

Name:	BERRY, VICKIE L	Admit Date:	8/26/2022
MRN / FIN:	10502 6618428	Discharge Date:	8/26/2022
DOB / Age:	3/1/1953 72 years	Attending:	Du MD,Cheng
Sex / Birth Sex:	Female Female	Copy to:	CareAware Oauth,LOGN_IN

Progress Notes

Document Type:	Progress Note
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Document Subject:	Progress/SOAP Note
Sign Information:	Du MD,Cheng (8/26/2022 14:33 EDT)

BERRY, VICKIE L

DOB: 03/01/1953
Age: 69 years
Sex: Female
MRN: 10502
Registration Date: 08/26/2022
Primary Care Physician:
Akande MD, Olusina

Subjective

Hx of stroke about 5 years ago. Recent images showed 2 brain aneurysms. Pt states other neurologist are giving her different information. Pt states no other sx. Dr. Akande referring.

saw neuro S and told no aneurysm

IMPRESSION:

1. No obvious intracranial aneurysm demonstrated on this study. No aneurysms are identified on previous imaging. If the patient has outside imaging demonstrating an aneurysm, we would be happy to review that study and compare to the current exam to discuss a possible very small aneurysm not well demonstrated on this exam.

2. Vascular disease involving the cavernous portions of the ICAs without evidence of a greater than 50% stenosis.

Internal carotid arteries: Vascular plaque is present involving the cavernous portions of the ICAs. The degree of stenosis is estimated at less than 50% bilaterally.
on lipid med

on asa/plavix after cva and on lipitor

if casrotid ok then only need plavix

Home Medications (12) Active

!-Norco 5 mg-325 mg oral tablet 1 tab, PRN, Oral, every 4 hr
amLODIPine 5 mg oral tablet 5 mg = 1 tab, Oral, Daily
aspirin 81 mg oral tablet 81 mg = 1 tab, Oral, Daily
clopidogrel 75 mg oral tablet 1 tab, Oral, Daily

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FeroSul 325 mg (65 mg elemental iron) oral tablet
ibuprofen 800 mg oral tablet
levothyroxine 100 mcg (0.1 mg) oral tablet 1 tab, Oral, Daily
lisinopril 40 mg oral tablet 1 tab, Oral, Daily
omeprazole 40 mg oral delayed release capsule 40 mg = 1 cap, Oral, Daily
pravastatin 20 mg oral tablet 1 tab, Oral, Daily
traZODone 50 mg oral tablet 4 tab, PRN, Oral, every day at bedtime
venlafaxine 150 mg oral capsule, extended release 300 mg = 2 cap, Oral, Daily

ObjectivePhysical Exam

PX: Well Developed. Mood So so
MS: Awake +O x3 , fund of k ok
good attention and concentration,
Short and long term memory Normal
speech Normal. good naming & vocab, repetition and comprehension normal
CN: fields + EOMs full, face sense/power NI, hears down
tongue midline, SCM NI
Sense: no numb in toes
Motor: move 4 limbs well, N tone, FNF& stance N on sit

I performed this clinical encounter by utilizing a real-time telehealth video/audio connection between my office and the patient's room

I obtained verbal consent from the patient to perform this clinical encounter using the video/audio and prepared the patient by answering any questions they had about the telemedicine interaction.

We discussed differential diagnosis, prognosis options, and possible medications.

continue plavix asa and take one

no h/o cad

pre 6 min
face and post time 28 min

Assessment/Plan

1. Asymptomatic stenosis of intracranial artery I66.9

2. Hyperlipidemia LDL goal <70 E78.5

3. Carotid stenosis I65.29

Ordered:

US Carotid Duplex Bilateral, 08/26/22, Routine, Reason: dizzy et al, Transport Mode: Ambulatory, Dizzy spells | Carotid stenosis, ABN Status: Not Required

4. Dizzy spells R42

Ordered:

US Carotid Duplex Bilateral, 08/26/22, Routine, Reason: dizzy et al, Transport Mode: Ambulatory, Dizzy spells | Carotid stenosis, ABN Status: Not Required

5. History of CVA in adulthood Z86.73

Logan Internists

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FL after carotid iphone

Electronically Signed on 08/26/22 02:33 PM

Du MD, Cheng