## Michael C. Ling, MD, FRCPC, Invasive and Non-invasive Cardiology

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Dear Dr. Lo, Jason H.T., (fax#: 905-480-0898):

## Re: PLUMMER, KENNETH LUCERNE - 11/11/1931 (d/tr/y)

I had the pleasure of conducting a phone assessment today with his wife after informed consent was obtained from this patient to communicate and provide care using virtual and other telecommunication tools. The patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to protect their information. We have discussed that care provided through video or audio communication cannot replace the physical examination or in in person visits for some disorders or urgent problems and patient understands the need to seek urgent care in an emergency department if necessary.

## Past Medical History:

## Medications:

Complete heart block. VVIR pacemaker (aug 2011); battery change (nov ASA 81 daily, norvasc 5 daily, atacand 16 bid, zocor 20 qhs, glybride 2.5 daily, lanzoprazole 30 daily 2019)

Glucose intolerance

TIA (2013)

Hypertensive heart disease (mild LVH, aortic root 40 mm, ascending

aorta 43 mm)

**HCh** 

Previous diverticulitis, hernia repair

Shingles

Prostate CA with radiation therapy (2016)

Clinical History: KENNETH LUCERNE has done well since the last visit. Since his last follow-up, he does develop some intermittent and dizziness which is associated with hypertension and a blood pressure up to 180/90 mmHg. With time, this gradually comes back down but has caused concern. He does restrict his sodium intake. There have been no hospital visits for cardiac reasons. There have been some changes to his antihypertensives described above.

Investigations: p.cardiolite (nov 2010) normal

echo (dec 2018) normal LVEF, asymmetric septal hypertrophy, mild aortic sclerosis, mild MR, aortic root 40 mm.

ascending aorta 39 mm ecg (nov 2019) V pacing

Opinion: KENNETH LUCERNE PLUMMER is stable from a cardiac perspective, as best as can be determined over the phone. As he does have some intermittent hypertension, I will give him a prescription for hydralazine 10 mg 3 times a day to be used as necessary. His wife is a retired nurse and is comfortable using it up to 3 times a day if his blood pressures consistently greater than 140 mmHg.

Recommendations: Continue current medicines, except start hydralazine 10 mg 3 times a day if necessary for hypertension. Should continue to restrict sodium intake.

Arrangements have been made for follow-up next year.

Thank you for allowing me to participate in this patient's care.

Sincerely,

Michael C. Ling, MD, FRCPC

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