

Cardiology Redacted Case Clinical

Save

360

Personalize

Service Order

Notes

Interaction History

Medical Review

Nurse Review

Member Information

Authorization Date Update

Cloned Details

Service Order ID:

Member:

Date of Birth:

Age:

Gender:

Member ID:

PRI-ME:

SO Status:

Medical Status:

Program:

Referring Physician:

Primary Specialty:

Case Specialty:

Open

RN Review

Commercial

CIGNA SI-PPO/OAP

CARDIOLOGIST

Cardiology

Medical Record Required

Nurse Job Aid

Call Center Disposition History

OB Ultrasound Medical History

Oncology Member Medical History

Notes

Find | View All | First | 14 of 14 | Last

Note Type: INTERNAL NOTE

All Notes

Template ID:

Select Note Text

\*Summary:

Nurse Reviewer Note

Details:

Added:

Delete

Attach a File

Add Note or Attachment

Delete Note

Date Time Stamp

Clinical Notes History

UM Product: HI-TECH

Member: NY

Physician: NY

Facility: NY

Tax IDs Match

Policy State: NJ

Fund Type: Self Insured

Jurisdiction State: NY

Type: Web

Case Type: Standard

DOS:

Expand All

Collapse All

CPT/ICD

Activities

History

Clinical Advantage

Saved Notes

Mem. Phys. Fac.

Service

Bottom

Notes

Upds

CPT, ICD, Guideline

CPT Info

Member Rational Text

Doc

Service Group Name

Unit

CPT

Description

Status

Rationale

Repost

Provider Language

Member Language

Modifier

Body Part

Description

1

75571

CT, HEART, without contrast with quantitative evaluation of coronary calcium

Pending

Repost

Approve All

Deny All

Duplicate CPT

Status Pending

RN-Rationale Decision Tool

Post Decision

ICD-10 Code

ICD Description

1

I65.23

OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES

2

R94.31

ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]

Get Default Guidelines

Guidelines Required

Change Specialty

Case Specialty

Cardiology

Guideline Names

Notes

GuideLine Name

Description

1

▼ Activity History

	Step	Activity	Status	Start	End	Assigned Group	
<input type="checkbox"/>	10	Initiate Request	3 - Completed	10/09/2024 2:12PM	10/09/2024 2:12PM	Intake Workgroup	WEBUSER WEBUSER
<input type="checkbox"/>	20	Give Verbal Recap, If Approved - Do Not Send To IVR	3 - Completed	10/09/2024 2:12PM	10/09/2024 2:12PM	Intake Workgroup	WEBUSER WEBUSE
<input type="checkbox"/>	30	RN Review - Give Verbal Recap, If Approved - Do Not Send To IVR	3 - Completed	10/09/2024 2:12PM	10/10/2024 8:42AM	RN Workgroup	
<input type="checkbox"/>	31	Pending Additional Information	3 - Completed	10/10/2024 8:42AM	10/11/2024 4:07PM	Pending Addition	WEBUSER WEBUSE
<input type="checkbox"/>	32	Notes Received	2 - Started	10/11/2024 4:07PM		RN Workgroup	
<input type="checkbox"/>	40	MD Review - Give Verbal Recap, If Approved - Do Not Send To IVR	1 - Queued			MD Priority Work	
<input type="checkbox"/>	50	NU Wrap Up - No Verbal Notification Required	1 - Queued			NU No Verbal Nc	
<input type="checkbox"/>	60	Notify Member of Decision - SilverLink	1 - Queued			NU Member Noti	

Do Next Activity

Activity:

Step Number

Insert Activity

☐ All Activities

Cancel Selected Activities

Cancel Service Order

▼ Member History Information

Claims Summary

1

Medical Status: Pending

Created: 10/09/2024 Member:

SO Status: Open

Auth Start:

Physician:

Auth End:

Facility: NORTH SHORE UNIVERSITY HOSPITAL

Status	CPT		Rationale
Pending	75571	CT, HEART, without contrast with quantitative evaluation of coronary calcium	
ICD Version	ICD ID		
10	I65.23	OCCLUSION AND STENOSIS OF BILATERAL CAROTID ARTERIES	
10	R94.31	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	

1

Medical Status: Modified Approved

Created: 07/31/2024 Member:

SO Status: Complete

Auth Start: 07/31/2024 Physician:

Auth ID: A7

Auth End: 01/27/2025 Facility:

Status	CPT		Rationale
Denied	93351	Echocardiography, transthoracic, includes M-mode recording when performed, during rest and CV stress test using treadmill, bicycle and/or pharmacologically induced stress; including performance of continuous ECG monitoring, with physician supervision	LASYM
Approved	93351	Echocardiography, transthoracic, includes M-mode recording when performed, during rest and CV stress test using treadmill, bicycle and/or pharmacologically induced stress; including performance of continuous ECG monitoring, with physician supervision	53A Following the peer to peer review, the initial adverse determination has been overturned and approved.
ICD Version	ICD ID		
10	R94.31	ABNORMAL ELECTROCARDIOGRAM [ECG] [EKG]	

▼ Saved Notes

**Additional Clinicals** will not be provided



Clinical attachment added via Web Portal



10/11/2024 4:07PM webuser

GENERIC NOTE TEMPLATE

10/10/2024 8:42AM

In order to process this case, please provide ASCVD 10-year risk assessment score and current HDL, LDL, total cholesterol, BP, and race related to this CPT code 75571 CT heart with calcium score request  
Thank you.

Nurse Reviewer Note

10/10/2024 8:41AM

Please disregard the previous entry

Nurse Reviewer Note

10/10/2024 8:41AM

GENERIC NOTE TEMPLATE

10/10/2024 8:41AM

In order to process this case, please provide ASCVD 10-year risk assessment score and current HDL, LDL, total cholesterol, BP, and race related to this CPT code 75571 CT heart with calcium score request  
Thank you.



Clinical attachment added via Web Portal



10/09/2024 2:12PM webuser

UPADNotes

10/09/2024 2:12PM webuser

UPADNotes

75571 Is Review

This request is not in scope for real time claims lookups.

