

<b>Name:</b>	<b>BERRY, VICKIE L</b>	<b>Admit Date:</b>	9/18/2023
<b>MRN / FIN:</b>	10502 6983475	<b>Discharge Date:</b>	9/18/2023
<b>DOB / Age:</b>	3/1/1953 72 years	<b>Attending:</b>	Du MD,Cheng
<b>Sex / Birth Sex:</b>	Female Female	<b>Copy to:</b>	CareAware Oauth,LOGN_IN

### Office Clinic Notes

<b>Document Type:</b>	Office Clinic Note Physician
<b>Service Date/Time:</b>	9/18/2023 20:42 EDT
<b>Result Status:</b>	Auth (Verified)

**BERRY, VICKIE L**

**DOB:** 03/01/1953  
**Age:** 70 years  
**Sex:** Female  
**MRN:** 10502  
**Visit Date:** 09/18/2023  
**Primary Care Physician:**  
Akande MD, Olusina

#### Chief Complaint

Pt is here for 1 year follow up of carotid stenosis. Pt states she continues to take Plavix. Pt states she has been experiencing dizzy spells for approx. 1 year.

#### History of Present Illness

1. Asymptomatic stenosis of intracranial artery I66.9, but normal mra brain and did see neuro surgery

2020 mra ok  
2022 cta

#### 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.

2. Hyperlipidemia LDL goal <70 E78.5

3. Carotid stenosis I65.29

4. Dizzy spells R42

5. History of CVA in adulthood Z86.73

iphone

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.

#### Problem List/Past Medical History

##### Ongoing

Aneurysm, cerebral  
Anosmia  
Asymptomatic stenosis of intracranial artery  
Brain aneurysm  
Carotid stenosis  
Constipation, unspecified  
Depression with anxiety  
Dizzy spells  
Essential hypertension  
Gastro-esophageal reflux disease without esophagitis  
Hemorrhoids  
History of CVA (cerebrovascular accident) without residual deficits  
Hypothyroidism, acquired, autoimmune  
Iron deficiency anemia  
Keratoconus  
Mixed hyperlipidemia  
Other chronic pain

##### Historical

Disease caused by 2019 novel coronavirus

#### Procedure/Surgical History

- ORIF - Open reduction and internal fixation of fracture (04/19/2022)
- Colonoscopy (04/14/2008)
- Stroke
- Tonsillectomy

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Dr. Akande referring. CTA no aneurysm

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, now only plavix

1. Mild plaque within the proximal right internal carotid artery. Doppler velocity measurements indicate no hemodynamically significant stenosis (less than 50% diameter stenosis). No change in carotid stenosis from prior study.

2. Mild to moderate plaque within the proximal left internal carotid artery. Doppler velocity measurements indicate no hemodynamically significant stenosis (less than 50% diameter stenosis). No change in carotid stenosis from prior study.

1. Asymptomatic stenosis of intracranial artery I66.9

2. Carotid stenosis I65.29

3. History of CVA in adulthood Z86.73

on plavix and fl in one year

saw neuro s and planed cta in 2 years then fl

**Home Medications (10) Active**

amLODIPine 5 mg oral tablet 1 tab, Oral, Daily  
 clopidogrel 75 mg oral tablet 1 tab, Oral, Daily  
 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 2 cap, Oral, Daily

**Medications**

amLODIPine 5 mg oral tablet, 1 tab, Oral, Daily  
 clopidogrel 75 mg oral tablet, 1 tab, Oral, Daily  
 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, 3 refills  
 pravastatin 20 mg oral tablet, 1 tab, Oral, Daily  
 traZODone 50 mg oral tablet, 4 tab, Oral, every day at bedtime, PRN  
 venlafaxine 150 mg oral capsule, extended release, 2 cap, Oral, Daily

**Allergies**

No Known Allergies  
 No Known Medication Allergies

**Social History**Alcohol

Past

Electronic Cigarette/Vaping

Electronic Cigarette Use: Never.

Employment/School

Retired

Exercise

Physical Activity Intensity: Light. Sleep number of hours per night: 6. Self assessment: Fair condition.

