In addition, he has right breast nodule that is symmetrical 2 cm X 1.5 cm mass without discharge or obvious skin lesion. I have recommended him for surgical assessment for biopsy or excision and the patient is agreeable to consider these recommendations.

PRK/cmt

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