The medical record for this patient is required to complete medical necessity review. This request will be pended until relevant medical records are uploaded at eviCore.com. (If the medical record is not currently attached to this case, DO NOT transfer to nurse) Cigna - ESNTLPLUS

Is this case Routine/Standard?: Yes

The medical record for this patient is required to complete medical necessity review.<br/><br>Medical records include:<br/>-Current signs and symptoms indicating the exam<br/>-Prior diagnostic studies with results (e.g. imaging studies or biopsies)<br/>-Prior management including conservative therapies<br/>-Medications with dose and duration<br/><br>How would you like to proceed?:  
Continue to documentation upload

Are you ready to upload documentation now?: Yes, I am ready to upload the record.<span style="color: #000000; font-size: 1.2em">

<strong>Recommended.</strong></span> <span style="color: #CC0000; font-size: 1.2em">(If Urgent/Expedited case, upload is required)  
</span>

Patient Name: \_\_\_\_\_

MRN: 1 \_\_\_\_\_

DOB: \_\_\_\_\_

Site Name: MG Corporate

Results	Date
Lipid Profile: NON-HDL Cholesterol: 85 Optimal Non-HDL Cholesterol (Non-HDL-C) All Patients: < 130 mg/dL High Risk ASCVD: < 100 mg/dL Very High Risk ASCVD: < 85 mg/dL Consider Familial Hypercholesterolemia when Non-HDL-C > 220 mg/dL. Non-HDL cholesterol is a key target for cardiovascular risk reduction. The suggested cutoff points are based on recommendations from the American College of Cardiology/American Heart Association (ACC/AHA) guidelines on the management of blood cholesterol [Circulation, 2019;139:e1082-e1143]. Range: < 129 (19-Jun-2024 9:27PM)	19-Jun-2024
Lipid Profile: LDL Cholesterol (Calculated): 65 Optimal LDL Cholesterol (LDL-C) All Patients: < 100 mg/dL High Risk ASCVD: < 70 mg/dL Very High Risk ASCVD: < 55 mg/dL Consider Familial Hypercholesterolemia when LDL-C > 190 mg/dL. The calculation for LDL cholesterol is based on the Sampson/NIH equation (JAMA Cardiol.2020;5(5):540-548. doi:10.1001/jamacardio.2020.0013 Range: < 99 (19-Jun-2024 9:27PM)	19-Jun-2024
Lipid Profile: Cholesterol: 124 Interpretive Comment: Acceptable: < 200 mg/dL (for adults) ; < 170 mg/dL (for children) Range: < 199 (19-Jun-2024 9:27PM)	19-Jun-2024
Lipid Profile: HDL Cholesterol: 40 Interpretive Comment: HDL cholesterol less than 40 mg/dL is a risk factor for cardiovascular disease (Abnormal:L) Range: >= 41 (19-Jun-2024 9:27PM)	19-Jun-2024
Lipid Profile: Triglyceride: 106 Interpretive Comment: Acceptable: < 150 mg/dL (for adults) ; < 90 mg/dL (for children) Triglyceride concentration can be influenced when measured in the non-fasting state. Range: < 149 (19-Jun-2024 9:27PM)	19-Jun-2024

## Reason For Visit

October 08, 2024

differential blood pressure in arm , hypertension

is being seen for an initial evaluation of differential blood pressure in arm , hypertension.

## History of Present Illness

differential blood pressure in arm , hypertension, obesity

HPI for today: he is feeling ok. he has not been able to lose weight. he gained a lot of weight  
no chest pain . no dyspnea on exertion

old note: feels good. no chest pain. no dyspnea. no syncope. no chest pain . complaint with meds. last time saw me 2020.  
as

old note: feels good. no chest pain. complaint with meds  
got echo done. was unchanged EF

old note: tolerating weight loss meds. phentermine. no headaches. no dizziness. no chest pain.  
no headaches.

Chronic conditions are stable and no acute change.

Hypertension: Control on meds. compliant with meds. Reconciliation done.

hyperlipidemia: at goal on meds. Compliant with meds. reconciliation done.

Diabetes: does Diet and exercise

Congestive heart failure: NYHA class II, optimized. Compliant with medications.

Chronic chest pain/angina: No change in symptoms.

old note: feels frustrated that he cannot lose weight. has sciatica and cannot move much. was able to lose weight and then gained back the weight.

old note: c/c blurry vision and retinal dot in right eye  
feels ok. no chest pain. no dyspnea. no dizziness. no headaches.  
No chest pain , no dyspnea while walking. no palpitations.

old note: 4 weeks ago, he was at work, felt disoriented and his vision was " weird".. right eye giving him problem. Felt like he had a curtain top 3rd of the vision. sudden onset.  
he thought he had had stroke. it lasted for 40 mins. couple of days later something similar happened 10 days later.

he started on aspirin 325 mg . retinal specialist saw right eye "blood clot"

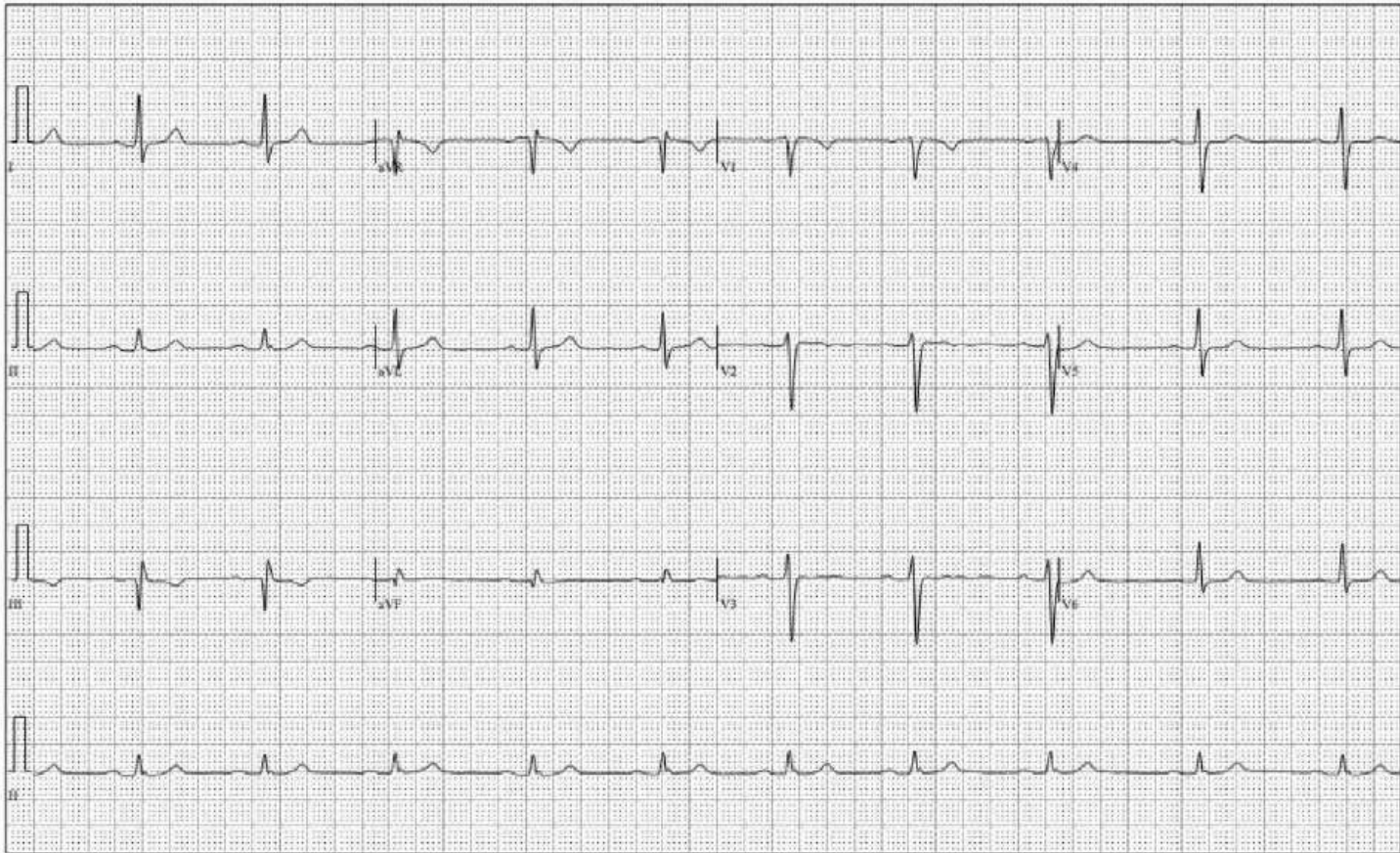
He saw a neurologist. He is ordering Brain MRI.

