GRAND ROUNDS
The Cure for Common Healthcare

Records Coversheet

Patient Name: **Elizabeth Parker**

Patient MR#: **750e5dd147001e27**

DOB: **05/15/1966**

Date Prepared: **2/1/14**

ALL RECORDS INDEXED WITH MOST RECENT DATE ON TOP

DATE RANGE	DOCUMENT TYPE
07/28/13 - 06/26/13	H&P/Progress Notes/Consults/ Discharge Summaries
07/24/13 - 01/25/10	Operative Reports
07/26/13 - 01/23/10	Radiology Reports
x	Pathology Reports
07/29/13 - 07/21/13	Lab Reports

PATIENT

NAME: Elizabeth Parker

AGE: 47

GENDER: F

CONDITION: Congestive Heart Failure (chf)

PATIENT SURVEY

SPECIFICALLY, WHAT QUESTIONS CAN OUR EXPERT DOCTORS ANSWER FOR YOU?

In addition to CHF, I've been told I actually have a lung disease as well. Recent scans show cloudy lungs, and I'm not sure of the best course of treatment at this point. I've been told "you will need to have surgery immediately" to "we disagree on the best course of action". I would like Grand Rounds to help me understand:

1. What exactly are all my issues? Are any of them causing the other?
2. Are there additional tests that I ask to have done?
3. For someone of my age and condition, what do you recommend as far as treatment?

WHAT BOTHERS YOU OR CONCERNS YOU THE MOST REGARDING THE MEDICAL PROBLEM WE ARE HELPING YOU WITH?

I'm scared and my family is confused about how to move forward given the differing opinions of my doctors.

HOW DOES THIS MEDICAL PROBLEM EFFECT YOUR DAILY LIFE?

The shortness of breath in particular affects my ability to go about my daily life. Things like walking and household chores have become very difficult for me.

HOW LONG HAVE YOU HAD THIS MEDICAL PROBLEM?

Several months.

HOW LONG HAVE YOU BEEN TREATED FOR THIS MEDICAL PROBLEM?

I've been taking medications for my high blood pressure for years, but the severe shortness of breath is a relatively new development.

HAVE YOU ANY MAJOR SURGERIES OR OPERATIONS? PLEASE LIST THEM.

I've had a tonsillectomy

WHAT DO YOU DO FOR A LIVING?
Interior Designer

WHAT DO YOU DO FOR FUN?
Walking, spending time with my family, & cooking.

RACE
Caucasian

HEIGHT
5’ 2”

WEIGHT
150

WHAT OTHER CURRENT MEDICAL PROBLEMS DO YOU HAVE AND AT WHAT AGE WHERE YOU DIAGNOSED WITH THE PROBLEM?
I've had high blood pressure for many years. I was recently diagnosed with CHF, severe aortic stenosis, fluid on my lungs, and COPD. I was also told I have lung disease, possibly IPF, and calcification around my heart.

DRUG ALLERGIES
No allergies.

CURRENT MEDICATIONS
See attached file.

DO ANY FAMILY MEMBERS (MOTHER, FATHER, BROTHERS, SISTERS) HAVE A SIMILAR MEDICAL PROBLEM? IF SO, WHAT IS THEIR RELATIONSHIP TO YOU AND AT WHAT AGE WERE THEY DIAGNOSED WITH THE PROBLEM?
My sister has idiopathic pulmonary fibrosis.

DO ANY OF YOUR FAMILY MEMBERS (MOTHER, FATHER, BROTHER, SISTERS) HAVE OTHER MEDICAL PROBLEMS?
My sister has idiopathic pulmonary fibrosis. She is on oxygen

DO YOU OR DID YOU SMOKE? IF SO, HOW MANY PACKS A DAY? WHAT AGE DID YOU START TO SMOKE? WHAT AGE DID YOU QUIT?
Yes, but I quit nearly 40 years ago. Was smoking a couple of packs a day.

DO YOU DRINK ALCOHOL? IF SO HOW MUCH AND HOW OFTEN?
No

H&P
PROGRESS NOTES
CONSULTS
DISCHARGE SUMMARIES

Most Recent at Top

E_Cardiothoracic Surgery Consult PARKER, ELIZABETH E - 0168329

* **Preliminary Repoxt •**

Document Type:	E_Cardiothoracic Surgery Consult
Document Date:	28 July 2013 0:00
Result status:	Transcribed
Template TiUe:	EM_CONSLT2
Performed by:	KONSTANTAKOS MD, ANASTASIOS K on 28 July 2013 16:32
Encounter info:	153175104, EMMC, In-patient, 07/21/2013 -
Contributor system:	FUStON

* Preliminary Report *

EASTERN MAINE MEDICAL CENTER
489 State Street

Bangor, Mame 04401

NAME: Parker, Elizabeth E.
MRN: 0168329
DOB: 05/15/1966
FIN: 153175104
ADMIT DATE: 07121/2013
DOS: 07/28/2013
ATTENDING: THOMAS E CASSIDY, DO
DICTATED BY: ANASTASIOS K KONSTANTAKOS, . ..

CARDIOTHORACIC SURGERY CONSULTATION REPORT

REFERRING PHYSICIAN: Dr. Crawford.

REASON FOR REFERRAL: Interstitial lung disease with partial calcific pericarditis and aortic stenosis.

CHIEF COMPLAINT: Gradual shortness of breath.

HISTORY OF PRESENT ILLNESS: This is a 47-year-old woman with known longstanding modera te aortic stenosis, who has a history of paroxysmal atrial fibrillation, supraventricular tachycardia, who was admitted to the hospital on 7/21/2013, complaining with increasing dyspnea, chest pain, and lower extremity edema with occasional cough. Her exercise capacity has been progressively diminishing. She says that she is not able to walk at a brisk pace anymore and has to have frequent rests. The dyspnea on exertion has been going on for the past few years.

