



BELLEVUE CARDIOLOGY CLINIC
Cascade Medical Center
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SMITH, DEANE R.

DOB: 10/18/1927

April 20, 2006

DEVICE CHECK

Referring physician: Peter Kures, MD

Primary care physician: Barry L. Marmorstein, MD

IDENTIFICATION: Deane Smith is a pleasant 78-year-old gentleman seen for follow-up of his pacemaker.

CARDIOVASCULAR PROBLEM LIST:

1. Coronary artery disease with nonobstructive lesions including a 50% LAD, 40% circumflex, and 25% right coronary stenosis in cardiac cath 2002.
2. Chronic atrial fibrillation.
3. Status post-single chamber pacemaker for bradycardia.
4. Preserved left ventricular function with estimated ejection fraction 52% by exercise nuclear scan May 2005.

HISTORY OF PRESENT ILLNESS: Mr. Smith is a pleasant 78-year-old gentleman seen for follow-up of his pacemaker. Overall, he has done quite well denying palpitations, syncope, near syncope, lightheadedness, shortness of breath, or chest pain. He continues on Coumadin therapy without difficulty.

CURRENT MEDICATIONS: Coumadin. Metoprolol 50 mg q.d.

PHYSICAL EXAMINATION: Pleasant elderly male in no acute distress.

VITAL SIGNS: Weight 196 pounds. BP 136/84. Pulse 80 regular. Respirations 14 non labored.

DEVICE INTERROGATION: Demonstrates a Guidant Insignia 1 Plus single chamber pacemaker set SSIR 60-130. Capture threshold is .6 volts at .3 milliseconds and lead impedance is 440 ohms. Sensing amplitude is 6.8 millivolts, and he is pacing in the ventricle 60% of the time. He has episodes of high ventricular rates, which appear to be consistent with atrial fibrillation. He is asymptomatic in this regard.

IMPRESSION/PLAN:

1. Pacemaker. The device is functioning appropriately with stable lead parameters. He is pacing in the ventricle 60% of the time and still has evidence for rapid ventricular responses intermittently. We have extended the ventricular refractory period from 250 to 260 milliseconds to confirm no over-sensing. No other programming changes are made at this time.

DISPOSITION: Mr. Smith will return in three months for routine device check. We will consider increasing his Toprol should he have continued high rate episodes.

JVF/tb

Jeffrey V. Fowler, M.D.

Cc: Peter Kures, M.D.

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