No palpitations. no syncope

old note: passed the kidney stone by itself.  
feels good. no chest pain. no dyspnea. no headaches. no dizziness. no syncope.

old note: feels great. No new symptoms. Tells me that his BP is controlled.  
Complaint of this nagging left shoulder pain. 3/10. . No chest pain. NO dyspnea. NO dysphoresis.

Patient Name:		Rate:	61	BPM	Interpretation:
ID:		PR:	212	msec	Sinus Rhythm
Sex:	Male	QT:	395	msec	-Nonspecific QRS widening.
BP:		QTcB:	398	msec	
Weight:	238 lbs	QTcH:	396	msec	
Height:	70 inches	QRSD:	105	msec	
DOB:		P-QRS-T:	32/12/11	degree	
Comments:					
Req. Physician:					
Technician:	woriz2				
History:	Abnormal ECGAbnormal echocardi...				
Medication:	Atorvastatin Calcium 20 MG Oral T...				
Date of Report:	10/8/2024 10:26:00 AM				
Reviewed By:	Supariwala,Azhar(2374911)				
Review Date:	10/8/2024 10:44:08 AM				



Speed 25 mm/sec Gain 10 mm/mv MYO.ON AC.ON DRIFT.ON

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Version 10.0.11.2

Print Date 10/8/2024 10:44:09 AM



Class 3 severe obesity due to excess calories with serious comorbidity in adult, unspecified BMI (Z78.01) (E66.813,E66.01)  
COVID-19 (O79.89) (U07.1)  
Decreased left ventricular systolic function (429.9) (I51.9)  
History of transient ischemic attack (TIA) (V12.54) (Z86.73)  
Pain in shoulder (719.41) (M25.519)  
Prediabetes (790.29) (R73.03)  
Resistant hypertension (401.9) (I1A.0)  
S/P patent foramen ovale closure (V13.65) (Z87.74)  
Stroke syndrome  
Unequal blood pressure in upper extremities (796.4) (R09.89)  
Vitamin D deficiency (268.9) (E55.9)

### Past Medical History

History of Broken shoulder (812.00) (S42.90XA)  
History of diabetes mellitus (V12.29) (Z86.39)  
History of kidney stones (V13.01) (Z87.442)

### Current Meds

- amlODIPine Besylate 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Aspirin EC Low Dose 81 MG Oral Tablet Delayed Release; TAKE ONE TABLET BY MOUTH ONCE DAILY
- Atorvastatin Calcium 20 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
- hydroCHLORothiazide 25 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Labetalol HCl - 200 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY
- Mounjaro 12.5 MG/0.5ML SOPN; INJECT 12.5 MG Weekly
- Valsartan 160 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Vitamin D3 1.25 MG (50000 UT) Oral Capsule; TAKE 1 CAPSULE BY MOUTH ONE TIME PER WEEK

### Allergies

No Known Drug Allergies  
Recorded By: PL ; 2/28/2017 8:41:43 AM

### Review of Systems

Constitutional, Eyes, ENT, Cardiovascular, Respiratory, Gastrointestinal, Genitourinary, Musculoskeletal, Integumentary, Neurological, Psychiatric and Heme/Lymph are otherwise negative.

### Vitals

#### Vital Signs

	Recorded: 08Oct2024 10:22AM
Height	5 ft 10 in

OLD note: This is a 49 year old male with history of recurrent kidney stones, chronic low back pain due to MVA, obstructive sleep apnea (uses CPAP), uncontrolled hypertension on 5 medications, diabetes mellitus, differential blood pressure, here with routine CAD evaluation and hypertension. no chest pain. No dyspnea. Does not complain of chest pain. No back pain. No palpitations. No pain in the arms after working for long hours.  
Hypertension history > 10 years. Exercises intermittently.  
Diet: yesterday egg white omelette, cheddar cheese and jalapeno pepper, (No salt), Lunch : Turkey and sandwich (mustard) ; Dinner: 1 piece of chicken and salad (dressing: Italian), potato chips, rarely soups, usually eats frozen food: couple of times a week. Amy's frozen dinner, manager of panera bread.

## Cardiology Summary

**ECG:** 5/17/2023 Sinus Rhythm  
WITHIN NORMAL LIMITS

5/17/2022 Sinus Bradycardia

- Negative precordial T-waves.

**Stress Test:** aug 2024: Stress echo 10 METs, 100% MPR, DTs 7 low risk, normal diastolic adn

**Echo:** July 2024: s/p ASD closure: No residual shunt, normal LVEF, grade diastolic dysfunction grade I normal RV no significant valvular abnormality

**CT/MRI:** 2017 calciums core : Minimap calc 2.

**Other:** June 2024: LDL : 60, HDL: 40, Total: 125 tgs:106

**EKG:** 10/22/2019 , Sinus Rhythm

- Negative precordial T-waves.

