

Apr/25/2025 12:22:55 PM

HCA 8439705814

1/17



Received by Centene: 2025-04-25 11:03:33 CST

Complete and Fax to: 1-844-560-0799  
Transplant Fax to: 1-833-414-1667

## OUTPATIENT AUTHORIZATION FORM

Request for additional units.

Existing Authorization

Units

- Standard requests** - Determination within 15 calendar days of receiving all necessary information.

- Urgent requests** - I certify this request is urgent and medically necessary to treat an injury, illness or condition (not life threatening) within 72 hours to avoid complications and unnecessary suffering or severe pain.

**URGENT REQUESTS MUST BE SIGNED BY THE  
PHYSICIAN TO RECEIVE PRIORITY**

**\* INDICATES REQUIRED FIELD****MEMBER INFORMATION**

\*Member ID

U 9 5 4 1 3 6 7 8 0 1 0 0 0

Last Name, First

DE LOS SANTOS MARIN,  
DANIEL

\*Date of Birth

0 8 0 1 1 9 4 7

(MMDDYYYY)

**REQUESTING PROVIDER INFORMATION**

\*Requesting NPI

1 3 6 6 4 9 6 9 3 7

\*Requesting TIN

6 2 1 7 6 8 1 0 6

Requesting Provider Contact Name

Amanda R

Requesting Provider Name

Trident Medical  
Center

Phone

8 4 3 9 7 0 5 0 2 1

\*Fax

8 4 3 8 3 2 5 1 1 8

**SERVICING PROVIDER / FACILITY INFORMATION**
 Same as Requesting Provider

\*Servicing NPI

1 3 6 6 4 9 6 9 3 7

\*Servicing TIN

6 2 1 7 6 8 1 0 6

Servicing Provider Contact Name

Amanda R

Servicing Provider/Facility Name

Trident Medical  
Center

Phone

8 4 3 9 7 0 5 0 2 1

Fax

8 4 3 8 3 2 5 1 1 8

**AUTHORIZATION REQUEST**

\*Primary Procedure Code

9 3 7 9 8

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

1 0 0 0 0 0

(CPT/HCPCS)

(Modifier)

\*Start Date OR Admission Date

0 5 1 4 2 0 2 5

(MMDDYYYY)

\*Diagnosis Code

I 2 1 4

(ICD-10)

Additional Procedure Code

1 0 0 0 0 0

(CPT/HCPCS)

(Modifier)

Additional Procedure Code

1 0 0 0 0 0

(CPT/HCPCS)

(Modifier)

End Date OR Discharge Date

1 0 0 0 0 0

(MMDDYYYY)

Total Units/Visits/Days

0 0 3 6

**\*OUTPATIENT SERVICE TYPE**

(Enter the Service type number in the boxes)

- 422 Biopharmacy
- 712 Cochlear Implants & Surgery
- 299 Drug Testing
- 922 Experimental and Investigational Services
- 205 Genetic Testing & Counseling
- 249 Home Health
- 390 Hospice Services
- 290 Hyperbaric Oxygen Therapy
- 395 Infertility Diagnosis or Treatment
- 410 Observation

- 997 Office Visit/Consult
- 794 Outpatient Services
- 171 Outpatient Surgery
- 202 Pain Management
- 650 Radiation Therapy
- 201 Sleep Study
- 993 Transplant Evaluation
- 209 Transplant Surgery
- 724 Transportation
- 533 BH Applied Behavioral Analysis
- 512 BH Community Based Services
- 514 BH Day Treatment
- 515 BH Electroconvulsive Therapy
- 516 BH Intensive Outpatient Therapy
- 510 BH Medical Management
- 518 BH Mental Health /Chemical Dependency Observation
- 519 BH Outpatient Therapy
- 530 BH PHP
- 520 BH Professional Fees
- 521 BHPsychological Testing
- 522 BH Psychiatric Evaluation

Cardiac Rehab

DME

417 Rental

120 Purchase

(Purchase Price)

ALL REQUIRED FIELDS MUST BE FILLED IN AS INCOMPLETE FORMS WILL BE REJECTED.

COPIES OF ALL SUPPORTING CLINICAL INFORMATION ARE REQUIRED. LACK OF CLINICAL INFORMATION MAY RESULT IN DELAYED DETERMINATION.

**Disclaimer:** An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

**Confidentiality:** The information contained in this transmission is confidential and may be protected under the Health Insurance Portability and Accountability Act of 1996. If you are not the intended recipient any use, distribution, or copying is strictly prohibited. If you have received this facsimile in error, please notify us immediately and destroy this document.

