



155 Crystal Run Road  
Middletown, NY 10941

845•703•6999  
[www.crystalrunhealthcare.com](http://www.crystalrunhealthcare.com)

## FAX COVER SHEET

To: CW-Gotsis-2-3

From: Susan Lindner

Company:

To Fax Number: 3339410

Fax Reference ID: SLI5E3439186175

Date: 1/31/2020 2:26:24 PM

# of pages [incl. cover]: 18

Notes/Comments:

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Middletown, NY 10941

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**\*NEEDS Consent\***

Gotsis 2/3

PROCEDURAL - Consult/Order Form

ORMC Cardiac Catheterization Laboratory


**PROCEDURAL - Consult/Order Form**  
**Cardiac Catheterization Laboratory**

Scheduling Office

Phone: 845-333-7900

Fax: **845-333-9410**Patient Information: Date: 1/28/20Name: Williams, Catherine DOB: 1/12/59 Gender: F  
Last FirstPhone: Preferred# 693-6016 Cell Phone #Home Address: PO Box 132 Woodbury 12788 Preferred language:Insurance Company: MVP Medicaid Insurance ID# 82092857500 Auth #:Date for Procedure 2/3 Diagnosis: Angina CPT CodeIndications for Procedure Abu strass Order: ☐ **Electrophysiology**Order: ☐ **Catheterization**

- ☐ Diagnostic Cardiac Catheterization (Left Heart Cath) LHC 93458
- ☒ Left Heart Cath w/possible PCI 93458/92928
- ☐ Right Heart Catheterization 93456
- ☐ Right and Left Heart Catheterization 93460
- ☐ Staged Interventional Procedure 92928

Order: ☐ **CATH ORDER**☐ Unilateral 75710 ☐ Bilateral 75716

Ordering MD (PRINT)

PROCEDURE PHYSICIAN (Print)

Anesthesia Required? ☐ YES ☒ NO

Date called: \_\_\_\_\_

DEVICE REP needed? ☐ YES ☐ NO

Who was called: \_\_\_\_\_ Date: \_\_\_\_\_

Ordering Physician Signature

Office phone

Completed by

- ☐ Electrophysiology Studies 93620-26/93619-26
- ☐ Ablation 93650/93653/93656

Order: ☐ **EP ORDER**

- ☐ Pacemaker Implantation
- ☐ Single Chamber New 33207
  - ☐ Dual Chamber New 33208
  - ☐ CRT Pacemaker SC 33202/DC 33203
- ☐ Pacemaker Generator Change
- ☐ Type \_\_\_\_\_ 33227/33228/33229
- ☐ Implantable Cardiac Defibrillator (ICD)
- ☐ Single Chamber 33262
  - ☐ Dual Chamber 33263
  - ☐ Subcutaneous ICD 0319T
  - ☐ CRT Defibrillator (BIV) 33285
- ☐ ICD Generator Change
- ☐ Type \_\_\_\_\_ 33262/33263/33264
- ☐ Loop Implant 33285 ☐ Lead Revision 33226
- ☐ Loop Removal 33286 ☐ Device Rem. 33233/33241
- ☐ Cardioversion 92960-26 ☐ NIPS 93624-26