WITHIN NORMAL LIMITS

**Stress Test:** sep 2018 , no ischemia, no exercise induced arrhythmias, no Symptoms, hypertensive response and abnormal echo.

**Echo:** apr 2019 , No significant valvular abnormality, normal LV function, no pulmonary hypertension, normal LA size, no mitral regurgitation LVEF 45-50%.

**Cardiac Cath:** 10/2018: , normal, s/p PFO closure.

**Cardiac CT:** aug 2017 , AC =2 ( 25th -50 th percentile.

sep 2018: No atrial fibrillation, for 12 days.

**Other:** carotid atherosclerosis: Moderate plaque and atherosclerosis bilaterally. No stenosis.

## Patient Care Team

Care Team Member	Role	Specialty	Office Number
<b>MASSAND MD,SEEMA P</b>	Primary Care Provider	Internal Medicine	(516) 938-0100

## Active Problems

Abnormal ECG (794.31) (R94.31)

Abnormal echocardiogram (793.2) (R93.1)

Abnormal EKG (794.31) (R94.31)

High cholesterol (272.0) (E78.00)

HTN (hypertension) (401.9) (I10)

Morbid obesity with BMI of 40.0-44.9, adult (278.01,V85.41) (E66.01,Z68.41)

PFO (patent foramen ovale) (745.5) (Q21.12)

Preoperative cardiovascular examination (V72.81) (Z01.810)

Abnormal stress echo (794.39) (R94.39)

Atherosclerosis of both carotid arteries (433.10,433.30) (I65.23)

Chronic low back pain (724.2,338.29) (M54.50,G89.29)



Weight	238 lb
BMI Calculated	34.15 kg/m <sup>2</sup>
BSA Calculated	2.25 m <sup>2</sup>
Heart Rate	79
O <sub>2</sub> Saturation	97 %, Room Air
FiO <sub>2</sub> Flow Rate	0 L/min, Room Air
Systolic	128, LUE, Sitting
Diastolic	79, LUE, Sitting

## Physical Exam

**Constitutional:** well developed, normal appearance, well groomed, well nourished, no deformities and no acute distress.

**Eyes:** the conjunctiva exhibited no abnormalities and the eyelids demonstrated no xanthelasmas.

**HEENT:** normal oral mucosa, no oral pallor and no oral cyanosis.

**Neck:** normal jugular venous A waves present, normal jugular venous V waves present and no jugular venous cannon A waves.

**Pulmonary:** no respiratory distress, normal respiratory rhythm and effort, no accessory muscle use and lungs were clear to auscultation bilaterally.

**Cardiovascular:** heart rate and rhythm were normal, normal S1 and S2 and no murmurs present.

**Abdomen:** soft, non-tender, no hepato-splenomegaly and no abdominal mass palpated.

**Musculoskeletal:** normal gait, the gait was sufficient for exercise testing.

**Extremities:** no clubbing of the fingernails, no localized cyanosis, no petechial hemorrhages and no ischemic changes.

**Skin:** normal skin color and pigmentation, no rash, no venous stasis, no skin lesions, no skin ulcer and no xanthoma was observed.

**Psychiatric:** oriented to person, place, and time, the affect was normal, the mood was normal and not feeling anxious.

## Assessment

Abnormal ECG (794.31) (R94.31)  
 Abnormal echocardiogram (793.2) (R93.1)  
 Abnormal EKG (794.31) (R94.31)  
 High cholesterol (272.0) (E78.00)  
 HTN (hypertension) (401.9) (I10)  
 PFO (patent foramen ovale) (745.5) (Q21.12)  
 Preoperative cardiovascular examination (V72.81) (Z01.810)  
 Atherosclerosis of both carotid arteries (433.10,433.30) (I65.23)  
 Resistant hypertension (401.9) (I1A.0)  
 Morbid obesity with BMI of 40.0-44.9, adult (278.01,V85.41) (E66.01,Z68.41)  
 Encounter for preventive health examination (V70.0) (Z00.00)

## Plan

### Health Maintenance, HTN (hypertension)

CT Heart Calcium Score; Status:Need Information - Financial Authorization; Requested for:08Oct2024;

Follow-up visit in 1 year Outpatient . Status: Hold For - Scheduling Requested for: 08Oct2025

## Discussion/Summary

The treatments' risks, benefits and alternatives were discussed with the patient. was instructed to follow-up in 1 year(s) with me.

This is a 56 year old male with history of recurrent kidney stones, chronic low back pain due to MVA, obstructive sleep apnea (uses CPAP), uncontrolled hypertension on 5 medications, diabetes mellitus, differential blood pressure, here with routine CAD evaluation and hypertension.

1) Recurrent TIA: ct aspirin 81 mg. s/p PFO closure.

2) hypertension: ct Labetolol 300 Q12. diet and exercise. Extensive diet counselling, hydralazine 25 Q8 .. amlodipine -valsartan - HCTZ 10-160-25.

3) dyslipidemia : lipitor 20 mg daily.

5) obesity: ct mounjaro

ct calcium score: screneing last one in 2017

Will order and review ECG for the above mentioned diagnosis/condition/symptoms a.

EKG obtained to assist in diagnosis and management of assessed problem(s).

