# FOLLOWUP NOTE

Name of Patient: Deane Smith
Date of Birth: 10/19/27
Medical Record No.: 4202
Date of Visit: 07/14/11

**History of Present Illness:**
The patient is an 83-year-old male who has cardiovascular reevaluation status post thoracic surgery at Overlake Medical Center in June 23, 2011. He was noted to have complex left pleural effusion on an x-ray that was obtained because of increased shortness of breath. He underwent bronchoscopy and left video-assisted thorascopy, and decortication of the left chest and parietal pleural biopsy. The biopsy unfortunately revealed epithelial-type mesothelioma and the patient has had followup with oncology, as well as pulmonary medicine. Since his last evaluation, the patient still complains of shortness of breath with light exertion. He has discomfort in his left upper chest area and also complains of lack of appetite.

**Past Medical History:**
The patient has history of atrial fibrillation, severe tricuspid regurgitation, mitral valve prolapse and mitral regurgitation, and history of nonsustained ventricular tachycardia status post pacemaker insertion in 2007.

**Social History:**
The patient lives with his wife. He does not use tobacco products.

**Medications:**
Medications were reviewed with this patient and are listed in the medical record.

**Review of Systems:**
Review of systems reveals no fever, chills, sweats, or significant weight gain. The patient has lost 7 pounds since his last evaluation. He has had no changes in GI, GU, or ENT function to suggest bleeding. He continues on warfarin anticoagulation therapy without apparent side effects. He has known coronary artery disease with previous cardiac catheterization in 2002 with 50% LAD, 40% circumflex, and 25% RCA stenosis.

**Physical Examination:**
General: On physical examination, this is a currently comfortable-appearing male.
Vital Signs: Weight: 174. Blood Pressure: 112/76. Pulse: 64 and irregular.
Respiratory Rate: 16 and unlabored.

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HEENT: Normocephalic and atraumatic cranium.
Lungs: Lung sounds remain decreased in the left base and clear on the right. No rhonchi and no wheezing noted. No JVD noted. No carotid bruit auscultated.
Cardiac Examination: Reveals an irregularly irregular rate and rhythm. There is a 2/6 holosystolic murmur present at the left ventricular apex and a 2/6 systolic ejection murmur present at the lower left sternal border.
Abdomen: Soft, nontender.
Extremities: Free of edema. Pedal pulses palpable bilaterally.
Neurologic Examination: The patient is alert and oriented with appropriate mood and affect.

**Diagnostic Data:**
EKG today reveals sinus rhythm with left axis deviation and paced beats noted, and heart rate of 63. EKG is comparable to June 3, 2011 tracing.

The patient had pacemaker interrogation which reveals a well-functioning pacemaker. For further parameters, please see pacemaker interrogation sheet.

**Impression and Plan:**
The patient has recent diagnosis of mesothelioma. He is still short of breath with light exertion, as well as fatigue. He will follow up with his oncology physician, Dr. Kovach, as well as pulmonologist Dr. Gottesman. The patient has coronary artery disease without evidence of unstable angina or congestive heart failure at this time. We have recommended continuing on his medication as he has in the past. Continue on metoprolol for arrhythmia and warfarin for prevention of stroke. Greater than 45 minutes were spent on discussing the patient's recent diagnosis, treatment options, and prognosis as it was given to the patient and his wife by his oncologist and pulmonologist. Clinical and laboratory reevaluation is recommended in 4 months or sooner if necessary for deterioration in symptoms.

ILSE-MARIE REICHERT, ARNP

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