After she was admitted to the hospital, her symptoms have improved. A workup including echocardiogram, chest CT, and coronary catheterization has been performed. A cardiothoracic consultation was requested.

PAST MEDICAL HISTORY: Includes interstitial lung disease, aortic stenosis, history of paroxysmal atrial fibrillation, on Coumadin, chronic kidney disease, hypertension, hyperlipidemia, osteoporosis, gastritis, gastroesophageal reflux disease, history of transient ischemic attack, diverticulosis.

PAST SURGICAL HISTORY: Hysterectomy.

OUTPATIENT MEDICATIONS: Include:

1. Warfarin.
2. Lasix.
3. Potassium
4. Magnesium.
5. Metoprolol.
6. Nitroglycerin,
7. Simvastatin.
8. Calcium.
9. Famotidine.
10. Vitamin Bl2.

ALLERGIES: Percocet,

Vicodin.

FAMILY HISTORY: Mother apparently had congestive heart failure and father had emphysema.

SOCIAL HISTORY: She lives with her sister in Bangor. She is a fom1er smoker, quit many years ago. Denies intravenous alcohol or drug abuse.

REVIEW OF SYSTEMS: Currently denies fever, chills. Cardiac: Currently denies chest pain. Respiratory: Denies hemoptysis or wheezing currently. Gastrointestinal: Denies dysuria. All other review of systems otherwise negative.

PHYSICAL EXAMINATION: Age-appropriate woman, awake, alert, in no apparent distress Temperature 36.7, heart rate 50, no1mal sinus rhythm, blood pressure 130/60, respiratory rate 18. She is saturating 96% on 2 L nasal cannula. General: She is awake, alert, oriented x3. Head: Normocephalic, atraumatic. Neck: Supple. No jugular venous distention. No bruits. No masses. Back: Midline, straight. No costovertebral angle tenderness. Chest wall symmetrical in expansion. Lungs: Clear, Cardiovascular: Regular rate and rhythm. Abdomen; Soft, nontender, nondistended. Genitourinary: Deferred. Rectal: Deferred. Extremities: Range of motion intact x4 grossly. Neurologic: No gross focal defects. Psychiatric: Awake, alert, oriented x3. No gross pitting edema in the distal lower extremities.

E_Cardiothoracic Surgery Consult PARKER, ELIZABETH E •
0168329

* **Preliminary Report** •

LABORATORY EVALUATION: Sodium 132, potassium 4.1, chloride 94, bicarbonate 24, BUN 22, creatinine 1.1, glucose 97. INR is 1.1. White count 8, hematocrit 32, platelets 264, CT of the chest without contrast on 7/26/2013, shows extensive calcification of the anterior pericardium and lateral pericardium predominantly on the right side affecting the right atrium and right ventricular area with no evidence of mass effect. The left ventricular pericardium appears largely uninvolved, but I think it is a calcific process. In addition, there were extensive subpleural reticulation changes consistent with interstitial lung disease.

I do not see pulmonary function tests.

CARDIOLOGIC EVALUATION: Echocardiogram on 7/24/2013, shows ejection fraction of approximately 55% with a dilated left atrium, sclerosis of the aortic valve and trace aortic insufficiency. The aortic valve area is estimated to be approximately 0.8 cm squared with mild to moderate mitral regurgitation. The mean gradient of the aortic valve is approximately 20 mmHg. Coronary catheterization on 7/24/2013, shows patchy atherosclerosis but no gross obstructive coronary artery disease throughout the arterial tree. There was no evidence to suggest constrictive pericarditis on pressure measurements.

ASSESSMENT: This is a complex picture of a very pleasant 47-year-old woman who has the aforementioned findings including evidence consistent with interstitial lung disease, partial calcific extensive pericarditis, and at least moderate aortic stenosis with a preserved ejection fraction.

In terms of her operative candidacy for a possible aortic valve replacement, the pericardial anatomy may prove a technical challenge if not full impediment to a full pericardiotomy itself. In addition, her interstitial lung disease may also place her at heightened risk for a cardiopulmonary bypass run as well. Clearly, the patient is not in an acute situation currently as she feels quite well today. It would be perhaps beneficial to consider this patient's candidacy for a percutaneous aortic valve procedure to avoid not only the operative cardiac risk as described above, as well as the avoidance of a stemotomy. She states she is interested in this and would be amenable to taking a trip down to Boston to discuss this if she were deemed a candidate. All questions have been answered to her full satisfaction. She and her daughter are quite appreciative.

ANASTASIOS K KONSTANTAKOS, MD

AKK/jsa
DD: 07/28/2013 DT: 14:08
TD: 07/28/2013 TT: 16:03
JOB#: 339341

Printed by: BRAGDON RN, PETER
Printed on: 07/29/2013 7:01

OPERATIVE REPORTS

Most Recent On Top

EMMC Northeast Cardiology Associates

Specializing ;„ Cnrtliac ti/Id Vo.reular Dhttue
Om Nott" st Drive - - Bangor, MB 0440 I 207-
947-4940 Fox: 201-941·9400

ELIZABETH E PARKER Home: (207)942-9524 Work: (000)000-0000
Female DOB: 05/15/1966 -47 Years Old – EMHS MR: 000 00001 66 329

07/24/2013 - Operative Report: EMMC - CATH
Provider: Rupert Flncke 1110
Location of Care: EMMC Northeast Cardiology Associates

Patient: ELIZABETH E PARKER
ID: MagicianLab 101331-0314001
Note: All result statuses are Final unless otherwise noted.