60106838Juan

## Crystal Run Healthcare Physicians LLP

155 Crystal Run Road  
Middletown, NY 10941-4028  
USA  
(845) 703-6999

PATIENT INFORMATION									
NAME (Last, First Middle) <b>Williams, Catherine M</b>				MRN: <b>214460</b>	SSN# <b>###-##-6760</b>	BIRTHDATE <b>01/12/1959</b>	LANGUAGE <b>English</b>	SEX <b>F</b>	
LOCAL ADDRESS: <b>PO Box 132</b>		CITY, STATE, ZIP <b>Woodbourne, NY 12788</b>		REFERRING PHYSICIAN <b>Lombardo FNP-BC, Melissa</b>		SECONDARY BILLING ADDRESS: <b>536 State Rte 52</b>		ETHNICITY <b>Not Hispanic or ...</b>	
HOME PHONE <b>(845) 693-6016</b>	DAY PHONE		EMAIL ADDRESS		PRIMARY CARE PROVIDER <b>Hook FNP, Renee</b>		CITY, STATE, ZIP <b>Woodbourne, NY 12...</b>		RACE <b>Black or African ...</b>
MARITAL STATUS <b>Widowed</b>	STUDENT STATUS <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	SMOKER (Y/N)? <b>N</b>	VETERAN (Y/N)? <b>N</b>	EMERGENCY CONTACT NAME			CONTACT PHONE HOME PHONE		
SEXUAL ORIENTATION:		PREFERRED PRONOUN		GENDER IDENTITY:					
PRIMARY EMPLOYER				SECONDARY EMPLOYER (if Applicable)					
ADDRESS				ADDRESS					
CITY, STATE, ZIP				CITY, STATE, ZIP					
WORK PHONE				WORK PHONE					
RESPONSIBLE PARTY INFORMATION (if Different than above)									
NAME (Last, First Middle)				SSN#	BIRTHDATE	LANGUAGE	SEX		
LOCAL ADDRESS:		CITY, STATE, ZIP				SECONDARY BILLING ADDRESS (if Applicable)			
HOME PHONE	DAY PHONE		EMAIL ADDRESS		CITY, STATE, ZIP				
MARITAL STATUS	STUDENT STATUS <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	SMOKER (Y/N)?	VETERAN (Y/N)?	PRIMARY CARE PROVIDER			HOME PHONE		
RELATIONSHIP TO PATIENT									
PRIMARY INSURANCE									
NAME OF INSURANCE COMPANY <b>MVP Medicaid/CHP/Essentials Spec.</b>					POLICY# <b>82092857500</b>				
NAME OF INSURED <b>Williams, Catherine M</b>					GROUP# <b>241160</b>				
ADDRESS OF INSURANCE COMPANY <b>PO Box 2207</b>					COPAY AMT <b>\$0.00</b>				
CITY, STATE, ZIP <b>Schenectady, NY 12301-2207</b>				PHONE <b>(800) 684-9286</b>		DEDUCTIBLE:			
RELATIONSHIP TO PATIENT <b>SELF</b>					EFFECTIVE DATE <b>01/01/2016</b>			EXPIRATION DATE	
SECONDARY INSURANCE (if Applicable)									
NAME OF INSURANCE COMPANY					POLICY#:				
NAME OF INSURED				SSN#	BIRTHDATE	GROUP#			
ADDRESS OF INSURANCE COMPANY					COPAY AMT				
CITY, STATE, ZIP				PHONE		DEDUCTIBLE:			
RELATIONSHIP TO PATIENT					EFFECTIVE DATE			EXPIRATION DATE	

\*All returned checks are subject to a \$25.00 check fee.

I authorize the release of any medical or other information necessary to process claims. I also authorize government benefits to the provider who accepts assignment and authorize payment to the physician/supplier for services provided. I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered. I have read all the information on this sheet and have completed the above answers. I certify that this information is true and correct to the best of my knowledge. I will notify you of any changes in the above information.

SIGNATURE OF PATIENT/GUARDIAN

DATE

.....DO NOT USE FOR MEDICATION.....

**Crystal Run Healthcare LLP**

155 Crystal Run Rd / Middletown, NY 10941 845-703-6999

Fax: 845-703-6295

Lic : 188038

**William Gotsis MD**

NPI : 1215921606

.....  
Patient Name : Catherine Williams      DOB: 01/12/1959  
PO Box 132  
Woodbourne, NY 12788      Sex: Female

Left cardiac cath/pci/stent

2/3/2020

ORMC

Dx: abnl stress test, angina

CPT: 93458

Needs consent

**Physician Signature:**

.....  
Date: 01/28/2020

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS  
PRESCRIBER WRITES 'daw' IN THE BOX BELOW.

Dispense As Written

.....



155 Crystal Run Road  
Middletown, NY 10941

845-703-6999  
www.crystalrunhealthcare.com

PATIENT: Catherine Williams  
DATE OF BIRTH: 01/12/1959  
DATE: 01/27/2020 03:15 PM  
VISIT TYPE: Office Visit

61 y/o F h/o DM since 2012, HTN, hyperlipidemia, tobacco abuse , nonobstructive CAD on CCTA (normal cath), dynamic intracavitary obstruction seen on echo, COPD, GERD, squamous metaplasia seen on bronchoscopy biopsy, and chronic 100% RICA occlusion presents for f/u.