Rev. 07/28/2022

ES-PAP-141B

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Received by Centene: 2025-04-25 11:03:33 CST

TRIDENT MEDICAL CENTER  
9330 MEDICAL PLAZA DRIVE  
CHARLESTON, SC 29406

NAME: DE LOS SANTOS MARIN,DANIEL                    ROOM #: D.313-A  
UNIT #: D000755916                                    ACCT #: D00081633618  
Report Name: Echocardiogram                            Ft Loc: D.T3FL

11 n 3

Trident Medical System  
9330 Medical Plaza Dr  
Charleston. SC 29445

Transthoracic Comp 2D, M-mode, spectral Doppler and color Doppler

Name:	DANIEL DE LOS SANTOS MARIN	DOB:	08/01/1947
MR #:	D000755916	Study Date:	02/07/2025
Admission #:	D00081633618	Pt Status:	Inpatient
UR #:	D856360	Gender:	Male
Accession #:	D2502070012ECHO	Age:	77 years
Height:	67 in.	Weight:	188.00 lbs.
BSA:	1.97 m <sup>2</sup>	BP:	149 mmHg / 69
mmHg			

Procedure Staff

Reading Physician:	Christopher P Mccarty, MD
Sonographer:	N'Dia Small
Ordering Physician:	Christopher P Mccarty, MD
Referring Physician:	Mitul Patel
Reading Group:	Atlantic Cardiovascular Associates
Indication:	Myocardial infarction without ST elevation (NSTEMI)

Conclusions

Left Ventricle:

- The left ventricular size is normal.
- The left ventricular ejection fraction is estimated to be 60-65%.
- The left ventricular wall thickness is normal.
- The left ventricular systolic function is normal.
- Regional wall motion is normal.
- Grade I diastolic dysfunction (impaired relaxation).

Aortic Valve:

- There is mild aortic valve regurgitation.

Exam Details

Procedure Ordered:	ECHO 2D Complete with color Doppler and spectral
Doppler	
Procedure Components:	Complete 2D imaging
Image Quality:	Fair

Patient Name: DE LOS SANTOS MARIN,DANIEL                    Account #: D00081633618

South Carolina

PCI \*LIVE\* (PCI: OE Database COCTR)

Technical Limitations: Echocardiographic views were limited by poor acoustic window availability  
Facility Location: Bedside

Clinical Data  
Hypertension: Yes

Patient: DANIEL DE LOS SANTOS MRN: D856360 Study Date:  
02/07/2025 08:16 AM Page 1 of 4  
MARIN

Known CAD: Yes  
Comment: Hx CVA, CAD PCI 02/05/25

#### Findings

##### Left Ventricle:

The left ventricular size is normal. The left ventricular ejection fraction is estimated to be 60-65%. The left ventricular wall thickness is normal. The left ventricular systolic function is normal. Regional wall motion is normal. Grade I diastolic dysfunction (impaired relaxation).

##### Right Ventricle:

The right ventricle is normal in size. The right ventricular systolic function is normal. The right ventricular systolic pressure can not be calculated due to an inadequate tricuspid regurgitant jet.

##### Left Atrium:

The left atrium is normal in size.

##### Right Atrium:

The right atrium is normal in size.

##### Mitral Valve:

The mitral valve leaflets exhibit normal leaflet excursion. There is no mitral valve stenosis. There is trivial mitral valve regurgitation.

##### Aortic Valve:

The aortic valve is trileaflet. The aortic cusps have normal leaflet motion. There is no aortic valve stenosis. There is mild aortic valve regurgitation.

##### Aortic Valve Measurements

AVA D (continuity eq. VTI): 2.3 cm<sup>2</sup>.

##### Tricuspid Valve:

The tricuspid valve was structurally normal. There is no tricuspid stenosis. There is no tricuspid valve regurgitation.

##### Pulmonic Valve:

Pulmonic valve is poorly visualized. There is trivial pulmonic valve regurgitation.

##### Aorta:

The aortic root exhibits normal size.

##### Great Vessels:

##### Pulmonary Artery:

The pulmonary artery is poorly visualized.

##### IVC:

The inferior vena cava is normal in size with normal respiratory collapse

Patient Name: DE LOS SANTOS MARIN, DANIEL Account #: D00081633618

South Carolina PCI \*LIVE\* (PCI: OE Database COCTR)

consistent with normal right atrial pressure. RA Pressure: 3 mmHg.