Tests: (1) EMMC - CATI! (Operative Report)
ANGIO CORON YES

Note: An exclamation mark (I) indictes a result that was not dispersed into the tlowsheet.
Document Creation Date: 07/26/2013 10:24 AM

(1) Order result status: Final
Collection or observation date-time: 07/24/2013 10:19:4
Requested date-time: 07/24/2013 00:00:00
Receipt da.te-time;
Reported date-time, 07/24/2013 00,00:00
Referring Physician!
Orderins Physician: (rfincke)
Specimen Source:
Source: MagicianLab
Filler Order Nurnber:
Lab aite!

Filed automatically (without signature) on 07/26/2013 at 10:24 AM

EC Echocard Transesophageal 20 PARKER, ELIZABETH **E** - 0168329

* **Final Report**

Document Type:	EC Echocard Transesophageal 20
Document Date:	24 July 2013 13:58
Result status:	Auth (Verified)
Template Title:	EC ECHOCARD TRANSESOPHAGEAL 20
Performed by:	QAZI DO, AMINA S on 24 July 2013 13:58
Signed by:	QAZI DO, AMINA S on 24 July 2013 13:58
Encounter info:	153175104, EMMC, In-patient, 07/21/2013 -

* Final Report *

Reason **For** Exam
Native valvular disease evaluation

300000098
Teet Date: 07/24/2013
Procedure: **Transesophageal Echocardiogram**
Patient: PARKER ELIZABETH E DOB(Age): 05/15/1966(47)

Med Rec#; 0160329 **Sex:** F

Site Loe: Ht / Wt:
147.J(cm)/62.0(
Pt. Loe: BSA: 1.56
Study Date: 07/24/2013 Pt. Type:
Study Quality: **Tape:**

Physicians:
Ref erring HOPE MD THOMAS S
Performing QAZI, AMINA
Reading QAZI, AMINA
Technologist **Dallavalle, Brad**

Rhythm:
HR BP
141/92

Study Type (e): **Transesophageal Echocaxdiogram**
Indication (s): **Native valvular disease eval**

Study Qualicy:

Medication (s) :

MEASUREMENTS

	Value	Units (Range)
LV EF Estimated	60	% (60 - 10

FINDINGS

Printed by: BRAGDON
Printed on: 14:14

EC Echocard Transesophageal 20 PARKER, ELIZABETH E - 0168329

* Final Report *

Tee Procedure2:
In the fasting state and after informed consent was obtained the patient was brought to the cath lab exam room and given 15 mL of viscous lidocaine orally as topical anesthetic. The patient was administered 100 mg of Propofol by anesthesia for sedation. The probe was passed without difficulty.

Left Ventricle:
The left ventricular charri.ber size i's normal. There is normal left ventricular systolic funccion. The estimated left ventricular ejection fraction in 20 is 60%. All segments are normal.

Left Atrium:
The left atrium is moderately dilated.

Right Ventricle:
The right ventricular chamber size and systolic function are within normal limits.

Right Atrium;
The right atrial cavity size is mildly dilated.

Aorta:
The aortic root appears normal.

Aortic Valve:
The aortic valve is trileaflet. The aortic valve leaflets are mildly thickened. There i aortic annular calcification. Moderate aortic leaflet calcification is visualized. There is a trace of aortic regurgitation. Aortic valve peak gradient is 34 mmHg. The aortic valve gradient mean is 20 mmlig.

Mitra Valve:
There is mitral annular calcification. The mitral valve leaflets are mildly thickened. Mitral valve leaflet mobility appears normal. Thre is mild to moderate mitral regurgitation observed. There is no evidence of mitral stenosis.

Tricuspid Valve:
The tricuspid valve leaflets are morphologically normal. Tricuapid valve leaflet mobility appears normal. There *ia* mild tricuspid regurgitation. There is no tricuapid atenosis.

Pulmonic Valve:
The pulmon1c valve appeas normal. There is mild pulmonic regurgitation present.

Pulmonary Artery:
The main pulmonary artery appears normal.

Venous;
The inferior vena cava is not visualized.

EC Echocard Transesophageal 2D PARKER, ELIZABETH E -
0168329

*** Final Report ***

J?erica.rdium :
The pericardium appears normal.

Conclusions:
Normal LV size and systolic function. LVEF 55%.
Tbe left atrium is moderately dilated.
Moderate sclerosis of the AOV with possible LF - LG severe AS and trace
I\.I.
DI 0,25, AVA O.Rn m2, SV 40ml, SVI 39! Z Score 4, maxPG 34mmHg,
meanPG 20mmllg.
There is mild to moderate mitral regurgitation observed.

Wallmotion

BAS	Normal
BA	Normal
BAL	Normal
BIL	Normal
BI	**Normal**
BIS	Normal
MAS	**Normal**
MA	**Normal**
MAL	Normal
MIL	**Normal**
MI	**Normal**
MIS	Normal
I\.S	**Normal**
AA	**Normal**
AL	Normal
AI	**Normal**
APEX	Normal

This report has been electronically signed by:

Amina Qazi, DO 07/24/2013 16:55:25

Signature Line
l'!IYSICIAN: QAZI 00, AMINA S
Electronically Signed: 07/24/2013 13•5B

Completed Action List:
• Order by FINCKE MD, RUPERT on 24 July 2013 12:37
* VERIFY by QAZI DO. AMINA S on 24 July 2013 13,59
• Per orm by DALLAVALLE 'BRAD E on 24 July 2013 15:04