## End of Encounter Meds

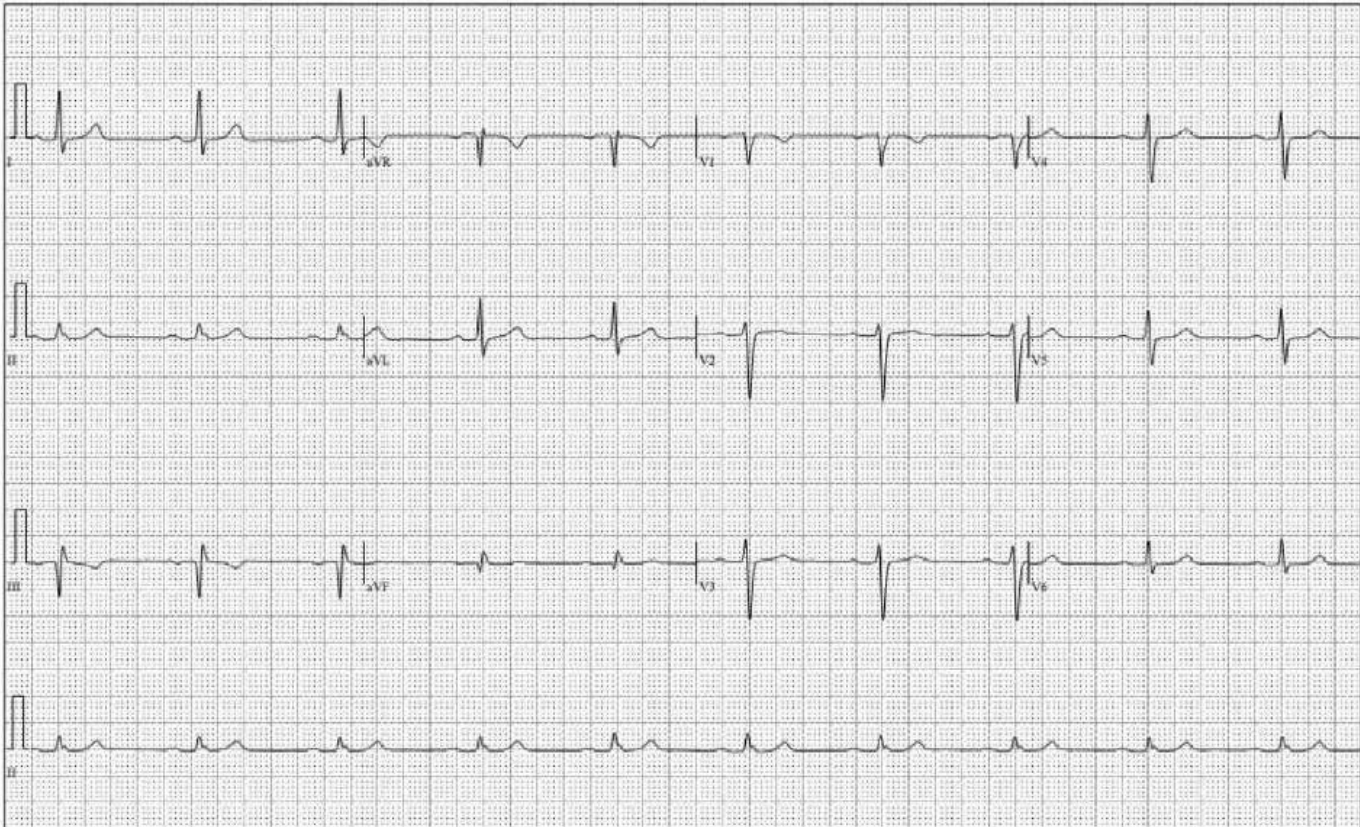
- amLODIPine Besylate 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Aspirin EC Low Dose 81 MG Oral Tablet Delayed Release; TAKE ONE TABLET BY MOUTH ONCE DAILY
- Atorvastatin Calcium 20 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
- hydroCHLOROthiazide 25 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Labetalol HCl - 200 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY
- Mounjaro 12.5 MG/0.5ML SOPN; INJECT 12.5 MG Weekly
- Valsartan 160 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Vitamin D3 1.25 MG (50000 UT) Oral Capsule; TAKE 1 CAPSULE BY MOUTH ONE TIME PER WEEK

## End of Visit

**Time Based Billing:** I have spent 40 minutes of time on the encounter which excludes teaching and separately reported services.

**Counseling/Coordination of Care:** Greater than 50% of the encounter time was spent on counseling and coordination of care for resistant, Hypertension, obstructive sleep apnea, diabetes mellitus.

Patient Name: [REDACTED]		Rate:	58	BPM	Interpretation:
ID: [REDACTED]	Req. Physician:	PR:	154	msec	Sinus Bradycardia
Sex: Male	Technician: wortz2	QT:	400	msec	-Nonspecific QRS widening
BP: 124/72	History: Abnormal echocardiogramAbnorm...	QTcB:	393	msec	-Old inferior infarct.
Weight: 256 lbs	Medication: Mounjaro 10 MG/0.5ML Subcutan...	QTcH:	397	msec	
Height: 70 inches	Date of Report: 7/18/2024 9:21:31 AM	QRSD:	103	msec	ABNORMAL
DOB: [REDACTED] (57)	Reviewed By: Wells,Crystal(3319170)	P-QRS-T:	-22/-1/-1	degree	
Comments:	Review Date: 7/18/2024 9:21:37 AM				



Speed: 25 mm/sec Gain: 10 mm/mv MYO: ON AC: ON DRIFT: ON

Page 1 of 1

Version 10.0.11.2

Print Date: 7/18/2024 9:22:20 AM

Patient Name: [REDACTED]

MRN: [REDACTED]

DOB: [REDACTED]

Date of Visit: 31-Jul-2024

Owner: [REDACTED]

Document Type: CARD

Site Name: MG Corporate

### Current Meds

amLODIPine Besylate 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY  
Aspirin EC Low Dose 81 MG Oral Tablet Delayed Release; TAKE ONE TABLET BY MOUTH ONCE DAILY  
Atorvastatin Calcium 20 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME  
hydroCHLOROTHiazide 25 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY  
Labetalol HCl - 200 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS DAILY  
metFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS WITH FOOD  
Mounjaro 12.5 MG/0.5ML Subcutaneous Solution Pen-injector; INJECT 12.5 MG Weekly  
Valsartan 160 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY  
Vitamin D3 1.25 MG (50000 UT) Oral Capsule; TAKE 1 CAPSULE BY MOUTH ONE TIME PER WEEK

### Allergies

No Known Drug Allergies

### Signatures

Electronically signed by: [REDACTED] N.; Jul 31 2024 4:37PM Eastern Standard Time (Author)

### Message

Recorded as Task

Date: 26-Jul-2024 4:54 pm, Created By: [REDACTED]

Task Name: Call Back/ Follow Up Clinical

Assigned To: [REDACTED]

Regarding Patient: [REDACTED]

Priority: Routine, Status: In Progress

Comment:

VELTRI,ANNA - 26-Jul-2024 4:54 pm

TASK CREATED

patient called regarding his water pill his primary Dr Suggested that he could get off of it but wants Dr [REDACTED] opinion. Please call him back (516)605-5161 Thank you

[REDACTED] - 30-Jul-2024 9:33 am

TASK IN PROGRESS LMOM : to confirm if HCTZ was d/c and why

[REDACTED] - 31-Jul-2024 4:37 pm

TASK EDITED

Spoke with Dr Supariwala HCTZ was d/c'd by PCP d/t low BP. Per patient he felt he was retaining fluid and resumed taking it. BP tolerating well 108/70-118/80. Denies any dizziness or any other symptoms. Feeling well. Call back if any low BP vs new symptoms. Keep testing appt. If low BP in future can bwer labetalol further. Patient verbalized good understanding and is in agreement.

