

Dr. Bahareh Motlagh

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December 10, 2020

RE: **INDROMATTIE JAILAL**

Dear Dr. Lo,

Ms. Jailal is a 77-year-old woman who was seen in followup today with new onset atrial fibrillation.

PAST MEDICAL HISTORY:

1. Hypertension.
2. Dyslipidemia.
3. Mild restrictive defect on the lung function test in January 2020.
4. GERD.
5. Fibromyalgia.
6. Nonobstructive coronary artery disease. Angiogram in October 2020 showed LAD 20% proximal mild, OM2 30%, and RCA 20% ostial lesion.

MEDICATIONS:

1. Apixaban 5 mg b.i.d.
2. Amiodarone 200 mg.
3. Bisoprolol 2.5 mg.
4. Delxilant.
5. Pregabalin.
6. Tramadol.
7. Crestor 10 mg.
8. Coversyl 8 mg.
9. Amlodipine 5 mg.
10. Atrovent.
11. Alvesco.
12. Omnaris.
13. Multivitamin.
14. Magnesium.
15. Omega-3.
16. Conjugated estrogen.

ALLERGIES: Penicillin.

SOCIAL HISTORY: She is a nonsmoker and does not drink alcohol. She is a retired teacher.

CLINICAL HISTORY: She originally presented to the hospital with retrosternal chest discomfort in September 2020 and her troponin rose to about 1500 and hence she was sent for an angiogram, but the angiogram only showed nonobstructive coronary artery disease. Since then, she has had another presentation to hospital again with similar chest discomfort and she was found to be in rapid atrial fibrillation. She was started on Amiodarone since it was very hard to

control as well as anticoagulation. Her 48-hour Holter monitor showed her average heart rate was 55 beats per minute. She was in sinus rhythm and she had only a few short APB runs, but no atrial fibrillation detected.

She denies any current chest pain or shortness of breath. She has not had any orthopnea, PND, or pedal edema. Her blood pressure has been elevated recently.

PHYSICAL EXAMINATION: On examination, she looks well. She is not in any acute distress. Her blood pressure is 169/97 with a heart rate of 58 beats per minute.

Cardiovascular exam shows JVP is not elevated. She has normal S1 and S2. No extra heart sounds or murmurs are audible.

Respiratory examination is clear.

There is no evidence of pedal edema.

ECHOCARDIOGRAM:

Her echocardiogram today shows overall preserved LV systolic function. There is a discrepancy between the septal measurements done today, which was 12 mm compared to 17 mm, which was the one that was done at the hospital. This may be due to artifact and hence, I have arranged for a cardiac MRI to further investigate.

IMPRESSION AND PLAN:

1. Her blood pressure is elevated today and I have increased her Amlodipine to 5 mg b.i.d.
2. In terms of a lot of this retrosternal discomfort, it sounds more GI related. I have started her on Pantoloc 40 mg.
3. I will see her again in followup.

Thank you for having me involved in this patient's care.

Yours sincerely,

Dr. Bahareh Motlagh, MD, FRCP(C)

Dictated but not read



MARKHAM CENTRE HEART CLINIC
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2D ECHOCARDIOGRAM & DOPPLER REPORT

Patient Name: JAILAL, INDRUMATTIE

Date of Birth: 12/02/1943

Patient Id: 5808301492

Gender: Female

Height: 157.5 cm (5 ft 2.0 in)

Weight: 59.0 kg (130.0 lbs)

BSA: 1.59 m²

HR:

BP:

Date of Study: 10/12/2020

Sonographer: Default user

Referral Reasons: chest discomfort, palpitations

Referring MD: DR. GNAANAPANDITHEN

2D

IVSd	12 mm	(6 - 11)†
LVIDd	42 mm	(42 - 58)†
LVPWd	9 mm	(6 - 11)
LVd Mass Ind (ASE)	92.41 g/m ²	
LVIDs	27 mm	(25 - 40)
LA Diam	39 mm	(< 40)
Ao asc	37 mm	(< 37)
Ao Arch Diam	27 mm	
RVIDd	36 mm	(< 30)†
IVC	18 mm	
EF Biplane	62 %	(52 - 72)
LAESV Index (A-L)	41 ml/m ²	(< 32)†
RAESV A-L	30 ml	
TAPSE	23 mm	(> 17)

Doppler

MV E Vel	0.91 m/s
MV DecT	164 ms
MV A Vel	0.63 m/s
MV E/A Ratio	1.44 (0.80 - 1.10)†
E' Lat	7.1 cm/s
MVE/E' Lat	12.9
E' Septal	7.5 cm/s
MVE/E' Septal	12.2
LVOT Vmax	1.0 m/s
LVOT Vmean	0.7 m/s
LVOT maxPG	4.1 mmHg
LVOT meanPG	2.4 mmHg
LVOT VTI	26.3 cm
HR	54 BPM
LVCO Dopp	5.12 l/min
LVCI Dopp	3.22 l/min/m ²
AV Vmax	1.4 m/s
AV Vmean	0.9 m/s
AV maxPG	8.0 mmHg
AV meanPG	4.0 mmHg
AV VTI	33.0 cm
HR	55 BPM
AVA (VTI)	2.89 cm ²
PV maxPG	2.5 mmHg (< 16.0)
TR Vmax	2.6 m/s
TR maxPG	25.4 mmHg
RV S'	11.8 cm/s

Findings

ECG rhythm: Sinus rhythm. Resting bradycardia (HR<60bpm).