Prinled by: BRAGDON RN, PETER
Printed on: 07128/2013 14:14

RADIOLOGY REPORTS

Most Recent On Top

CT Chest w/o Contrast PARKER, ELIZABETH E - 0168329

* Final Report *

Document Type:	CT Chest w/o Contrast
Document Date:	26 July 2013 15:20
Result status:	Auth (Verified)
Template Title;	CT Chest w/o Contrast
Performed by:	COUTO MD, COREY A on 26 July 2013 15:20
Signed by:	PICCIRILLO MD, MARK N as proxy for COUTO MD, COREY A on 28 July 2013 9:05
Encounter info:	153175104, EMMC, In-patient, 07/21/2013•

* Final Report *

Reason For Exam
worsening sob. Evaluate ung parenchyma ? pulmonary ibroais

Report DTA
DOB• 05/15/1966

ORDERING PROVIDER• RHASHELIA s CRl\WFORD, MD

DICTATED BY• COREY A COUTO, MD

DATE OF EXAM > 07/26/2013

EXAM• CT Of THE CHEST WITHOUT CONTRJ\ST

CLXNlCAL INDICATION: Worsening shortness of breath, aaaees lung parenchyma.

COMPl\RISQN, 04/16/2012

METHOD/TECHNIQUE• CT of the chest without contrast.

FINDINGS: The heart is not enlarged. There is extensive calcification of the pericardium as seen on the pevious examination. Calcification is also seen in the region of the mitral and aortic valves. Coronary artery calcifications are also present. There is no evidence *ot* a pericardial effusion. Calcification is also seen involving multiple lymph nodes. An 11-mm paatracheal lymph node is not much chaned (image 20). A 9 to l0-m1n· prevascular lymph nodes are stable. No new lymph nodes are seen. There is no evidence Of axillary adenopathy. The trachea is widely patent.

Review of the lungs demonstrates interval resolution of previously seen pleural effusions. Scattered areas of subpleural reticulation change are seen in the lungs bilaterally, essentially seen throughout the lungs, involving both upper and lower lunge. No evidence of definite honeycombing on this exam, although this is not a nigh-resolution CT. There are several scattered parenchymal opacities, which were not seen on the previous study. A 10-mm opacity is seen posteriorly in the right lung apex, which was not seen previously. Similar-appearing ill-defined opacities seen posteriorly in the left lung apex (image 10). Ground-glass changes are also seen anteriorly in the left upper lobe (image 12). Rounded area of opacity is seen superiorly in the left lower lobe, this was not seen previously (image 24}. Scattered other nodular opacities are seen throughout both lungs. There is a nodular area

CT Chest w/o Contrast PARKER, ELIZABETH E - 0168329

* **FinalReport •**

seen superiorly in the right lower lobe (image34), which likely was present before. A 7-mm nodule is seen laterally in the right middle lobe (image32), **appears new. There is no evidence of a pneumothorax or pleural effusion.**

Limited imaging of the upper abdomen demonstrates a mild hiatal hernia. the right adrenal gland is normal. Slight thickening is noted to the left adrenal gland, but this is unchanged. The gallbladder ia densely packed with **gallstones. Aorta is heavily calcified.**

Review of bone windows demonstrates degenerative changes in the spine. There isamild endplate compression deformity at Tl2. Degenerative changes are seen in the bilateral shoulders. No discrete lytic or blastic bony lesion is identified.

IMPRESSION:
l. Extensive pattern of subpleural reticulation changes as discussed above. The imaging pattern does raise the possibility of interstitial lung disease. This could be better evaluated and followed up with a high-resolution CT.
2. Patchy areas of nodular opacity as discussed above. Some f these findings are new compared to the previous study, These are nonspecific, but infectious or inflammatory etiologies are a possibility. I would consider a pulmonary consultation if not already performed. Cercainly, it is possible to exclude neoplasm baaed on this appearance and continued short followup is advised.
3. Mild thoracic lymphac\enopathy, grossly unchanged.
4. Extensive calcification of the pericardium. This has been discussed on previous reports and haa not significantly changed.
5. Mile\ hiatal hernia.
6. Interval resolution of pleural effusions.
7. Extensive cholelithiaais.

D: 07/26/2013 03:40 pm
T: syn 07/27/2013 12:16 am JOB#:
337449

Signature Line
PHYSICIAN: COUTO MD, COREY A
Electronically Signed: 07/28/2013 09:05

Completed Action List:
* Orde>: by CRAWFORD MD, RHASHELIA S on 26 July 2013 13:47
* Perform by PYLE , NICKY on 26 July 2013 15:20
• VERIFY by COUTO MD, COREY A on 28 July 2013 9:05

EMMC Northeast Cardiology Associates

SJ>ecialtdng 111 Curdiac and Vuscular Disease
One Nol'\lu:llSt Driv - - Bgor, ME 04401
207-947-4940 p,,, 207-941-9400

ELIZABETH E PARKER Home: (207)942-9524 Work: (000)000-0000
Female DOB: 05/1511929 -47Years Old - EMHS MR: 0000000168329

07125/2013 - Diagnostic Report Other: EMMC - STRESS
Provider; Amina S. Qazi DO
Location of Caro: EMMC Northeast Cardiology Associates

Patient: ELIZABETH E PARKER
ID: MagicianLab 101331-0314001
Note: All esult statuses are Final unless otherwise noted.

