



Gloria Bailey (DOB 11/20/1956)

Date of Encounter: 06/25/2025

History of Present Illness

The patient is a 68 year old female presenting to discuss diagnostic procedure results. The patient had echocardiography. The diagnostic test was performed on - Date: (06/17/2025 labs done 06/20/2025). She describes dyspnea on minimal exertion and occasional orthopnea but no chest pain, palpitations, or syncope. She does have occasional orthostatic pedal edema.

Additional reasons for visit:

Transition into care is described as the following:
To establish care

Allergies

Penicillins

Past Medical History

Shortness of breath on exertion

Dyslipidemia

Essential hypertension

Diabetes mellitus treated with oral medication

ASHD (arteriosclerotic heart disease); She reportedly had atherosclerotic vascular disease by imaging test a few years ago

Morbid obesity

Family History

None (03/17/2025)

Social History

No alcohol use

No tobacco use: Light tobacco smoker; quit 2007

No drug use

Caffeine use: Coffee, Carbonated beverages

Marital status: Divorced; 1 kid

Exercise: Inactive

Current work status: Retired, Part-time

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

Aortic stenosis, severe

Problem Story: Echocardiogram on 6/17/2025 showed LVEF of 60 to 65%, moderate concentric left ventricular hypertrophy, severe aortic stenosis with a valve area of 0.9 cm² and mild aortic regurgitation.

Today's Impression: In view of her dyspnea on exertion and some orthopnea which is progressive, she likely has symptomatic severe aortic stenosis. I have therefore recommended CT TAVR and right and left heart catheterization to plan for aortic valve replacement. She would likely be candidate for TAVR based on the results. I have explained to her the procedure, risks, benefits, and alternatives including a small risk of bleeding, infection, damage to the blood vessels, nerves, heart, brain, etc. and she is willing to proceed.

- BNP (83880); Routine (Diagnosis: CHF)
- COMPUTED TOMOGRAPHY ANGIOGRAPHY TRIPLE PHASE STUDY FOR PLANNING OF transcatheter AORTIC VALVE IMPLANTATION (TAVI) (76497) ; Routine ()
- Schedule - Left and Right Heart Cath
- Follow up in 3 months or as needed

ASHD (arteriosclerotic heart disease)

Problem Story: She reportedly had atherosclerotic vascular disease by imaging test a few years ago

Today's Impression: She should continue aspirin and risk factor modification.

- CHEM 7 (80048); Routine ()
- CBC & PLATELETS (AUTO) (85027); Routine ()
- Continued aspirin 81 mg tablet, delayed release, 1 tablet daily, #90, 90 days starting 06/25/2025, Ref. x3.

Dyslipidemia

Problem Story: LDL cholesterol is 140 on 6/20/2025.

Today's Impression: I have switched her from simvastatin to rosuvastatin to try to get her LDL less than 70.

- LIPID PANEL (80061); Routine ()
- LIVER PANEL (80076); Routine ()
- TSH (THYROID STIMULATING HORMONE) (84443); Routine ()
- FREE T4 (84439); Routine ()
- HGB A1C (83036); Routine ()
- HSCRP (86140); Routine ()
- Started rosuvastatin 20 mg tablet, 1 (one) tablet daily, #90, 90 days starting 06/25/2025, Ref. x3.