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CTMC
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2/9/1992 12:00:00 AM
Discharge Summary
Unsigned
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Admission Date :
02/09/1992
Report Status :
Unsigned
Discharge Date :
02/22/1992
PRINCIPAL DIAGNOSIS :
STATUS POST MULTIPLE EMBOLISMS AND LEFT VENTRICULAR THROMBUS PROCEDURES :
LEFT VENTRICULAR THROMBECTOMY .
HISTORY OF PRESENT ILLNESS :
This is a 63 year old patient who had no significant medical history until 1987 , when he developed a left arm embolism which was treated with SVG from the left thigh .
The postop course was uncomplicated with an embolus occluding the graft and a CV A .
In 04-90 , the patient suffered an intestinal embolism requiring an ileostomy wh ich was closed in 09-90 .
In 09-90 , the patient developed a second CVA presenting with slurred speech whi ch resolved without residual .
The patient presents now with a 3 month history of dizziness and mood changes .
He also complains of continued left arm paresthesias .
The patient also reports that he had a large silent MI in 01-89 , which was unco mplicated .
HOSPITAL COURSE :
After admission to the Medical Service , the patient underwent work up for embol ism source and source for his dizziness .
His search had previously been negative .
A recent echo showed 1+ MR , inferior apical and left ventricular akinesis and a 3 x 2.5 cm spherical mass in the inferior apical left ventricle .
This finding was in concurrence with findings of a cardiac cath performed on 2-1 2-92 .
The patient was then transferred to the Cardiac Surgery Service for the removal of this left ventricular mass .
Coronary angiography during the cardiac cath had revealed normal coronaries with out coronary artery disease .
After the usual preparation , the patient was taken to the OR on 2-14-92 , and u nderwent left ventriculotomy and removal of the left ventricular thrombus .
The pathological examination of the removed material revealed a blood clot with thrombus .
The patient tolerated the procedure well .
During the early postop period , he was kept on IV Dextran and was restarted on Coumadin .
His further postop course was complicated by a recurrent episode of dizziness .
His neurologic work up , however , was negative .
A repeat echo showed no recurrent intraventricular thrombus and a carotid Dopple r study was negative .
The patient suffered no further dizzy spells during the further postop days .
He was discharged in good condition on 2-22-92 .
DISPOSITION :
MEDICATIONS ON DISCHARGE :
Synthroid .1 mg po q d , Metamucil one pack po q d , Persantine 50 mg po t.i.d. , Lopressor 25 mg po b.i.d. , Anusol cream at anal t.i.d. , Coumadin for PTT equ

al 20 seconds as directed , Albuterol inhaler two puffs q 6 h prn .
FOLLOW UP CARE :
Since our Hematology consultant recommended to keep the patient 's PT in th e range of 20-22 seconds , the patient will require close follow up of his PT&ap os;s while on Coumadin .
This was discussed with the patient 's local medical doctor , Dr. Royneo Wa lla .
The patient will receive further follow up including evoked potential studies by our Neurology Service .
He has an appointment with Dr. O Kotea for his cardiac surgical follow up 4 week s post discharge .
RW629/4018 ER SPALDJESCSAPELKSGLOTZA , M.D. JS8 RW2
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04/04/92
Batch :
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Report :
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04/06/92
Dicatated By :
WIN AGNE , M.D.
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