Tests: (1) EMMC - STRESS (Diagnostic Report Other)
! ETTFINDING TEXT

Note: An exclamation mark (!) indicates a result that was not dispersed into the flowsheet.
Document Creation Date: 07/26/201J 10:24 AM

(1) Order result status: Final
Collection or observation date-time: 07/25/2013 10:19:22
Requested date-time: 07/25/2013 00:00:00
Receipt date-time:
Reported date-time: 07/25/2013 00:00:00
Referring Physician:
Ordering Physician:
(aqazi) Specimen Source:
Source: MagicianLab
Filler Order Number:
Lab site:

The following results were not dispersed to the flowsheet:

ETTFINDING, T£X1, (F)

Filed automatically (without signature) on 07/26/2013 at 10:24 AM

E Treadmill

PARKER, ELIZABETH E
0168329

* **Final Report** *

Document Type:	E_Treadmill
Document Date:	25 July 2013 0:00
Result status:	Auth (Verified)
Template Title:	EM TREAD
Performed by:	HILL FNP, DIANE M on 25 July 2013 12:42
Encounter info:	153175104, EMMC, In-patient, 07/21/2013 -
Contributor system:	FUSION

* Final Report *

EM TREAD Verified

EASTERN MAINE MEDICAL CENTER
NUCLEAR CARDIOLOGY
489 State Street

Bangor, Maine 04401

NAME: Hussey, Mavis E.
MRN: 0168329
DOB: 05/15/1966
FIN: 153175104
ADMIT DATE: 07/21/2013
DOS: 07/2/2013
ATTENDING: THOMAS E CASSIDY, DO
REFERRING: THOMAS S HOPE, MD

DICTATED BY: DIANE HILL FNP

TREADMILL EXERCISE STRESS TEST
EXERCISE
SINGLE REPORT

REFERRING PROVIDER: Dr. Fincke.

Clinical Indication: Severe aortic stenosis looking for symptoms and exercise capacity.

Duration of Exercise: 2 minutes 7 seconds.

Actual Maximum Heart Rate: 88 beats per minute.

% of Predicted Heart Rate: 65%.

ST Changes: No significant changes from baseline. Baseline electrocardiogram showed regular sinus rhythm with T-wave inversions in the inferolateral leads.

An-hytlnnia with Exercise: None.

E_Treadmill PARKER, ELIZABETH E - 0168329

*** Final Report •**

Conduction Changes: None.

Blood pressure Response: I08/64 baseline, I*00160* at peak exercise, 114/50 in recove1y.

Symptoms: Severe shortness of breath and fatigue. The shortness of breath started at less than lminute of exercise. She exercised to the point where she was barely able to stay up on the treadmill reqillring stopping the treadmill. She was panting for breath at the end. Her symptoms improved 5 minutes into recovery.

INTERPRETATION: Nondiagnostic exercise treadmill test. The patient exercised for 2 minutes 7 seconds and stopped due to severe shortness of breath and fatigue There was an 8-mm drop in systolic blood pressure with exercise. There was no ectopy. There were no significant ST changes from baseline while achieving 66% of predicted maximum hemt rate.

DIANE M HILL, FNP

AMINA S QAZI, DO

DMH/sc
DD: 07/25/2013 DT: 11:18
TD: 07/25/2013 TT: 12:42
JOB#: 333676

Completed Action List:

- Transcribe by COLLET ' SUZANNE on 25 July 2013 12:42
- Author by HILL FNP, PlANE M on 25 Juiy 2013 12:42
- Perform by HILL FNP, DIANE M on 25 July 2013 12:42

EMMC Northeast Cardiology Associates
One Northeast Drive
Bangor ME, 04401
Phone: 207 947·4940 · Fax: 207 040400

ICAEL

Name: PARKER, ELIZABETH E
MAN: 06301929MEH
Study Date: 06/26/2013 08:54 AM

DOB: 05/15/1966
Age: 83 yrs
Gender: Female

Exam: Transthoracic Echocardiogram
Performed By; WR
Ordering MD: Amina Qazi DO
Referring MD: KEVIN MILLER MD

Reason For Study: Mitral Regurgitation, Dyspnea, Paroxysmal Tachycardia, Aortic Stenosis
Height: 58 in Weight: 142 lb BP: 120/60 mmHg

MModel2D Measuremenls & Calculations

LVIDd: 3.5 cm	Ao root diam: 3.1 cm	asc Aorta Diam: 3.6 cm	LVOT diam: 2.1 cm
LVJDs: 2.1 cm	LA dimension: 4.3 cm		
JVsd: 1.0 cm			
LVPWd: 0.88 cm			

Lefl Ventrjcle
The left venlricle is normal in size. Lefl ventricular systolic !unction is normal. Calculated EF 66%. No regional wall motion abnormalities noted. E/A 1.8, E/e' 15.

Left Atrium
The left atrium Is mildly dilated. A patent foremen ovale is present.

Right Ventricle
The right ventricle is mildly dilated. The nght ventricular systolic function is normal.

Bight Atrj11m
The right atrium is mildly dilated.

Ao.cla
The aortic root is normal size. Borderline dilated ascending aorta.

Aor!Jc Vafve
The aortic valve is trileaflet. Leaflets are calcified and restricted. Peak/mean gradients are 50/29mmHg. Using an LVOT diameter of 2.0cm, AVA 0.8cm2
SV 65ml
SI 41 ml/m2
DI .24
Z Score 3.6
AS appears severe by planimetry. Trace aortic regurgitation.

Mitra! Valve
There is mild to moderate mitral annular calcification. There is mild mitral regurgllation.

Tric11spid Valve
There is trace tricuspid regurgitation. Estimated RSVP 33mmfjg.

p11!monic valve
The pulmonic valve leaflets are thin and pliable; valve motion is normal.

P.ulmDnary_Al:llmt
The pulmonary artery ts normal size.

The pericardium appears normal.

