

**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, S2 WNL and S3, No S4. Murmurs & Other Heart Sounds: Murmur 1  
- Location - Apex. Timing - Holosystolic. Grade - III/VI.**

### **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

### **History of atrial fibrillation**

**Problem Story:** he had wide complex tachycardia at 150 beats a minute and was cardioverted in the emergency room in May 2023. He had recurrent A-fib with RVR and heart failure exacerbation with reduction in his LV function in February 2025 when he was admitted to AV MC.

**Today's Impression:** He was cardioverted back to sinus rhythm in February 2025. His EKG shows sinus rhythm with underlying left bundle branch block currently. I have asked him to stay on Pacerone and Eliquis. Since he has had peptic ulcer disease with GI bleeding in the past and is high risk of recurrent bleeding on anticoagulation I have offered him left atrial appendage closure with a Watchman device. I have described to him the procedure, risks, benefits, and alternatives including a small risk of bleeding, infection, stroke, injury to the blood vessels, lung, or the heart etc. and he 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 05/21/2025, Ref. x3.
- Continued Pacerone 200 mg tablet, 1 (one) tablet two times daily, #180, 90 days starting 05/21/2025, Ref. x3.
- Follow up in 3 months or as needed

### **Heart failure with reduced ejection fraction**

**Problem Story:** Echocardiogram done on 6/12/23 incidentally showed LVEF of 10-15% with a dilated cardiomyopathy. BNP 980 7/27/23. He likely had tachycardia induced cardiomyopathy and he was cardioverted into sinus rhythm in May 2023 from atrial fibrillation. Echocardiogram on 10/20/2023 when he was hospitalized at AV MC showed LVEF of 50 to 55%. Echocardiogram on 1/30/2024 shows LVEF of 50 to 55% with functionally bicuspid aortic valve with trace aortic regurgitation. Echocardiogram on 2/25/2025 showed that his LVEF was less than 15% with atrial fibrillation and rapid ventricular response in February 2025. He underwent DC cardioversion on 2/26/2025 to sinus rhythm. Echocardiogram on 5/5/2025 showed dilated cardiomyopathy with LVEF of 20%.

**Today's Impression:** He should continue guideline directed medical therapy. Hopefully his LV function will improve with time.

- CHEM 7 (80048); Routine ()
- CBC & PLATELETS (AUTO) (85027); Routine ()
- BNP (83880); Routine (Diagnosis: CHF)
- HGB A1C (83036); Routine ()
- Continued spironolactone 25 mg tablet, ½ (one half) tablet daily, #45, 90 days starting 05/21/2025, Ref. x3.
- Continued metoprolol succinate ER 25 mg tablet, extended release 24 hr, 1 (one) tablet every night, #90, 90 days starting 05/21/2025, Ref. x3.
- Continued Entresto 24 mg-26 mg tablet, 1 (one) tablet BID, #180, 90 days starting 05/21/2025, Ref. x3.

### **Essential hypertension**

**Today's Impression:** Blood pressures well controlled.

### **History of peptic ulcer disease**

**Problem Story:** he had a bleeding duodenal ulcer treated in 2021. He was hospitalized with severe GI bleed with peptic ulcer disease in October 2023.

**Today's Impression:** He is now off anticoagulation and I have recommended him to continue PPI.

- Continued pantoprazole 40 mg tablet, delayed release, 1 (one) tablet daily, #90, 90 days starting 05/21/2025, Ref. x3.

### **Chronic obstructive airway disease**

**DJD (degenerative joint disease), lumbosacral**  
**Problem Story:** s/p spine surgery 3/24 by Dr. Farrukh  
**Stage 3a chronic kidney disease**

*print med list*

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A handwritten signature in blue ink, appearing to read "Sanjaya Khanal", with a horizontal line extending to the right.

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Sanjaya Khanal, MD

Electronically Signed