**Pericardium:**

The pericardium is normal in appearance. There is no pericardial effusion.

**Measurements**

**Left Ventricle**

Label	Value	Normal Value
LVOT Vmax	1.15 m/s	(0.7m/s - 1.1m/s)
LVOTd	19 mm	(19mm - 21mm)
LVDD, 2D	51 mm	(0mm - 58mm)
LVDS, 2D	37 mm	(25mm - 40mm)
LVPWD, 2D	9.59 mm	(6mm - 11.99mm)
LVEF, 2D	52 %	(52% - 72%)

Patient: DANIEL DE LOS SANTOS MRN: D856360  
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MARIN

Study Date:

LV Mass, 2D ASE	187 g	(96g - 200g)
LVSV, MOD4	57 ml	
LVSV, MOD2	49 ml	
LVSV Index, MOD4	28.9 ml/m <sup>2</sup>	
LVSV Index, MOD2	24.9 ml/m <sup>2</sup>	
LVSV, 2D	65 ml	
LVESVI, 2D	29.9 ml/m <sup>2</sup>	
LVSVI, 2D	33.0 ml/m <sup>2</sup>	
LVSV_LVOT	76 ml	
LVOT SI	38.6	
<b>Interventricular Septum</b>		
Label	Value	Normal Value
IVSd, 2D	10.35 mm	(6mm - 11.99mm)
<b>Right Ventricle</b>		
Label	Value	Normal Value
TV S'	17.56 cm/s	
<b>Left Atrium</b>		
Label	Value	Normal Value
LADs long.	54 mm	
LADs, 2D	52 mm	(0mm - 40mm)
LAD Index, 2D	2.6 cm/m <sup>2</sup>	
LA Area s, A4C	16.0 cm <sup>2</sup>	(0cm <sup>2</sup> - 20cm <sup>2</sup> )
LA Area s, A2C	16.9 cm <sup>2</sup>	(0cm <sup>2</sup> - 20cm <sup>2</sup> )
LA/AO Ratio, MM	1.53	
LAESV, A-L	42 ml	
LAESV index, A-L	21.3 ml/m <sup>2</sup>	(0ml/m <sup>2</sup> - 34ml/m <sup>2</sup> )
<b>Right Atrium</b>		
Label	Value	Normal Value
RADs long.	45 mm	(29mm - 45mm)
RA Area s, A4C	12.4 cm <sup>2</sup>	
RA Vol, 2D	28 ml	

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RA Vol Index	14.2 ml/m2	(0ml/m2 - 39ml/m2)
Aortic Valve		
Label	Value	Normal Value
AV Vmean	0.98 m/s	
AV VTI	31.24 cm	
AV PGmax, Curve	9 mmHg	
AV PGmean	5 mmHg	
AVA D (continuity eq. Vmax)	2.1 cm2	
AR PHT	0.470 s	
AR Slope	2.5 m/s2	
AV Vmax, Curve	1.54 m/s	(1m/s - 1.7m/s)
Dimensionless Index	0.83	
AVA D (continuity eq. VTI)	2.3 cm2	
AVA Index (continuity eq. Vmax)	1.07 cm2/m2	
AVA Index (continuity eq. VTI)	1.17 cm2/m2	
Mitral Valve		
Label	Value	Normal Value

Patient: DANIEL DE LOS SANTOS MRN: D856360  
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MARTIN

Study Date:

MV E Vmax	0.73 m/s	
MV A Vmax	0.91 m/s	
MV E/A	0.80	
MV E' septal	0.06 m/s	
MV Vmax	1.06 m/s	
MV Vmean	0.66 m/s	
MV VTI	29.99 cm	
MVA D (continuity eq. Vmax)	2.5 cm2	
MV PGmax	5 mmHg	
MV PGmean	2 mmHg	
MV E' lateral	0.07 m/s	
MV E/E' mean	11.23	
MV E' mean	0.06 m/s	
Tricuspid Valve		
Label	Value	Normal Value
RA Pressure	3 mmHg	
Great Vessels		
Label	Value	Normal Value
IVC, 2D	12 mm	(12mm - 23mm)

Electronically signed by Christopher P McCarty, MD on 02/07/2025 at 10:14 AM  
(No Signature Object)

Patient: DANIEL DE LOS SANTOS MRN: D856360  
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MARTIN

Study Date:

Patient Name: DE LOS SANTOS MARTIN, DANIEL Account #: D00081633618

South Carolina PCI \*LIVE\* (PCI: OE Database COCTR)