Jntarpreta!Jon Summary
Normal biventricular systolic function EF 66%
The right ventricle is mildly dilated.
Suspect Severe aortic s1enosis Peak/mean gradients are 50129 mmHg respectively. AVA 0.8cm2
Biatrial enlargement

Cerner Imaging Exam Report

Facility: FHZ

OOBIAge/SllX: Oli/30/1919 47 Yean Female
Lo<>.Uoa: SCU-F1W 1704/ I
Bxam: MR Ancfo/Venobs Hoeel WO Cone
ax.m Status; Completed
Thmscrlplionist EPSTEIN MD, DAVlD MICil'AEL

Plll11111 Nam1: PARKER,
ELIZABETH E
MR.N:10!2233
FIN: 341Pl47
Pa1len1Typo: lnpallont
Accaulan No: llm-ll-0009025
Bum OelTime: 03/0J120ll l3;05

Orderln& Ph>'slclan: ALI *MD,* SYED l'RFAN
Resident
lnllOl'pfetlna Phyalclan; EPSTEIN MD, DAVID MICHAEL
Reason for Exam: TIA

Repon Status: Flnor
Tmnscribed D!l!fl'ime: 03/0112012 13:40

REPORT

Technique: Noncontrast MR e.ngiogram *of* the brain was obtained. Source axial images, axial, sagittal, 1111.d coronal thin slab MIPS, e.nd volume rendered images were submitted for interpretation.

Plndlngs: Symmetric widely patent distal Internal carotid arteries are Identified bilaterally. Both supracllnoid internal carotid arteries bifurcate into symmetric widely patent AI and Ml segments. Anterior communicating *artery* is not seen, perhaps attetic. Both *A2* segments are symmetrically patent There is a symmetric branching of tbe right Ml into symmetric superior and inferior temporal and parietal lobe (M2) branches and a smaller anterior tempol111 lobe bnmch, without aneuzysm (site questioned on CT). JUBt distal to the 11enu at the junction of the left Ml and M2 segment, there ia branching into an anterior tempontl lobe branch and a common M2 segment which exllllds over a distance of perhaps !S om prior to branching into superior and inferior temporal and parietal lobe (M2) branches.

Posteriorly the smaller left vertebral artety teiminates in PICA (posterior inferior cerebellar artery). The larger riaht vertebral artery is the sole contributor to the basil&'*artery,* a somewhat diminutive but unifoi:m vessel. The superior cerebellar llltcrle11 and anterior inferior om-ebellar llrteriC3 (AlCA's) m:indlsccrnlble. The distal basilar contributes to diminutive but patent PI segments. Symmetrically prominent posterior communicating arteries arising from the distal internal carotid arteries are consistent with persistent fetal circulation. There is symmetric flow-related eiiliancement within both posterior cerebral arteries (P2's).

No intracranlal aneurysm or stenosis Is appn:ciated.

Impression:

Variant lntracranlal arterial anatomy, as descrl'bed above, without aneuzysm or stenosis.

Dictating Dr. Bpsteln, DaV!d M
Dictated 03/0112012

Sgnfna Dr. Epstein, David M

••••••••FinaJ•••••••••

Dictated by: EPSTEIN MD, DAVID M
Signed by: EPSTEIN MD, DAVID M
Transcrlptionlst: DMB

LAB REPORTS

Most Recent On Top

Event Date	Event	Result	Rer. Range	Status
07/29/2013 6:15	White 01000 Cell Count	7.6	(4.8 - 10.8)	
	Hemoglobin	L 10.5	(12.0 - 16.0)	
	Hematocrlt	L 32.6	(36.0 • 47.0)	
	Platelet Count	267	(150 - 400)	
	Red Blood Cell Count	L 3.54	(4.20 • S.40)	
	Mean Corpuscular Volume	92.1	(80.0 - 100.0)	
	Mean Corpuscular Hemoglobln	29.7	(28.0 - 34.0)	
	Mean Corpuscular HGB Concentratign	32.2	*m.o* - 36.oJ	
	Red Cell Distribution Width-SD	H 50.5	(35.0 - 47.0)	
	Red COii Distribution Width-CV	11 15.I	(11.5 • 13.5)	
	Mean Platelet Volume	10.4	(8,5 - 12.0)	
07/28/2013 5:15	**Anti-Xa**	• 0.40		
	White 01ood Cell count	8.4	(4.8 - 10.8)	
	Hemoglobin	L 10.2	(12.0 - 16,0)	
	Hematocrit	L 31.8	(36.0 - 47.0)	
	Platelet Count	250	(ISO - 400)	
	Red Blood Cell Count	L 3.45	(4.20 - S.40)	
	Mean Corpuscular Volume	92.2	(80.0 • 100.0)	
	Mean Corpuscular Hemoglobin	29.6	(28.0 - 34.0)	
	Mean Corpuscular HGB Concentration	32.1	(32.0 - 36.0)	
	Red Cell DIStribution Width-SD	H 49.3	(35.0 .47.0)	
	Red Cell Distribution Width-CV	H 14.S	(11,5 - 13.5)	
	Mean Platelet Volume	10.4	(8.5 - 12.0)	
07/28/2013 0:00	E_C.rdlothoraclc Surgery Consult	E...C.rdlothora<I< Surgery Consult		
07/27/2013 5:35	Sodium Level	L 132	(134 - 142)	
	Potassium Level	4.1	(3.5 - 5.0)	
	Chloride Level	97	(98 - 107)	
	Carbon Dioxide	24	(22 - 32)	
	Anion Gap	11	(3 - 12)	
	Urea Nitrogen	H 22	(5 • 20)	
	CREATININE	H 1.11	(0.40 - 1.10)	
	crcl (Coda:roft-Gault) For Med Dosing	24		
	CrCI Actual *Body* Weight(Cockcroft-Gault)	37		
	eGFR (MORD)	* 47		
	Glucose Level	**97**	(70 - 120)	
	calcium Level	8.9	(8.8 - 10.3)	