## History of Present Illness

7/18/2024

Patient here for follow up. He states he is feeling good overall. Denies chest pain, SOB, edema, near syncope or syncope. He does have occasional lightheadedness. BP soft today. He lost 60 lbs in the last year on Mounjaro. He is tolerating well and would like to increase his dose.

12/29/2024

PT returns for routine f/u visit. Reports of feeling good. Tolerating well Mounjaro 10 mg since 2nd week of November. He had lost 40 lbs since the last visit. Denies chest pain, shortness of breath, palpitations, syncope or near syncope, orthopnea and PND. Compliant with medications. No activity intolerance. No leg edema. No recent labs.

Previous visit 5/17/2023

feels good. no chest pain. no dyspnea. no syncope. no chest pain. complaint with meds. last time saw me 2020.

as

old note: feels good. no chest pain. complaint with meds  
got echo done. was unchanged EF

old note: tolerating weight loss meds. phentermine. no headaches. no dizziness. no chest pain.  
no headaches.

Chronic conditions are stable and no acute change.

Hypertension: Control on meds. compliant with meds. Reconciliation done.

hyperlipidemia: at goal on meds. Compliant with meds. reconciliation done.

Diabetes: does Diet and exercise

Congestive heart failure: NYHA class II, optimized. Compliant with medications.

Chronic chest pain/angina: No change in symptoms.

old note: feels frustrated that he cannot lose weight. has sciatica and cannot move much. was able to lose weight and then gained back the weight.

old note: c/c blurry vision and retinal dot in right eye

feels ok. no chest pain. no dyspnea. no dizziness. no headaches.

No chest pain, no dyspnea while walking. no palpitations.

old note: 4 weeks ago, he was at work, felt disoriented and his vision was "weird", right eye giving him problem. Felt like he had a curtain top 3rd of the vision. sudden onset.

he thought he had had stroke. it lasted for 40 mins. couple of days later something similar happened 10 days later.

he started on aspirin 325 mg. retinal specialist saw right eye "blood clot"

He saw a neurologist. He is ordering Brain MRI.

No palpitations. no syncope

old note: passed the kidney stone by itself.

feels good. no chest pain. no dyspnea. no headaches. no dizziness. no syncope.

old note: feels great. No new symptoms. Tells me that his BP is controlled.

Complain of this nagging left shoulder pain. 3/10. No chest pain. NO dyspnea. NO diaphoresis.

OLD note: This is a 49 year old male with history of recurrent kidney stones, chronic low back pain due to MVA, obstructive sleep apnea (uses CPAP), uncontrolled hypertension on 5 medications, diabetes mellitus, differential blood pressure, here with routine CAD evaluation and hypertension.

no chest pain. No dyspnea. Does not complain of chest pain. No back pain. No palpitations. No pain in the arms after working for long hours.

Hypertension history > 10 years. Exercises intermittently.

Diet: yesterday egg white omelette, cheddar cheese and jalapeno pepper, (No salt), Lunch : Turkey and sandwich (mustard) ; Dinner: 1 piece of chicken and salad (dressing: Italian), potato chips, rarely soups. usually eats frozen food; couple of times a week. Amy's frozen dinner, manager of panera bread.

## Cardiology Summary

**ECG:** 7/18/2024 Sinus Bradycardia, possible inferior infarct of IDA

12/29/2023: Sinus Bradycardia

- nonspecific T abnormality

5-17-2022 Sinus Bradycardia

- Negative precordial T-waves.

**EKG:** 10/22/2019 , Sinus Rhythm

- Negative precordial T-waves.

WITHIN NORMAL LIMITS

**Stress Test:** sep 2018 , no Ischemia, no exercise induced arrhythmias, no Symptoms, hypertensive response and abnormal echo.

**Echo:** apr 2019 , No significant valvular abnormality, normal LV function, no pulmonary hypertension, normal LA size, no mitral regurgitation LVEF 45-50%.

**Cardiac Cath:** 10/2018: , normal, s/p PFO closure.

**Cardiac CT:** aug 2017 , AC =2 ( 25th -50 th percentile.

sep 2018: No atrial fibrillation, for 12 days.

**Other:** carotid atherosclerosis. Moderate plaque and atherosclerosis bilaterally. No stenosis.

## Patient Care Team

Care Team Member	Role	Specialty	Office Number
Dr. [Name] MD, [Title]	Primary Care Provider	Internal Medicine	(516) 938-0100

## Active Problems

Abnormal echocardiogram (793.2) (R93.1)

Abnormal stress echo (794.39) (R94.39)

Atherosclerosis of both carotid arteries (433.10,433.30) (I65.23)

Chronic low back pain (724.2,338.29) (M54.50,G89.29)

Class 3 severe obesity due to excess calories with serious comorbidity in adult, unspecified BMI (278.01) (E66.01)

COVID-19 (079.89) (U07.1)

Decreased left ventricular systolic function (429.9) (I51.9)

High cholesterol (272.0) (E78.00)

History of transient ischemic attack (TIA) (V12.54) (Z86.73)

HTN (hypertension) (401.9) (I10)

Morbid obesity with BMI of 40.0-44.9, adult (278.01,V85.41) (E66.01,Z68.41)

Pain in shoulder (719.41) (M25.519)

PFO (patent foramen ovale) (745.5) (Q21.12)

Prediabetes (790.29) (R73.03)

Preoperative cardiovascular examination (V72.81) (Z01.810)

Resistant hypertension (401.9) (I1A.0)

S/P patent foramen ovale closure (V13.65) (Z87.74)

Stroke syndrome

Unequal blood pressure in upper extremities (796.4) (R09.89)

Vitamin D deficiency (268.9) (E55.9)



### Past Medical History

History of Broken shoulder (812.00) (S42.90XA)  
History of diabetes mellitus (V12.29) (Z86.39)  
History of kidney stones (V13.01) (Z87.442)

### Current Meds

- amlODIPine Besylate 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Aspirin EC Low Dose 81 MG Oral Tablet Delayed Release; TAKE ONE TABLET BY MOUTH ONCE DAILY
- Atorvastatin Calcium 20 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME
- hydroCHLOROthiazide 25 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Labetalol HCl - 300 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY 12 HOURS
- metFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS WITH FOOD
- Mounjaro 10 MG/0.5ML Subcutaneous Solution Pen-injector; Inject 10mg Subcutaneously once weekly
- Valsartan 160 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Vitamin D3 1.25 MG (50000 UT) Oral Capsule; TAKE 1 CAPSULE BY MOUTH ONE TIME PER WEEK