#### History of Present Illness:

##### 1. chest pain

still having chest pain with any exertion. improves with rest, sometimes after 30 minutes. stable SOB with exertion, symptoms significantly worse than when she had cath in 2014.

lexiscan mibi today: normal perfusion, + transient ischemic dilatation, TID 1.46

cath 2014: normal coronaries

ccta 2014: 50-70% left main, > 70% mid LAD.

PROBLEM LIST: Problem List reviewed.

#### Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
Lotrel 5 mg-10 mg Cap		03/27/2009			N
Glucophage XR 500 mg 24 hr Tab	take 1 tablet (500MG) by oral route every day with the evening meal	//			Y
Glucotrol XL 2.5 mg 24 hr Tab	take 2 tablet (5MG) by oral route every day with breakfast	//			Y
Premarin 0.625 mg/gram Vaginal Cream	insert 1 (1G) by VAGINAL route 1 x each night x 7 then 1-2 per week	12/14/2012			N
Spiriva with HandiHaler 18 mcg & inhalation capsules	inhale 1 capsule (18MCG) by inhalation route every day	04/22/2013			N

Halfprin 162 mg tablet, delayed release	take 1 tablet by oral route every day	04/15/2014		N
omeprazole 20 mg capsule, delayed release	take 1 capsule by oral route every day before dinner	07/24/2018		N
Miralax 17 gram/dose oral powder	Use as Directed for Colonoscopy	07/24/2018		N
Dulcolax (bisacodyl) 5 mg tablet, delayed release	Use as Directed for Colonoscopy	07/24/2018		N
prednisone	take 1 tablet by oral route every day	//	01/10/2020	Y
Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler	inhale 2 puff by inhalation route 2 times every day in the morning and evening	//		Y
Coreg 6.25 mg tablet	take 1 tablet by oral route 2 times every day with food	//	01/27/2020	Y
Aspirin 81 mg tablet, delayed release	take 1 tablet by oral route in the morning.	//		Y
atorvastatin 40 mg tablet	take 1 tablet by oral route in the evening.	//	01/10/2020	Y
Wellbutrin SR 100 mg tablet, 12 hr sustained-release	take 1 tablet by oral route every day	//		Y
citalopram 40 mg tablet	take 0.5 tablet by oral route every day	//		Y
Pepcid 40 mg tablet	take 1 tablet by oral route every day at bedtime	//	01/10/2020	Y
gabapentin 100 mg capsule	take 1 Capsule by oral route 3 times every day	//		Y
isosorbide mononitrate ER 30 mg tablet, extended release 24 hr	take 1 tablet by oral route every day in the morning	//		Y
oxycodone-acetaminophen 7.5 mg-325 mg tablet	take 1 tablet by oral route every 4 hours as needed	//		Y

### Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN DRUG ALLERGIES			

### Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fever and Weight loss.
Eyes	Negative	Vision changes.
Respiratory	Negative	Cough.
Cardio	Positive	Chest pain.
Cardio	Negative	Irregular heartbeat/palpitations.

GI	Negative	Nausea and Vomiting.
GU	Negative	Dysuria and Hematuria.
Neuro	Negative	Dizziness and Headache.
Integumentary	Negative	Rash and Skin lesion.
MS	Negative	Back pain and Joint pain.
Hema/Lymph	Negative	Easy bleeding.
Reproductive	Positive	The patient is post-menopausal (The year was 2004).

### Vital Signs

Time	BP	Pulse	Resp	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	BMI	BSA m2	O2
	mm/Hg	/min	/min							kg/m2		Sat%
2:53 PM	130/74			74.0								97

### Measured By

Time	Measured by
2:53 PM	Vlaomir Toussaint RN BSN

### Physical Exam

Exam	Findings	Details
Constitutional	Normal	No acute distress.
Eyes	Normal	General - Right: Normal, Left: Normal.
Neck Exam	Normal	Inspection - Normal.
Respiratory	Normal	Auscultation - Normal.
Cardiovascular	Normal	Inspection - JVD: Absent. Palpation/percussion - PMI normal. Heart rate - Regular rate. Heart sounds - Normal S1, Normal S2.
Abdomen	Normal	Auscultation - Normal. Anterior palpation - Normal.
Skin	Normal	Inspection - Normal.
Extremity	Normal	No Edema.
Neurological	Normal	Level of consciousness - Normal. Orientation - Normal.

