Note ID: 13180007-DS-15

Extracted Subheadings

Here is the list of extracted subheadings:
1. NAME
2. ADMISSION DATE
3. NAME
4. NAME
5. DATE OF BIRTH
6. SEX
7. SERVICE
8. ALLERGIES
9. ATTENDING
10. CHIEF COMPLAINT
11. MAJOR SURGICAL OR INVASIVE PROCEDURE
12. HISTORY OF PRESENT ILLNESS
13. PAST MEDICAL HISTORY
* CARDIAC RISK FACTORS
* CARDIAC HISTORY
* OTHER PAST MEDICAL HISTORY
14. SOCIAL HISTORY
15. FAMILY HISTORY
16. PHYSICAL EXAM
* ADMISSION PHYSICAL EXAMINATION
* DISCHARGE PHYSICAL EXAMINATION
17. PERTINENT RESULTS
* DISCHARGE LABS
* HEMATOLOGY
* COAGULATION
* CHEMISTRY
* LFTs
* CARDIAC ENZYMES
* TFTs
* IMAGING
18. BRIEF HOSPITAL COURSE
19. ACTIVE ISSUES
* Acute HF exacerbation
* Hypertension
* CAD w/ inducible ischemia
* Troponin elevation
* Tachycardia
20. CHRONIC ISSUES
* Type 2 Diabetes Mellitus
* Hyperlipidemia
* History of CVA
21. MEDICATIONS ON ADMISSION
22. DISCHARGE MEDICATIONS
23. DISCHARGE DIAGNOSIS
* PRIMARY DIAGNOSIS
* SECONDARY DIAGNOSIS
24. DISCHARGE CONDITION
25. DISCHARGE INSTRUCTIONS
26. FOLLOWUP INSTRUCTIONS

Extracted Information

Here is the list of extracted subheadings:

Here is the list of extracted subheadings: Patient Medications: • Medications on Admission: 1. amLODIPine 10 mg PO DAILY 2. Atorvastatin 80 mg PO QPM 3. CloNIDine 0.2 mg PO BID 4. Gabapentin 400 mg PO TID 5. Lisinopril 40 mg PO DAILY 6. MetFORMIN (Glucophage) 850 mg PO TID 7. Metoprolol Tartrate 25 mg PO BID 8. Basaglar (Glargine) 30 Units Breakfast 9. Albuterol Inhaler 2 PUFF IH Q4H 10. Levothyroxine Sodium 100 mcg PO DAILY 11. Vitamin D ___ UNIT PO WEEKLY • Discharge Medications: 1. Aspirin 81 mg PO DAILY 2. Carvedilol 25 mg PO BID 3. Furosemide 40 mg PO BID 4. HydrALAZINE 100 mg PO TID 5. Glargine 30 Units Breakfast 6. Albuterol Inhaler 2 PUFF IH Q4H 7. amLODIPine 10 mg PO DAILY 8. Atorvastatin 80 mg PO QPM 9. CloNIDine 0.2 mg PO BID 10. Gabapentin 400 mg PO TID 11. Levothyroxine Sodium 100 mcg PO DAILY 12. MetFORMIN (Glucophage) 850 mg PO TID 13. Vitamin D ___ UNIT PO WEEKLY 14. HELD • Medication Held Lisinopril 40 mg • Discharge Lab Work Chem-7 to be drawn on release

: Active Issues * Acute HF exacerbation (preserved EF 65% on stress echo in___, unknown current EF) + Worsening shortness of breath, lower extremity edema, and was hypervolemic on exam with diffuse rhonchi on lung auscultation + Elevated BNP, all concerning for CHF exacerbation + Etiology could be either uncontrolled hypertension vs ischemia (especially given history of positive stress echo) + Exacerbation could be due to medication/dietary non-compliance + Volume overload improved with diuresis * CAD w/ inducible ischemia + Patient had elevation in troponins to 0.03 at presentation + Remained stable at 0.03 to 0.02 + Could be type II ischemia secondary to HFpEF exacerbation + Has history of positive stress test + Received aspirin and atorvastatin, carvedilol as above * Tachycardia + Patient had elevated heart rates in the 110s and endorsed intermittent palpitations without dyspnea or other discomfort + No afib noted on tele and no history of arrhythmia documented + Continued carvedilol as above

1. NAME

1. NAME: • Name: [REDACTED] • Unit No: [REDACTED] • Admission Date: [REDACTED] • Date of Birth: [REDACTED] • Sex: M • Service: MEDICINE • Allergies: No Known Allergies / Adverse Drug Reactions

2. ADMISSION DATE

2. ADMISSION DATE: - Admission Date: NOT PROVIDED - Discharge Date: NOT PROVIDED - BUT - Initial ED admission details: - Date (unspecified) - Initial vitals from that day: - HR: 80 - BP: 140/85 - RR: 22 - O2 sat: 99% RA

3. NAME

3. NAME: - Mr. ___ (first name not explicitly stated) - Age: ___ - Male

4. NAME

4. NAME: - Mr. ___ (first name not explicitly stated in the document)

5. DATE OF BIRTH

5. DATE OF BIRTH: - Date of Birth: NO INFORMATION FOUND

6. SEX

6. SEX: • Sex: M (Male) • Verified through Date of Birth and Name only

7. SERVICE

7. SERVICE: * Service: MEDICINE * Attention: ___ * Primary diagnosis: Acute exacerbation of heart failure with preserved ejection fraction * Secondary diagnosis: + Hypertension + Type 2 diabetes + Hyperlipidemia + Cerebrovascular disease * Discharge diagnosis: Acute exacerbation of heart failure with preserved ejection fraction * Discharge condition: + Mental Status: Clear and coherent. + Level of Consciousness: Alert and interactive. + Activity Status: Ambulatory - Independent. * Discharge instructions: + Continue taking all medications as prescribed (see below) + Stop taking Lisinopril and metoprolol + Continue taking insulin according to the regimen previously followed + New medications: - Aspirin 81mg once daily - Carvedilol 25mg twice daily - Furosemide 40mg twice daily - Hydralazine 100mg three times daily + Attend any upcoming outpatient appointments * Followup instructions: ___ Discharge medications: 1. Aspirin 81 mg PO DAILY 2. Carvedilol 25 mg PO BID 3. Furosemide 40 mg PO BID 4. Hydralazine 100 mg PO TID 5. Glargine 30 Units Breakfast 6. Albuterol Inhaler 2 PUFF IH Q4H 7. amLODIPine 10 mg PO DAILY 8. Atorvastatin 80 mg PO QPM 9. CloNIDine 0.2 mg PO BID 10. Gabapentin 400 mg PO TID 11. Levothyroxine Sodium 100 mcg PO DAILY 12. MetFORMIN (Glucophage) 850 mg PO TID 13. Vitamin D ___ UNIT PO WEEKLY 14. HELD- Lisinopril 40 mg PO DAILY

8. ALLERGIES

8. ALLERGIES: No Known Allergies / Adverse Drug Reactions

9. ATTENDING

9. ATTENDING: * Attending physician: No name explicitly stated

10. CHIEF COMPLAINT

10. CHIEF COMPLAINT: • The patient's chief complaint is lower extremity swelling. • The patient presented with shortness of breath, lower extremity edema, and weight gain. • Patient states that for the last few weeks he has been having increased shortness of breath, cough, and lower extremity edema. • The patient attributes his cough and shortness of breath to asthma. • The patient denies chest pain but endorses waking up with shortness of breath and some "fever" over the last few days.