### Allergies

No Known Drug Allergies  
Recorded By: F; 2/28/2017 8:41:43 AM

### Review of Systems

**Cardiovascular:** no shortness of breath, no chest discomfort, no extremity edema, no palpitations and no syncope.

### Vitals

#### Vital Signs

	Recorded: 18Jul2024 09:18AM
Height	5 ft 10 in
Weight	236 lb
BMI Calculated	33.86 kg/m <sup>2</sup>
BSA Calculated	2.24 m <sup>2</sup>
Temperature	98.2 F, Oral
Systolic	98, RUE, Sitting
Diastolic	66, RUE, Sitting

Heart Rate	67
O2 Saturation	98 %, Room Air
FI02 Flow Rate	0 L/min, Room Air

## Physical Exam

**Constitutional:** well developed, well nourished, no acute distress.

**Neck:** normal venous pressure, no carotid bruit.

**Cardiac:** normal S1, S2, no murmur, no rub, no gallop.

**Pulmonary:** clear lung fields, good air entry, no respiratory distress.

**Abdomen:** abdomen soft.

**Musculoskeletal:** normal gait.

**Extremities:** no edema.

**Neurological:** moves all extremities, no focal deficits, normal speech.

**Psychiatric:** alert and oriented, normal memory.

## Assessment

Abnormal ECG (794.31) (R94.31)

High cholesterol (272.0) (E78.00)

History of transient ischemic attack (TIA) (V12.54) (Z86.73)

HTN (hypertension) (401.9) (I10)

S/P patent foramen ovale closure (V13.65) (Z87.74)

Abnormal EKG (794.31) (R94.31)

## Discussion/Summary

### Plan

1. CAD evaluation, Abnormal EKG: LHC last 10/2018 - normal coronary anatomy. TTE last 9/23/2020 - EF of 45-50%, G1DD, with no significant valvular abnormality, ASD closure device appears well seated with no residual shunt by color doppler. Repeat TTE to evaluate LVEF and PFO closure. Stress echo ordered to evaluate for ischemia and BP with exercise.
2. hx Recurrent TIA s/p PFO closure- On aspirin 81 mg and statin. TTE ordered.
3. hypertension- soft BP with 60 lb weight loss, decrease labetalol to 200 mg BID. Advised to monitor BP at home.
4. HLD- On Lipitor 20 mg daily.
5. DM/obesity- Lost 60 lbs since last May. Increase Mounjaro to 12.5 mg SC weekly. Advised to partake in at least 150 mins/week of moderate intensity exercise like brisk walking or equivalent.
6. f/u with Dr. \_\_\_\_\_ in 2 months or sooner if needed

Patient was advised to contact the office or seek emergency medical care for any new, worsening or concerning symptoms. Patient verbalized understanding and is in agreement with the above plan.

\_\_\_\_\_, NP-C.

EKG obtained to assist in diagnosis and management of assessed problem(s).

## End of Encounter Meds

- amlodipine Besylate 10 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Aspirin EC Low Dose 81 MG Oral Tablet Delayed Release; TAKE ONE TABLET BY MOUTH ONCE DAILY
- Atorvastatin Calcium 20 MG Oral Tablet; TAKE 1 TABLET AT BEDTIME

- hydroCHLORothiazide 25 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Labetalol HCl - 300 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY 12 HOURS
- metFORMIN HCl - 500 MG Oral Tablet; TAKE 1 TABLET EVERY 12 HOURS WITH FOOD
- Mounjaro 10 MG/0.5ML Subcutaneous Solution Pen-injector; Inject 10mg Subcutaneously once weekly
- Valsartan 160 MG Oral Tablet; TAKE 1 TABLET BY MOUTH EVERY DAY
- Vitamin D3 1.25 MG (50000 UT) Oral Capsule; TAKE 1 CAPSULE BY MOUTH ONE TIME PER WEEK

Electronically signed by : , NP; Jul 18 2024 10:09AM Eastern Standard Time (Author)