### Assessment/Plan

#	Detail Type	Description
1.	Assessment	Angina pectoris (I20.9).
	Impression	stress shows + T1D. Given symptoms, stress findings concerning for left main disease vs. 3 vessel CAD. add metoprolol 12.5 mg bid. continue asa, amlodipine, statin. get cardiac catheterization to define coronary anatomy.
2.	Assessment	Essential hypertension (I10).
	Impression	continue amlodipine. add metoprolol 12.5 mg bid.
3.	Assessment	Hyperlipidemia, unspecified hyperlipidemia type (E78.5).
	Impression	continue atorvastatin
		follow up in 3 weeks.
4.	Assessment	Coronary artery disease of native artery of native heart with stable angina pectoris (I25.118).
	Impression	as above.

**Medications (Added, Continued or Stopped today)**

Started	Medication	Directions	Instruction	Stopped
	Aspir-81 mg tablet, delayed release	take 1 tablet by oral route in the morning.		
	atorvastatin 40 mg tablet	take 1 tablet by oral route in the evening.		
	citalopram 40 mg tablet	take 0.5 tablet by oral route every day		
	Coreg 6.25 mg tablet	take 1 tablet by oral route 2 times every day with food		01/27/2020
07/24/2018	Dulcolax (bisacodyl) 5 mg tablet, delayed release	Use as Directed for Colonoscopy		
	gabapentin 100 mg capsule	take 1 Capsule by oral route 3 times every day		
	Glucophage XR 500 mg 24 hr Tab	take 1 tablet (500MG) by oral route every day with the evening meal		
04/15/2014	Glucotrol XL 2.5 mg 24 hr Tab	take 2 tablet (5MG) by oral route every day with breakfast		
	Halfprin 162 mg tablet, delayed release	take 1 tablet by oral route every day		
	isosorbide mononitrate ER 30 mg tablet, extended release 24 hr	take 1 tablet by oral route every day in the morning		
03/27/2009	Lotrel 5 mg-10 mg Cap			
01/27/2020	metoprolol tartrate 25 mg tablet	take 0.5 tablet by oral route 2 times every day		
07/24/2018	Miralax 17 gram/dose oral powder	Use as Directed for Colonoscopy		
07/24/2018	omeprazole 20 mg capsule, delayed release	take 1 capsule by oral route every day before dinner		
	oxycodone-acetam inophen 7.5 mg-325 mg tablet	take 1 tablet by oral route every 4 hours as needed		
	Pepcid 40 mg tablet	take 1 tablet by oral route every day at bedtime		
	prednisone	take 1 tablet by oral route every day		



12/14/2012 Premarin 0.625 mg/gram Vaginal Cream insert 1 (1G) by VAGINAL route 1 x each night x 7, then 1-2 per week.

04/22/2013 Spiriva with HandiHaler 18 mcg capsules inhale 1 capsule (18MCG) by inhalation route every day

Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler inhale 2 puff by inhalation route 2 times every day in the morning and evening

Wellbutrin SR 100 mg tablet, 12 hr sustained-release take 1 tablet by oral route every day

*Provider:*

Cho MD, Michael N 01/27/2020 3:40 PM

*Document generated by:* Michael Cho MD 01/27/2020 03:39 PM

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Crystal Run Healthcare, LLP

Crystal Run Healthcare Physicians LLP

Williams, Catherine M

Order Date: 01/10/2020

PO Box 132  
Woodbourne, NY, 12788  
Person #: 463202  
Sex: F  
DOB: 01/12/1959

Ordering: Lombardo FNP-BC, Melissa

Location: Rock Hill

Tests Ordered : Free T4 (FT4), Complete Metabolic Profile (CMP) (CMP), Hemoglobin A1c (HA1C) (HGA1C), Lipid Panel (LI  
PID), Microalbumin, Urine W/Crea Ratio (MICALB), TSH With Reflex To Free T4 (TSH\_R), Free T3 (T3FREE)

**Free T4 (Collection Date: 01/10/2020 10:50, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Free T4	0.84	ng/dL		0.58-1.64	

**T3, Free (Collection Date: 01/10/2020 10:50, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Free T3	2.76	pg/ml		2.52-4.71	

