['Admission Date: 8/18/2006']

['Discharge Date: 2/22/2006']

HISTORY OF PRESENT ILLNESS: Mr. Wagenblast is a 76-year-old man with history of atrial fibrillation **DISEASE** who is admitted to Et Monthilt Ria Hospital last month with atrial fibrillation **DISEASE** with rapid ventricular response. At that time, he also had arm pain **DISEASE** and pulmonary edema **DISEASE** . This resolved once his heart rate was controlled. He has had atrial fibrillation **DISEASE** for the past 30 years and has been on Coumadin **CHEMICAL** for the past 20. The patient has been on amiodarone **CHEMICAL** therapy in the past and has biopsydemonstrated cirrhosis **DISEASE** as a consequence of this therapy, which has resolved following the discontinuation of the medication. He has been rate controlled since that time but is very sensitive even with slight delay in his rate-slowing medications with heart rate becoming rapid associated with a sensation of aching in his arms. He also has a history of peripheral vascular disease DISEASE with endarterectomy of the external iliac , common femoral , and TSA **CHEMICAL** with patch angioplasty on the left in May 2000 at RMH . He also has a cerebrovascular disease DISEASE with MRI a few years ago also showing evidence of old small infarcts **DISEASE** involving the right inferior cerebellum and the old lacuna in the left anterior pons and some patchy areas of the bilateral pons , small areas of ischemia **DISEASE** . He was thought to have basilar artery disease **DISEASE** by neurology. He complains that right side is less sensitive to temperatures and touch than the left side but no difference in motor activities is noted. He also has a history of coronary artery disease **DISEASE** . As an outpatient , MIBI in July 2006 showed 1-mm ST depression **DISEASE** but no ischemia **DISEASE** on imaging. Left ventricular ejection fraction was noted to be 45% without any regional wall motion abnormalities **DISEASE** . Elective catheterization showed three-vessel disease **DISEASE** and was admitted to the Carecog Hospital for CABG. PAST MEDICAL HISTORY: Hypertension DISEASE , peripheral vascular disease DISEASE of the lower extremities, status post endarterectomy of the external iliac, common femoral, and TSA CHEMICAL with patchy angioplasty on the left in May 2000, diabetes mellitus DISEASE with insulin therapy, hypercholesterolemia DISEASE, migraine headache DISEASE, and bilateral lower extremity neuropathy **DISEASE** due to diabetes **DISEASE**

ALLERGIES: Penicillin CHEMICAL - skin edema , quinidine CHEMICAL - rash DISEASE , and

amiodarone CHEMICAL - cirrhosis DISEASE of the liver.