

Past Medical History

Heart murmur

Squamous cell carcinoma, face

Carotid atherosclerosis

Aortic stenosis; Severe, with a valve area of approximately 0.8 cm², based on the echocardiogram done February 2015. The left ventricular function. The valve is trileaflet. 10/5/2015: Virginia remains in class II, troubled with dyspnea on mild to moderate exertion. She has no angina and has had no syncope or presyncope. The aortic stenosis remains unchanged with an area 0.8cm². Although I believe she is an excellent candidate for TAVR, she is not particularly high risk. She was reassured. We will repeat the echo in 6 months time. 10/23/2016: successful transaortic valve replacement (TAVR) at Cedar Sinai Medical Center using the Edwards Sapien 3 valve.

Arthritis

Routine lab draw

Ankle fracture, left; November 2015. ORIF.

Diplopia

Microcytic anemia

Dyslipidemia

Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity; She has varicosities on both lower extremities with redness, and admitted edema in burning sensation. I suspect she has saphenofemoral insufficiency. She has practiced compression and elevation for some time without improvement. She may be a candidate for RF ablation. Venous mapping was requested.

Shortness of breath

Mitral regurgitation

Near syncope

Anxiety

Other specified abnormal findings of blood chemistry

Status post aortic valve replacement

Leg swelling

Pain in extremity

AF (atrial fibrillation)

PAF (paroxysmal atrial fibrillation)

Social History

Tobacco use: Never smoker

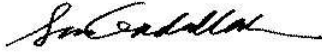
Alcohol use: Occasional alcohol use

No drug use

Caffeine use: Coffee; 2 cups a day

Marital status: Married; 4 children

Current work status: Retired



Sam Gadallah, MD
Electronically Signed