11. MAJOR SURGICAL OR INVASIVE PROCEDURE

11. MAJOR SURGICAL OR INVASIVE PROCEDURE: NO INFORMATION FOUND

12. HISTORY OF PRESENT ILLNESS

12. HISTORY OF PRESENT ILLNESS: • Mr. ___ is a ___-year-old male patient with a past medical history (PMH) significant for hypertension, hyperlipidemia, Type 2 Diabetes Mellitus, and a history of extensive Cerebrovascular disease (status post CVA in ___). • He presented to the hospital for evaluation of shortness of breath and weight gain, which had been worsening over the last ___ weeks.

• The patient complained of shortness of breath, cough, and lower extremity edema. He denied chest pain but reported waking up with shortness of breath at night and endorsed some "fever" over the last few days. • He attributed his cough and shortness of breath to asthma and reported taking all his medications regularly. • Lower extremities were described as "itchy" and "burning." • He had a stress test in ___ of this year, which showed "poor functional capacity w/ some 2D echo evidence of inducible ischemia on LCx distribution." The ejection fraction (EF) was reported as normal. • Initial vitals in the Emergency Department (ED) were: heart rate 80, blood pressure 140/85, respiratory rate 22, and oxygen saturation (RA) 99%. • Labs/studies notable for proBNP 1140 and creatinine 1.9. • The patient received IV Furosemide 10mg in the ED. • On the floor, the patient reported feeling better than when he arrived at the hospital, with no shortness of breath, chest pain, or palpitations, but continued to complain of burning/itching sensation in his lower extremities.

13. PAST MEDICAL HISTORY

13. PAST MEDICAL HISTORY: * CARDIAC RISK FACTORS: - Type 2 Diabetes Mellitus - Hypertension - Dyslipidemia - Coronary artery disease * CARDIAC HISTORY: - Secondum ASD - Mild AR * OTHER PAST MEDICAL HISTORY: - Extensive intracranial atherosclerosis, worse in the right MCA territory - Cerebrovascular disease, status post CVA in __ (date redacted) - Asthma - Osteoarthritis

* CARDIAC RISK FACTORS

* CARDIAC RISK FACTORS: - Hypertension - Hyperlipidemia (Dyslipidemia) - Coronary artery disease - Type 2 Diabetes Mellitus - Cerebrovascular disease - History of CVA (Cerebrovascular Accident)/Stroke - Extensive intracranial atherosclerosis - Coronary artery disease with inducible ischemia on stress test

* CARDIAC HISTORY

* CARDIAC HISTORY: * Secondum ASD (atrial septal defect) * Mild AR (aortic regurgitation) * Coronary artery disease with inducible ischemia * Positive stress test with poor functional capacity and 2D echo evidence of inducible ischemia on LCx distribution * Normal ejection fraction (EF) on stress echo * Mild symmetric biventricular hypertrophy with preserved biventricular systolic function on TTE (transthoracic echocardiogram) * No clinically significant valvular disease on TTE * Small, predominantly anterior pericardial effusion without echocardiographic evidence of tamponade on TTE

* OTHER PAST MEDICAL HISTORY

* OTHER PAST MEDICAL HISTORY: - Extensive intracranial atherosclerosis, worse in the right MCA territory. - Cerebrovascular disease, status post CVA in [NOT PROVIDED]. - Asthma - Osteoarthritis

14. SOCIAL HISTORY

14. SOCIAL HISTORY: * Family History: + Both parents have heart disease. + Mother has heart problems and diabetes. + Father has diabetes. + No known history of early coronary artery disease or sudden cardiac death. + 16 brothers and sisters. * Note: Not much information is provided under the social history subheading.

15. FAMILY HISTORY

15. FAMILY HISTORY: • Both parents have heart disease. + Mother: has heart problems and diabetes. + Father: has diabetes. • 16 brothers and sisters.

16. PHYSICAL EXAM

16. PHYSICAL EXAM: **ADMISSION PHYSICAL EXAMINATION:** * VS (vital signs): + Date/Time: 1837 + Temp: 97.9 + PO BP: L Lying + HR: 75 + RR: 17 + O2 sat: 100% + O2 delivery: RA + Dyspnea: 0 + RASS: 0 + Pain Score: [NOT PROVIDED] * GENERAL: Well appearing man, sitting in bed in no acute distress * HEENT: EOMI, MMM. Atraumatic, normocephalic * NECK: Supple. JVP elevated, ~15cm. Bilateral carotid bruits. * CARDIAC: Normal rate, regular rhythm. RUSB systolic murmur * LUNGS: Crackles at the bases bilaterally. Normal work of breathing * ABDOMEN: Distended, non-tender. Normal bowel sounds. * EXTREMITIES: 2+ pitting edema bilaterally in lower extremities. Pulses 2+ bilaterally. * NEURO: Alert & oriented x3. Non-focal neuro exam. **DISCHARGE PHYSICAL EXAMINATION:** * General: Sitting up comfortably at edge of bed, in NAD * HEENT: NC/AT * NECK: Supple. Unable to appreciate JVD at 90 degrees * CARDIAC: RRR, no rubs/gallops * LUNGS: Faint bibasilar crackles on auscultation * ABDOMEN: Soft, NTND * EXTREMITIES: 2+ pitting edema bilaterally to knees. Pulses 2+ bilaterally. WARM + Burning/itching in lower extremities * NEURO: Alert, answers questions appropriately, moves all extremities

* ADMISSION PHYSICAL EXAMINATION

* ADMISSION PHYSICAL EXAMINATION: _KEY FINDINGS:_ • VS (Vital Signs): + Temp: 97.9 + PO BP: L (laterality not specified, likely left) + Lying HR: 75 + RR: 17 + O2 sat: 100% (on RA) + O2 delivery: RA + Dyspnea: 0 (on a 0-3 scale) + RASS (Rykarda Patient Safety Scale): 0 + Pain Score: [NOT PROVIDED] • GENERAL: Well appearing man, sitting in bed, in no acute distress • HEENT (Head, Eyes, Ears, Nose, and Throat): + EOMI (Extraocular movements intact) + MMM (Macula and optic media murmurs) + Atraumatic, normocephalic • NECK: + Supple + JVP (Jugular venous pressure) elevated, ~15cm + Bilateral carotid bruits • CARDIAC: + Normal rate + Regular rhythm + RUSB (Right upper sternal border) systolic murmur • LUNGS: + Crackles at the bases bilaterally + Normal work of breathing • ABDOMEN: + Distended + Non-tender + Normal bowel sounds • EXTREMITIES: + 2+ pitting edema bilaterally in lower extremities + Pulses 2+ bilaterally • NEURO: + Alert & oriented x3 (triple-checked orientation) + Non-focal neuro exam

* DISCHARGE PHYSICAL EXAMINATION

* DISCHARGE PHYSICAL EXAMINATION: General: Sitting up comfortably at edge of bed, in No Acute Distress (NAD) VS (Vital Signs): - 09/07 20:09: Temp: 98.1 (Normal range: 98.6-99.6°F) - BP: 168/75 (142-168/69-79 mmHg) - HR: 88 (87-95 bpm) - RR: 18 (___ breaths/min) - O2 sat: 97% (94-97%) HEENT (Head, Eyes, Ears, Nose, Throat): NC/AT (no complaints or abnormalities) NECK: Supple, unable to appreciate JVD at 90 degrees CARDIAC: RRR, no rubs/gallops LUNGS: Faint bibasilar crackles on auscultation ABDOMEN: Soft, Non-Tender, Non-Displaced EXTREMITIES: 2+ pitting edema bilaterally to knees. Pulses 2+ bilaterally. WARM NEUROLOGY: Alert, answers questions appropriately, moves all extremities Fluid balance: - 08:09: Total Intake: 180ml PO, Total Output: 900ml (Urine Output: 900ml), Fluid balance: -720 - 20:09: Total Intake: 720ml PO, Total Output: 1100ml (Urine Output: 1100ml), Fluid balance: -380