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Electronically Signed by Christopher P Mccarty, MD on 02/07/25 at 1014

Patient Name: DE LOS SANTOS MARIN,DANIEL      Account #: D00081633618

South Carolina      PCI      \*LIVE\* (PCI: OE Database COCTR)

04/25/2025 11:03AM (GMT-05:00)

RUN DATE: 04/25/25	Trident Health System 9330 Medical Plaza Drive Charleston, SC 29406 Specimen Inquiry PCI User: 3MUH86081 Lab Database: LAB.COCTR			PAGE 1
PATIENT: DE LOS SANTOS MARIN, DANIEL	ACCT #: D00081633618	LOC: D.T3FL	U #:	D000755916
RUN TIME: 1154	AGE/SX: 77/M	ROOM: D.399	REG:	02/05/25
RUN USER: 3MUH86081	DOB: 08/01/47	BED: A	DIS:	02/07/25
REG DR: Issa, Ahmad I MD	STATUS: DIS IN	TLOC:		
SPEC #: 0206:TR:C00293R	COLL: 02/06/25-0411 RECD: 02/06/25-0434 COLL BY: 5KQ05372	STATUS: COMP SUBM DR: Patel, Mitul MD	REQ #:	17427026
ENTERED: 02/06/25-0003		OTHR DR: Kiesel, Katherine G NP Mataosky, Mark A MD		
ORDERED: BASIC MET PANEL, LIPID				
Test	Result	Flag	Reference	Site Verified
<u>BASIC MET PANEL</u>				
<u>LIPID</u>				
> NA	138		136-145 mEq/L	@TR 02/06/25-0456
> NACORR	138		mEq/L	@TR 02/06/25-0456
> K	3.6		3.6-5.1 mEq/L	@TR 02/06/25-0456
> CL	103		101-111 mEq/L	@TR 02/06/25-0456
> CO2	24		22-32 mEq/L	@TR 02/06/25-0456
> ANION GAP	11		3-13	@TR 02/06/25-0456
> GLUCOSE	117	H	70-100 mg/dL	@TR 02/06/25-0456
> BUN	21	H	6-20 mg/dL	@TR 02/06/25-0501
> CREATININE	2.0	H	0.7-1.2 mg/dL	@TR 02/06/25-0501
> EST CRCL CG/IBW	28.0	L	>60 mL/min	@TR 02/06/25-0501
> EST CRCL CG/ABW	49.7	D	>60 mL/min	@TR 02/06/25-0501
****Estimated CRCL used in adjusting medication dosages.****				
> GFR CKD-EPI	34	L	>=60	@TR 02/06/25-0501
The eGFR is calculated using the 2021 CKD-EPI Cr equation, which includes serum Cr, age, and sex but does not include a race coefficient. The National Kidney Foundation recommends this formula for calculation eGFR in adults. GFR will not calculate if sex is unknown or patient age is <18 years.				
Ref range: >=60 mL/min/1.73 m2				
** CONTINUED ON NEXT PAGE **				

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RUN DATE: 04/25/25	Trident Health System	PAGE 2
RUN TIME: 1154	9330 Medical Plaza Drive	
RUN USER: 3MUH86081	Charleston, SC 29406	
	Specimen Inquiry	
	PCI User: 3MUH86081 Lab Database: LAB.COCTR	
SPEC #: 0206-TR:C00293R	PATIENT: DE LOS SANTOS MARIN, DANIEL	#D00081633618 (Continued)
Test	Result	Flag Reference site Verified
> CALCIUM	8.3	L   8.9-10.3 mg/dL   @TR 02/06/25-0456
> TRIGLYCERIDES	91	H   <150 mg/dL   @TR 02/06/25-1028
> CHOLESTEROL	146	H   <200 mg/dL   @TR 02/06/25-1028
> HDL CHOLESTEROL	27	L   >59 mg/dL   @TR 02/06/25-1028
> LDL CHOLESTEROL	101	H   <100 mg/dL   @TR 02/06/25-1028
> CORONARY RISK	5.4	H   <4.00   @TR 02/06/25-1028
DESIRABLE HEALTH		
TOTAL CHOLESTEROL	< 200 mg/dL	
HDL CHOLESTEROL	> 60 mg/dL	
CHD RISK	< 4.00	

~@TR - THIS PATIENT CARE UNITS

Performed at Trident Medical Center Laboratory  
 9330 Medical Plaza Drive Charleston, SC 29406 Phone 843-797-8875  
 Dr. Predrag Latkovich

