

Chart

Carolyn T. Maitland

DOB: 04/18/1938

Encounters

Encounter 1 Date 06/16/2025
Diagnosis Atrial fibrillation, persistent (I48.19), Chronic diastolic heart failure (I50.32), History of heart valve replacement with bioprosthetic valve, Dyslipidemia (E78.5), Diabetes mellitus treated with oral medication (E11.9), Palpitations, HTN (hypertension)

Encounter #1

History & Physical Report

6/16/2025: Office Visit - Atrial fibrillation, persistent (I48.19), Chronic diastolic heart failure (I50.32), History of heart valve replacement with bioprosthetic valve, Dyslipidemia (E78.5), Diabetes mellitus treated with oral medication (E11.9), Palpitations, HTN (hypertension) (Sanjaya Khanal, MD)

Carolyn T Maitland

Appointment: 6/16/2025 10:30 AM

Location: Antelope Valley Cardiology Associates

Patient #: 53270

DOB: 4/18/1938

Married / Language: English / Race: White

Female

History of Present Illness (Sanjaya Khanal MD; 6/16/2025 10:58 AM)

The patient is a 87 year old female who is here for a follow up visit. The patient was last seen date: 05/07/2025. She had presented to Palmdale Regional Medical Center on 5/26/2025 with cough fever and shortness of breath. She was treated for upper respiratory infection. Her echocardiogram was adequate however her EKG showed new onset atrial fibrillation. She was prescribed Eliquis and discharged. However patient has not taken Eliquis because of fall and bleeding risk. Her dyspnea has back to baseline. She denies any palpitations, lightheadedness, or syncope.

Additional reasons for visit:

Transition into care is described as the following:

Note for "Transition into care": To continue cardiac care

Problem List/Past Medical (Veronica Ojeda; 6/16/2025 10:16 AM)

CAD (coronary artery disease) (I25.10)

History of heart valve replacement with bioprosthetic valve (Z95.3) AVR 1995. Echo 6/13 shows LVEF 65%, mild MR and normal bioprosthetic aortic valve. Echocardiogram 6/12/2014 shows LVEF of 65% with normally functioning bioprosthetic aortic valve with mild stenosis and a mean gradient of 23 mmHg. echocardiogram on 2/4/2015 shows moderate aortic stenosis with LVEF of 65%. echocardiogram on 9/6/2016 shows moderate aortic stenosis with LVEF of 70%. repeat echocardiogram on 2/21/2017 shows moderate to severe aortic stenosis with a mean gradient of 27 and a valve area of 0.9 cm. Echo 10/17 is unchanged. echocardiogram in March 2018 is unchanged. echocardiogram in October 2018 is unchanged. echocardiogram in November 2019 is unchanged. echocardiogram on 6/12/2020 is unchanged..

HTN (hypertension) (401.9) (I10)

Palpitations (R00.2) Holter monitoring done on 9/16/2013 shows frequent PACs and PVCs and occasional short run of SVT.

DJD (degenerative joint disease) MRI shows significant degenerative spine disease.

Chronic polyneuropathy (G62.9)

Ankle edema (M25.473) From venous insufficiency. Venous Doppler showed bilateral lower extremity venous insufficiency right more than the left. She status post successful bilateral GSV ablations in August 2013. Venous Doppler in November 2024 showed no evidence of DVT.

Dyslipidemia (E78.5) she has not tolerated any of the statins because of myalgia. she did not tolerate Nexletol either.

Gout (M10.9)

Dyspnea on effort (R06.09) Echocardiogram shows LVEF of 65% with moderate aortic stenosis on 2/4/2015. Echo 8/15 unchanged.

Prediabetes (R73.03)

Hypertriglyceridemia (E78.1)

Rash (R21)

Aortic stenosis, severe (I35.0)

Status post transcatheter aortic valve replacement (Z95.2)

Post-menopause (Z78.0)

Diabetes mellitus treated with oral medication (E11.9) hemoglobin A1c was 6.9 in February 2022. she did not tolerate Ozempic. SGLT2 Inhibitor caused recurrent in her tract infections.

GERD without esophagitis (K21.9)

Chronic bronchitis, obstructive (J44.89)

Chronic diastolic heart failure (I50.32)

DJD (degenerative joint disease) [04/18/2018]: MRI shows significant degenerative spine disease.