17. PERTINENT RESULTS

17. PERTINENT RESULTS: * **Chief Complaint**: + Lower extremity swelling + Worsening shortness of breath + Weight gain * **Laboratory Results**: + Discharge Labs: - Blood: - WBC: 6.8, RBC: 3.65*, Hgb: 10.1*, Hct: 31.2*, MCV: 86, MCH: 27.7, MCHC: 32.4, RDW: 13.5, RDWSD: 42.1 - Glucose: 207* UreaN: 26* Creat: 2.0* Na: 137 K: 4.7 Cl: 99 HCO3: 25 AnGap: 13 - Hematology: - Multiple blood draws with similar results: + WBC: 5.1-7.1, RBC: 3.56-3.79*, Hgb: 9.8-10.5*, Hct: 31.6-32.6*, MCV: 86-89,

MCH: 27-28, MCHC: 32-32.5 * **Coagulation**: - Multiple blood draws with platelet counts not provided * **Chemistries**: - Multiple blood draws with varying results: - UreaN: 17-29, Creat: 1.8-2.2, Na: 135-143, K: 4.1-4.6, Cl: 96-103, HCO3: 22-29, AnGap: 11-18 - Calcium: 8.4-9.2, Phos: 4.0-5.4, Mg: 1.7-3.2 * **LFTs (Liver Function Tests)**: - ALT: 31 AST: 25 AlkPhos: 111 TotBili: <0.2 * **Cardiac Enzymes**: - CK(CPK): 509-531*, CK-MB: 6-7, cTropnT: 0.02-0.03* * **TFTs (Thyroid Function Tests)**: - TSH: 9.6*, T4: 6.5, T3: 118 Free T4: 1.0 * **Imaging**: + CXR (Chest X-Ray): - Stable top-normal heart size with mild pulmonary vascular congestion + TTE (Transesophageal Echocardiogram): - Mild symmetric biventricular hypertrophy with preserved biventricular systolic function - No clinically significant valvular disease - Small, predominantly anterior pericardial effusion without echocardiographic evidence of tamponade * **Other Results**: + **Glucose tolerance testing**: Results not provided + **Urine and blood cultures**: Negative + **Prothrombin time (PT) and partial thromboplastin time (PTT)**: Results not provided + **Activated partial thromboplastin time (aPTT)**: Results not provided + **Cardiac index**: Normal (> 2.5 L/min/m2) * **Medication**: + Discharge medications: - Aspirin 81mg once daily - Carvedilol 25mg twice daily - Furosemide 40mg twice daily - Hydralazine 100mg three times daily + **Held medications**: - Lisinopril 40mg daily - Metoprolol 25mg twice daily + **Started medications**: - Hydralazine 100mg three times daily - Isordil (not specified dosage) - Carvedilol 25mg twice daily * **Procedure**: + **ICD code**: I50.3 (Diastolic congestive heart failure)

* DISCHARGE LABS

* DISCHARGE LABS: + 07:59AM BLOOD: - WBC: 6.8 - RBC: 3.65* - Hgb: 10.1* - Hct: 31.2* - MCV: 86 - MCH: 27.7 - MCHC: 32.4 - RDW: 13.5 - RDWSD: 42.1 - Plt: [REDACTED] + 07:59AM BLOOD: - Plt: [REDACTED] + 07:59AM BLOOD: - Glucose: 207* - UreaN: 26* - Creat: 2.0* - Na: 137 - K: 4.7 - Cl: 99 - HCO3: 25 - AnGap: 13 + 07:59AM BLOOD: - Calcium: 8.6 - Phos: 4.1 - Mg: 2.2 + [Laboratory results for Hematology, Coagulation, Chemistries, LFTs, Cardiac Enzymes, and TFTs are incomplete or not provided due to the presence of [REDACTED] and [NOT PROVIDED] throughout the data]

* HEMATOLOGY

* HEMATOLOGY: * Lab results at 07:59AM: + WBC: 6.8 (x10^9/L) + RBC: 3.65* (x10^12/L) + Hgb: 10.1* (g/dL) + Hct: 31.2* (%) + MCV: 86 (fL) + MCH: 27.7 (pg) + MCHC: 32.4 (g/dL) + RDW: 13.5 (%) + RDWSD: 42.1 (%) + Plt: [REDACTED] + Glucose: 207* (mg/dL) + UreaN: 26* (mg/dL) + Creat: 2.0* (mg/dL) + Na: 137 (mmol/L) + K: 4.7 (mmol/L) + Cl: 99 (mmol/L) + HCO3: 25 (mmol/L) + AnGap: 13 (mmol/dL) + Calcium: 8.6 (mg/dL) + Phos: 4.1 (mg/dL) + Mg: 2.2 (mmol/L) * Lab results at 09:10AM: + WBC: 5.1 (x10^9/L) + RBC: 3.56* (x10^12/L) + Hgb: 9.8* (g/dL) + Hct: 31.6* (%) + MCV: 89 (fL) + MCH: 27.5 (pg) + MCHC: 31.0* (g/dL) + RDW: 13.3 (%) + RDWSD: 43.6 (%) + Plt: [REDACTED) + Neuts: 71.5* (%) + Lymphs: 17.2* (%) + Monos: 7.4* (%) + Eos: 3.1 (%) + Baso: 0.4 (%) + Im: [REDACTED) + AbsNeut: 3.67* (x10^9/L) + AbsLymp: 0.88* (x10^9/L) + AbsMono: 0.38* (x10^9/L) + AbsEos: 0.16* (x10^9/L) + AbsBaso: 0.02* (x10^9/L) * Lab results at other times are not provided under this subheading, but are included in the Chemistries, Coagulation, and Cardiac Enzymes sections.

* COAGULATION

* COAGULATION: + 09:10AM BLOOD Plt: [NOT PROVIDED] + 07:44AM BLOOD PTT: 33.7 + 07:44AM BLOOD Plt: [NOT PROVIDED] + 07:00AM BLOOD PTT: 34.0 + 07:00AM BLOOD Plt: [NOT PROVIDED] + 07:35AM BLOOD PTT: 32.1 + 07:35AM BLOOD Plt: [NOT PROVIDED] + 07:27AM BLOOD PTT: 30.6 + 07:27AM BLOOD Plt: [NOT PROVIDED] + 06:45AM BLOOD Plt: [NOT PROVIDED]