Home/Environment

Marital Status of Patient if Patient

Independent Adult: Married.-

Comments: Children: yes 3

Nutrition/Health

Diet: Vegetarian. Wants to lose weight: Yes.

Substance Use

Never

Tobacco

Tobacco Use: Never tobacco user.

**Family History**

Congestive heart failure: Mother.

Fire: Child.

Healthy adult: Sister and Brother.

Hypertension: Mother and Father.

Overdose: Child.

**Deceased Family Member(s):**

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**Physical Exam**Vitals & Measurements

HT: 162.56 cm WT: 81.01 kg BMI: 30.66 BSA: 1.91

Well Developed. Mood ok  
Observation: calmMS: Awake +O x3, fund knowledge ok  
Good attention and concentration  
Short and long term memory ok  
Fluent good naming & vocab, repetition and comprehension normal  
CN: Fields + EOMs full, face sense/power NI, hears well,  
palate/tongue midline, SCM NI

Sense: NI PP

Motor: NI power up and low, no prominent muscle atrophy, no abnormal movements.

FNF N &amp; stances N on sit

pre 12 min  
face and post 30 min**Assessment/Plan**

1. Asymptomatic stenosis of intracranial artery I66.9

Ordered:

US Carotid Duplex Bilateral, 09/18/23, Routine, Reason: dizzy, Transport Mode:  
Ambulatory, Asymptomatic stenosis of intracranial artery | History of CVA  
(cerebrovascular accident) without residual deficits | Carotid stenosis | Dizzy  
spells, ABN Status: Not Required

2. History of CVA (cerebrovascular accident) without residual deficits Z86.73

Ordered:

US Carotid Duplex Bilateral, 09/18/23, Routine, Reason: dizzy, Transport Mode:  
Ambulatory, Asymptomatic stenosis of intracranial artery | History of CVA  
(cerebrovascular accident) without residual deficits | Carotid stenosis | Dizzy  
spells, ABN Status: Not Required

3. Carotid stenosis I65.29

Ordered:

US Carotid Duplex Bilateral, 09/18/23, Routine, Reason: dizzy, Transport Mode:  
Ambulatory, Asymptomatic stenosis of intracranial artery | History of CVA  
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spells, ABN Status: Not Required

4. Dizzy spells R42

Ordered:

US Carotid Duplex Bilateral, 09/18/23, Routine, Reason: dizzy, Transport Mode:  
Ambulatory, Asymptomatic stenosis of intracranial artery | History of CVA  
(cerebrovascular accident) without residual deficits | Carotid stenosis | Dizzy  
spells, ABN Status: Not Required

MOTHER, deceased at age: Unknown. Cause of death:

**Deceased Family Member(s):**

FATHER, deceased at age: Unknown. Cause of death:

**Deceased Family Member(s):**

CHLD\_RESP, deceased at age: Unknown. Cause of death:

**Deceased Family Member(s):**

CHLD\_RESP, deceased at age: Unknown. Cause of death:

**Immunizations**

Vaccine	Date	Status
influenza virus vaccine, inactivated	10/05/2022	Given
tetanus/diphth/pertuss (Tdap) adult/adol	05/13/2022	Given
<b>Comments :</b> Early/Late Reason: Back-charting an earlier dose		
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	11/27/2021	Recorded
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	03/08/2021	Recorded
SARS-CoV-2 (COVID-19) mRNA-1273 vaccine	02/04/2021	Recorded
influenza, unspecified formulation	10/23/2015	Recorded
influenza, unspecified formulation	11/14/2014	Recorded
influenza, unspecified formulation	11/18/2013	Recorded
Novel Influenza-H1N1-09, all formulation	01/29/2010	Recorded

Logan Internists

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**Future Orders**

US Carotid Duplex Bilateral, 09/18/23, Routine, Reason: dizzy, Transport Mode:  
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(cerebrovascular accident) without residual deficits | Carotid stenosis | Dizzy  
spells, ABN Status: Not Required

Electronically Signed on 09/18/23 08:42 PM

Du MD, Cheng