Past Surgical History (Veronica Ojeda; 6/16/2025 10:16 AM)

Eyelid surgery

TAVR, PERCUTANEOUS (33361) 06/16/1995, 05/13/2021

NERVE CAUTERY OF LOWER BACK

Medication History (Veronica Ojeda; 6/16/2025 10:17 AM)

furosemide (40mg tablet, 2 (two) oral daily, Taken starting 05/07/2025) Active, Dispense as written.

benzonatate (200mg capsule, 1 (one) oral TID PRN, Taken starting 05/07/2025) Active.

metoprolol succinate (50mg Tablet, Extended, 1 oral daily, Taken starting 05/07/2025) Active.

pantoprazole (20mg tablet, delayed, 1 (one) oral daily, Taken starting 05/07/2025) Active.

aspirin (81mg tablet, oral, Taken starting 05/07/2025) Active.

losartan (100mg tablet, 1 (one) oral daily, Taken starting 05/07/2025) Active.

ezetimibe (10mg tablet, 1 (one) oral daily, Taken starting 05/07/2025) Active.

Premarin (0.625mg tablet, 1 (one) oral daily, Taken starting 05/07/2025) Active. (Clairifing order)

Klor-Con M10 (10mEq Tablet, ER Part, one oral daily, Taken starting 05/07/2025) Active.

Allopurinol (300MG tablet, 1 oral daily, Taken starting 06/27/2022) Active. (100 mg daily total of 400)

Amoxicillin (500MG capsule, 4 Oral as directed) Active. (before dental work)

Vitamin D3 (2000UNIT tablet, Oral) Active.

Biotin (10000MCG tablet, 1 Oral daily) Active.

Colcrys (0.6MG tablet, 1 Oral as needed) Active.

Gemtesa (75MG tablet, 1 Oral daily) Active.

Multi Complete (1 Oral daily) Active.

Fish Oil (1,000 mg (120mg-180 mg) capsule, oral daily) Active.

thyroid (pork) (30mg capsule, oral daily) Active.

Synthroid (50mcg tablet, oral daily) Active.

amLODIPine (5mg tablet, 1 oral daily) Active.

Medications Reconciled

Allergies (Veronica Ojeda; 6/16/2025 10:16 AM)

Mevacor *ANTIHYPERTENSIVES*

Tenormin *BETA BLOCKERS*

Statins

Telmisartan *ANTIHYPERTENSIVES*

Epinephrine & Chlorpheniramine *VASOPRESSORS* Shortness of breath. Rapid heart rate

Fenofibrate *CHEMICALS*

Rosuvastatin Calcium *ANTIHYPERTENSIVES*

Amlodipine

Social History (Veronica Ojeda; 6/16/2025 10:16 AM)

Alcohol use Occasional alcohol use, Drinks wine.

Tobacco use Never smoker.

No drug use

Marital status Married.

Other Problems (Veronica Ojeda; 6/16/2025 10:16 AM)

Unspecified Diagnosis

Encounter for initial preventive physical examination covered by Medicare (Z00.00)

Review of Systems (Sanjaya Khanal, MD; 06/16/2025 -2:59 PM)

General Not Present- Appetite Loss and Fatigue.

Respiratory Not Present- Cough, Decreased Exercise Tolerance and Difficulty Breathing.

Cardiovascular Present- Heart failure or fluid on lungs, Hypertension and Shortness of Breath. Not Present- Chest Pain, Difficulty Breathing Lying Down, Elevated Blood Pressure, Leg Pain and/or Swelling, Rapid Heart Rate and Swelling of Extremities.

Gastrointestinal Not Present- Change in Bowel Habits and Rectal Bleeding.

Musculoskeletal Not Present- Calf Pain, Muscle Cramps and Muscle Weakness.

Neurological Not Present- Dizziness, Headaches, Spinning Sensation, Visual Changes and Weakness.

Psychiatric Not Present- Anxiety, Change in Sleep Pattern and Depression.

Endocrine Not Present- Cold Intolerance, Hair Changes and Sexual Dysfunction.

Hematology Not Present- Anemia, Nose Bleed and Prolonged Bleeding.

Vitals (Veronica Ojeda; 6/16/2025 10:18 AM)

6/16/2025 10:17 AM

Weight: 174 lb **Height:** 64 in

Weight was reported by patient.

Height was reported by patient.

Body Surface Area: 1.84 m² **Body Mass Index:** 29.87 kg/m²

Pulse: 71 (Regular) **P.OX:** 98% (Room air, FI_{O2}: 21%)

BP: 140/90 (Sitting, Left Arm, Standard)

Physical Exam (Sanjaya Khanal, MD; 06/16/2025 -2:59 PM)

General

Mental Status - Alert.

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

Orientation - Oriented X4.

Build & Nutrition - Well nourished and Well developed.

Posture - Normal posture.