**TSH REFLEX (Collection Date: 01/10/2020 10:50, Status: Final)**

Component	Result	Units	Flag	Range	Comment
TSHr	0.154	mIU/L		0.500-5.200	

**LIPID (Collection Date: 01/10/2020 10:50, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Cholesterol	139	mg/dL		130-200	
HDL	53	mg/dL		35-85	
LDL, Calculated	71	mg/dL		<=129	
Triglycerides	77	mg/dL		<200	

**CMP (Collection Date: 01/10/2020 10:50, Status: Final)**

Component	Result	Units	Flag	Range	Comment
Albumin	4.3	g/dL		3.5-5.0	
ALP	71	U/L		28-109	
ALT	9	U/L		3-60	
AST	11	U/L		4-60	
BUN	25	mg/dL	H	7-17	
Calcium	9.5	mg/dL		8.5-10.4	
Chloride	105	mmol/L		98-109	
CO2	26	mmol/L		22-30	
Creatinine	0.7	mg/dL		0.5-1.1	
eGFR	85.1	mL/min/1.73m2		>=60.0	

Patient: Williams, Catherine M, DOB: 1/12/1959

eGFR NON AFRICAN AMERICAN

eGFR<sub>AA</sub>: 103.1 ML/MIN/1.73m<sup>2</sup> >=60.0 eGFR AFRICAN AMERICAN

Glucose	183	mg/dL	H 65-105
Potassium	4.1	mmol/L	3.5-5.2
Sodium	140	mmol/L	136-145
Total Bili	0.4	mg/dL	<1.3
Total Protein	6.7	g/dL	6.2-8.2

**HgbA1C % (Collection Date: 01/10/2020 10:50, Status: Final)**

Component	Result	Units	Flag	Range	Comment
%A1c	6.9	%	H		%A1c (NGSP) < 5.7 Normal 5.7- 6.4 Increased Risk of Diabetes >= 6.5 Diabetes NGSP intervals were published by the National Glycohemoglobin Standardization Program (NGSP). The intervals are based on the American Diabetes Association (ADA) Guidelines for 2011 regarding glycated hemoglobin testing.

Patient: Williams, Catherine M, DOB: 1/12/1959

Williams, Catherine M (MRN864524)

**Orange Regional Medical Center - ORANGE REGIONAL MEDICAL CENTER**707 EAST MAIN STREET MIDDLETOWN, NY 10940-2650  
845-333-1080

<b>Patient:</b>	Williams, Catherine M	<b>MRN:</b>	864524
<b>DOB/Sex:</b>	1/12/1959 - Female	<b>CMRN:</b>	864524
<b>Medical SRV:</b>	Cardiac Cath Lab	<b>Attending Dr:</b>	
<b>Pt. Loc:</b>		<b>Ref Phys:</b>	William Gotsis

**Cardiac catheterization**

<b>Exam Date/Time:</b>		<b>Reason For Exam:</b>	Chest Pain(CP)
<b>Accession #:</b>	99652741	<b>Diagnosis:</b>	Chest pain
<b>Ordering Dr.:</b>	William Gotsis		

**Report**

Peter Frommer Heart Center  
Cardiac Catheterization Laboratory  
707 East Main Street  
Middletown, NY 10940  
(845)333 1080

## Cardiovascular Catheterization Comprehensive Report

Patient: CATHERINE M WILLIAMS  
CMR number: 864524  
Study date: 04/18/2014  
Account number: 5101696  
DOB: 01/12/1959  
Age: 55 years  
Gender: Female  
Height: 57.9 in  
Weight: 114.8 lb  
BSA: 1.44 m<sup>2</sup>  
Cine ID:  
Test time: 08:57 - 09:12  
Fluoro time: 1.82 min

Diagnostic Cardiologist: William Gotsis, MD  
Circulator: Karen Cole  
Monitor: Jessica Cosman, RTR

## PROCEDURES PERFORMED:

- Right heart catheterization.
- Left heart catheterization with ventriculography.
- Left coronary angiography.
- Right coronary angiography.

## SUMMARY:

CARDIAC STRUCTURES: There were no left ventricular global or regional wall motion abnormalities. EF calculated by contrast ventriculography was 70 %.

CORONARY CIRCULATION: There was no angiographic evidence for coronary artery disease.

Williams, Catherine M (MRN864524)

**RECOMMENDATIONS:**

Patient management should include medical therapy.

