DATE OF SERVICE: December 20, 2007
PATIENT NAME: DEANE SMITH
MRN#: 6759

HISTORY OF PRESENT ILLNESS: The patient is an 80-year-old male who has cardiovascular reevaluation for hypertensive cardiovascular disease with mitral regurgitation, chronic atrial fibrillation, and chronic Coumadin anticoagulation. Since previous evaluation, he has had no chest, throat, arm, or jaw pain to suggest unstable angina pectoris. He has tolerated Coumadin anticoagulation without evidence of GI, GU, or ENT bleeding. He has no thromboembolic phenomenon. Blood pressure is stable on lisinopril, beta-blocker, and diuretic therapy. He has no limitations during routine daily activity.

Pacemaker activity revealed chronic atrial fibrillation with ventricular pacing at approximately 60-80 beats per minute with responsiveness. Impedance is stable. Battery life is adequate. Sensing is 2.5 millivolts, capture threshold 0.5 V at 40 milliseconds.

Normal pacemaker function is present.

PHYSICAL EXAMINATION: Physical examination reveals a comfortable and well-appearing male. Blood pressure is 122/78, pulse is 64 and regular, and respiratory rate is 16. HEENT reveals normocephalic and atraumatic cranium. Jugular venous pressure is normal with normal contour. Carotid upstroke is +2 bilaterally without bruits. Lungs are clear. Cardiac examination reveals a regular rate and rhythm. S1 and S2 are normal. A 2/6 holosystolic murmur is present at the apex. A 2/6 systolic ejection murmur is present at the lower left sternal border. Abdominal examination reveals soft and nontender abdomen. Extremities reveal no edema. Neurological examination reveals the patient is alert and oriented with appropriate mood and affect.

IMPRESSION AND PLAN: The patient has atherosclerotic cardiovascular disease with hypertension, hyperlipidemia, atrial fibrillation, and valvular regurgitation without evidence of unstable heart failure, arrhythmia, or ischemia. Pacemaker function is normal. Laboratory studies are recommended in three to four months. Current laboratory studies reveal LDL cholesterol of 75 mg/dL with target less than 70. Hematocrit is stable at 40% and potassium and creatinine are normal. Followup evaluation is recommended and pacemaker assessment is recommended in three to four months.

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