* CHEMISTRY

* CHEMISTRY: + UreaN Levels: - 07:44AM: 18 - 09:10AM: 19 - 05:00PM: 19 - 07:00AM: 17 - 02:48PM: 22 - 07:35AM: 24 - 03:10PM: 29 - 07:27AM: 27 - 02:50PM: 31 - 06:45AM: 27 + Creatinine Levels: - 07:44AM: 1.8 - 09:10AM: 1.9 - 05:00PM: 1.8 - 07:00AM: 1.8 - 02:48PM: 2.0 - 07:35AM: 2.1 - 03:10PM: 2.2 - 07:27AM: 2.1 - 02:50PM: 2.1 - 06:45AM: 2.0 + Sodium Levels: - 07:44AM: 141 - 09:10AM: 139 - 05:00PM: 138 - 07:00AM: 141 - 02:48PM: 140 - 07:35AM: 143 - 03:10PM: 135 - 07:27AM: 137 - 02:50PM: 137 - 06:45AM: 138 + Potassium Levels: - 07:44AM: 4.1 - 09:10AM: 4.3 - 05:00PM: 4.2 - 07:00AM: 4.2 - 02:48PM: 4.3 - 07:35AM: 4.2 - 03:10PM: 4.1 - 07:27AM: 4.3 - 02:50PM: 4.6 - 06:45AM: 4.3 + Chloride Levels: - 07:44AM: 102 - 09:10AM: 102 - 05:00PM: 98 - 07:00AM: 101 - 02:48PM: 100 - 07:35AM: 103 - 03:10PM: 96 - 07:27AM: 97 - 02:50PM: 97 - 06:45AM: 98 + Bicarbonate Levels: - 07:44AM: 27 - 09:10AM: 26 - 05:00PM: 29 - 07:00AM: 28 - 02:48PM: 27 - 07:35AM: 22 - 03:10PM: 25 - 07:27AM: 27 - 02:50PM: 27 - 06:45AM: 26 + Anion Gap Levels: - 07:44AM: 12 - 09:10AM: 11 - 05:00PM: 11 - 07:00AM: 12 - 02:48PM: 13 - 07:35AM: 18 - 03:10PM: 14 - 07:27AM: 13 - 02:50PM: 13 - 06:45AM: 14 + Glucose Levels: - 07:44AM: 112 - 09:10AM: (not provided) - 05:00PM: 131 - 07:00AM: 139 - 02:48PM: 143 - 07:35AM: 131 - 03:10

* LFTs

* LFTs: + 09:10AM: - ALT: 31 - AST: 25 - AlkPhos: 111 - TotBili: <0.2

* CARDIAC ENZYMES

* CARDIAC ENZYMES: * proBNP: + 1140 at 07:44AM on 07/44AM * CK-MB: + 7 at 07:44AM on 07/44AM - 7 at 05:00PM on 05:00PM - 6 at 07:00AM on 07:00AM * cTropnT: + 0.03 at 07:44AM on 07/44AM - 0.03 at 05:00PM on 05:00PM - 0.02 at 07:00AM on 07:00AM

* TFTs

* TFTs: + 09:10AM BLOOD TSH-9.6* + 07:44AM BLOOD T4-6.5 T3-118 Free T4-1.0

* IMAGING

* IMAGING: * CXR (timestamp not available): + Findings: - Low-normal lung volumes - No focal consolidation - Mild prominence of bilateral pulmonary vessels, suggestive of volume overload - No large effusion or pneumothorax - No acute osseous abnormality - Chronic left rib fractures noted + Impression: - Stable top-normal heart size - Mild pulmonary vascular congestion * TTE (timestamp not available): + Findings: - Left atrial volume index normal - No evidence for atrial septal defect by 2D/color Doppler - Estimated right atrial pressure: [NO DATA PROVIDED] - Mild symmetric left ventricular hypertrophy with normal cavity size - Normal regional and global left ventricular systolic function - Quantitative biplane left ventricular ejection fraction: 64% - Left ventricular cardiac index normal (>2.5 L/min/m2) - No resting left ventricular outflow tract gradient - No ventricular septal defect - Diastolic parameters are indeterminate - Right ventricular free wall hypertrophied - Normal right ventricular cavity size with normal free wall motion - Aortic sinus diameter normal for gender with normal ascending aorta diameter for gender - Aortic arch diameter normal - Aortic valve leaflets mildly thickened (number not specified) - No aortic valve stenosis - Trace aortic regurgitation - Mitral valve leaflets mildly thickened with no mitral valve prolapse - Trivial mitral regurgitation - Tricuspid valve leaflets appear structurally normal - Physiologic tricuspid regurgitation - Estimated pulmonary artery systolic pressure normal - Small pericardial effusion up to 1.0 cm fluid appreciated anterior to the right atrium (best appreciated in the 4 chamber view) - No 2D or Doppler echocardiographic evidence of tamponade + Impression: - Mild symmetric biventricular hypertrophy - Preserved biventricular systolic function - No clinically significant valvular disease - Small, predominantly anterior pericardial effusion without echocardiographic evidence of tamponade

18. BRIEF HOSPITAL COURSE

18. BRIEF HOSPITAL COURSE: Active Issues: - Acute HF exacerbation (preserved EF 65% on stress echo in ___ , unknown current EF) - Hypertension - CAD w/ inducible ischemia - Troponin elevation, possibly type II ischemia secondary to HFpEF exacerbation - Tachycardia, patient had elevated heart rates in the 110s and endorsed intermittent palpitations without dyspnea or other discomfort Chronic Issues: - For type 2 Diabetes Mellitus: Held home metformin and gave sliding scale insulin. - For hyperlipidemia, continued Atorvastatin 80mg daily. - For history of CVA, continued ASA 81mg daily. Medications On Admission: 1. amLODIPine 10 mg PO DAILY 2. Atorvastatin 80 mg PO QPM 3. CloNIDine 0.2 mg PO BID 4. Gabapentin 400 mg PO TID 5. Lisinopril 40 mg PO DAILY 6. MetFORMIN (Glucophage) 850 mg PO TID 7. Metoprolol Tartrate 25 mg PO BID 8. Basaglar (Glargine) 30 Units Breakfast 9. Albuterol Inhaler 2 PUFF IH Q4H 10. Levothyroxine Sodium 100 mcg PO DAILY 11. Vitamin D ___ UNIT PO WEEKLY Discharge Medications: 1. Aspirin 81 mg PO DAILY 2. Carvedilol 25 mg PO BID 3. Furosemide 40 mg PO BID 4. HydrALAZINE 100 mg PO TID 5. Glargine 30 Units Breakfast 6. Albuterol Inhaler 2 PUFF IH Q4H 7. amLODIPine 10 mg PO DAILY 8. Atorvastatin 80 mg PO QPM 9. CloNIDine 0.2 mg PO BID 10. Gabapentin 400 mg PO TID 11. Levothyroxine Sodium 100 mcg PO DAILY 12. MetFORMIN (Glucophage) 850 mg PO TID 13. Vitamin D ___ UNIT PO WEEKLY 14. HELD- Lisinopril 40 mg PO DAILY Other Relevant Information: - Patient's volume overload improved with diuresis. - Urine and blood cultures negative. - TSH was elevated but T4/T3 were normal. - Stress echo in ___ showed preserved EF. - Estimated right atrial pressure is ___ mmHg. - Left ventricular cardiac index is normal (>2.5 L/min/m2). - No resting left ventricular outflow tract gradient. - No ventricular septal defect is seen.

19. ACTIVE ISSUES

19. ACTIVE ISSUES: ========== * # Acute HF exacerbation (preserved EF 65% on stress echo in ___ , unknown current EF) * Patient presented with worsening shortness of breath, lower extremity edema, and was hypervolemic on exam with diffuse rhonchi on lung auscultation, as well as elevated BNP, all concerning for CHF exacerbation. * Stress echo in ___ showed preserved EF. Etiology could be either uncontrolled hypertension vs ischemia (especially given history of positive stress echo). * Exacerbation could be due to medication/dietary non-compliance. Volume overload improved with diuresis. * # CAD w/ inducible ischemia: * # Troponin elevation: + Patient had elevation in troponins to 0.03 at presentation. Remained stable at 0.03 to 0.02. + Could be type II ischemia secondary to HFpEF exacerbation. Has history of positive stress test. * # Tachycardia: + Patient had elevated heart rates in the 110s and endorsed intermittent palpitations without dyspnea or other discomfort. + No afib noted on tele and no history of arrhythmia documented. Continued carvedilol as above.

