



Michele N. Beauchamp

N (DOB 08/21/1949)

Date of Encounter: 05/19/2025

History of Present Illness

The patient is a 75 year old female who presents to discuss laboratory test results. The blood was drawn on: Date: (05/12/2025). She still has intermittent palpitations. She fell and broke her right ankle and is wearing a boot last few weeks. She denies any chest pain, shortness of breath, or syncope.

Additional reasons for visit:

Transition into care is described as the following:
Note for "Transition into care": to continue cardiac care.

Allergies

Morphine Sulfate *ANALGESICS - OPIOID* [Drug allergy]
Amoxicillin *PENICILLINS* [Drug allergy]
Atorvastatin Calcium *ANTIHYPERTENSIVES* [Drug allergy]
Citalopram Hydrobromide *ANTIDEPRESSANTS* [Drug allergy]
Prolia *ENDOCRINE AND METABOLIC AGENTS - MISC.* [Drug allergy]
Levothyroxine Sodium *CHEMICALS* [Drug allergy]
Mannitol *CHEMICALS* [Drug allergy]
Nortriptyline HCl *ANTIDEPRESSANTS* [Drug allergy]
Triamcinolone *CHEMICALS* [Drug allergy]
rosuvastatin calcium [Drug allergy]: Itching; Myalgia

Past Medical History

Other fatigue

Ataxic gait

Near syncope; she had a near syncopal episode leading to a fall and right ankle fracture on May/17/22 requiring surgical therapy.

Dyslipidemia; She has been intolerant to statin therapy.

History of fracture of right ankle; on 5/17/22.

Bilateral chronic knee pain

Other osteoporosis

Adult hypothyroidism

Atrial fibrillation, transient; patch monitor in September 2022 showed 3 episodes of paroxysmal atrial fibrillation up to 23 beats. echocardiogram on 8/25/22 shows LVEF of 60% with mild aortic regurgitation.

Polyneuropathy due to collagen vascular disease

Family History

Diabetes Mellitus

Cancer

Heart Failure: Mother

Heart Disease, Other: Brother; Valve repair , age: 75

Social History

No tobacco use

Marital status: Single

No alcohol use

No drug use

No caffeine use

Exercise: Inactive

Current work status: Retired

Medication History

ezetimibe (10mg tablet 1 (one) oral daily, Taken starting 10/25/2024) Active - Hx Entry.

Armour Thyroid (30mg tablet, 3 oral daily) Active.

Prolia (60MG/ML Syringe, 1 injection Subcutaneous every six months) Active.

Medications Reconciled.

Past Surgical

Laminectomy

Discectomy

Hysterectomy

Parathyroidectomy

Breast Reduction - Both

Review of Systems

Skin Not Present- Bruising, Itching and Rash.

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

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

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

Musculoskeletal Present- **Arthritis or other joint disease** and **Joint Pain**. Not Present- Back Pain, Joint Swelling, Muscle Atrophy and Muscle Pain.

Neurological Present- **Dizziness**. Not Present- Decreased Memory, Difficulty Speaking, 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 Not Present- Abnormal Bleeding, Anemia, Easy Bruising, Excessive bleeding, Nose Bleed and Recent fever.

Vitals

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

Atrial fibrillation, transient

Problem Story: patch monitor in September 2022 showed 3 episodes of paroxysmal atrial fibrillation up to 23 beats. echocardiogram on 8/25/22 shows LVEF of 60% with mild aortic regurgitation.

Today's Impression: Since she still has symptomatic paroxysmal atrial fibrillation and she has high fall risk and may not be a good candidate for anti-coagulation. I had recommended her to consider Watchman device procedure. I explained to her the risks, benefits, and alternatives including a small risk of bleeding, stroke, vascular injury, artery injury to the heart etc. and the need for taking antiplatelet agent for 45 days after and she is willing to proceed now. she has transport issues to and from the hospital and therefore had declined the procedure but now she wants to proceed.

- INSERTION, WATCHMAN LEFT ATRIAL APPENDAGE CLOSURE DEVICE (33340) ; Routine ()
- Continued aspirin 81 mg tablet, delayed release, 1 (one) tablet daily, #90, 90 days starting 05/19/2025, Ref. x3.
- Follow up in 6 months or as needed

Dyslipidemia

Problem Story: She has been intolerant to statin therapy.

Today's Impression: LDL was 141 on 5/5/23. LDL was 143 on 11/22/2023. I have recommended her to try ezetimibe 10 mg daily.

- CHEM 7 (80048); Routine ()
- CBC & PLATELETS (AUTO) (85027); Routine ()
- LIPID PANEL (80061); Routine ()
- LIVER PANEL (80076); Routine ()
- TSH (THYROID STIMULATING HORMONE) (84443); Routine ()
- FREE T4 (84439); Routine ()
- HGB A1C (83036); Routine ()
- Continued ezetimibe 10 mg tablet, 1 (one) tablet daily, #90, 90 days starting 05/19/2025, Ref. x3.

Near syncope

Problem Story: she had a near syncopal episode leading to a fall and right ankle fracture on May/17/22 requiring surgical therapy.

Today's Impression: she likely had orthostatic hypotension. Recommend her to keep well-hydrated with electrolytes.

History of fracture of right ankle

Problem Story: on 5/17/22.

Bilateral chronic knee pain

Other osteoporosis

Adult hypothyroidism

Polyneuropathy due to collagen vascular disease

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Sanjaya Khanal, MD

Electronically Signed