Prothrombln Time		B	utrophlls Absolute	11.7
International Normaflied Ratio	• 1.1	a		
An Xa	• 0.4'1	s		
White Blood Cell Count	7.9	o		
Hemoglobin	L 10.3	Lp	32.4	
Hematocrlt	264	h		
Platelet Count	61.0	l		
Moture Neutrophlls	27.4	l		
Lymphocytes	8.0	s		
Monocytes	3.3	N		
EoslnopMs	0.3	e		

Frowsheet Print Request

Patient: PARKER, ELIZABETH E

Printed by: BRAGDON RN, PETER

MRN: 0168329

Dale Ramiti Admlsslon - Curren **i II**013 1§ 46 - 0Zilllll013 7:04 Printed on: 07/29/2013

Event Date	Event	7:04 Result Status	Ref. Range
	Lymphocytes Absolute	2.17	(I.00 .4.50)
	Monocytes Absolute	0.63	(0.10 - 0.80)
	Eoslnophlls Absolute	0.26	(0.00 - 0.50)
	Basophlls Absolute	0.02	(0.00 - 0,20)
	Red Blood cell count	L 3.53	(4.20 - 5.40)
	Mean Corpuscuiar Voiume	**91.B**	**1nnn . tW'l n\ \OV,V NJV,VJ**
	Mean Corpuscular Hemoglobin	29.2	(28.0 - 34.0)
	Mean Corpuscular HGB concentration	L 31.8	(32.0 - 36.0)
	Red C.11 Dlstrlbutl-On Width-SD	H 49.G	(35.0 - 47.0)
	Red cell Distribution Width-CV	H4.9	(11.5 - 13.5)
	Mean Platelet Volume	10.2	(8.5 • 12.0)
	Sedimentation Rate	28	(O - 30)
07/27/2013 0:00	E_Pulmonary/CtItlcal Gare Medicine Cnslt	!:_Pulmonary/Critical Care Medicine Cnsll	
07/26/2013 15:20	CT Chest w/o Contrast	• er Chest w/o Contrast	
07/26/2013 S:30	Sodium Level	135	(134 - 142)
	Potassium Level	4.4	(3.5 • 5.0)
	Chlode Level	100	(98 - 107)
	Carbon Diexide	26	(22 - 32)
	Anion Gap	9	(3 • 12)
	Urea Nitrogen	H 25	(S - 20}
	CREATINJNE	H **I.II**	(0.40 - 1.10)
	OCI (CockcroGault) For Med Dosing	24	
	CrO Actual Bocfy Weighl(Cockcroft-Gault}	37	
	eGFR (MORD}	* 47	
	Glucose Level	102	(70 • 120)
	calcium Level	8.9	(8.8 - 10.3)
	ProtllrombIn llme	11.3	(9.0 - 12.0)
	hternational Normalized Rallo	* 1.1	
	Antl-xa	• 0.43	
	White Blood Cell Count	*8.8*	(4.8 - 10.8)
	Hemoglobin	L 10.3	(12.0 - 16.0)
	Hematocrit	L 32.3	(36.0 - 47.0}
	Platelet Count	256	(150 .400)
	Red Blood cell Count	L 3.52	(4.W - 5.40)
	Mean Corpuscular Volume	**91.8**	(60.0 - 100.0)
	Mean Corpuscular Hemoglobin	29.3	(28.0 • 34.0)
	Mean COrpuscular HGB Concentlation	L 31.9	(32.0 - 36.0}
	Red Cell Distribution Width-SD	H 49. S	(35.0 - 47.0)
	Red cell Distribution Wldtll·CV	H 14.7	(11.5 • 13.5)
	Mean Platelet Volume	9.9	(8.5 - 12.0)

07/25/2013 13:55	Total Protein	6.5	(6.1 - 7.9)
	Albumin	3.9	(3.5 • 5.2)
	Total Blllrubln	0.4	(0.1- 1.0)
	Direct Bilirubin	0.2	(0.0 - 0.3)
	Alkaline Phosphatase	51	(35 - 105)
	Alanine Aminotransferase	13	(0 • 33)
	Aspartate Amlnotlanslerase	15	(0 - 32)
	Thyrotropin(TSH}	* 0.97	(0.40 - 3.80)
	Rheumatoid Factor	**11.7**	(0.0 .14.0)

Flowsheet Print Request

Patient: PARKER, ELIZABETH E

Prtnted by: BRAGDON RN, PETER

MRN: 0168329 Date RadmIsslon - Current); OWill013 16:46 - 0Wfil013 7:04 Prtnted on: 07/29/2013 7:04