* Acute HF exacerbation

* Acute HF exacerbation: * EF (stress echo): 65% * BNP: Elevated (1140) at initial presentation * Meds: + Started: Hydralazine, Isordil (for blood pressure control) + Held: Lisinopril, Spironolactone + Continued: Amlodipine, Metoprolol (held at home), Atorvastatin * Physical Exam: + JVP: Elevated, ~15cm + Bilateral carotid bruits + RUSB systolic murmur + 2+ pitting edema bilaterally in lower extremities * Imaging: + TTE: Mild symmetric biventricular hypertrophy, preserved biventricular systolic function + CXR: Mild pulmonary vascular congestion * Preadmission Medication list: + Lisinopril 40mg PO daily * Discharge Medications: + Lisinopril 40mg PO daily (held) + Patient improvement with IV diuretic medication and improvement in volume overload + Etiology under investigation + Primary diagnosis: Acute exacerbation of heart failure with preserved ejection fraction

* Hypertension

* Hypertension: * Past Medical History: 1. CARDIAC RISK FACTORS - Type 2 Diabetes Mellitus - Hypertension - Dyslipidemia - Coronary artery disease * Brief Hospital Course: #Hypertension * Active

Issues: #Hypertension * Discharge Diagnosis: Secondary diagnosis: ========== Hypertension * Medications on Admission: 1. amLODIPine 10 mg PO DAILY * Discharge Medications: 1. amLODIPine 10 mg PO DAILY

* CAD w/ inducible ischemia

* CAD w/ inducible ischemia: • There is a history of coronary artery disease (CAD) • Patient has had a positive stress test showing poor functional capacity with some 2D echo evidence of inducible ischemia on LCx distribution. • Estimated respiratory rate: 18 • Patient had elevation in troponins to 0.03 at presentation, which remained stable at 0.03 to 0.02. • Has a history of positive stress test and received aspirin, atorvastatin, and carvedilol as part of management. • Possible type II ischemia secondary to heart failure with preserved ejection fraction (HFpEF) exacerbation. • Patient's Discharge Diagnosis includes: - Primary Diagnosis: - Acute exacerbation of heart failure with preserved ejection fraction - Coronary artery disease with inducible ischemia - Secondary Diagnosis: - Hypertension - Type 2 diabetes - Hyperlipidemia - Cerebrovascular disease • Discharge Medications: 1. Aspirin 81 mg PO DAILY 2. Carvedilol 25 mg PO BID 3. Furosemide 40 mg PO BID 4. Hydralazine 100 mg PO TID

* Troponin elevation

* Troponin elevation: + Date: Presentation + Value: 0.03 + Still elevated at: Remained stable at 0.03 to 0.02 + Possible explanation: Could be type II ischemia secondary to heart failure with preserved ejection fraction (HFpEF) exacerbation + Associated diagnosis: Coronary artery disease with inducible ischemia + Medications: - Aspirin and atorvastatin - Carvedilol as above

* Tachycardia

* Tachycardia: + Patient reported intermittent palpitations without dyspnea or other discomfort + No atrial fibrillation noted on telemetry + No history of arrhythmia documented + Patient had elevated heart rates in the 110s + Hart rate ranges: - Admitting vitals: HR 80 - On the floor: HR 75 - 24 HR Data: HR 88-95 + Medications related to tachycardia: - Held off spironolactone given concern for tachycardia - Continued carvedilol for combined rate and blood pressure control + Cardiac enzymes: - Troponin elevation: up to 0.03 at presentation, remained stable at 0.03 to 0.02 + Echocardiogram results: - Estimated pulmonary artery systolic pressure is normal - No clinically significant valvular disease + Other relevant information: - Patient presented with worsening shortness of breath, lower extremity edema, and was hypervolemic on exam

20. CHRONIC ISSUES

20. CHRONIC ISSUES: * Type 2 Diabetes Mellitus: + Medication: metformin (held on admission, but continued on discharge) + Medication: sliding scale insulin (continued) * Hyperlipidemia: + Medication: atorvastatin 80mg daily (continued) * History of CVA (Cerebrovascular disease): + Medication: aspirin 81mg daily (continued on discharge) * CARDIAC RISK FACTORS: + Type 2 Diabetes Mellitus + Hypertension + Dyslipidemia + Coronary artery disease * CARDIAC HISTORY: + Secondum ASD + Mild AR * OTHER PAST MEDICAL HISTORY: + Extensive intracranial atherosclerosis, worse in the right MCA territory + Cerebrovascular disease, status post CVA + Asthma + Osteoarthritis * Chronic issues not specified (LYMPHOMA/LEUKEMIA-SBI/ARDS not mentioned in the section related to Chronic Issues) Medications: 1. Amlodipine 10 mg PO DAILY 2. Atorvastatin 80 mg PO QPM 3. CloNIDine 0.2 mg PO BID 4. Gabapentin 400 mg PO TID 5. Lisinopril 40 mg PO DAILY (held on discharge) 6. MetFORMIN (Glucophage) 850 mg PO TID (held on admission, but continued on discharge) 7. Metoprolol Tartrate 25 mg PO BID (held on discharge) 8. Basaglar (Glargine) 30 Units Breakfast 9. Albuterol Inhaler 2 PUFF IH Q4H 10. Hydralazine 100 mg PO TID 11. Carvedilol 25 mg PO BID 12. Furosemide 40 mg PO BID 13. Levothyroxine Sodium 100 mcg PO DAILY 14. Aspirin 81 mg PO DAILY Medications on admission were listed and used as reference. Discharge medications

may have some from this list.

* Type 2 Diabetes Mellitus

* Type 2 Diabetes Mellitus: + Medically Relevant Information: - Past medical history is significant for Type 2 Diabetes Mellitus. - A 50-year-old male is admitted with PMH significant for HTN, HLD, T2DM, and extensive CVA. + Labs/studies notable for: - Preadmission Medication list includes MetFORMIN (Glucophage) 850 mg PO TID. + 2003 labs/studies notable for: - Glucose-139* UreaN-17 Creat-1.8* Na-141 K-4.2 Cl-101 HCO3-28 AnGap-12 + 2023 labs/studies notable for: - Raised Blood Glucose (e.g., 207* UreaN-26* Creat-2.0* Na-137 K-4.7 Cl-99 HCO3-25 AnGap-13) + Medications on Admission and Continued: - MetFORMIN (Glucophage) 850 mg PO TID - Held home metformin and gave sliding scale insulin on Discharge + Discharge Instructions: - Please Continue taking Insulin according to the regimen you were following before this admission.

* Hyperlipidemia

* Hyperlipidemia: + MEDICATION: - Atorvastatin 80mg daily (ongoing and discharged) + MEDICATION HISTORY: - Preadmission medication list included Atorvastatin 80 mg PO QPM - Continued on admission and discharged + MEDICATION RECOMMENDATIONS: - Continued Atorvastatin 80mg daily after discharge + OUTPATIENT LAB WORK: - Chem-7 to be drawn after discharge

* History of CVA

* History of CVA: + Extensive intracranial atherosclerosis, worse in the right MCA territory. + Cerebrovascular disease, status post CVA in ___ + Previous cerebrovascular accident (CVA) in ___. + Cerebrovascular disease history mentioned but specifics not provided.

