AV Cardiology Associates
A MEDICAL GROUP
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David C. Pujol (DOB 12/20/1963) **Date of Encounter:** 06/17/2025

History of Present Illness

The patient is a 61 year old male who presents with congestive heart failure.The last clinic visit was 4 month(s) ago. Note for "Congestive heart failure": 06/17- He uses O2, as needed. He was recently in-patient at AVMC, due to LE cellulitis.

Additional reasons for visit:

Cor pulmonale is described as the following:
Note for "Cor pulmonale": due to severe COPD

Atrial fibrillation is described as the following:
Note for "Atrial fibrillation": S/P Watchman Procedure on 01/13/2023

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

Allergies

No Known Drug Allergies 06/20/2022

Past Medical History

CHF (congestive heart failure)

Atrial fibrillation; On Diltiazem. Take 180 mg po qd
Not on OAC after his head bleed and had a surgery
He needs to be on OAC and I will start eliquis at a lower dose since he has fallen once and most likley has liver disease
His CHADS Vasc score is only a 2
Needs to be started on OAC but after the paracentesis
Continue eliquis for now at 2.5 bid. he is good candidate for the WATCHMAN and we will schedule it soon
His CHADS2 Vasc is a 4 and HAS BLED is 3. i will set him for a WATCHMAN Dec 2nd

Sleep apnea

(HFpEF) heart failure with preserved ejection fraction; severe leg swelling with lichenification. Leg swelling is much better when he is wearing compression

Cor pulmonale; Combination of COPD and sleep apnea He has a dilated right side. based on his prior report, it seems to be severely dilated with severe TR He is extremely volume overloaded i will go ahead and start him om Metolazone 5 mg 1/2 hour before he takes the lasix Schedule him for abdominal u/s Weight is the same. He did not have his echo and i will set it up for today. I will also send him over to the hospital for iv diuresis and paracentesis I will repeat an echo today. he has improved a lot and it is quite amazing. Severely dilated right side with severe PAH. He is WHO #. Needs probably a sleep study and referral to a tertiary care center His sleep study is positive but he cannot afford the mask. restart Furosemide but once a day restart the metolazone 2.5 mg po qd and Kcl. i addition he will check his labs He is not wearing the CPAP mask patient he sees Dr. Yang. He has stopped his diuretics for the past couple of days since he is going to undergo a colonoscopy. I am not clear why they did that. I told him to resume his diuretics and continued through the procedure.

COPD (chronic obstructive pulmonary disease)

Pulmonary HTN

CAD (coronary artery disease); s/p stenting on the past in 2017 I will set him up for a stress test

HTN (hypertension)

DVT (deep venous thrombosis)

BPH (benign prostatic hyperplasia)

Cirrhosis; possibly cardiac or ETOH

Presence of Watchman left atrial appendage closure device

Tricuspid regurgitation

Social History

Alcohol use: Never Drinks
Tobacco use: Former smoker; Quit in 2020
Caffeine use: Tea
Marital status: Single; 2 duaghters
Current work status: Disabled

Medication History

albuterol sulfate (90mcg/actuat HFA Aerosol Inh, 2 inhalation every four to six hours, as needed) Active.
dilTIAZem HCL (120mg tablet, 1 oral daily, Taken starting 02/10/2025) Active.
Fluticasone-Salmeterol (250-50MCG/ACT Blister, With I, 1 Inhalation two times daily) Active.
furosemide (80mg tablet, 1 oral daily, Taken starting 02/10/2025) Active.
losartan (50mg tablet, 1 oral daily, Taken starting 02/10/2025) Active.
metOLazone (2.5mg tablet, 1 (one) oral daily, Taken starting 02/10/2025) Active. (take 1/2 hour before lasix.)
potassium chloride (20mEq Tablet, ER Part, 2 (two) oral daily, Taken starting 02/10/2025) Active.
Trelegy Ellipta (100-62.5-25mcg Blister, With I, inhalation daily) Active.
Revatio (20mg tablet, 1 oral 3 times per dayadminister doses at least 4-6 hours apart, Taken starting 05/08/2025) Active.
Medications Reconciled.

