

Date: 9/22/2021 9:46:57 PM
From: "Max" femamax@gmail.com
To: "Bill Lionberger" aspireinhealth@gmail.com
Subject: INFO
VA Medical Images Reports-03 Apr 2019.pdf;VA Medical
Images Reports-05 Apr 2019.pdf;VA Admissions And
Discharges.pdf;My VA Health Summary.pdf;MEINDL-VA
Attachment: Allergies.pdf;VA Medical Images Reports-06 Aug 2013.pdf;VA
Medical Images Reports-08 Aug 2019.pdf;VA Medical Images
Reports-20 Jun 2016.pdf;VA Medication History.pdf;VA
Problem List.pdf;

LAD on 8-4-09, at Memorial Herman memorial city
Mid RCA stent at Methodist KATY on 5-27-13
CAD, HTN, HLD s/p cardiac surgery in 04,2019,

Cardiology studies:
March 2019 TTE LVEF 55-60, impaired relaxation, borderline LVH
Native Vessels

Summary: 2 vessel CAD
Dominance: Right dominant
Narrative Description:
LM: No angiographic CAD
LAD: 80% proximal stenosis prior to large D1. Almost is a bifid system
Previous distal stent with ISR and CTO after stent ends
Small channel which provides trickle of blood flow
LCx: Luminal irregularities
RCA: Patent prior stent. 70% distal rPL stenosis

A/P:
Mr. Meindl is a 69 years old with obesity, CAD s/p PCI to LAD
(08/2009), RCA (05/2013), PCI to LAD CTO 4/2019, HTN, HLD, and chronic
leukocytosis who presents for telephonic follow up visit.
CAD s/p PCI to LAD (8/09), and RCA (5/13) s/p PCI to mid-LAD CTO with
DES
(4/19)
- CCS 1
- continue DAPT as long as he can tolerate, considering stent anatomy.
- Continue lipitor 80 daily

CAD, HTN, HLD s/p cardiac surgery in 04,2019,

--
Regards,

Max J. Meindl III

"Exuberance is easily corrected; dullness is incurable." Quintilian

"I don't make mistakes. I have unintentional improvisations." ~unknown

Texas
832-293-3671