Results	Date
<p>Transthoracic Echocardiogram-TTE: Transthoracic Echocardiogram - TTE: TRANSTHORACIC ECHOCARDIOGRAM REPORT</p> <p>Pt. Name: ALFRED ROBERT</p> <p>Study Date: 7/26/2024 MRN: SSA Date of Birth: Accession #: Age: 57 years Account#:</p> <p>Gender: M Heart Rate: Height: 70.00 in (177.80 cm) Rhythm: Weight: 236.00 lb (107.05 kg) Blood Pressure: 108/71 mmHg BSA/BMI: 2.24 m<sup>2</sup> / 33.86 kg/m<sup>2</sup> Referring Physician: MD, RPVI Interpreting Physician: MD, RPVI Primary Sonographer: C</p> <p>RDCS, RVT Indication(s): Essential (primary) hypertension - 110 Procedure: Transthoracic echocardiogram with 2-D, M-mode and complete spectral and color flow Doppler. Ordering Location: 064 Admission Status: Outpatient Study Information: Image quality for this study is fair. Study was adversely affected due to body habitus.</p> <p>CONCLUSIONS: 1. The left atrium is normal in size, 2. S/p ASD/PFO closure device, well seated device. No residual shunt by color Doppler. 3. Left ventricular systolic function is low normal with an ejection fraction of 53 % by Simpson's method of disks. 4. There is mild (grade 1) left ventricular diastolic dysfunction. 5. The right atrium is normal in size, 6. Normal right ventricular cavity size and normal right ventricular systolic function. 7. No significant valvular disease. 8. No pericardial effusion seen. 9. Compared to the transthoracic echocardiogram performed on 9/23/2020, there have been no significant interval changes.</p> <p>FINDINGS: Left Ventricle: Left ventricular systolic function is low normal with a calculated ejection fraction of 53 % by the Simpson's biplane method of disks with an ejection fraction visually estimated at 50%. There is mild (grade 1) left ventricular diastolic dysfunction. No left ventricular hypertrophy. Right Ventricle: The right ventricular cavity is normal in size and right ventricular systolic function is normal. Tricuspid annular plane systolic excursion (TAPSE) is 2.5 cm (normal &gt;1.7 cm). Tricuspid annular tissue Doppler S' is 18.3 cm/s (normal &gt;10 cm/s). Left Atrium: The left atrium is normal in size with an indexed volume of 21.39 ml/m<sup>2</sup>. Right Atrium: The right atrium is normal in size with an indexed volume of 25.14 ml/m<sup>2</sup> and an indexed area of 8.71 cm<sup>2</sup>/m<sup>2</sup>. Interatrial Septum: S/p ASD/PFO closure device, well seated device. No residual shunt by color Doppler. Aortic Valve: The aortic valve appears trileaflet. There is mild calcification of the aortic valve leaflets. There is no evidence of aortic regurgitation. Mitral Valve: Structurally normal mitral valve with normal leaflet excursion. There is mild calcification of the mitral valve annulus. There is no evidence of mitral regurgitation. Tricuspid Valve: The tricuspid valve was not well visualized. There is trace tricuspid regurgitation. Pulmonic Valve: The pulmonic valve was not well visualized. There is trace pulmonic regurgitation. Aorta: The aortic root at the sinuses of Valsalva is normal in size. The ascending aorta diameter is normal in size. Pericardium: No pericardial effusion seen. Systemic Veins: The inferior vena cava is normal in size measuring 1.93 cm in diameter, (normal &lt;2.1 cm) with normal inspiratory collapse (normal &gt;50%) consistent with normal right atrial pressure (R3, range 0-5 mmHg).</p> <p>QUANTITATIVE DATA: Left Ventricle Measurements: (Indexed to BSA) IVSd (2D): 0.9 cm LVPWd (2D): 1.1 cm LVIDd (2D): 6.2 cm LVIDs (2D): 4.2 cm LV Mass: 250 g 111.4 g/m<sup>2</sup> LV Vol d, MOD A2C: 114.0 ml 50.91 ml/m<sup>2</sup> LV Vol d, MOD A4C: 145.0 ml 64.75 ml/m<sup>2</sup> LV Vol d, MOD BP: 129.0 ml 57.59 ml/m<sup>2</sup> LV Vol s, MOD A2C: 53.0 ml 23.67 ml/m<sup>2</sup> LV Vol s, MOD A4C: 70.2 ml 31.35 ml/m<sup>2</sup> LV Vol s, MOD BP: 61.2 ml 27.33 ml/m<sup>2</sup> LVOT SV MOD BP: 67.8 ml LV EP% MOD BP: 53 % Visualized LV EP%: 50% MV E Vmax: 0.60 m/s MV A Vmax: 0.63 m/s MV E/A: 0.96 e lateral: 6.31 cm/s e radial: 6.20 cm/s E/e' lateral: 9.57 E/e' medial: 9.74 E/e' Average: 9.66 MV DT: 289 msec Aorta Measurements: (Normal range) (Indexed to BSA) Ao Root d 4.01 cm (3.1 - 3.7 cm) 1.79 cm/m<sup>2</sup> Ao Sinus: 4.01 Ao Asc d, 2D: 3.60 Ao Asc prox: 3.60 cm 1.61 cm/m<sup>2</sup> Left Atrium Measurements: (Indexed to BSA) LA Dia 2D: 3.90 cm LA Vol s, MOD A4C: 50.90 ml LA Vol s, MOD A2C: 43.60 ml LA Vol s, MOD BP: 47.90 ml 21.39 ml/m<sup>2</sup> Right Ventricle Measurements: Right Atrial Measurements: TAPSE: 2.5 cm RA Vol: 56.30 ml RV S' Vmax: 18.30 cm/s RA Vol Index: 25.14 ml/m<sup>2</sup> LVOT / RVOT / Qp/Qs Data: (Indexed to BSA) LVOT Diameter: 2.40 cm LVOT Area: 4.52 cm<sup>2</sup> LVOT Vmax: 0.93 m/s LVOT Vmn: 0.566 m/s LVOT VTI: 19.10 cm LVOT peak grad: 3 mmHg LVOT mean grad: 2.0 mmHg LVOT SV: 86.4 ml 38.58 ml/m<sup>2</sup> Aortic Valve Measurements: AV Vmax: 1.3 m/s AV Peak Gradient: 6.5 mmHg AV Mean Gradient: 3.0 mmHg AV VTI: 24.1 cm AV VTI Ratio: 0.79 AoV EOA, Contain: 3.59 cm<sup>2</sup> AoV EOA, Contain: 1.60 cm<sup>2</sup>/m<sup>2</sup> AoV Dimensionless Index 0.79 Mitral Valve Measurements: MV E Vmax: 0.6 m/s MV A Vmax: 0.6 m/s MV E/A: 1.0 Tricuspid Valve Measurements: TV S' 18.3 cm/s RA Pressure: 3 mmHg</p> <p>Electronically signed on</p> <p>7/26/2024 at 10:56:36 AM by Azhar Supariwata MD, RPVI *** Final *** (26-Jul-2024 9:11AM)</p>	26-Jul-2024

Lipid Profile: NON-HDL Cholesterol: 85 Optimal Non-HDL Cholesterol (Non-HDL-C) All Patients: <130 mg/dL High Risk ASCVD: <100 mg/dL Very High Risk ASCVD: <85 mg/dL Consider Familial Hypercholesterolemia when Non-HDL-C > 220 mg/dL. Non-HDL cholesterol is a key target for cardiovascular risk reduction. The suggested cutoff points are based on recommendations from the American College of Cardiology/American Heart Association (ACC/AHA) guidelines on the management of blood cholesterol [Circulation. 2019;139:e1082-e1143]. Range:<129 (19-Jun-2024 9:27PM)	19-Jun-2024
Lipid Profile: LDL Cholesterol (Calculated): 65 Optimal LDL Cholesterol (LDL-C) All Patients: <100 mg/dL High Risk ASCVD: <70 mg/dL Very High Risk ASCVD: <55 mg/dL Consider Familial Hypercholesterolemia when LDL-C > 190 mg/dL. The calculation for LDL cholesterol is based on the Sampson/NIH equation (JAMA. Cardiol.2020;5(5):540-548, doi:10.1001/jamacardio.2020.0013 Range:<99 (19-Jun-2024 9:27PM)	19-Jun-2024
Lipid Profile: Cholesterol: 124 Interpretive Comment: Acceptable: <200 mg/dL (for adults) ; <170 mg/dL (for children) Range:<199 (19-Jun-2024 9:27PM)	19-Jun-2024
Lipid Profile: HDL Cholesterol: 40 Interpretive Comment: HDL cholesterol less than 40 mg/dL is a risk factor for cardiovascular disease (Abnormal.L) Range:>41 (19-Jun-2024 9:27PM)	19-Jun-2024
Lipid Profile: Triglyceride: 106 Interpretive Comment: Acceptable: <150 mg/dL (for adults) ; <90 mg/dL (for children) Triglyceride concentration can be influenced when measured in the non-fasting state. Range:<149 (19-Jun-2024 9:27PM)	19-Jun-2024