

Brief Patient Summary/ Octavia Helios DOB 1/2/45 MRN# A212222

As of 2/2/07

#1 Current Problem: Recurrent Hemoptysis, getting progressively worse

HPI:

Mrs. H. has developed hemoptysis over the past 3 months, first just nocturnal and now daytime also. She also has noted increasing tachycardia and dyspnea. She is worried and realizes this may mean she needs her Mitral valve replaced since it has been in place since her surgery at SSMCH in April 1979.

Her history includes the resection of a Congenital Subaortic Membrane associated with angina on 6/24/77 also at SSMCH. Post op she developed recurrent tachyarrhythmias and eventually Chronic Atrial Fibrillation. She also had Rheumatic Mitral Stenosis which was treated by the MVR in 1979, just 2 years after her resection for the Membranous SAS. A Bjork Shiley #27 device was inserted and seems to have lasted a very long time.

Mrs. H. also developed NIDDM a few years ago and this has been managed by diet, metformin and glyburide.

PMH: She visits her family in France frequently and stays for extended periods. Approximately 7 years ago she experienced a small stroke for which she has no residual deficit. It is thought to have been due to an embolus, but never proven. Her warfarin management over the past 27 years has been good, though prior to the small CVA, the frequency of PT/INR checking was mildly sub-optimal. Two years ago while in France she developed CHF, ascites and possibly septicemia preceding this, though I do not have all the documentation.

There is also a history of Sciatica for which she has seen Henri Bone, MD in the past and she takes Vicodin on occasion.

SH: Married with 3 grown children including her daughter, Marie who acts as her translator (though Mrs. H. understands basic English spoken slowly). She has been a busy homemaker and mother for most of her life and has excellent family support from my perspective as her cardiologist since I first discovered her problems in late 1976.

Non smoker and rare ETOH intake

Meds: See attached list.

Allergies/ ADRs: Lisinopril caused coughing and last summer she fainted on Carvedilol in France where it was stopped. I have just restarted the carvedilol at a very low dose to better control her AFIB rate. She has no antibiotic allergies.

Currently, her plan is as follows.

I discussed her case with Brian Santos, MD, who will be seeing her on 2/5/07 with the idea that she may require catheterization to better document her pressures and gradients. She has no evidence of CAD on a recent Myoview stress test. Brian asked me to refer her to ENT to look for alternative causes of her hemoptysis, so she will be making appointments for that soon. I also asked her to see Dr Oliver, her PCP as I recently increased her metformin to improve her glycemic control.

A CT of the chest revealed no malignancies or obvious pulmonary disease. A recent Echo on 2/21/07 shows an EF of 75% with mild anteroseptal hypokinesis, perhaps related to her original membrane surgery. There is moderate bi-atrial enlargement and the RV and aortic root are dilated. She has moderate/severe AI and trivial AS. There is moderate to severe TR with mild PAH of 41 mmHg. Her echoes, labs, CT images etc are all in the SSMCH LMR/computer. Her ECG shows AFIB – unchanged over several years.

