DATE OF SERVICE: September 06, 2007
PATIENT NAME: DEANE SMITH
MRN#: 6759

HISTORY OF PRESENT ILLNESS: This is a 79-year-old male who has cardiovascular reevaluation for atrial fibrillation, chronic Coumadin anticoagulation, hypertension, and hyperlipidemia. Since the previous assessment, the patient has not had any recurrence of chest, throat, arm, or jaw pain. He had an angiogram in 2002, which showed non-critically obstructive coronary arteriosclerotic disease with 50% LAD, 40% circumflex, and 25% RCA. He has a permanent pacemaker for bradycardia and chronic atrial fibrillation and left ventricular ejection fraction of 52% by exercise stress scan in 2005.

MEDICATIONS: Medications were reviewed with this patient include Coumadin 2.5 mg as directed, Toprol 50 mg daily, Lipitor 5 mg on Monday, Wednesday, and Friday as well as Dyazide 25 mg at h.s.

PHYSICAL EXAMINATION: Physical examination reveals currently comfortable and well appearing male. His weight is stable at 188 pounds, blood pressure is 120/60, and pulse is 60 and regular. HEENT reveals normocephalic and atraumatic cranium. No JVD noted. No carotid bruit auscultated. Lungs are clear to auscultation. No rales, no rhonchi, and no wheezing. Heart tones revealed a regular rhythm. There is a 2/6 holosystolic murmur noted at the apex. Abdomen is soft and nontender. Legs reveal no edema. On neurologic examination, the patient is alert and oriented with appropriate mood and affect.

DIAGNOSTIC STUDIES: The patient had a pacemaker checked on today, which revealed atrial fibrillation with controlled ventricular response.

IMPRESSION AND PLAN: The patient has atherosclerotic cardiovascular disease with non-critical obstructive coronary artery disease and chronic atrial fibrillation with permanent pacemaker for bradycardia. He has tolerated Coumadin anticoagulation without evidence of GI, GU, or ENT bleeding or evidence of thromboembolic phenomenon. I have recommended continuation of his current medial regimen and the patient is planning on a month long cruise as well as two-week stay in Hawaii. He has some shortness of breath on occasion when he walks up steps and in view of his previously borderline ejection fraction, I have recommended a stress echocardiogram before he leaves. He will have cardiovascular reevaluation in six months or sooner if necessary for symptomatic deterioration.

Ilse Marie Reichert ARNP
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