



**Mario L. Mestaz (DOB 06/04/1963)**

**Date of Encounter: 04/23/2025**

### **History of Present Illness**

The patient is a 61 year old male who presents to discuss laboratory test results. The blood was drawn on: Date: (01/28/2025). He is planning to undergo gallbladder surgery. He denies any chest pain or shortness of breath.

Additional reasons for visit:

Transition into care is described as the following:

Note for "Transition into care": to continue cardiac care.

### **Allergies**

**No Known Drug Allergies 11/15/2021**

### **Past Medical History**

**Gout of wrist**

**Chronic abdominal pain**

**History of COVID-19**

**H/O TIA (transient ischemic attack) and stroke**

**Chest pain, central**

**PVC (premature ventricular contraction);** as mentioned above he also has frequent PVCs with a burden of 2.7%. Improved to 0.93% in December 2002.

**Essential hypertension**

**Dyslipidemia**

**Hypothyroidism, adult**

**TIA (transient ischemic attack);** he was admitted then to evaluate hospital on November 27, 2021 with symptoms suggestive of TIA. MRI of the brain was negative. Carotid arteries showed no obstructive disease by CT and jaw. he had a recurrent episode in April 2022.

**Paroxysmal atrial fibrillation;** MPI in 2022 was normal with no ischemia. A seven-day patch monitor in April 2022. Predominantly sinus rhythm with paroxysmal atrial fibrillation and rapid ventricle response up to 29 beats with aberrant conduction. He also had frequent PVCs of 2.7% and nonsustained ventricular tachycardia. MPI on 3/2/2022 was normal with LVEF of 65%. monitor done in December 2023 shows no atrial fibrillation with PVCs of 0.93%. Echocardiogram on 3/26/2024 showed LVEF of 55 to 60% with mildly dilated left atrium.

**Fibromyalgia**

**OSA (obstructive sleep apnea)**

### **Social History**

**Alcohol use:** Never Drinks

**Tobacco use:** Never smoker

**Caffeine use:** Coffee, 1 serving / day; Decaf

**Marital status:** Divorced; 4 daughters

**Current work status:** Retired; Automotive

## **Medication History**

metoprolol succinate (50mg Tablet, Extende, 1 oral daily, Taken starting 04/11/2025) Active.  
losartan-hydrochlorothiazide (50-12.5mg tablet, 1 oral daily, Taken starting 07/24/2024) Active.  
atorvastatin (40mg tablet, 1 oral daily, Taken starting 07/24/2024) Active.  
amLODIPine (5mg tablet, 1 oral daily, Taken starting 07/24/2024) Active.  
flecainide (100mg tablet, 1 (one) oral BID, Taken starting 03/04/2025) Active.  
Eliquis (5mg tablet, 1 (one) oral BID, Taken starting 03/27/2025) Active.  
Gabapentin (800mg tablet, 1 oral two times daily, as needed) Active.  
Levothyroxine Sodium (100MCG capsule, 1 Oral daily) Active.  
Allopurinol (100MG tablet, 1 Oral daily) Active.  
DULoxetine HCl (30MG capsule, delayed, 1 Oral daily) Active.  
Fish Oil (1000MG capsule, 1 Oral daily) Active.  
Vitamin D3 (1.25 MG(50000 UT) capsule, 1 Oral once a week) Active.  
Cyclobenzaprine HCl (10MG tablet, 1 Oral three times daily) Active.  
traMADol HCl (50MG tablet, 1 Oral three times daily) Active.  
Lyrica (50mg capsule, 1 oral two times daily) Active.  
alendronate (70mg tablet, oral weekly) Active.  
ibuprofen (800mg tablet, 1 oral as needed) Active.  
traZODone (100mg tablet, 1 oral daily) Active.  
baclofen (5mg tablet, 1 oral two times daily) Active.  
Medications Reconciled.

## **Past Surgical**

**Arthroscopic Knee Surgery - Left:** Date: 1993  
**Thyroidectomy; Total:** Date: 2/14/2012  
**Colon Removal - Partial:** Date: 2/15/2019  
**Inguinal Hernia Repair-Bilateral:** Date: 11/1/2019

## **Review of Systems**

**Skin** Not Present- Bruising, Itching and Rash.

**HEENT** Present- **Wears glasses/contact lenses**. Not Present- Blurred Vision, Dentures, Headache, Hearing Loss, Loose teeth, Nasal polyps, Nose Bleed, Permanent blindness in either eye, Sore Throat and Vertigo.

