



Simon Simonian (DOB 11/03/1946)

Date of Encounter: 05/28/2025

History of Present Illness

The patient is a 78 year old male presenting to discuss diagnostic procedure results. The diagnostic test was performed on - Date: (12/12/2024 labs done 03/27/2025). Patient generally feels well with no new symptoms since last visit. Patient specifically denies chest pain, shortness of breath, orthopnea, edema, palpitations. He does describe occasional lightheadedness and feels like he is going to fall. He also has occasional unsteady gait in spite of physical therapy.

Additional reasons for visit:

Transition into care is described as the following:
The patient is transitioning into care from a hospital.

Allergies

No known drug allergy 12/04/2024

Past Medical History

PAF (paroxysmal atrial fibrillation); He had atrial fibrillation with rapid ventricular response in October 2024 when he had his stroke. Sinus rhythm with beta-blockers.

Essential hypertension

Dyslipidemia

H/O: stroke; He had multifocal stroke with left hemiparesis in October 2024. He underwent rehabilitation at PRMC and is relatively well. He does have residual left leg weakness but otherwise his functional capacity is much improved. Echocardiogram on 10/23/2024 showed LVEF of 50 to 55% with a small PFO due to bubble study.

Social History

No alcohol use

No tobacco use

No drug use

Caffeine use: Tea, Coffee

Marital status: Married

Current work status: Retired

Medication History

Eliquis (5mg tablet, 1 (one) oral BID, Taken starting 12/04/2024) Active.

metoprolol tartrate (25mg tablet, 1 (one) oral BID, Taken starting 12/04/2024) Active.

lisinopril (40mg tablet, 1 (one) oral daily, Taken starting 12/27/2024) Active. (reduce dose)

atorvastatin (40mg tablet, 1 oral daily, Taken starting 12/04/2024) Active.

amlodipine (5mg tablet 1 oral night, Taken starting 12/04/2024) Active - Hx Entry.

Medications Reconciled.

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

PAF (paroxysmal atrial fibrillation)

Problem Story: He had atrial fibrillation with rapid ventricular response in October 2024 when he had his stroke. Sinus rhythm with beta-blockers. Patch monitor in December 2024 showed sinus rhythm with short episodes of paroxysmal atrial fibrillation up to 1.9 minutes.

Today's Impression: He should continue metoprolol and long-term Eliquis. Because of his propensity to be unsteady and fall long-term anticoagulation may not be appropriate for him. I have therefore recommended him to consider left atrial appendage closure with a Watchman device. I have described the procedure, risks, benefits, alternatives including a small risk of bleeding, stroke, damage to the blood vessels, lung, heart etc. and he is willing to proceed.

- INSERTION, WATCHMAN LEFT ATRIAL APPENDAGE CLOSURE DEVICE (33340) ; Routine ()
- Continued metoprolol tartrate 25 mg tablet, 1 (one) tablet BID, #180, 90 days starting 05/28/2025, Ref. x3.
- Continued apixaban 5 mg tablet, 1 (one) tablet BID, #12, 90 days starting 05/28/2025, Ref. x3.
- Follow up in 4 months

H/O: stroke

Problem Story: He had multifocal stroke with left hemiparesis in October 2024. He underwent rehabilitation at PRMC and is relatively well. He does have residual left leg weakness but otherwise his functional capacity is much improved. Echocardiogram on 10/23/2024 showed LVEF of 50 to 55% with a small PFO due to bubble study.

Today's Impression: His stroke was likely cardioembolic in nature from atrial fibrillation. At his age a small PFO is probably incidental and does not need treatment. He should continue long-term anticoagulation to prevent further strokes.

Essential hypertension

Today's Impression: Blood pressure is well-controlled.

- Changed amlODIPine 2.5 mg tablet, 1 tablet night, #90, 90 days starting 05/28/2025, Ref. x3.
- Continued lisinopril 40 mg tablet, 1 (one) tablet daily, #90, 90 days starting 05/28/2025, Ref. x3.

Dyslipidemia

- CHEM 7 (80048); Routine ()
- CBC & PLATELETS (AUTO) (85027); Routine ()
- LIPID PANEL (80061); Routine ()
- LIVER PANEL (80076); Routine ()
- TSH (THYROID STIMULATING HORMONE) (84443); Routine ()
- FREE T4 (84439); Routine ()
- HGB A1C (83036); Routine ()
- Continued atorvastatin 40 mg tablet, 1 tablet daily, #90, 90 days starting 05/28/2025, Ref. x3.

print active med list

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Sanjaya Khanal, MD

Electronically Signed