Gait - Normal.

Hydration - Well hydrated.

Voice - Normal.

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.

Palpation

Palpation of the chest reveals - No tenderness.

Auscultation

Breath sounds - Normal. **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.

Auscultation

Heart Sounds - S1 WNL and S2 WNL, No S3. Murmurs & Other Heart Sounds - Auscultation of the heart reveals - No Pericardial Friction Rubs. Murmur 1 - Location - Aortic Area. Timing - Mid-systolic. Grade - II/VI. Carotid arteries - No Carotid bruit.

Abdomen

Inspection

Inspection of the abdomen reveals - No Hernias.

Palpation/Percussion

Palpation and Percussion of the abdomen reveal - No Palpable abdominal masses or enlarged aorta, 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.

Peripheral Vascular

Upper Extremity

Palpation - Left - Radial pulse - 2+ - Left. Radial pulse - Right - 2+ - Right.

Lower Extremity

Inspection - Bilateral - Inspection Normal. Palpation - Left - Femoral pulse - 2+ - Left. Femoral pulse - Right - 2+ - Right. Dorsalis pedis pulse - Left - 2+ - Left. Dorsalis pedis pulse - Right - 2+ - Right. Posterior tibial pulse - Left - 2+ - Left. Posterior tibial pulse - Right - 2+ - Right. Edema - Bilateral - 1+ Pitting edema - Bilateral.

Neurologic

Mental Status

Affect - normal and appropriate. Speech - Normal. Thought content/perception - Normal. Cognitive function - Normal.

Cranial Nerves

Eye Movements - Bilateral - Gaze - Normal - Bilateral. Nystagmus - Bilateral - None - Bilateral.

Sensory - Normal.

Motor

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

General Assessment of Reflexes

Right Knee - 2+. Left Knee - 2+.

Coordination - Normal.

Gait - Normal.

Musculoskeletal

Global Assessment

Right Upper Extremity - normal range of motion without pain. Left Upper Extremity - normal range of motion without pain. Right Lower Extremity - normal range of motion without pain. Left Lower Extremity - normal range of motion without pain.

Lymphatic

General Lymphatics

Description - Normal .

Head & Neck

General Head & Neck Lymphatics: Bilateral - Description - Normal.

Axillary

General Axillary Region: Bilateral - Description - Normal.

Assessment & Plan (Sanjaya Khanal MD; 6/16/2025 10:59 AM)

Atrial fibrillation, persistent (I48.19)

Story: EKG on 5/26/2025 showed atrial fibrillation which was newly detected.

Impression: EKG on June 16, 2025 also confirms atrial fibrillation. I have therefore recommended her to go on Eliquis 2.5 mg twice daily. She is also on metoprolol succinate 25 mg daily for rate control. She does not want to take blood thinners because of recurrent falls. I have given her the option of left atrial appendage closure with a Watchman device. I have described the procedure, risks, benefits, and alternatives including a small risk of bleeding, infection, stroke, damage to the blood vessels, lung, heart etc. and she is willing to proceed.

Current Plans

- Started Eliquis 2.5 mg tablet, 1 (one) tablet BID, #60, 30 days starting 06/16/2025, Ref. x3.
- INSERTION, WATCHMAN LEFT ATRIAL APPENDAGE CLOSURE DEVICE (33340)
- Follow up in 3 months or as needed

Chronic diastolic heart failure (I50.32)

Story: Echocardiogram on 5/26/2025 showed LVEF of 65 to 70% with normally functioning bioprosthetic aortic valve with significant mitral annular calcification and PA systolic pressure of 50 mmHg.

Impression: BNP was 139 on 4/29/2025. She should continue her current medications. I have asked her to do an echocardiogram prior to next follow-up.

Current Plans

- BNP (83880)

History of heart valve replacement with bioprosthetic valve (Z95.3)

Story: Bioprosthetic AVR in 1995. She is status post valve in valve TAVR with a Edwards Sapien 3 Ultra 23 mm Valve in valve on 5/13/21. She needed a viabahn graft in the right femoral artery after the procedure. Echocardiogram showed high gradient across bioprosthetic aortic valve after TAVR. Transesophageal echocardiogram on 4/12/22 shows normal bioprosthetic aortic valve with LVEF of 70%. echocardiogram on 12/13/22 shows LVEF of 65-70%, normal bioprosthetic aortic valve with mean gradient of 23 mmHg. Echo 12/1/23 is unchanged.

Echocardiogram on 11/11/2024 was unchanged. PA systolic pressure 46 mmHg with moderate mitral regurgitation.