**Neck** Not Present- Neck Pain and Neck Stiffness.

**Respiratory** Not Present- Bloody sputum, Cough, Decreased Exercise Tolerance, Difficulty Breathing, Hemoptysis, Recent bronchitis or chest cold, Sputum Production and Wheezing.

**Cardiovascular** Present- **Chest Pain, Require more than one pillow at night to breathe** and **Shortness of Breath**. Not Present- Awakening at night gasping for air or short of breath, Calf Cramps, Claudications, Difficulty Breathing Lying Down, Difficulty Breathing On Exertion, Discoloration of feet and legs, Fainting / Blacking Out, Leg Cramps, Palpitations and Swelling of Extremities.

**Gastrointestinal** Present- **Abdominal Pain** and **Heartburn**. Not Present- Bloody Stool, Constipation, Diarrhea, Dysphagia, Indigestion, Nausea and Vomiting.

**Musculoskeletal** Present- **Joint Pain**. Not Present- Back Pain, Joint Swelling, Muscle Atrophy and Muscle Pain.

**Neurological** Not Present- Decreased Memory, Difficulty Speaking, Dizziness, Epilepsy or seizures, Fainting, Headaches, Incontinence Urine, Loss of Consciousness, Migraines, Numbness, Paresthesias, Sudden visual disturbances in either eye, Temporary blindness in either eye, Temporary speech loss or difficulty talking, Tremor, Trouble walking, Unsteadiness and Weakness or paralysis of one side of the body.

**Endocrine** Not Present- Appetite Changes, Excessive Thirst, Excessive Urination and Recent weight gain or loss(>10 lbs.).

**Hematology** Present- **Easy Bruising**. Not Present- Abnormal Bleeding, Anemia, Excessive bleeding, Nose Bleed and Recent fever.

## **Vitals**

04/23/2025 01:03 PM

**Weight:** 148 lb **Height:** 67 in

**Body Surface Area:** 1.78 m<sup>2</sup> **Body Mass Index:** 23.18 kg/m<sup>2</sup>

**Pulse:** 76 (Regular) **P. OX:** 98% (Room air)

**BP:** 109/62 Manual (Sitting, Left Arm, Standard)

## **Physical Exam**

The physical exam findings are as follows:

### **General**

**Mental Status - Alert.**

**General Appearance - Cooperative, Not in acute distress, Not Sickly.**

**Orientation - Oriented X4.**

**Build & Nutrition - Well nourished and Well developed.**

### **Integumentary**

**Global Assessment**

**Examination of related systems reveals - Examination of digits and nails reveals no abnormalities, no digital clubbing, cyanosis or petechiae.**

**General Characteristics**

**Color - normal coloration of skin. Skin Moisture - normal skin moisture.**

### **Head and Neck**

**Neck**

**Carotid Arteries - Bilateral - normal upstroke and runoff.**

**Thyroid**

**Gland Characteristics - normal size and consistency.**

### **Eye**

**Fundi - Bilateral - Normal.**

**Sclera/Conjunctiva - Bilateral - Normal.**

### **ENMT**

**Mouth and Throat**

**Oral Cavity/Oropharynx - Gingiva - no inflammation present.**

### **Chest and Lung Exam**

**Inspection**

**Shape - Normal. Accessory muscles - No use of accessory muscles in breathing.**

**Auscultation**

**Breath sounds - Normal. Adventitious sounds - No Adventitious sounds.**

### **Cardiovascular**

**Inspection**

**BP In 2+ Extremities - Not Indicated.**

**Palpation/Percussion**

**Point of Maximal Impulse - Normal.**

**Auscultation**

**Rhythm - Regular. Heart Sounds - S1 WNL and S2 WNL, No S3, No S4. Murmurs & Other Heart Sounds -**

**Auscultation of the heart reveals - No Murmurs.**

**Abdomen**

**Palpation/Percussion**

**Palpation and Percussion of the abdomen reveal - Non Tender. Liver - Other Characteristics - No**

**Hepatomegaly. Spleen - Other Characteristics - No Splenomegaly.**

**Auscultation**

**Auscultation of the abdomen reveals - Bowel sounds normal and No Abdominal bruits.**

**Rectal**

**Anorectal Exam**

**Residue - Occult blood testing is not indicated for this patient.**

**Peripheral Vascular**

**Lower Extremity**

**Palpation - Bilateral - Femoral pulse - Normal - Bilateral. Dorsalis pedis pulse - Bilateral - Normal - Bilateral.**

**Edema - Bilateral - No edema - Bilateral.**

**Neurologic**

**Motor - Normal.**

**Musculoskeletal**

**Global Assessment**

**Gait and Station - normal gait and station and normal posture. Head and Neck - normal strength and tone, no laxity. Spine, Ribs and Pelvis - no deformities, malalignments, masses or tenderness, no known fractures.**

