

Taylor, Franklin

82 Y old Male, DOB: 07/26/1943

Account Number: 186382

6611 12TH ST W, BRADENTON, FL-34207-5905

Home: 941-773-0307

Guarantor: Taylor, Franklin Insurance: Medicare Of Florida

PCP: Katrina G Mylett, APRN Referring: Nina Lundberg, MD

Appointment Facility: AMA Heart And Vascular Specialty

09/03/2025

Robert Subbiondo, MD

Current Medications

Taking

- Aspirin 325 MG Tablet 3 tablets Orally every 4-6 hours As needed
- Percocet 10-325 MG Tablet 1 tablet as needed Orally every 4-6 hours
- Tamsulosin HCl 0.4 MG Capsule 1 capsule Orally Once a day
- Potassium Chloride ER 10 MEQ Tablet Extended Release 1 tablet with food Orally Twice a day
- Furosemide 20 MG Tablet 1 tablet Orally Once a day
- Levothyroxine Sodium 75 MCG Tablet 1 tablet in the morning on an empty stomach Orally Once a day
- Escitalopram Oxalate 20 MG Tablet 1 tablet Orally Once a day
- Atorvastatin Calcium 40 MG Tablet 1 tablet Orally Once a day
- Metoprolol Tartrate 25 MG Tablet 1 tablet with food Orally Twice a day

Assessments

1. Encounter for preoperative assessment for noncoronary cardiac surgery - Z01.810 (Primary) **Specify :** Patient at increased risk for CV event for planned GA for TURP and shoulder surgery **Notes :** chronic DOE, multifactorial multiple risk factors for CAD, strong family history. EKG 7/14/25 shows sinus rhythm, FDAVB, LAFB. TTE (7/2024): EF 60%, mild concentric hypertrophy, moderately dilated L atrium,. **PLAN:** needs an ischemic work up and check LVEF before he can be cleared for his elective surgeries Testing with CEST and TTE ordered to further risk statify. RTO for testing and test results.

Treatment

1. **Encounter for preoperative assessment for noncoronary cardiac surgery**

IMAGING: Lexiscan Stress Nuclear Test (Performed Date - 09/04/2025)

Report Details:

Patient Information

Taylor, Franklin

07/26/1943

82 Y

male

Encounter for preoperative assessment for noncoronary cardiac surgery - Z01.810 (Primary), Patient at increased risk for CV event for planned GA for TURP and shoulder surgery, chronic DOE, multifactorial

multiple risk factors for CAD, strong family history.

EKG 7/14/25 shows sinus rhythm, FDAVB, LAFB.

TTE (7/2024): EF 60%, mild concentric hypertrophy, moderately dilated L atrium,.

PLAN:

needs an ischemic work up and check LVEF before he can be cleared for his elective surgeries

Testing with CEST and TTE ordered to further risk statify. RTO for testing and test results.

Technician Name: Dixan

Supervising Physician: Subbiondo, Robert J

Myocardial Perfusion Study with Lexiscan

PROTOCOL: Patient was administered 13.2 mCi 99mTc-cardiolite intravenously at rest. Images were performed using the Siemens C-CAM gamma camera.

0.4 mg/5ml of Lexiscan was administered over 20 seconds intravenously.

32.0 mCi 99m Tc-Cardiolite was administered intravenously 40

seconds into the stress test portion of the test. At least 45 minutes post injection, stress images were obtained using the Siemens C-CAM.

Stress EKG and Hemodynamic Data

Resting Heart Rate: 79

Resting Blood Pressure: 130/80

Peak Blood Pressure: 120/75

Peak Heart Rate: 95

Reason for termination: Protocol completed

Symptoms: SOB, Chest pain 3/10

Resting ECG: NSR, LAFB, PRWP.

Stress ECG: No ST shifts.

Arrhythmias: PACs/PVCs.

Blood Pressure response: Physiologic

Myocardial Perfusion Imaging & Gated Spect Results

Cardiolite SPECT Images Images for both rest and gated stress were obtained in the short, vertical and horizontal long axis views.

Tomographic reconstruction was performed in all views using 4Dm software.

Ejection fraction was determined.

RESULTS:

Raw Images: There is no motion., Soft tissue attenuation is similar on rest and stress., Myocardial Perfusion Imaging shows no significant reversible defects suggestive of ischemia or fixed defects diagnostic of infarct.

LV systolic function: normal.

Calculated Left Ventricular Ejection Fraction (LVEF): 72 %.

IMPRESSIONS:

The patient experienced pharmacologically-induced SOB and 3/10 chest pain.

Stress induced arrhythmias : low grade PACs and PVCs.

Blood Pressure Response: Physiologic

No electrocardiographic ischemia.

SPECT nuclear imaging demonstrates no evidence of ischemia.

No evidence of infarct.

Normal left ventricular systolic function.

* Calculated LVEF: 72 %.

RECOMMENDATIONS/CONCLUSIONS:

Return to cardiologist for a follow up evaluation.

Clinical correlation advised.

Abnormal due to reproduction of chest pain, but no high risk findings so can continue medical therapy and proceed with surgery with cardiac precautions. Cardiac cath if chest pain is not under good medical control.

Procedure Codes

- A9500 RADOPHRM TECHTUM TC 99M SESTAMIBI, Units: 2.00
- 78452 HT MUSCLE IMAGE SPECT MULT, Units: 2.00

TAYLOR, Franklin DOB: 07/26/1943 (82 yo M) Acc No. 186382 DOS: 09/03/2025

- 93015 CARDIOVASCULAR STRESS TEST, PROFESSIONAL COMPONENT, Modifiers: 26
- 93015 CARDIOVASCULAR STRESS TEST, TECHNICAL COMPONENT, Modifiers: TC
- 93016 CARDIOVASCULAR STRESS TEST
- 93017 CARDIOVASCULAR STRESS TEST
- 93018 CARDIOVASCULAR STRESS TEST
- J2785 INJECTION REGADENOSON 0.1 MG

Electronically signed by Robert Subbiondo on 09/04/2025 at 12:45 PM
EDT

Sign off status: Completed

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Progress Note: Robert Subbiondo, MD 09/03/2025

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