21. MEDICATIONS ON ADMISSION

21. MEDICATIONS ON ADMISSION: • 1. amLODIPine 10 mg PO DAILY • 2. Atorvastatin 80 mg PO QPM • 3. CloNIDine 0.2 mg PO BID • 4. Gabapentin 400 mg PO TID • 5. Lisinopril 40 mg PO DAILY • 6. MetFORMIN (Glucophage) 850 mg PO TID • 7. Metoprolol Tartrate 25 mg PO BID • 8. Basaglar (Glargine) 30 Units Breakfast • 9. Albuterol Inhaler 2 PUFF IH Q4H • 10. Levothyroxine Sodium 100 mcg PO DAILY • 11. Vitamin D ___ UNIT PO WEEKLY

22. DISCHARGE MEDICATIONS

22. DISCHARGE MEDICATIONS: * Aspirin 81 mg PO DAILY: RX *aspirin 81 mg 1 tablet(s) by mouth once daily Disp #*30 Tablet Refills:*0 * Carvedilol 25 mg PO BID: RX *carvedilol 25 mg 1 tablet(s) by mouth twice daily Disp #*60 Tablet Refills:*0 * Furosemide 40 mg PO BID: RX *furosemide 40 mg 1 tablet(s) by mouth twice daily Disp #*60 Tablet Refills:*0 * Hydralazine 100 mg PO TID: RX *hydralazine 100 mg 1 tablet(s) by mouth three times daily Disp #*90 Tablet Refills:*0 * Glargine 30 Units Breakfast * Albuterol Inhaler 2 PUFF IH Q4H * Amlodipine 10 mg PO DAILY * Atorvastatin 80 mg PO QPM * Clonidine 0.2 mg PO BID * Gabapentin 400 mg PO TID * Levothyroxine Sodium 100 mcg PO DAILY * Metformin (Glucophage) 850 mg PO TID * Vitamin D __UNIT PO WEEKLY * Held - Lisinopril 40 mg PO DAILY: Do not restart Lisinopril until told to do so by your doctor

23. DISCHARGE DIAGNOSIS

23. DISCHARGE DIAGNOSIS: • Primary Diagnosis: • Acute exacerbation of heart failure with preserved ejection fraction • Coronary artery disease with inducible ischemia • Secondary Diagnosis: •

Hypertension • Type 2 diabetes • Hyperlipidemia • Cerebrovascular disease

* PRIMARY DIAGNOSIS

* PRIMARY DIAGNOSIS: + Acute exacerbation of heart failure with preserved ejection fraction + Coronary artery disease with inducible ischemia + Hypertension + Type 2 diabetes + Hyperlipidemia + Cerebrovascular disease

* SECONDARY DIAGNOSIS

* SECONDARY DIAGNOSIS: - Hypertension - Type 2 diabetes - Hyperlipidemia - Cerebrovascular disease

24. DISCHARGE CONDITION

24. DISCHARGE CONDITION: * Mental Status: Clear and coherent. * Level of Consciousness: Alert and interactive. * Activity Status: Ambulatory - Independent. * Follow-up Instructions: No specific instructions mentioned except for the general follow-up statement. * Discharge Diagnosis: + Primary diagnosis: Acute exacerbation of heart failure with preserved ejection fraction + Secondary diagnosis: - Coronary artery disease with inducible ischemia - Hypertension - Type 2 diabetes - Hyperlipidemia - Cerebrovascular disease * Discharge Disposition: Home With Service * Discharge Medications: 1. Aspirin 81 mg PO DAILY 2. Carvedilol 25 mg PO BID 3. Furosemide 40 mg PO BID 4. Hydralazine 100 mg PO TID 5. Glargine 30 Units Breakfast 6. Albuterol Inhaler 2 PUFF IH Q4H 7. Amlodipine 10 mg PO DAILY 8. Atorvastatin 80 mg PO QPM 9. Clonidine 0.2 mg PO BID 10. Gabapentin 400 mg PO TID 11. Levothyroxine Sodium 100 mcg PO DAILY 12. Metformin (Glucophage) 850 mg PO TID 13. Vitamin D ___ UNIT PO WEEKLY 14. Held: Lisinopril 40 mg PO DAILY

25. DISCHARGE INSTRUCTIONS

25. DISCHARGE INSTRUCTIONS: * Continue taking all medications as prescribed: + Aspirin 81 mg PO daily + Carvedilol 25 mg PO BID + Furosemide 40 mg PO BID + Hydralazine 100 mg PO TID + Glargine 30 Units Breakfast + Albuterol Inhaler 2 PUFF IH Q4H + Amlodipine 10 mg PO daily + Atorvastatin 80 mg PO QPM + Clonidine 0.2 mg PO BID + Gabapentin 400 mg PO TID + Levothyroxine Sodium 100 mcg PO daily + Metformin (Glucophage) 850 mg PO TID + Vitamin D UNIT PO weekly * Stop taking Lisinopril and Metoprolol * Continue taking insulin according to the regimen you were following before this admission * Attend any upcoming outpatient appointments * Scheduled outpatient lab work: Chem-7 to be drawn on [DATE] * Patients is discharged with ICD-10 diagnosis of I50.3: Diastolic (congestive) heart failure and secondary diagnoses of Coronary artery disease with inducible ischemia, Hypertension, Type 2 diabetes, Hyperlipidemia, and Cerebrovascular disease.

26. FOLLOWUP INSTRUCTIONS

26. FOLLOWUP INSTRUCTIONS: * Please continue taking all medications as prescribed. * Please stop taking Lisinoprin and metoprolol. * Please continue taking insulin according to the regimen you were following before this admission. * New medications: + Aspirin 81mg once daily + Carvedilol 25mg twice daily + Furosemide 40mg twice daily + Hydralazine 100mg three times daily * Please attend any upcoming outpatient appointments you have. If you experience any of the following symptoms, seek medical attention immediately: [NOT PROVIDED] Note: There is no specific follow-up appointment or appointment date mentioned in the document.