**Right Lower Extremity - normal strength and tone. Left Lower Extremity - normal strength and tone.**

**Assessment & Plan**

**Preop cardiovascular exam**

**Problem Story:** He is planned to undergo gallbladder surgery.

**Today's Impression:** He has lower risk clinical predictors and no cardiac contraindications to proceed with surgery as planned. Eliquis can be held for 2 days prior to the surgery but he should continue all the other medications.

**Paroxysmal atrial fibrillation**

**Problem Story:** MPI in 2022 was normal with no ischemia. A seven-day patch monitor in April 2022. Predominantly sinus rhythm with paroxysmal atrial fibrillation and rapid ventricle response up to 29 beats with aberrant conduction. He also had frequent PVCs of 2.7% and nonsustained ventricular tachycardia. MPI on 3/2/2022 was normal with LVEF of 65%. monitor done in December 2023 shows no atrial fibrillation with PVCs of 0.93%. Echocardiogram on 3/26/2024 showed LVEF of 55 to 60% with mildly dilated left atrium.

**Today's Impression:** He is arrhythmia is clinically improved. He should continue Eliquis for anti-coagulation. He has easy bruisability and has affordability issues with Eliquis. He wants to consider Watchman device placement. I have described to him the procedure, risks, benefits, and alternatives including a small risk of bleeding, infection, arrhythmia, injury to the blood vessels, heart, lung etc. and is willing to proceed.

- INSERTION, WATCHMAN LEFT ATRIAL APPENDAGE CLOSURE DEVICE (33340) ; Routine ( )
- Continued Eliquis 5 mg tablet, 1 (one) Tablet BID, #180, 90 days starting 04/23/2025, Ref. x3.
- Continued flecainide 100 mg tablet, 1 (one) Tablet BID, #180, 90 days starting 04/23/2025, Ref. x3.
- Follow up in 6 months or as needed

**PVC (premature ventricular contraction)**

**Problem Story:** as mentioned above he also has frequent PVCs with a burden of 2.7%. improved to 0.93% in December 2002.

**Today's Impression:** he is on flecainide.

**Essential hypertension**

**Today's Impression:** blood pressure is well controlled. since he has lost weight I have reduced the dose of his metoprolol to 50 mg daily.

- Continued amlodipine 5 mg tablet, 1 daily, 04/23/2025, No Refill.
- Continued metoprolol succinate ER 50 mg tablet, extended release 24 hr, 1 Tablet daily, #90, 90 days starting 04/23/2025, Ref. x3.
- Continued losartan 50 mg-hydrochlorothiazide 12.5 mg tablet, 1 Tablet daily, #90, 90 days starting 04/23/2025, Ref. Q 90 Days x1 Year.

**Dyslipidemia**

**Today's Impression:** lipids are controlled.

- CHEM 7 (80048); Routine ()
- LIPID PANEL (80061); Routine ()
- LIVER PANEL (80076); Routine ()
- HGB A1C (83036); Routine ()
- TSH (THYROID STIMULATING HORMONE) (84443); Routine ()
- FREE T4 (84439); Routine ()
- Continued atorvastatin 40 mg tablet, 1 Tablet daily, #90, 90 days starting 04/23/2025, Ref. x3.

**Hypothyroidism, adult****TIA (transient ischemic attack)**

**Problem Story:** he was admitted then to evaluate hospital on November 27, 2021 with symptoms suggestive of TIA. MRI of the brain was negative. Carotid arteries showed no obstructive disease by CT and jaw. he had a recurrent episode in April 2022.

**Today's Impression:** I have switched him to Eliquis as mentioned above. He understands the risks versus benefit of anticoagulation.

**Fibromyalgia****OSA (obstructive sleep apnea)**

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Sanjaya Khanal, MD

Electronically Signed