

TALVI HESS MEDICINE PROFESSIONAL CORPORATION

Cardiology

637 Davis Drive, Suite 100, Newmarket, ON L3Y 2R2
Tel: (905) 898 – 7924 Fax: (905) 853 – 8677

Patient Name: **Andy Tsui**
DOB: July 11, 1966
CC:

Date: December 3, 2020
Referring Dr: Dr. J. Lo

PROGRESS REPORT

This was a telephone visit due to Covid 19 pandemic.*

It was a pleasure to follow up this 54-year-old man after 2 week Holter to screen for any recurrent atrial fibrillation (had 2 hours of atrial fibrillation when he had presented with inferior STEMI December 2018 treated with drug eluting stent to occluded RCA. Left main had mild irregularities. LAD had 60-70% ostial/proximal disease, small circumflex was normal. LVEDP was 24 and LV function was moderately reduced. He required 2 shocks for VF and IABP for hypotension. 2 hours of AF on presentation with MI.CHADS2=0 (LV dysfunction resolved). HAS BLED=0.

2 week Holter monitor November 2020 shows sinus rhythm. No atrial fibrillation. Short atrial runs of up to 11 beats. No symptoms

2 week Holter March 2020: sinus rhythm. No sustained arrhythmia. One range of nonsustained VT lasting 9 beats at 146 BPM. No atrial fibrillation.

Clinically he feels well, unchanged since last visit.

MUGA January 2020: EF 54%, normal wall motion.

ECG October 29, 2020: sinus rhythm at 54 bpm. Inferior Q waves and T wave inversions. Nonspecific repolarization abnormality.

Echocardiogram January 2020: mild LV dysfunction, EF 53% with inferior and inferolateral hypokinesis. Mild to moderate mitral regurgitation.

Past medical history: otherwise healthy.

Cardiac risk factors: no hypertension, dyslipidemia, diabetes or family history. Lifelong non-smoker.

Medications: clopidogrel 75 mg daily, Crestor 40 mg daily, Bisoprolol 1.25 mg daily-off x 1 month as he could not be bothered to cut it into quarters-. He could not tolerate spironolactone 12.5 or metoprolol 6.25 mg BID due to dizziness.

blood pressure 94/52 in January 2020. He does not check blood pressure at home.

LDL has been excellent at 1.2 to August 2020.

Impression: 54-year-old man with 2 x 2 week Holter monitor showing no recurrent atrial fibrillation (presented with 2 hours of atrial fibrillation in the setting of inferior STEMI in 2018), no symptoms to suggest recurrent atrial fibrillation, chads65=0, has been off anticoagulation for about 6 months now. I feel he should continue with no anticoagulation. He's on appropriate medical therapy for his CAD and mild ischemic cardiomyopathy, mild to moderate mitral regurgitation.

I encouraged him to continue with the bisoprolol (had stopped it for the last month due to difficulty cutting it into quarters.)

I made no other changes to medication. Blood pressure was too low for ace inhibitor.

TALVI HESS MEDICINE PROFESSIONAL CORPORATION

Cardiology

637 Davis Drive, Suite 100, Newmarket, ON L3Y 2R2

Tel: (905) 898 – 7924 Fax: (905) 853 – 8677

Follow-up in one year with 2 week Holter and echo prior.

Sincerely,

Signed by Dr. Talvi Hess

T. Hess, M.D., F.R.C.P.(C),FACC

Transcribed by voice recognition software

**Informed verbal consent was obtained from this patient to communicate and provide care using virtual and other telecommunications tools. This patient has been explained the risks related to unauthorized disclosure or interception of personal health information and steps they can take to help protect their information. We have discussed that care provided through video or audio communication cannot replace the need for physical examination or an in person visit for some disorders or urgent problems and patient understands the need to seek urgent care in an Emergency Department as necessary.*