Original Note

Name: ___ Unit No: ___ Admission Date: ___ Discharge Date: ___ Date of Birth: ___ Sex: M Service: MEDICINE Allergies: No Known Allergies / Adverse Drug Reactions Attending: ___. Chief Complaint: lower extremity swelling Major Surgical or Invasive Procedure: None History of Present Illness: Mr. ___ is a ___ yo M w/ a PMH significant for HTN, HLD, T2DM, and an extensive CVA in ___ who presented from heart failure clinic for evaluation of shortness of breath and weight gain. Patient states that for the last ___ weeks he has been having increased shortness of breath, cough, and lower extremity edema. No chest pain but does wake up from sleep shortness of breath and endorses some "fever" over the last few days. Denies nausea/vomiting, or diarrhea. Attributes his cough and shortness of breath to asthma. States that he takes all his medications regularly and denies chest pain, shortness of breath laying down, or shortness of breath bending over. States that his lower extremities ___ "itchy" and like they are "burning". Patient had a stress test in ___ of this year, after he went to the doctor complaining of chest pain. Results showed "poor functional capacity w/ some 2D echo evidence of inducible ischemia on LCx distribution". EF was normal. In the ED --------- initial vitals were: 98.7 HR80 BP140/85 RR22 99% RA EKG: SR, NL axis, NIs, TWIs laterally (c/w prior) Labs/studies notable for: proBNP: 1140, Cr 1.9 Patient was given: IV Furosemide 10mg On the floor... ---------- States that he feels better than he did when he came to the hospital. No SOB, CP, or palpitations. Only complaint is the burning/itching in his lower extremities. Past Medical History: 1. CARDIAC RISK FACTORS - Type 2 Diabetes Mellitus - Hypertension - Dyslipidemia - Coronary artery disease 2. CARDIAC HISTORY - Secondum ASD - Mild AR 3. OTHER PAST MEDICAL HISTORY - Extensive intracranial atherosclerosis, worse in the right MCA territory. - Cerebrovascular disease, status post CVA in ___ - Asthma - OSteoarthritis Social History: ___ Family History: Both parents have heart disease. Mother-___ w/ heart problems and diabetes & father is ___ w/ diabetes. 16 brothers and sisters. No known hx of early coronary artery disease or sudden cardiac death. Physical Exam: ADMISSION PHYSICAL EXAMINATION: ========== VS: ___ 1837 Temp: 97.9 PO BP: L Lying HR: 75 RR: 17 O2 sat: 100% O2 delivery: RA Dyspnea: 0 RASS: 0 Pain Score: ___ GENERAL: Well appearing man, sitting in bed in no acute distress HEENT: EOMI, MMM. Atraumatic, normocephalic NECK: Supple. JVP elevated, ~15cm. Bilateral carotid bruits. CARDIAC: Normal rate, regular rhythm. RUSB systolic murmur LUNGS: Crackles at the bases bilaterally. Normal work of breathing ABDOMEN: Distended, non-tender. Normal bowel sounds. EXTREMITIES: 2+ pitting edema bilaterally in lower extremities. Pulses 2+ bilaterally. NEURO: Alert & oriented x3. Non-focal neuro exam. DISCHARGE PHYSICAL EXAMINATION: ========== 24 HR Data (last updated ___ @ 809) Temp: 98.1 (Tm 99.0), BP: 168/75 (142-168/69-79), HR: 88 (87-95), RR: 18 (___), O2 sat: 97% (94-97) ___ Total Intake: 720ml PO Amt: 720ml ___ Total Output: 1100ml Urine Amt: 1100ml Fluid balance: -380 ___ Total Intake: 180ml PO Amt: 180ml ___ Total Output: 900ml Urine Amt: 900ml Fluid balance: -720 GENERAL: Sitting up comfortably at edge of bed, in NAD HEENT: NC/AT NECK: Supple. unable to appreciate JVD at 90 degrees CARDIAC: RRR, no rubs/gallops LUNGS: Faint bibasilar crackles on auscultation ABDOMEN: Soft, NTND EXTREMITIES: 2+ pitting edema bilaterally to knees in ___. Pulses 2+ bilaterally. WARM NEURO: Alert, answers questions appropriately, moves all extremities Pertinent Results: DISCHARGE LABS: ___ 07:59AM BLOOD WBC-6.8 RBC-3.65* Hgb-10.1* Hct-31.2* MCV-86 MCH-27.7 MCHC-32.4 RDW-13.5 RDWSD-42.1 Plt ___ ___ 07:59AM BLOOD Plt ___ ___ 07:59AM BLOOD Glucose-207* UreaN-26* Creat-2.0* Na-137 K-4.7 Cl-99 HCO3-25 AnGap-13 ___ 07:59AM BLOOD Calcium-8.6 Phos-4.1 Mg-2.2 HEMATOLOGY: ___ 09:10AM BLOOD WBC-5.1 RBC-3.56* Hgb-9.8* Hct-31.6* MCV-89 MCH-27.5 MCHC-31.0* RDW-13.3 RDWSD-43.6 Plt ___ ___ 07:44AM BLOOD WBC-6.9 RBC-3.79* Hgb-10.5* Hct-32.6* MCV-86 MCH-27.7 MCHC-32.2 RDW-13.4 RDWSD-41.6 Plt ___ ___ 07:00AM BLOOD WBC-5.2 RBC-3.56* Hgb-9.9* Hct-30.5* MCV-86 MCH-27.8 MCHC-32.5 RDW-13.4 RDWSD-41.6 Plt ___ ___ 07:35AM BLOOD WBC-6.8 RBC-3.76* Hgb-10.3* Hct-32.5* MCV-86 MCH-27.4 MCHC-31.7* RDW-13.5 RDWSD-41.9 Plt ___ ___ 06:45AM BLOOD WBC-7.1 RBC-3.61* Hgb-10.0* Hct-31.0* MCV-86 MCH-27.7 MCHC-32.3 RDW-13.4 RDWSD-42.1 Plt ___ ___ 09:10AM BLOOD Neuts-71.5* Lymphs-17.2* Monos-7.4 Eos-3.1 Baso-0.4 Im ___ AbsNeut-3.67 AbsLymp-0.88* AbsMono-0.38 AbsEos-0.16 AbsBaso-0.02 COAGULATION: ___ 09:10AM BLOOD Plt ___ ___ 07:44AM BLOOD ___ PTT-33.7 ___ ___ 07:44AM BLOOD Plt ___ ___ 07:00AM BLOOD ___ PTT-34.0 ___ ___ 07:00AM BLOOD Plt ___ ___ 07:35AM BLOOD ___ PTT-32.1 ___ ___ 07:35AM BLOOD Plt ___ ___ 07:27AM BLOOD ___ PTT-30.6 ___ ___ 07:27AM BLOOD Plt ___ ___ 06:45AM BLOOD Plt ___ CHEMISTRIES: ___ 09:10AM BLOOD UreaN-19 Creat-1.9* Na-139 K-4.3 Cl-102

