

Attestation signed by [REDACTED] at 8/4/2023 6:28 PM

The patient was seen and examined and treatment strategies discussed in detail, at bedside and in person with [REDACTED]. My findings, treatment strategies and other recommendations are in agreement with those outlined in the progress note below. The patient was independently examined and evaluated by myself.

[REDACTED] is a 72 y/o male with TAVR about 8 months ago who presents with chest pain and is ultimately found to have thrombotic occlusion of the RCA. He underwent successful thrombectomy and his postprocedural course has been uneventful. It is speculated that his event is related to thromboemboli from his recently placed TAVR. Cath sites are stable without bleeding or hematoma. Plan is to discharge home on a combination of apixaban and clopidogrel. Outpatient follow-up with [REDACTED] structural heart in 4 weeks.

### PROGRESS NOTE

Specialty: [REDACTED]

#### Assessment/Plan:

##### 1. NSTEMI

##### 2. Non-obstructive CAD

Patient with non-obstructive CAD based on angiogram 11/2022 who presented with chest pain that abruptly woke him up from sleep, as below. Upon admission, EKG demonstrated no acute ischemic changes. Delta troponin is positive. CXR demonstrated no acute process. TTE demonstrated normal LVEF with akinesis of the basal inferior wall, well seated TAVR valve with gradients across the valve within the expected range. He was started on a heparin and nitro infusion, initially with resolution of symptoms. Also got full dose ASA x1. Repeat EKG demonstrated new inferior TWI that resolved on subsequent EKG. He had recurrent chest pressure despite nitro infusion, and he was taken for a coronary angiogram 8/3/23:

- Successful mechanical thrombectomy of the distal RCA with POBA of the PDA and restoration of TIMI 3 flow. Symptoms had resolved. IVUS shows no significant plaque at the site of the occlusion - suspicious of embolism rather than plaque rupture. The PDA is a very small distal vessel that is diffusely diseased - favors medical therapy.
- Residual mild LAD and Lcx disease.

- Intervention and cannulation of the RCA was performed via R femoral approach.
- Recommend femoral access for any further angiograms

Findings on coronary angiogram were highly suspicious of embolic event related to TAVR bioprosthesis. It was noted that contrast would be very slow to clear around the TAVR during coronary injections. Patient was started on Eliquis 5 mg BID and Plavix 75 mg daily

Plan:

- Continue Eliquis 5 mg BID and Plavix 75 mg daily
- Continue atorvastatin 40 mg daily and metoprolol succinate 50 mg daily
- Okay for discharge home today. Will arrange for outpatient follow-up with [REDACTED] in 4 weeks. Will also arrange for follow-up with general cardiology.

### 3. Severe AS s/p TAVR 12/2022

Echo 2/2023 demonstrated normal LVEF, normal RV size/function, well seated TAVR aortic valve in place without regurg or stenosis.

Echo 8/2023 also demonstrated normal appearing TAVR valve with gradient across the valve of 13 mmHg.

As above, there was concern that presentation was secondary to embolic event related to TAVR bioprosthesis. Patient will remain on Eliquis upon discharge. Will arrange for outpatient structural heart follow-up.

### 4. HTN

BP trend is intermittently soft. Patient was instructed to hold HCTZ upon discharge and resume it only if SBP is trending > 130 mmHg.

DVT Prophylaxis pharmacologic: apixaban

### SUBJECTIVE: ⚡

Patient seen at bedside, chart reviewed.H

He had an echocardiogram demonstrating normal LVEF with akinesis of the basal inferior wall. TAVR valve was well seated with gradient across the valve within the expected range.

Coronary angiogram demonstrated successful mechanical thrombectomy of the distal RCA with POBA of the PDA and restoration of TIMI 3 flow, as detailed above.

He has felt great since after the angiogram. He has had no more chest pressure/pain. No SOB. Ambulating the halls without angina.

BP was soft overnight but better this morning

Tele demonstrates SR, one short run of PSVT, no sustained arrhythmias or other significant events.

### OBJECTIVE: ⚡

#### PHYSICAL EXAM:

BP 106/67 (BP Location: Left arm, Patient Position: Sitting) | Pulse 67 | Temp (!) 35.7 °C (96.3 °F) (Temporal) | Resp 16 | Ht 1.753 m (5' 9") | Wt 110 kg (242 lb 15.2 oz) | SpO2 91% | BMI 35.88 kg/m<sup>2</sup>

Intake/Output Summary (Last 24 hours) at 8/4/2023 1627

Last data filed at 8/4/2023 0959

	Gross per 24 hour
Intake	1366.99 ml
Output	675 ml
<b>Net</b>	<b>691.99 ml</b>

**Physical Exam**

**Constitutional:**

Appearance: Normal appearance.

**HENT:**

Head: Normocephalic and atraumatic.

**Eyes:**

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

**Cardiovascular:**

Rate and Rhythm: Normal rate and regular rhythm.

Pulses: Normal pulses.

Heart sounds: No murmur heard.

**Pulmonary:**

Effort: Pulmonary effort is normal.

Breath sounds: No wheezing, rhonchi or rales.

**Abdominal:**

Palpations: Abdomen is soft.

**Musculoskeletal:**

General: No swelling. Normal range of motion.

Cervical back: Neck supple.

**Skin:**

General: Skin is warm and dry.

Comments: **Right radial and femoral site are healing normally without hematoma or infection**

**Neurological:**

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time.

**Psychiatric:**

Mood and Affect: Mood normal.

Behavior: Behavior normal.

Labs:

CBC

**Lab Results**

Component	Value	Date
WBC	8.1	08/04/2023
RBC	3.48 (L)	08/04/2023
HGB	12.2 (L)	08/04/2023

HCT	35.8 (L)	08/04/2023
PLT	176	08/04/2023

## CMP

### Lab Results

Component	Value	Date
NA	136	08/04/2023
K	4.1	08/04/2023
CL	100	08/04/2023
CO2	27	08/04/2023
BUN	18	08/04/2023
CREATININE	0.8	08/04/2023
GLUCOSE	122 (H)	08/04/2023
ANIONGAP	9.0	08/04/2023
AST	37	08/03/2023
ALT	32	08/03/2023
ALKPHOS	68	08/03/2023
BILITOT	1.0	08/03/2023

### Results from last 7 days

Lab	Units	08/04/23 0655	08/03/23 0302
WBC AUTO	k/mcL	8.1	9.9   9.9
HEMOGLOBIN	g/dL	12.2*	14.3   14.3
HEMATOCRIT	%	35.8*	41.0   41.0
PLATELETS AUTO	k/mcL	176	215   215

### Results from last 7 days

Lab	Units	08/04/23 0655	08/03/23 0302
SODIUM	mmol/L	136	138
POTASSIUM	mmol/L	4.1	3.6
CHLORIDE	mmol/L	100	98
CO2	mmol/L	27	27
BUN	mg/dL	18	32*
CREATININE	mg/dL	0.8	1.0
CALCIUM	mg/dL	8.0*	9.1
TOTAL PROTEIN	g/dL	--	6.8
BILIRUBIN TOTAL	mg/dL	--	1.0
ALK PHOS	U/L	--	68
ALT	U/L	--	32
AST	U/L	--	37
GLUCOSE	mg/dl	122*	88

[Redacted]

Cosigned by: [Redacted] at 8/4/2023 6:28 PM

ED to Hosp-Admission (Discharged) on 8/3/2023 *Note shared with patient*

Care Timeline

- 08/03 1337 Admitted from ED (Observation) 1337
- 08/04 1125 Admitted 1125
- 08/04 1542 Discharged 1542