Event Date	Event	Result	Ref. Range	Status
	ANA Titl!r	• 1:40		
	ANA Pattern	(a) Speckled		
	DSDNA Anbbody	• None Detected		
	C3 complement	114	(90 - 180)	
	C4 Complement	29	(10 - 40)	
	Jo Antibody	* o	**(O·-tO ·j**	
	Smith (ENA) Antibody, lgG	• 0	(0-40 -)	
	Cyclic Cltrulllnated PepUde	* 3	(0-19 -)	
07/25/2013 5:55	Sodium Level	138	(!34 - 142)	
	Potassium Level	5.0	(3.5 - 5.0)	
	Chloride Level	101	(98 - 107)	
	carbon Dioldde	27	(22 - 32)	
	Anion Gap	10	(3 - 12)	
	Urea Nitrogen	H 21	(5 - 20)	
	CREATININE	H L.211	(0.40 • I.IO)	
	CrCI (Cockcro-Gault) For Med Dosing	21		
	ere! Actual Body Welght(Cockcrofl-Gault)	32		
	eGFR (MORD)	• 40		
	Glucose Level	102	(70 - 120)	
	C.alcium Level	9.0	(8.8 - 10.3)	
	Prorhrombtn Time	12.0	(9.0 - 12.0)	
	hternational Normalized Ratlo Anti-	* **1.2**		
	lea	* 0.48		
	White Blood cell Count	10.7	(4.8 - 10.8)	
	Hemoglobin	L 11.0	(12.0 - 16.0)	
	Hernatocrit	L34.6	(36.0 - 47.0)	
	Platelet Count	299	(150 - 400)	
	Mature Neulrophlls	6S.S	(45.0 - 85.0)	
	Lymphocytes	L 24.5	(25.0 - 45.0)	
	Monocytes	8.2	(l.O - 9.0)	
	Eoslnophlls	1.5	(0.0 - 5.0)	
	Basophlls	0.3	(O.O - 2.0)	
	Neutrophlls Absolute	7.00	(1.90 .7.80)	
	Lymphocytes Absolutl!	2.62	(1.00 • 4.50)	
	Monocytes Absolute	H 0.88	(0.10 • 0.80)	
	Eoslnophlls Absolute	0.16	(0.00 - 0.50)	
	Basophils Absolute	O.oJ	(0.00 - 0.20)	
	Red Blood Cell COunt	L 3.73	(4.20 - S.40)	
	Mean Corpuscular Volume	92.6	{BO.O - 100.0)	
	Mean Corpuscular Hemoglobin	29.5	(28.0 - 34.0)	
	Mean corpuscular HGB Concentration	L 31.8	(32.0 .36.0)	
	Red Cell OlsMbutlon Width-SD	ti49.6	(35.0 - 47.0)	
	Red Cell Dlstrtbutlon Width-CV	11 M.7	(11.5 - 13.5)	
	Mean Platelet Volume	10.3	(8.5 - 12.0)	
07/25/2013 0:50	Antl-Xa	• 0.16		
07/25/2013 o:oo	E_Treadmlll	E_Treamlll		
	E_case Management	**E_Case Management**		
07/24/2013 14:29	Surglnet occumentation	Svrglnet Document!ltion		

07/24/<013 13:S6 EC Echocard TransesOQhageal 20	• EC Ecocard Transesophageal 20

Flowsheet Print Request

Patient: PARKER, ELIZABETH E

Printed by: BRAGDON RN, PffiR

MRN: 0166Ji9 Date Ranoe (Admission -CurrentL:OfilY].013 16:46· 07/29/2013 7:04 PHnted on: 07/29/2013

E:vent Date	7:04 Event	Result	Ref. Range	Status
	CREATININE	1.06	(0.40 • 1.10)	
	OCI (Cockcroft-Gault) For Med Dosing	26		
	CrCI Acrual Body Welght(Cockcroft·Gault)	39		
	eGFR (MORD)	* 49		
	Glucose Level	99	(70 • 120)	
	Calciom Level	9.4	(8.8 - 10.3)	
	Prothtombln Time	H 22.0	(9.0 • 12.0)	
	hternational Normalized Ratio	• 2.4		
	While Blood Cell Count	6.7	(4.8 .10.8)	
	Hemoglobin	L 10.7	(12.0 .16.0)	
	Hematocrlt	L 33.8	(36.0 .47.0)	
	Platelet count	262	(150 .400)	
	Mature Neutrophlls	61.9	(45.0 .85.0)	
	Lymphocytes	26.6	(25 0 - 45.0)	
	Monocytes	7.4	(1.0 • 9.0)	
	Eosinophlls	3.6	(O.O • 5.0)	
	Basophils	0.S	(0.0 .2.0)	
	Neutrophlls Absolute	4.13	(1.90 .7.80)	
	Lymphocytes Absolute	1.77	(1.00 .4.50)	
	Monocytes Absolute	0.49	(0.10 • 0.60)	
	Eoslnophlls Absolute	0.24	(0.00 • 0.50)	
	Basophlls Absolute	0.03	(0.00 • 0.20)	
	Red Blood Ceil Count	L 3.69	(4.20 - 5.40)	
	Mean Corpuscular Volume	91.6	(80.0 • 100.0)	
	Mean Corpuscular Hemoglobin	29.0	(28.0 - 34.0)	
	Mean Corpuscular HGB Concentration	L 31.7	(32.0 - 36.0)	
	Red Cell Dlstrtbutlon Width·SD	48.3	(35.0 • 47.0)	
	Red Cell Dlstrtbutlon W!dth·CV	H 14.5	(11.5 - 13.5)	
	Mean Platelet Volume	10.1	(8.5 • 12.0)	
	Iron Level	48	(28 .170)	
	Totalfron Binding	393	(261. 478)	
	o/oTransfemn Saturation	L 12	(15 - 45)	
	Vitamin B·12 Level	• 789	(200 .900)	
	Serum Folate	• >20.0	(4.1. 20.0)	
07/22/WIJ 3:00	Tropanln T	• <0.03	(0.00 - 0.03)	
07/22/2013 O:OO	E_Case Management	E_C.se Management		
	E_Cardiology Consult	E_Cardiology Consult		
07/21/2013 21:01	Troponln T	* <**0.03**	(0.00 • 0.03)	
07/21/2013 17:30	Troponln T	• <0.03	(0.00 •	
07/21/2013 16:47	VTE Contraindlcation·Pharmacologlc	"' **None**		
	VTE Advisor Recommendaon	* **None**		
07/21/2013 16:47	VTc Risk Assessment	• Medical High		
07/21/2013 16:46	E_OOB Patient Letter	E_OOB Patient Letter		
	E....Emergency Room Record	E_Emergency Room Record		
	E Patient Discharge Med List	E._PaNent Discharge Med List		