**HEMODYNAMICS:** Hemodynamic assessment demonstrates normal pulmonary capillary wedge pressure.

**VENTRICLES:** There were no left ventricular global or regional wall motion abnormalities. EF calculated by contrast ventriculography was 70 %. The left ventricle was normal in size.

**CORONARY CIRCULATION:** The coronary circulation is right dominant. There was no angiographic evidence for coronary artery disease.

**PROCEDURE:** The risks and alternatives of the procedures and conscious sedation were explained to the patient and informed consent was obtained. The patient was brought to the cath lab and placed on the table. The planned puncture sites were prepped and draped in the usual sterile fashion.

-- Right femoral artery access. The puncture site was infiltrated with local anesthetic. The vessel was accessed using the modified Seldinger technique, a wire was threaded into the vessel, and a sheath was advanced over the wire into the vessel.

-- Right femoral vein access. The puncture site was infiltrated with local anesthetic. The vessel was accessed using the modified Seldinger technique, a wire was threaded into the vessel, and a sheath was advanced over the wire into the vessel.

-- Right heart catheterization. A catheter was advanced to the pulmonary artery wedge position under fluoroscopic guidance. Measurements of pressures, arterial and venous oxygen saturation, and cardiac output were obtained. The catheter remained in place throughout the procedure for continuous monitoring of pulmonary artery pressure.

-- Left heart catheterization. A catheter was advanced to the ascending aorta. After recording ascending aortic pressure, the catheter was advanced across the aortic valve and left ventricular pressure was recorded. Ventriculography was performed using power injection of contrast agent. Imaging was performed using an RAO projection.

-- Left coronary artery angiography. A catheter was advanced to the aorta and positioned in the vessel ostium under fluoroscopic guidance. Angiography was performed in multiple projections using hand-injection of contrast.

-- Right coronary artery angiography. A catheter was advanced to the aorta and positioned in the vessel ostium under fluoroscopic guidance. Angiography was performed in multiple projections using hand-injection of contrast.

**HEMOSTASIS:** The sheath was removed. The site was compressed manually. Hemostasis was successful.

**COMPLICATIONS:**

No complications occurred during the cath lab visit.

**PROCEDURE COMPLETION:** The patient tolerated the procedure well. **TIMING:** Test started at 08:57. Test concluded at 09:12. **RADIATION EXPOSURE:** Fluoroscopy time: 1.82 min.

**CONTRAST GIVEN:** Omnipaque 64 m.

ORMC RIGHTFAX SERVER 4/18/2014 10:43:14 AM PAGE 4/004 Fax Server

Williams, Catherine M (MRN864524)

MEDICATIONS GIVEN: Midazolam, 1 mg, IV, at 08:56. Fentanyl, 50 mcg, IV, at 08:56. Nitroglycerin, 200 mcg, intracoronary, at 09:04. 1% Lidocaine, 20 ml, subcutaneously, at 08:57.

Prepared and signed by

William Gotsis, MD

Signed 04/18/2014 10:42:33

## STUDY DIAGRAM

## HEMODYNAMIC TABLES

Pressures: Baseline

Pressures: - HR: 84

Pressures: - Rhythm:

Pressures: -- Aortic Pressure (S/D/M): 119/63/47

Pressures: -- Left Ventricle (s/edp): 119/46/--

Pressures: -- Pulmonary Artery (S/D/M): 34/17/23

Pressures: -- Pulmonary Capillary Wedge: 25/23/18

Pressures: -- Right Atrium (a/v/M): 16/11/8

Pressures: -- Right Ventricle (s/edp): 47/19/--

O2 Sats: Baseline

O2 Sats: - HR: 84

O2 Sats: - Rhythm:

O2 Sats: -- FA: --/100/--

O2 Sats: -- PA: --/70.6/--

Outputs: Baseline

Outputs: -- CALCULATIONS: Age in years: 55.26

Outputs: -- CALCULATIONS: Body Surface Area: 1.44

Outputs: -- CALCULATIONS: Height in cm: 147.00

Outputs: -- CALCULATIONS: Sex: Female

Outputs: -- CALCULATIONS: Weight in kg: 52.20

Signed By: WILLIAM GOTSIS, MD on Fri Apr 18, 2014 10:42:00 AM EDT

4/18/2014 10:43 AM FROM: Fax TO: 7036292 PAGE: 002 OF 005

Page 1 of 4



**Peter Frommer Heart Center**  
Cardiac Catheterization Laboratory  
707 East Main Street  
Middletown, NY 10940  
(845)333-1080

