

RECORD #####

HISTORY OF PRESENT ILLNESS: This patient is a [61-70]yearsold gentleman with multiple past cardiovascular medical issues including hypertension DISEASE , diabetes DISEASE , hypercholesterolemia DISEASE , nonobstructive CAD DISEASE on prior catheterization of 1993 and idiopathic cardiomyopathy DISEASE with an ejection fraction reported at baseline from the Burgthan Hospital to be 45% , prior echocardiogram in Montsair Community CHEMICAL Hospital from 1994 reported at 25 to 30% , question alcoholic cardiomyopathy DISEASE , atrial fibrillation DISEASE . He is status post right MCA CVA CHEMICAL while on Coumadin CHEMICAL for atrial fibrillation DISEASE and peripheral vascular disease DISEASE , history of GI bleed DISEASE who presented with increased shortness of breath and cough DISEASE x several weeks. He noted initial shortness of breath DISEASE and nonproductive cough DISEASE in the end of 6/4 with a question infiltrate on chest film at that time and the patient was treated with a 10-day course of antibiotics of unknown content question levofloxacin CHEMICAL with no improvement. Since late 6/4 , the patient reports progressive shortness of breath DISEASE , dyspnea DISEASE on exertion particularly with ambulation of steps and when lying down. Additionally , the patient reports a vague band like pain DISEASE discomfort over left anterior chest particularly associated with ambulation of steps and when lying supine. Chest pain DISEASE is associated with shortness of breath DISEASE , but denies lightheadedness DISEASE , diaphoresis DISEASE or recent nausea DISEASE and vomiting DISEASE . Symptoms of chest pain DISEASE and shortness of breath DISEASE are notably worse over the last one to two weeks through the patient reports resolution over the last 24 hours with question of a new medication that he is unable recall. He denies palpitation DISEASE or raising heart rate. He does report orthopnea DISEASE , denies PND , but does report intermittent lower extremity swelling. He denies hematochezia DISEASE , bright red blood per rectum , hematemesis DISEASE with question of melanotic stools over the last month. The patient also with a history of prior GI bleed DISEASE while in Lan , West Virginia 39586 several years prior for which he was transfused 4 units of packed red blood cells. EGD colonoscopy at that time revealed both upper and lower GI lesions including several small AVM DISEASE and diverticulosis DISEASE . Additionally , upper GI endoscopy performed at that time revealed

duodenitis **DISEASE** . The patient was seen in a Pleaermount Medical Center today reportedly in atrial fibrillation **DISEASE** and atrial flutter **DISEASE** . He had previously been reported to be in this abnormal rhythm that converted to normal sinus rhythm while on amiodarone **CHEMICAL** . He was noted to have rapid ventricular response in 120s. He had appeared pale. Hematocrit obtained at that time reportedly 21.4 and the patient was admitted to the Nipaul Ingways Community **CHEMICAL** Hospital for further evaluation.

PAST MEDICAL HISTORY: As given , hypertension **DISEASE** , diabetes **DISEASE** , hypercholesterolemia **DISEASE** , nonobstructive CAD **DISEASE** on prior catheterization in 1993 , IDCM **CHEMICAL** with EF of 30 to 45% , question alcoholic cardiomyopathy **DISEASE** , atrial fibrillation **DISEASE** on Coumadin **CHEMICAL** , right MCA CVA **DISEASE** in 1999 , PVD **DISEASE** , peptic ulcer disease **DISEASE** , history of GI bleed **DISEASE** with duodenitis **DISEASE** , diverticulitis **DISEASE** and AVM **DISEASE** and right hand partial hemiparesis **DISEASE** and depression **DISEASE** .

MEDICATIONS ON ADMISSION: 1. Amiodarone **CHEMICAL** 200 mg p.o **CHEMICAL** . q.d **CHEMICAL** . 2. Lasix **CHEMICAL** 80 mg p.o **CHEMICAL** . q.d **CHEMICAL** . 3. Digoxin **CHEMICAL** 0.25 mg p.o **CHEMICAL** . q.d **CHEMICAL** . 4. Niacin **CHEMICAL** 750 mg p.o **CHEMICAL** . b.i.d **CHEMICAL** . 5. Amitriptyline **CHEMICAL** 50 mg p.o **CHEMICAL** . q.day. 6. Folate **CHEMICAL** B6. 7. Prilosec 20 mg p.o **CHEMICAL** . b.i.d **CHEMICAL** . 8. Avandia **CHEMICAL** 4 mg p.o **CHEMICAL** . b.i.d **CHEMICAL** . 9. Valsartan **CHEMICAL** 160 mg p.o **CHEMICAL** . q.day. 10. Nifedipine **CHEMICAL** 90 mg p.o **CHEMICAL** . q.day. 11. Hydrochlorothiazide **CHEMICAL** 25 mg p.o **CHEMICAL** . q.d **CHEMICAL** . 12. Bisoprolol **CHEMICAL** 5 mg p.o **CHEMICAL** . q.d **CHEMICAL** . 13. Glucophage 500 mg b.i.d **CHEMICAL** . 14. Gemfibrozil **CHEMICAL** 600 mg p.o **CHEMICAL** . q.day. 15. Zoloft **CHEMICAL** 50 mg p.o **CHEMICAL** . q.d **CHEMICAL** . 16. Ambien 10 mg q.h.s. 17. Coumadin **CHEMICAL** as needed. 18. Lisinopril **CHEMICAL** 40 mg p.o **CHEMICAL** . q.d **CHEMICAL** .

ALLERGIES: Reported isosorbide **CHEMICAL** resulting in headache **DISEASE** , amlodipine **CHEMICAL** lower extremity edema **DISEASE** , Lopressor erectile dysfunction **DISEASE** and Viagra **CHEMICAL** , which reportedly does not work for the patient.

Attending: [PERSONS **CHEMICAL**]

Dictated By: [DOCTORS **CHEMICAL**]