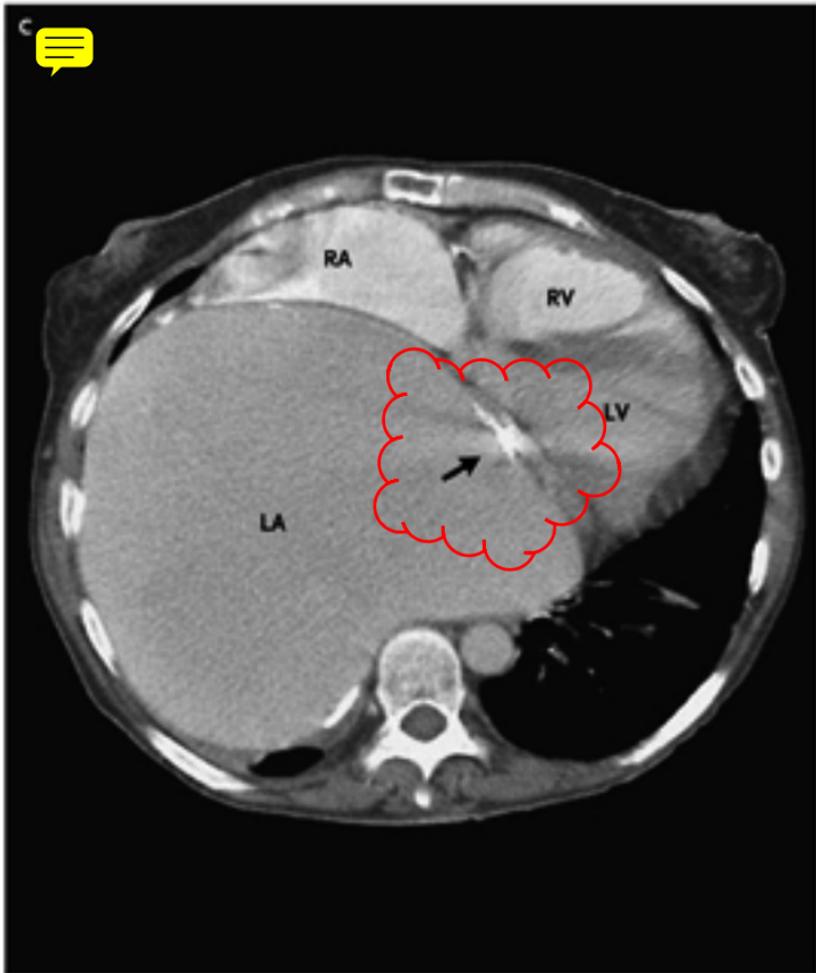
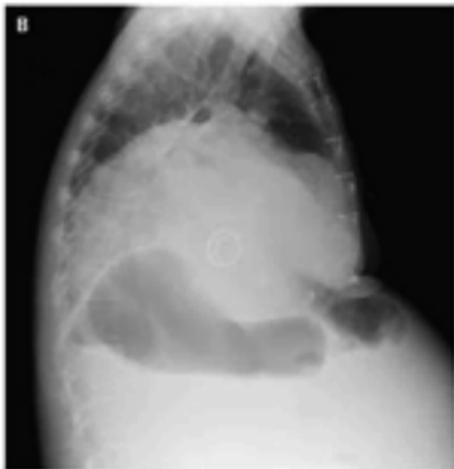
I have scheduled a 24hr Holter to be done soon to asses her rate control.

Her PCP is Frank Oliver, MD

Her daughter Marie's contacts are (888) 999-9999-mobile and (999) 999-9999 – work.

Her home phone is (999) 999-999

Thomas E. Duitrite, MD
999 999-9999 (mobile)
999 999-9999 (office)



Name: [REDACTED]
ID: [REDACTED]
Date: 03/09/06 Time: 14:37
Age: [REDACTED] Sex: FEMALE
Hgt: IN Wgt: LBS
Med1:
Med2:
Ccl1:
Ccl2:
Cmnt:

3/9/06

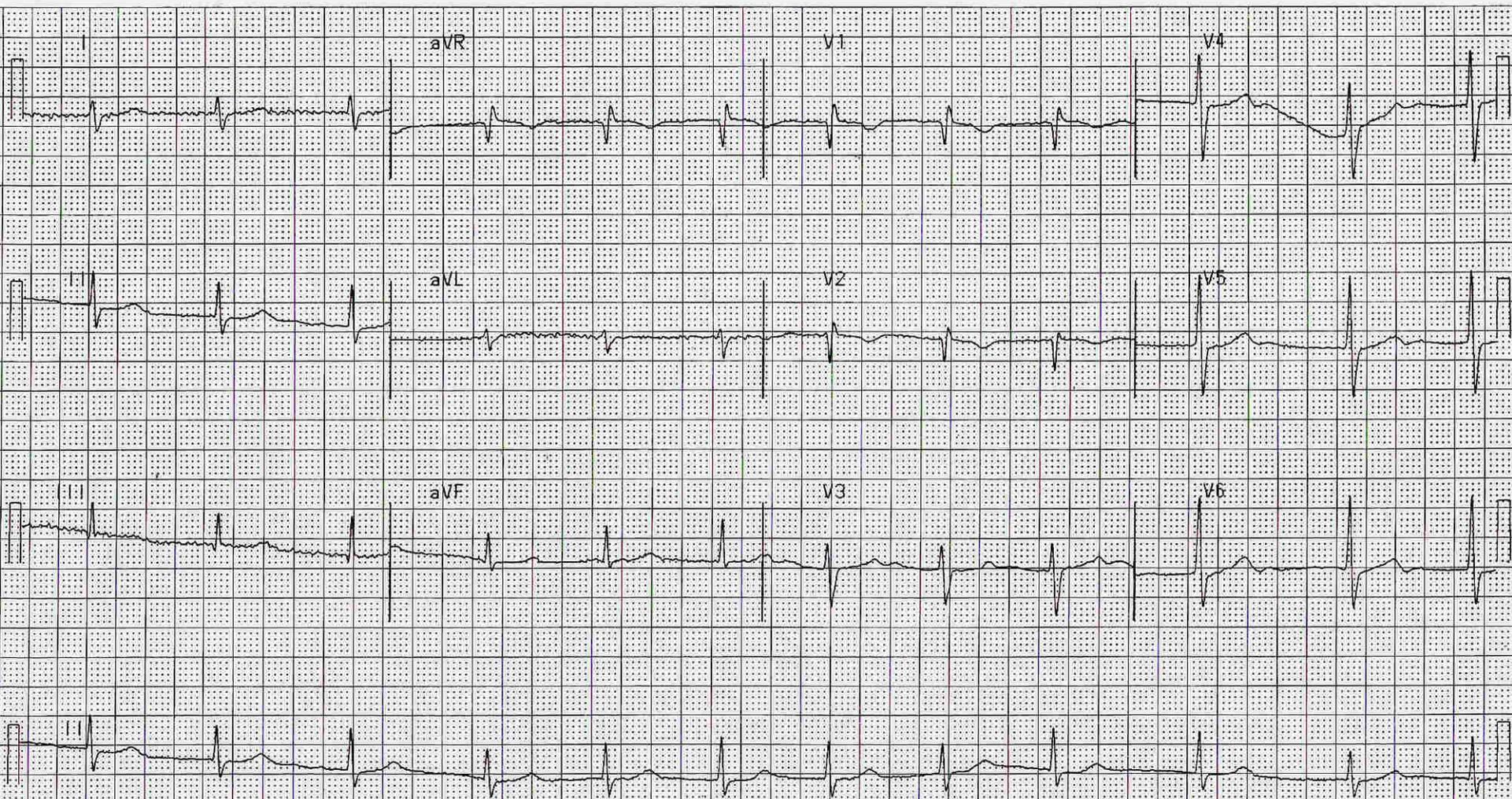
Vent rate: 70
-- Durations --
P :
QRS: 96
-- Intervals --
PR :
QT : 432
QTc : 450
-- Axes --
P :
QRS: 100
T : 41