---

**Cardiovascular Catheterization Comprehensive Report**

**Patient:** CATHERINE M WILLIAMS  
**CMR number:** 864524  
**Study date:** 04/18/2014  
**Account number:** 5101696

**DOB:** 01/12/1959  
**Age:** 55 years  
**Gender:** Female

**Height:** 57.9 in  
**Weight:** 114.8 lb  
**BSA:** 1.44 m<sup>2</sup>

**Cine ID:**  
**Test time:** 08:57 - 09:12  
**Fluoro time:** 1.82 min

---

**Diagnostic Cardiologist:** William Gctsis, MD  
**Circulator:** Karen Cole  
**Monitor:** Jessica Cosman, RTR

**Procedures performed:** Right heart catheterization. Left heart catheterization with ventriculography. Left coronary angiography. Right coronary angiography.

---

**Summary:**

1. **Cardiac structures:** There were no left ventricular global or regional wall motion abnormalities. EF calculated by contrast ventriculography was 70 %.
2. **Coronary circulation:** There was no angiographic evidence for coronary artery disease.

**Recommendations:**

- Patient management should include medical therapy.
- 

**Hemodynamics:** Hemodynamic assessment demonstrates normal pulmonary capillary wedge pressure.

**Ventricles:** There were no left ventricular global or regional wall motion abnormalities. EF calculated by contrast ventriculography was 70 %. The left ventricle was normal in size.

**Coronary circulation:** The coronary circulation is right dominant. There was no angiographic evidence for coronary artery disease.

---

**Procedure:** The risks and alternatives of the procedures and conscious sedation were explained to the patient and informed consent was obtained. The patient was brought to the cath lab and placed on the table. The planned puncture sites were prepped and draped in the usual sterile fashion.

1. Right femoral artery access. The puncture site was infiltrated with local anesthetic. The vessel was accessed using the modified Seldinger technique, a wire was threaded into the vessel, and a sheath was advanced over the wire into the vessel.
2. Right femoral vein access. The puncture site was infiltrated with local anesthetic. The vessel was accessed using the modified Seldinger technique, a wire was threaded into the vessel, and a sheath was advanced over the wire into the vessel.
3. Right heart catheterization. A catheter was advanced to the pulmonary artery wedge position under fluoroscopic guidance. Measurements of pressures, arterial and venous oxygen saturation, and cardiac output were obtained. The catheter remained in place throughout the procedure for continuous monitoring of pulmonary artery pressure.
4. Left heart catheterization. A catheter was advanced to the ascending aorta. After recording ascending aortic pressure, the catheter was advanced across the aortic valve and left ventricular pressure was recorded. Ventriculography was performed using power injection of contrast agent. Imaging was performed using an RAO projection.
5. Left coronary artery angiography. A catheter was advanced to the aorta and positioned in the vessel ostium under fluoroscopic guidance. Angiography was performed in multiple projections using hand-injection of contrast.
6. Right coronary artery angiography. A catheter was advanced to the aorta and positioned in the vessel ostium under fluoroscopic guidance. Angiography was performed in multiple projections using hand-injection of contrast.

**Hemostasis:** The sheath was removed. The site was compressed manually. Hemostasis was successful.

**Complications:**

1. No complications occurred during the cath lab visit.

**Procedure completion:** The patient tolerated the procedure well. Timing: Test started at 08:57. Test concluded at 09:12.  
**Radiation exposure:** Fluoroscopy time: 1.82 min.

MR// 864524: WILLIAMS, CATHERINE M (Proc. Date: 04/18/2014 8:35:00 AM)

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**Contrast given:** Omnipaque 64 ml.**Medications given:** Midazolam, 1 mg, IV, at 08:56. Fentanyl, 50 mcg, IV, at 08:56. Nitroglycerin, 200 mcg, intracoronary, at 09:04. 1% Lidocaine, 20 ml, subcutaneously, at 08:57.