\*\* END OF REPORT \*\*

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DE LOS SANTOS MARIN, DANIEL

ID:D856360

05-FEB-2025 06:49:37

HCA SC-S-ED ROUTINE RETRIEVAL

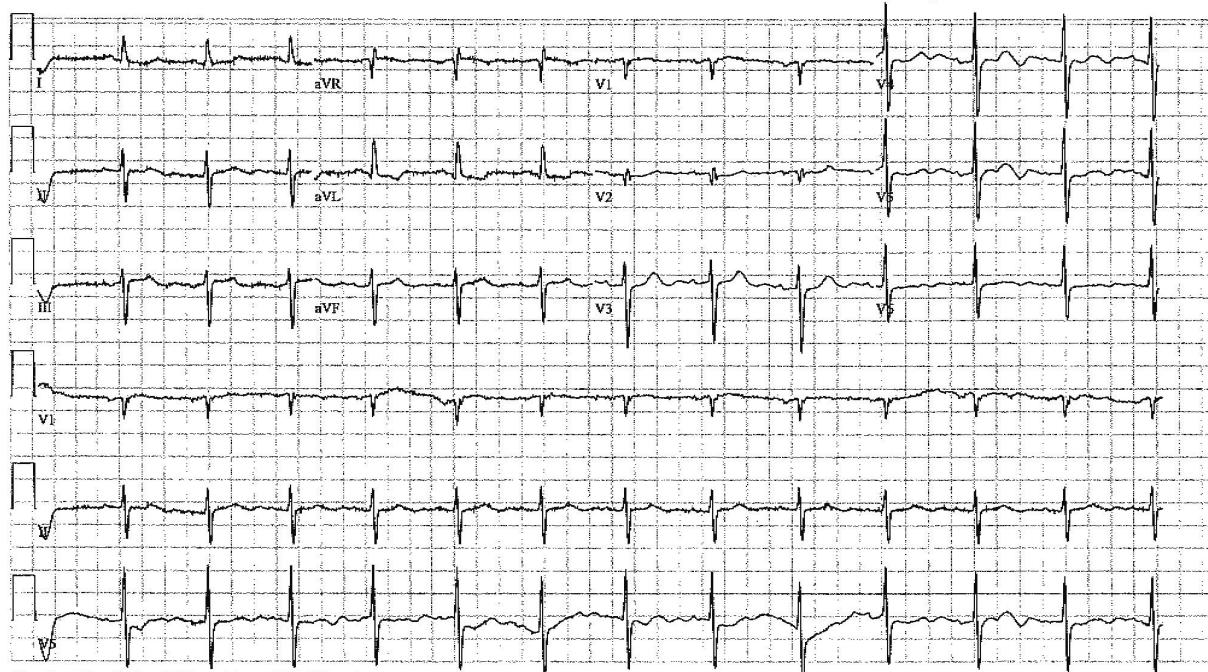
01-AUG-1947 (77 yr)  
 Male Unknown  
 Vent. rate 79 BPM  
 PR interval 172 ms  
 QRS duration 88 ms  
 QT/QTc 368/421 ms  
 Room:TE23 Loc:80 P-R-T axes -4 -48 86

Normal sinus rhythm  
 Left anterior fascicular block  
 When compared with ECG of 11-APR-2024 18:59,  
 QRS axis shifted left  
 ST no longer depressed in Inferior leads  
 T wave inversion now evident in Lateral leads  
 Confirmed by SANDHU MD, MONIQUE (247) on 2/6/2025 6:59:05 PM

Technician: FFA3347  
 Test ind:Active Chest Pain

Referred by: Minul Patel

Confirmed By: MONIQUE SANDHU MD



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Trident Health System OE  
Consultations  
ORDER No.0205-0370  
SMC CARDIAC REHAB 10.34.100.135

NAME: DE LOS SANTOS MARIN,DANIEL	D000755916
PHYS: Patel,Mitul MD	TYPE: ADM IN
DOB: 08/01/47 AGE/SEX: 77 M	
ADM NO: D00081633618	
ROOM: D.CPR-05 LOC: D.TCPRU	

-----  
Resuscitation Status: DNR/Allow Natural Death

Allergies/ADRs: No Known Drug Intolerances,No Known Drug Allergies

HT: 5 FT 7 IN 170.18 CM WT: 250 LB 8.18 OZ 113.63 KG

Isolation status:

Transport method:

Outpt Cardiac Rehab Referral (OUTPTCARD) ROUTINE SER DATE: 02/05/25  
===== TIME: 1743  
ORDER SOURCE: E - E

Press <Enter> for Order Details...