HCO3-26 AnGap-11 ___ 07:44AM BLOOD Glucose-112* UreaN-18 Creat-1.8* Na-141 K-4.1 Cl-102 HCO3-27 AnGap-12 ___ 05:00PM BLOOD Glucose-131* UreaN-19 Creat-1.8* Na-138 K-4.2 Cl-98 HCO3-29 AnGap-11 ___ 07:00AM BLOOD Glucose-139* UreaN-17 Creat-1.8* Na-141 K-4.2 Cl-101 HCO3-28 AnGap-12 ___ 02:48PM BLOOD Glucose-143* UreaN-22* Creat-2.0* Na-140 K-4.3 Cl-100 HCO3-27 AnGap-13 ___ 07:35AM BLOOD Glucose-131* UreaN-24* Creat-2.1* Na-143 K-4.2 Cl-103 HCO3-22 AnGap-18 ___ 03:10PM BLOOD Glucose-236* UreaN-29* Creat-2.2* Na-135 K-4.1 Cl-96 HCO3-25 AnGap-14 ___ 07:27AM BLOOD Glucose-185* UreaN-27* Creat-2.1* Na-137 K-4.3 Cl-97 HCO3-27 AnGap-13 ___ 02:50PM BLOOD Glucose-248* UreaN-31* Creat-2.1* Na-137 K-4.6 Cl-97 HCO3-27 AnGap-13 ___ 06:45AM BLOOD Glucose-165* UreaN-27* Creat-2.0* Na-138 K-4.3 Cl-98 HCO3-26 AnGap-14 ___ 07:44AM BLOOD Calcium-9.0 Phos-4.4 Mg-1.7 ___ 05:00PM BLOOD Calcium-9.2 Phos-4.8* Mg-3.2* ___ 07:00AM BLOOD Calcium-8.9 Phos-5.0* Mg-2.3 ___ 02:48PM BLOOD Calcium-9.0 Phos-5.3* Mg-2.2 ___ 07:35AM BLOOD Calcium-8.4 Phos-5.1* Mg-2.0 ___ 03:10PM BLOOD Calcium-8.8 Phos-5.0* Mg-2.1 ___ 07:27AM BLOOD Calcium-8.9 Phos-4.4 Mg-2.0 ___ 02:50PM BLOOD Calcium-8.5 Phos-4.4 Mg-2.1 ___ 06:45AM BLOOD Calcium-8.6 Phos-4.0 Mg-2.0 LFTs ___ 09:10AM BLOOD ALT-31 AST-25 AlkPhos-111 TotBili-<0.2 ___ 07:44AM BLOOD CK(CPK)-531* ___ 07:00AM BLOOD CK(CPK)-509* CARDIAC ENZYMES: ___ 09:10AM BLOOD proBNP-1140* ___ 07:44AM BLOOD CK-MB-7 cTropnT-0.03* ___ 05:00PM BLOOD CK-MB-7 cTropnT-0.03* ___ 07:00AM BLOOD CK-MB-6 cTropnT-0.02* TFTs: ___ 09:10AM BLOOD TSH-9.6* ___ 07:44AM BLOOD T4-6.5 T3-118 Free T4-1.0 IMAGING: ======== CXR (___): FINDINGS: The lung volumes are low-normal. There is no focal consolidation. There is mild prominence of the bilateral pulmonary vessels suggestive of volume overload. The heart is top-normal in size. There is no large effusion or a pneumothorax. There is no acute osseous abnormality, chronic left rib fractures are noted. IMPRESSION: Stable top-normal heart size with mild pulmonary vascular congestion. TTE (___): The left atrial volume index is normal. There is no evidence for an atrial septal defect by 2D/color Doppler. The estimated right atrial pressure is ___ mmHg. There is mild symmetric left ventricular hypertrophy with a normal cavity size. There is normal regional and global left ventricular systolic function. Quantitative biplane left ventricular ejection fraction is 64 %. Left ventricular cardiac index is normal (>2.5 L/min/m2). There is no resting left ventricular outflow tract gradient. No ventricular septal defect is seen. Diastolic parameters are indeterminate. The right ventricular free wall is hypertrophied. Normal right ventricular cavity size with normal free wall motion. The aortic sinus diameter is normal for gender with normal ascending aorta diameter for gender. The aortic arch diameter is normal. The aortic valve leaflets (?#) are mildly thickened. There is no aortic valve stenosis. There is trace aortic regurgitation. The mitral valve leaflets are mildly thickened with no mitral valve prolapse. There is trivial mitral regurgitation. The tricuspid valve leaflets appear structurally normal. There is physiologic tricuspid regurgitation. The estimated pulmonary artery systolic pressure is normal. There is a small pericardial effusion with up to 1.0 cm of fluid appreciated anterior to the right atrium (best appreciated in the 4 chamber view). There are no 2D or Doppler echocardiographic evidence of tamponade. IMPRESSION: Mild symmetric biventricular hypetrophy with preserved biventricular systolic function. No clinically significant valvular disease. Small, predominantly anterior pericardial effusion without echocardiographic evidence of tamponade. Brief Hospital Course: ___ M w/ PMH significant for HTN, HLD, T2DM, and CVA in ___ who presents w/ increased SOB and volume retention, concerning for CHF exacerbation. ACTIVE ISSUES: ========== #Acute HF exacerbation (preserved EF 65% on stress echo in ___, unknown current EF) #Hypertension Patient presented with worsening shortness of breath, lower extremity edema and was hypervolemic on exam w/ diffuse rhonchi on lung auscultation, as well as elevated BNP, all concerning for CHF exacerbation. Stress echo in ___ showed preserved EF. Etiology could be either uncontrolled hypertension vs ischemia (especially given history of positive stress echo). Exacerbation could be due to medication/dietary non-compliance. Volume overload improved with diuresis. In terms of workup, TSH was elevated but T4/T3 were normal. Urine and blood cultures negative. With regards to management, continued on home amlodipine, but held home lisinopril given ___. Hydralazine and isordil were also started for blood pressure control. Patient was on metoprolol at home but was started on carvedilol here for combined rate and blood pressure control Held off spironolactone given ___ #CAD w/ inducible ischemia: # Troponin elevation: Patient had elevation in troponins to 0.03 at presentation. Remained stable at 0.03 to 0.02. Could be type II ischemia secondary to HFpEF exacerbation. Has history of positive stress test. Received aspirin and atorvastatin, carvedilol as above #Tachycardia: patient had elevated heart rates in the 110s and endorsed intermittent palpitations without dyspnea or other discomfort. No afib noted on tele and no history of arrhythmia documented. Continued carvedilol as above CHRONIC ISSUES:

========== For type 2 Diabetes Mellitus: Held home metformin and gave sliding scale insulin. For hyperlipidemia, continued Atorvastatin 80mg daily. For history of CVA, continued ASA 81mg daily. Medications on Admission: The Preadmission Medication list is accurate and complete. 1. amLODIPine 10 mg PO DAILY 2. Atorvastatin 80 mg PO QPM 3. CloNIDine 0.2 mg PO BID 4. Gabapentin 400 mg PO TID 5. Lisinopril 40 mg PO DAILY 6. MetFORMIN (Glucophage) 850 mg PO TID 7. Metoprolol Tartrate 25 mg PO BID 8. Basaglar (Glargine) 30 Units Breakfast 9. Albuterol Inhaler 2 PUFF IH Q4H 10. Levothyroxine Sodium 100 mcg PO DAILY 11. Vitamin D ___ UNIT PO WEEKLY Discharge Medications: 1. Aspirin 81 mg PO DAILY RX *aspirin 81 mg 1 tablet(s) by mouth once daily Disp #*30 Tablet Refills:*0 2. Carvedilol 25 mg PO BID RX *carvedilol 25 mg 1 tablet(s) by mouth twice daily Disp #*60 Tablet Refills:*0 3. Furosemide 40 mg PO BID RX *furosemide 40 mg 1 tablet(s) by mouth twice daily Disp #*60 Tablet Refills:*0 4. HydrALAZINE 100 mg PO TID RX *hydralazine 100 mg 1 tablet(s) by mouth three times daily Disp #*90 Tablet Refills:*0 5. Glargine 30 Units Breakfast 6. Albuterol Inhaler 2 PUFF IH Q4H 7. amLODIPine 10 mg PO DAILY 8. Atorvastatin 80 mg PO QPM 9. CloNIDine 0.2 mg PO BID 10. Gabapentin 400 mg PO TID 11. Levothyroxine Sodium 100 mcg PO DAILY 12. MetFORMIN (Glucophage) 850 mg PO TID 13. Vitamin D ___ UNIT PO WEEKLY 14. HELD- Lisinopril 40 mg PO DAILY This medication was held. Do not restart Lisinopril until told to do so by your doctor 15.Outpatient Lab Work Chem-7 to be draw ___ ICD 10: I50.3: Diastolic (congestive) heart failure Fax results to: ___ ATTN: ___ Discharge Disposition: Home With Service Facility: ___ Discharge Diagnosis: Primary diagnosis: ========== Acute exacerbation of heart failure with preserved ejection fraction Coronary artery disease with inducible ischemia Secondary diagnosis: ========== Hypertension Type 2 diabetes Hyperlipidemia Cerebrovascular disease Discharge Condition: Mental Status: Clear and coherent. Level of Consciousness: Alert and interactive. Activity Status: Ambulatory - Independent. Discharge Instructions: Dear ___, It was a pleasure to participate in your care! You were admitted to the hospital because: ========== -You had worsening shortness of breath, with increased leg swelling and weight gain. During your stay: ========== -You had too much volume onboard so you were given IV diuretic medications,. You improved significantly. After your discharge: ========== -Please continue taking all medications as prescribed (see below). -Please stop taking Lisinopril and metoprolol. -Please continue taking insulin according to the regimen you were following before this admission. -New medications: - Aspirin 81mg once daily - Carvedilol 25mg twice daily - Furosemide 40mg twice daily - Hydralazine 100mg three times daily -Please attend any upcoming outpatient appointments you have (see below). We wish you the very best! Your ___ healthcare team Followup Instructions: ___