

RECORD #####

Admission Date: 8/26/2006

Discharge Date: 4/2/2006

HISTORY OF PRESENT ILLNESS: The patient was admitted for an elective right heart catheterization and reassessment of refractory CHF and atrial fibrillation. He is a 62-year-old man with a history of nonischemic cardiomyopathy with an EF of 30% who was diagnosed about ten years ago and has been stable with medical management until this past year when he started developing worsening dyspnea on exertion, orthopnea, palpitations, and PND. His functional status has declined significantly since then. In 7/26, he was admitted for decompensated heart failure and diuresed back to dry weight. An ICD was placed at that time. Following discharge, he developed AFib with rapid ventricular response and underwent DC cardioversion with Dr. Gerry Canseco, but however, relapsed shortly thereafter. He was started on amiodarone, but developed a question of pulmonary toxicity with significant dry coughing. He was continued to be in atrial fibrillation with rapid ventricular response despite maximal carvedilol and digoxin. He is now being electively admitted for right heart catheterization, diuresis, and possible repeat cardioversion versus amiodarone challenge, and completion of his transplant evaluation.

PAST MEDICAL HISTORY: Nonischemic cardiomyopathy, EF of 30%, atrial fibrillation status post ICD placement, echo in 1/28 with an EF of 30-35% with a dilated LV and anterior wall and septal hypokinesis, mild mitral regurgitation, hypertension, hyperlipidemia, and diabetes.

ALLERGIES: He has a questionable allergy to amiodarone.