Patient Diagnosis: PTCA or Coronary Stent

Comment:

NSTEMI, PCI 2/5/25

CAMPUS: TRMC

ORDERED BY: Mccarty,Christopher.P. MD ENTERED BY: PHY.MCCCH4 02/05/25 1743 TRIDTCLIC  
OTHER PROV:

Trident Health Systems (COCTR )  
Discharge Summary  
REPORT#: 0321-1029 REPORT STATUS: Signed  
DATE: 03/21/25 TIME: 1355

PATIENT: DE LOS SANTOS MARIN,DANIEL                    UNIT #: D000755916  
ACCOUNT#: D00081633618                                    ROOM/BED: D.399-A  
DOB: 08/01/47 AGE: 77                                    ATTEND: Issa,Ahmad I MD  
ADM DT: 02/05/25    AUTHOR: Issa,Ahmad I MD  
REP SRV DT: 02/07/25                                        REP SRV TM: 1355  
\* ALL edits or amendments must be made on the electronic/computer document \*

### **General Information**

Discharge date: 02/07/25

Discharge diagnosis:

NSTEMI/ACS

S/P PCI with DES to RCA and OM1, PCI to LCx

History of coronary artery disease status post stent

Essential hypertension:

Hyperlipidemia:

CKD 3B

Hospital course:

Patient is a 77-year-old male with history of coronary disease, hypertension, hyperlipidemia who was admitted to Trident Medical Center for management of NSTEMI/ACS. Patient had known history of coronary artery disease and underwent emergent left heart catheterization. Patient was found to have significant disease of the RCA and OM 1. Patient underwent PCI with DES to RCA and OM1. Left circumflex showed some disease which was treated with balloon angioplasty. Patient was monitored overnight. Echocardiogram revealed stable ejection fraction. At that point time he was deemed stable for discharge on dual antiplatelet therapy.

Consultants: interventional cardiology

Pt. condition on discharge: improved, stable

### **Med Rec**

#### **Med Rec**

Discharge meds:

Stop taking the following medications:

Med List Information (z-Med List Information) 1 EACH EACH  
1 EACH MISCELLANEOUS .CANCEL AT DISCHARGE

Continue taking these medications:

ASPIRIN (ASPIRIN CHILDREN'S) 81 MG TAB,CHEW  
81 MILLIGRAM ORAL (by mouth) DAILY

ATORVASTATIN (LIPITOR) 10 MG TAB  
10 MILLIGRAM ORAL (by mouth) DAILY

Patient: DE LOS SANTOS MARIN,DANIEL  
 Unit#:D000755916  
 Date: 03/21/25  
 Acct#:D00081633618

amLODIPine (NORVASC) 10 MG TAB  
 10 MILLIGRAM ORAL (by mouth) DAILY  
 Qty = 30

VALSARTAN (DIOVAN) 320 MG TAB  
 320 MILLIGRAM ORAL (by mouth) DAILY  
 Qty = 30

**Start taking the following new medications:**  
 clopidogrel (PLAVIX) 75 MG TAB  
 75 MILLIGRAM ORAL (by mouth) DAILY  
 Qty = 30  
 Refills = 2

carvedilol (COREG) 3.125 MG TAB  
 3.125 MILLIGRAM ORAL (by mouth) TWICE DAILY WITH MEALS  
 Qty = 60  
 Refills = 2

hydrALAZINE (APRESOLINE) 50 MG TAB  
 50 MILLIGRAM ORAL (by mouth) TWICE DAILY  
 Qty = 60  
 Refills = 2

### Objective

#### VS/I&O

Last Documented:

	Result	Date Time
Pulse Ox	96	02/07 1105
B/P	108/63	02/07 1105
B/P Mean	77.9	02/07 1105
O2 Delivery	Room air	02/07 1105
Temp	98.6	02/07 1105
Pulse	75	02/07 1105
Resp	16	02/07 1105

#### PATIENT WEIGHT:

Weight (lb): 188

Patient: DE LOS SANTOS MARIN,DANIEL  
Unit#:D000755916  
Date: 03/21/25  
Acct#:D00081633618

Weight (oz): 11.45  
Weight (kg): 85.600

General appearance: alert, awake, oriented  
Cardiovascular: normal heart sounds, regular rate & rhythm

### Discharge Instructions

PCP

PCP:

PCP: Kiesel,Katherine G NP

( Discharge to: Home Health w/Plan of Care

### **Discharge Instructions**

Additional Discharge Routines: PCP Follow-Up, Consultant Follow-Up

( Diet: Diabetic, Cardiac

( Activity: As Tolerated

Discharge management: greater than 30 mins

### **Follow-up Appointments**

PCP follow up:

PCP:

Kiesel,Katherine G NP

Phone: (843)573-2535

PCP follow up timeframe: In 1-2 weeks

Special instructions:

PLEASE CALL TO SCHEDULE HOSPITAL FOLLOW UP APPOINTMENT WITH  
YOUR PRIMARY CARE PROVIDER

Consulting provider 1:

Provider 1:

Mataosky,Mark A MD

Specialty: 3601 Lasdon Rd, Ste 100, Ladson, SC 29456

Phone: (843)285-2500

Consult follow up timeframe: In 5-6 weeks

Appt. date: 02/17/25

Appt. time: 1030

Special instructions:

please call if you need to reschedule

Electronically Signed by Issa,Ahmad I MD on 03/21/25 at 1428

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Patient: DE LOS SANTOS MARTIN,DANIEL  
Unit#:D000755916  
Date: 03/21/25  
Acct#:D00081633618

RPT #: 0321-1029  
\*\*\*END OF REPORT\*\*\*

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TRIDENT MEDICAL CENTER  
9330 MEDICAL PLAZA DRIVE  
CHARLESTON, SC 29406

NAME: DE LOS SANTOS MARIN,DANIEL                    ROOM #: D.313-A  
UNIT #: D000755916                                    ACCT #: D00081633618  
Report Name: Cardiac Catheterization                Pt Loc: D.T3FL

DATE OF SERVICE: 02/05/2025

ATTENDING PHYSICIAN: Ahmad Issa, MD

CONSULTING PHYSICIAN: Christopher P McCarty, MD

PRIMARY CARE PHYSICIAN: KATHERINE GANNON KIESEL, NP

INDICATIONS:

1. Chest pain.
2. Non-ST-elevation MI.

PROCEDURES:

1. Left heart catheterization.
2. Coronary angiography.
3. PCI to obtuse marginal.
4. Difficult PCI to RCA secondary to tortuosity and calcification.
5. Conscious sedation of 133 minutes.

DESCRIPTION OF PROCEDURE:

After informed consent obtained, patient prepped and draped in a sterile fashion. ASA form was completed prior to arrival in the catheterization laboratory. The patient was felt to be a candidate for conscious sedation. The patient also received a total of 3 mg of intravenous Versed and 75 mcg of intravenous fentanyl provided by trained catheterization lab staff. Procedure start time was 1510 with the procedure end time of 1723. This provides for a total face-to-face conscious sedation time of 133 minutes. At this point, a 6-French sheath was placed in the right radial artery. A 5-French TIG catheter was advanced under fluoroscopic guidance into the ascending aorta across the aortic valve. Left ventricular end-diastolic and pullback pressures were obtained. 5-French TIG catheter was then used to engage the left main and right coronary arteries respectively. Coronary angiography was performed in multiple planes. At the conclusion of the procedure, the patient was set up for intervention.

HEMODYNAMICS:

Left ventricular end-diastolic pressure of 6 mmHg. There was no significant gradient upon aortic pullback.

CORONARY ANGIOGRAPHY:

1. Left main, mild disease of 10% to 20% prior to takeoff of an LAD and left circumflex.
2. LAD. Left anterior descending artery has mild disease proximally at 10%. In the mid vessel, there is more diffuse disease upwards of 40%.
3. Left circumflex. Proximal left circumflex has mild disease upwards of 30%.

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In the distal vessel after the takeoff of the 4th obtuse marginal, there is 100% occlusion. There is no collateral filling identified beyond this location. The 1st, 2nd, and 3rd obtuse marginals is a very small branch. The 4th obtuse marginal is a larger branch that appears stenosis upwards of 99% in the mid segment.

4. RCA. The right coronary artery is a large and dominant vessel that has mild disease proximally of 30%. In the mid vessel, there is an area of significant tortuosity with stenosis upwards of 75%. In the distal RCA, there is moderate disease diffusely upwards of 50%. The posterior descending artery has a 99% stenosis that is diffuse in fashion in the mid segment.