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Prepared and signed by

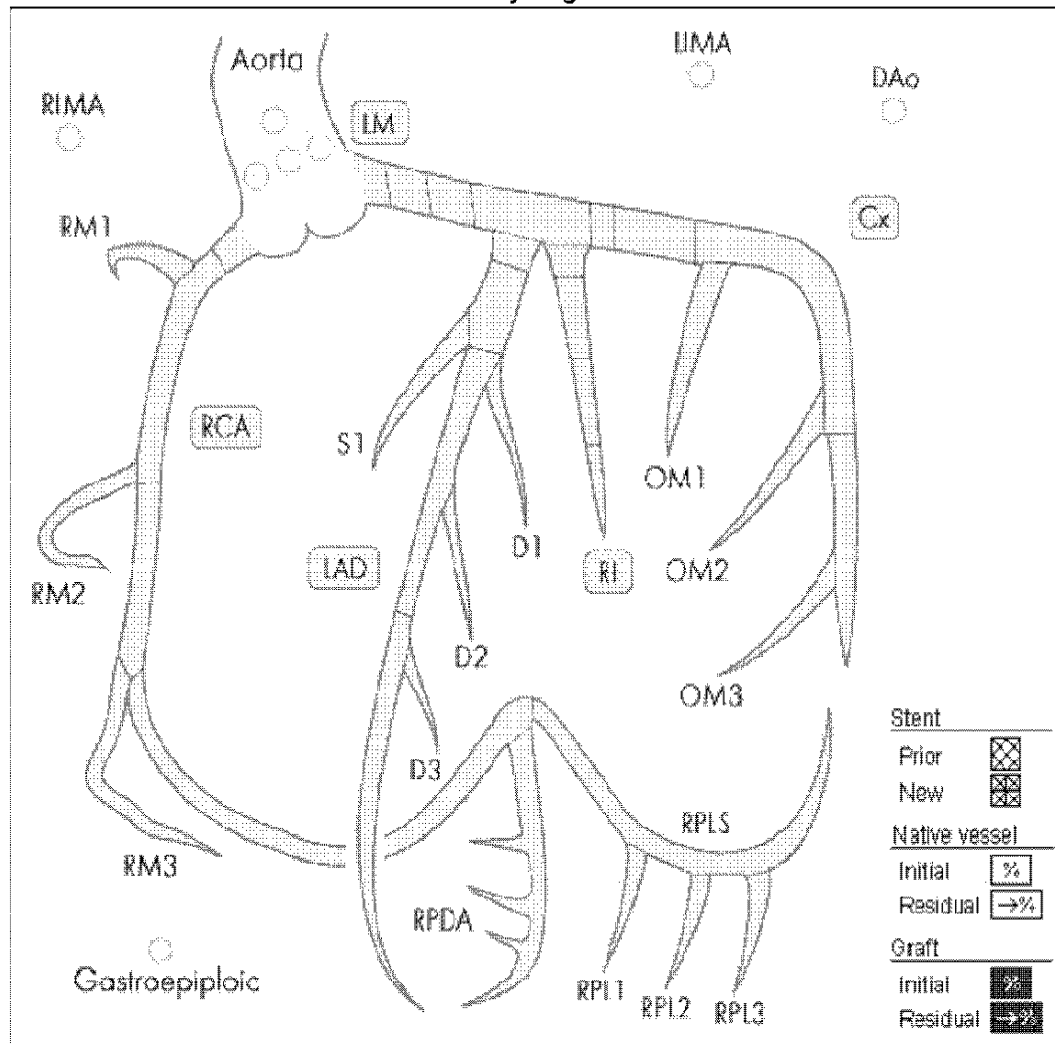
William Gotsis, MD  
Signed 04/18/2014 10:42:33



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Study diagram



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**Hemodynamic tables**

<b>Hemo Pressures</b>		<b>Baseline</b>	
<b>HR</b>		84	
Aortic Pressure (S/D/M)		119/63/47	
Left Ventricle (s/edp)		119/46/--	
Pulmonary Artery (S/D/M)		34/17/23	
Pulmonary Capillary Wedge		25/23/18	
Right Atrium (a/v/M)		16/11/8	
Right Ventricle (s/edp)		47/19/--	
<b>Hemo O2Sats</b>		<b>Baseline</b>	
<b>HR</b>		84	
	Hgb	%Sat	Content
FA	--	100	--
PA	--	70.6	--
<b>HEMO CALCULATIONS</b>		<b>Baseline</b>	
HR		84	
Age in years		55.26	
Body Surface Area		1.44	
Height in cm		147.00	
Sex		Female	
Weight in kg		52.20	