Study quality: This was a technically adequate study.

JAILAL, INDROMATTIE

5808301492

Page 2 of 2

Left Ventricle: Normal LV size and wall thickness. Normal LV systolic function with an EF visually estimated to be > 52%. No wall motion abnormality noted. The left ventricle size is normal. Mild asymmetric septal hypertrophy with septal thickness 12-13 mm.

Left Atrium: Left atrial volume is mildly increased.

Right Ventricle: The right ventricle is normal in size and function.

Right Atrium: The right atrium is mildly enlarged.

Aortic Valve: The aortic valve is tricuspid. There is mild aortic valve sclerosis with no stenosis or regurgitation.

Mitral Valve: Mild thickening of the anterior mitral valve leaflet. There is mild thickening of the posterior mitral valve leaflet. Mild mitral annular calcification. Trace mitral regurgitation.

Tricuspid Valve: The tricuspid valve appears structurally normal. Trace tricuspid regurgitation. The right ventricular systolic pressure, as measured by Doppler (26mmHg(+3)).

Pulmonic Valve: Pulmonic valve appears structurally normal.

Pericardium: The pericardium is normal.

Vessels: The aortic root, ascending aorta and aortic arch are normal. The inferior vena cava is normal. All pulmonary veins appear normal.

Conclusions

1. Resting bradycardia (HR<60bpm).
2. Normal LV size and wall thickness. Normal LV systolic function with an EF visually estimated to be > 52%. No wall motion abnormality noted.
3. Mild asymmetric septal hypertrophy with septal thickness 12-13.
4. Left atrial volume is mildly increased.
5. The right atrium is mildly enlarged.
6. There is mild aortic valve sclerosis with no stenosis or regurgitation.
7. Mild mitral annular calcification.

Interpreted By: Dr. B. Motlagh, FRCPC

MARKHAM CENTER HEART CLINIC
Location: 3601 HWY. 7 EAST, SUITE 203

HOLTER REPORT

Patient Name: **JAILAL, INDROMATTIE**
ID: **5808301492**
Age: **77 yr**
Gender: **Female**
Date of Birth: **12-Feb-1943**

Hookup Date: **05-Nov-2020**
Hookup Time: **11:14:00**
Duration: **47:59:00**
Recorder Serial #: **8301e489**
Order #:

Overreading Physician: **Dr Motlagh, B**
Referring Physician: **Dr Gnanapandithe, K**
Ordering Physician: ,
Hook-Up Technician: **Ganeshan, T**
Analyzing Technician: **Ganeshan, T**
Indication/Diagnosis: **Palpitations**
Medications:

General

157014 QRS complexes
1 Ventricular beats (< 1%)
161 Supraventricular beats (< 1%)
< 1 % of total time classified as noise

Ventriculars (V, F, E, I)

1 Isolated
0 Couplets
0 Bigeminal cycles
0 Runs totaling 0 beats

Heart Rates

45 Minimum at 15:50:23 05-Nov
55 Average
79 Maximum at 09:31:02 07-Nov
0 Beats in tachycardia (≥ 100 bpm), 0% total
145947 Beats in bradycardia (≤ 60 bpm), 93% total
1.6 Seconds Max R-R at 15:59:53 05-Nov

Supraventriculars (S, J, A)

112 Isolated
5 Couplets
0 Bigeminal cycles
4 Runs totaling 39 beats
23 Beats longest run 107 bpm 14:14:53 05-Nov
7 Beats fastest run 130 bpm 13:07:47 05-Nov

Interpretation

BASELINE ECG: Sinus Rhythm
RHYTHM: Sinus Rhythm

Max HR: 79 BPM Average HR: 55 BPM Min.HR: 45 BPM

PAC's: 112 (isolated) Couplets: 5 SVT: 4. Longest - 23 Beats - 107 BPM. Fastest - 7 Beats - 130 BPM

PVC's: 1 (isolated) Couplets: 0 VT: 0

Pause: None Symptoms: No symptoms Reported.

CONCLUSION: Sinus Rhythm. Rare isolated PVC's. Rare isolated PAC's and 4 runs of APB's. No Pauses seen. No Symptoms Reported.

Signed: _____ Date: _____