**PCI TO THE OBTUSE MARGINAL:**

Following conclusion of diagnostic procedure, the patient was set up for intervention. A 6-French XB 3.0 guide catheter advanced to the left main. Heparin was administered for anticoagulation. It was opted to probe the distal left circumflex to see if there would be quick passage of the wire as to whether or not this may have been the acute lesion. Wire passage was successful. However, we were unable to pass a balloon into this particular location. At this point, it was opted to pursue intervention to the obtuse marginal. A Runthrough wire then advanced to the obtuse marginal #4. An Emerge 2.0 x 12 mm balloon was passed into the mid OM4 and inflated. This was then followed by stent placement with Onyx 2.0 x 18 mm drug-eluting stent. This was then followed by an NC Emerge 2.0 x 8 mm to assist in postdilatation. There was TIMI-3 flow into the distal OM4. With wire removal, there was also flow into the AV circumflex branch, but this again appeared to be a 1 mm vessel or smaller and not felt to be amenable for PCI. Due to the additional disease, it was opted to pursue intervention to the right coronary artery.

**PCI TO THE RCA:**

Again, please note that this is difficult intervention due to tortuosity and calcification. At this point, a 6-French JR4 guide catheter was advanced to the right coronary. A Runthrough wire was advanced to the distal PDA system. It was opted to utilize a Coast Guide extension catheter. This was then followed by initial balloon inflation with Emerge 2.0 x 15 mm balloon. Unfortunately, an Onyx 2.0 x 26 mm was unable to cross into the distal RCA. At this point, an Emerge 3.0 x 15 mm balloon was used for initial predilatation at the mid to distal RCA segment. It was opted to attempt intervention to this location. Onyx 3.0 x 22 mm drug-eluting stent was unable to cross. At this point, it was opted to advance a Telemark catheter to the PDA system. The DocWire had been used prior to this to then allow exchange for a Wiggle wire. Unfortunately, the Wiggle wire initially would not allow for the stent to be advanced and attention was turned back to the mid to distal RCA segment with an Emerge 3.0 x 15 mm with multiple inflations being performed. Again, the stent was unable to be deployed into the distal segment. The Telemark had to be advanced down with a run-through wire advanced again into the posterior descending artery for repositioning. At this point, with advancement of the Telemark into the more distal segment of this lesion of the RCA, it did allow for passage of the Onyx 3.0 x 22 mm drug-eluting stent, which was successfully deployed. An NC Emerge 3.25 x 8 mm balloon was used for post dilatation with multiple inflations being performed. This did facilitate the placement of an Onyx 2.0 x 26 mm into the PDA. This was then followed by an NC Emerge 3.5 x 8 mm with multiple inflations being performed. At this point, there was TIMI-3 flow. There was calcification noted of the mid to distal RCA stent. However, due to the prolonged x-ray time and procedure time, it was opted to abandon any

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further attempts of intervention to the right coronary. There was TIMI-3 flow into the distal right coronary system. ACT was 284 at the conclusion of the case. The patient did receive Plavix load at the conclusion of the case. The patient already received aspirin. A Vasc band was placed for hemostasis in the right radial access site. The patient will be taken to the CPRU for further care.

ESTIMATED BLOOD LOSS:  
10 cc.

CONTRAST:  
230 cc of Isovue.

CONCLUSIONS:

1. Coronary artery disease as described above with significant lesions of the left circumflex, obtuse marginal #4 as well as the RCA.
2. Status post successful PCI to the obtuse marginal #4 with an Onyx 2.0 x 18 mm drug-eluting stent.
3. Status post PCI to the RCA mid to distal vessel with Onyx 3.0 x 22 mm drug-eluting stent.
4. Status post PCI to the PDA with Onyx 2.0 x 26 mm drug-eluting stent.
5. LVEDP of 6 mmHg.

PLAN:

1. Aspirin 81 mg daily.
2. Plavix 75 mg daily for preferably 1 year following drug-eluting stent implantation for myocardial infarction.
3. Aggressive medical therapy for coronary artery disease.
4. Continue cardiovascular risk factor and lifestyle modifications.
5. Vasc band in place for 2 hours. Bed rest for 1 hour.

CC: Katherine Kiesel, NP

Christopher P McCarty, MD

Dictated By: Christopher P McCarty, MD

CPM:MODL  
D: 02/06/2025 10:08:03 / T: 02/06/2025 10:56:37  
Voice ID: 091607 / Job ID: 1053262503  
Authenticated by Christopher X Mccarty, MD On 02/07/2025 09:54:11 AM

Electronically Signed by Christopher P Mccarty, MD on 02/07/25 at 0954

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