Review of Systems

Skin Not Present- Dermatitis, Psoriasis and Rash.
HEENT Not Present- Dentures, Ear Discharge, Ear Infection, Glaucoma, Hearing Loss, Loose teeth, Nasal polyps, Nose Bleed, Permanent blindness in either eye, Ringing in the Ears, Sore Throat and Wears glasses/contact lenses.
Respiratory Not Present- Asthma , Blood clot (embolus) to lungs, Bloody sputum, Chronic Cough, Emphysema, Exposure to asbestos, Pneumonia, Recent bronchitis or chest cold, Tuberculosis and Wheezing.
Cardiovascular Present- **Previously diagnosed heart rhythm disturbance**, **Shortness of Breath** and **Swelling of Extremities**. Not Present- Aneurysm of any blood vessel, Awaken at night with pain or numbness in feet, Awakening at night gasping for air or short of breath, Blood clot in artery, Blood clot in leg, Chest discomfort/agina at rest, Chest discomfort/angina with physical activity, Discoloration of feet and legs, Fainting / Blacking Out, Heart Attack, Heart failure or fluid on lungs, Heart murmur, Infection of feet or legs, Large, discolored or varicose veins in leg, Mitral valve prolapse, Pain in legs or buttocks with excercise, Palpitations, Pauses in the heart beat, Phlebitis, Require more than one pillow at night to breathe, Shortness of breath at rest, Sores or ulcers on feet or legs and Throbbing or pulsating sensation in abdomen.
Gastrointestinal Not Present- Abdominal Pain, Black, Tarry Stool, Bloody Stool, Constipation, Diarrhea, Gall bladder attacks, Heartburn, Hiatal hernia and/or reflux, Indigestion, Liver disease or joundice, Stomach ulcer or peptic ulcer and Trouble swallowing foods or liquids.
Musculoskeletal Not Present- Arthritis or other joint disease, Back Pain, Chronic back trouble, Curvature of the spine (scoliosis), history of broken bones and TMI syndrome.
Neurological Not Present- "Mini-strokes or" TIAs", Depression, Epilepsy or seizures, Headaches, Large, discolored or varicose veins in legs, Migraines, Nervous disorder, Stroke, Sudden visual disturbances in either eye, Temporary blindness in either eye, Temporary speech loss or difficulty talking and Weakness or paralysis of one side of the body.
Endocrine Not Present- Gout, Recent weight gain or loss(>10 lbs.) and Thyroid Problems.
Hematology Not Present- Blood disorder, Easy Bruising, History of hepatitis or other communicable disease, Previous blood transfusion and Recent fever.

Vitals

06/17/2025 09:26 AM
Weight: 316 lb **Height:** 72 in
Body Surface Area: 2.59 m² **Body Mass Index:** 42.86 kg/m²
Pulse: 116 (Regular) **P. OX:** 92% (4L O2)

Physical Exam

The physical exam findings are as follows:

General

Mental Status - Alert.

General Appearance - Cooperative.

Build & Nutrition - Well nourished and Well developed.

Integumentary

General Characteristics

Color - normal coloration of skin. Skin Moisture - normal skin moisture. Texture - normal skin texture.

Head and Neck

Head - normocephalic, atraumatic with no lesions or palpable masses.

Neck

Global Assessment - supple.

Trachea - midline.

Thyroid

Gland Characteristics - normal size and consistency.

Chest and Lung Exam

Inspection

Chest Wall - Normal. Shape - Normal and Symmetric. Movements - Symmetrical. Accessory muscles - No use of accessory muscles in breathing.

Percussion

Quality and Intensity - Percussion normal.

Auscultation

Breath sounds - Decreased - Both Lung Fields. Adventitious sounds - No Adventitious sounds.

Cardiovascular

Inspection

Carotid artery - Bilateral - Inspection Normal. Jugular vein - Bilateral - Inspection Normal.

Palpation/Percussion

Examination by palpation and percussion reveals - No Thrills. Point of Maximal Impulse - Normal.

Auscultation

Rhythm - Irregularly irregular. Heart Sounds - S1 WNL and S2 WNL, No S3. Murmurs & Other Heart Sounds - Auscultation of the heart reveals - No Murmurs. Carotid arteries - No Carotid bruit.

Abdomen

Inspection

Inspection of the abdomen reveals - No Hernias.

Palpation/Percussion

Palpation and Percussion of the abdomen reveal - Non Tender, No Rebound tenderness, No Rigidity (guarding) and No Abnormal dullness to percussion.

Auscultation

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

swelling of the abdminal wall and also severe ascites

Peripheral Vascular

Upper Extremity

Palpation - Bilateral - Radial pulse - 2+ - Bilateral.