ATRIAL FIBRILLATION
INCOMPLETE RIGHT BUNDLE BRANCH BLOCK
PROBABLE RIGHT VENTRICULAR HYPERTROPHY

SUMMARY: ABNORMAL ** UNCORRECTED ABNORMALS **

c/w 2/22/05 + 11/6/03 Abdo change

npu



Medications: [\(Detail\)](#) [\(Mini\)](#) [\[Renew Selected\]](#) [\[Select All\]](#) [\[Select None\]](#)

- Aldactone (spironolactone) (Tablet 25 mg) 2 tablet once a day Disp. 360 Rfl #6 (last: 01/31/2007) stop on: 07/14/2008 [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- amoxicillin (Tablet 500 mg) 4 tablet single dose as directed Disp. 4 Rfl #3 (last: 01/31/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- Coumadin (warfarin) (Tablet 5 mg) 1 1/2 tablet once a day as directed Disp. 180 Rfl #3 (last: 01/31/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- Digitek (digoxin) (Tablet 250 mcg) 1 tablet once a day Disp. 90 Rfl #3 (last: 01/31/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- Diovan (valsartan) (Tablet 80 mg) 1 tablet once a day Disp. 90 Rfl #3 (last: 01/31/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- ferrous gluconate (325 mg) ** 1 mg once a day Disp. 90 Rfl #3 (last: 01/31/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- FREESTYLE TEST STRIPS 100'S ** AS DIRECTED Disp. 100 Rfl #3 (last: 01/31/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- glyburide (Tablet 2.5 mg) 1 tablet twice a day Disp. 60 Rfl #5 (last: 02/16/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- GLYBURIDE 2.5MG TABLETS ** 1 tablet once a day Disp. 90 Rfl #3 (last: 01/31/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- Lasix (furosemide) (Tablet 40 mg) 2 tablet every morning Disp. 180 Rfl #3 (last: 01/31/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- metformin (Tablet 500 mg) 1 tablet every morning Disp. 270 Rfl #3 (last: 01/31/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)
- Vicodin (hydrocodone-acetaminophen) (Tablet 5-500 mg) 1 tablet twice a day as needed for pain Disp. 30 Rfl #3 (last: 01/31/2007) [\[Renew\]](#) [\[Prescribe\]](#) [\[Stop\]](#)

Allergies:

- Coreg (carvedilol) (fainting in France)
- Zestril (lisinopril) (cough)

Problems:

- 35.24 Replacement of Mitral Valve Not Elsewhere Classified
- 427.31 Atrial Fibrillation
- 428.0 Congestive Heart Failure Not Otherwise Specified
- 250.00 Diabetes Mellitus