Current Plans

- Continued aspirin 81 mg tablet, 06/16/2025, No Refill.
- CHEM 7 (80048)
- CBC & PLATELETS (AUTO) (85027)
- Follow up in 4 months

Dyslipidemia (E78.5)

Story: she has not tolerated any of the statins because of myalgia. she did not tolerate Nexletol either.

Impression: she has mixed dyslipidemia. she does not want to go on PCSK-9 inhibitor. I recommended dietary measures for now. I recommended her to try ezetimibe.

Current Plans

- Continued ezetimibe 10 mg tablet, 1 (one) tablet daily, Mail Order #90, 90 days starting 06/16/2025, Ref. x3.
- Pt Education - Patient Education Handout Provided: discussed with patient and provided information.
- LIPID PANEL (80061)
- LIVER PANEL (80076)
- HGB A1C (83036)

Diabetes mellitus treated with oral medication (E11.9)

Story: hemoglobin A1c was 6.9 in February 2022. she did not tolerate Ozempic. SGLT2 Inhibitor caused recurrent in her tract infections.

Impression: hemoglobin A1c was 6.4 on 12/16/22 on dietary measures. Hemoglobin A1c was 6.9 on 12/6/2023.

Palpitations (R00.2)

Story: Holter monitoring done on 9/16/2013 shows frequent PACs and PVCs and occasional short run of SVT.

Current Plans

- Changed metoprolol succinate ER 25 mg tablet, extended release 24 hr, 1 Tablet daily, Mail Order #90, 90 days starting 06/16/2025, Ref. x3.

HTN (hypertension) (I10)

Impression: blood pressure is now well controlled.

Current Plans

- Started amlodipine 5 mg tablet, 1 tablet daily, #90, 90 days starting 06/16/2025, Ref. x3.

DJD (degenerative joint disease)

Story: MRI shows significant degenerative spine disease.

Ankle edema (M25.473)

Story: From venous insufficiency. Venous Doppler showed bilateral lower extremity venous insufficiency right more than the left. She status post successful bilateral GSV ablations in August 2013. Venous Doppler in November 2024 showed no evidence of DVT.

Impression: Continue compression and elevation and low-dose diuretics.

Current Plans

- Continued furosemide 40 mg tablet, 2 (two) Tablet daily, #180, 90 days starting 06/16/2025, Ref. x4, Mail Order #180, 90 days, Ref. x3, Dispense as written.
- Continued Klor-Con M10 mEq tablet, extended release, one Tablet daily, Mail Order #90, 90 days starting 06/16/2025, Ref. x3.

Gout (M10.9)

Post-menopause (Z78.0)

Current Plans

- Continued Premarin 0.625 mg tablet, 1 (one) Tablet daily, #90, 90 days starting 06/16/2025, Ref. x3.
Local Order:
 - Pharmacist Notes: Clairifying order

GERD without esophagitis (K21.9)

Impression: she describes as his reflux symptoms with dysphagia over the last 2 or 3 months. I have recommended PPI therapy and a GI consultation.

Current Plans

- Continued pantoprazole 20 mg tablet, delayed release, 1 (one) Tablet daily, #90, 90 days starting 06/16/2025, Ref. x3.

Chronic polyneuropathy (G62.9)

Impression: May need evaluation for degenerative spine disease if her symptoms of neuropathy persists. Recommend MRI of the lumbosacral spine in view of her persistent symptoms and followup with orthopedics.

Chronic bronchitis, obstructive (J44.89)

Current Plans

- Continued benzonatate 200 mg capsule, 1 (one) capsule TID PRN, #90, 30 days starting 06/16/2025, Ref. x3, Mail Order #90, 30 days, Ref. x3.



Signed electronically by Saniava Khanal, MD (6/16/2025 11:08 AM)

Laboratories

BNP (83880) Ordered

Diagnosis: Chronic diastolic heart failure (I50.32)

CHEM 7 (80048) Ordered

Diagnosis: History of heart valve replacement with bioprosthetic valve (Z95.3)

CBC & PLATELETS (AUTO) (85027) Ordered

Diagnosis: History of heart valve replacement with bioprosthetic valve (Z95.3)

LIPID PANEL (80061) Ordered

Diagnosis: Dyslipidemia (E78.5)

LIVER PANEL (80076) Ordered

Diagnosis: Dyslipidemia (E78.5)

HGB A1C (83036) Ordered

Diagnosis: Dyslipidemia (E78.5)

Procedures

INSERTION, WATCHMAN LEFT ATRIAL APPENDAGE CLOSURE DEVICE (33340) Performed: 06/16/2025 (Ordered)