Lower Extremity

Inspection - Bilateral - Inspection Normal. Palpation - Tenderness - Bilateral - Non Tender. Homan's sign - Bilateral - Negative (normal) - Bilateral. Femoral pulse - Bilateral - 2+ - Bilateral. Dorsalis pedis pulse - Bilateral - 2+ - Bilateral. Edema - Bilateral - 2+ Pitting edema - Bilateral. Note: with severe lymphedema.

Neurologic

Neurologic evaluation reveals - able to name objects and repeat phrases. Appropriate fund of knowledge and normal coordination.

Mental Status - Normal.

Cranial Nerves - Normal Bilaterally.

Sensory - Normal.

Motor

Strength - 5/5 normal muscle strength - All Muscles.

Meningeal Signs - None.

Neuropsychiatric

Orientation - oriented X3.

The patient's mood and affect are described as - normal.

Associations - intact.

Judgment and Insight - insight is appropriate concerning matters relevant to self.

Assessment & Plan

Tricuspid regurgitation
Today's Impression: David comes back today for a follow-up. He is quite short of breath. He also has significant swelling.
He has wide-open TR. He also has significant RV dysfunction and elevated pulm artery systolic pressures. Some of his TR is due to the elevated PASP but it could also be due to the atrial fibrillation.Will get a TEE done soon. He may be a candidate for a Tri clip.
I told him to come to the ER if the shortness of breath gets worse.

Atrial fibrillation
Problem Story: On Diltiazem. Take 180 mg po qd
Not on OAC after his head bleed and had a surgery
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#24 WATCHMAN. TEE next week and then stop the eliquis. Risks and benefits d/w patient
Today's Impression: TEE was good. He is on aspirin

- Continued dilTIAZem 120 mg tablet, 1 tablet daily, #90, 90 days starting 06/17/2025, Ref. x3.

(HFpEF) heart failure with preserved ejection fraction

Problem Story: severe leg swelling with lichenification.
Leg swelling is much better when he is wearing compression

He does have pulmonary hypertension which is most likely WHO class III.I will repeat an echocardiogram in the office. He also has severe TR and if the PASP is less than 70, he may benefit from a clip. He has had ascites in the past due to cirrhosis and actually may benefit from a Tri clip.
I have told him to hold off on the colonoscopy for a little bit. If it is emergent, and have told him he can proceed. He needs to have ventral hernia fixed. I am not entirely sure why he needs a colonoscopy before that

- Continued losartan 50 mg tablet, 1 Tablet daily, #90, 90 days starting 06/17/2025, Ref. x3.

Cor pulmonale
Problem Story: Combination of COPD and sleep apnea
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Schedule him for abdominal u/s
Weight is the same. He did not have his echo and i will set it up for today. I will also send him over to the hospital for iv diuresis and paracentesis
I will repeat an echo today. he has improved a lot and it is quite amazing.
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i addition he will check his labs
He is not wearing the CPAP mask patient he sees Dr. Yang.
He has stopped his diuretics for the past couple of days since he is going to undergo a colonoscopy. I am not clear why they did that.
I told him to resume his diuretics and continued through the procedure.
Today's Impression: he does have cor pulmonale as noted above.

- Continued potassium chloride ER 20 mEq tablet,extended release(part/cryst), 2 (two) Tablet daily, #60, 30 days starting 06/17/2025, Ref. x2.
- Continued metOLazone 2.5 mg tablet, 1 (one) Tablet daily, #90, 90 days starting 06/17/2025, Ref. x3.
- Continued furosemide 80 mg tablet, 1 Tablet daily, #90, 90 days starting 06/17/2025, Ref. x3.

Pulmonary HTN
Today's Impression: appears to be WHO class 3. He does have severe sleep apnea

COPD (chronic obstructive pulmonary disease)
Today's Impression: sees Dr Yang, on Trilegy

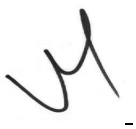
CAD (coronary artery disease)
Problem Story: s/p stenting on the past in 2017
I will set him up for a stress test
Today's Impression: Stress test was negative.

HTN (hypertension)
Today's Impression: well controlled

DVT (deep venous thrombosis)
Today's Impression: in the past, s/p filter

BPH (benign prostatic hyperplasia)
Today's Impression: Start tamsulosin

Cirrhosis
Problem Story: possibly cardiac or ETOH
Today's Impression: His cirrhosis is stable. He does have quite a few varices.



Pramod Kadambi, MD

Electronically Signed