



**Russell G. Parker (DOB 08/17/1956)**

**Date of Encounter: 05/21/2025**

### **History of Present Illness**

The patient is a 68 year old male presenting to discuss diagnostic procedure results. The patient had echocardiography. The diagnostic test was performed on - Date: (05/05/2025 labs done 05/12/2025). He was hospitalized in February 2025 with atrial fibrillation and rapid ventricular response and congestive heart failure he underwent DC cardioversion to sinus rhythm on 2/26/2025. His dyspnea has improved since then but still has dyspnea on moderate exertion he denies any palpitations, lightheadedness, or syncope.

Additional reasons for visit:

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

### **Past Medical History**

**Asthma, mild**

**COPD, moderate**

**Heart failure with reduced ejection fraction;** 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.

**Essential hypertension**

**History of peptic ulcer disease;** he had a bleeding duodenal ulcer treated in 2021. He was hospitalized with severe GI bleed with peptic ulcer disease in October 2023.

**History of atrial fibrillation;** 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.

**DJD (degenerative joint disease), lumbosacral;** s/p spine surgery 3/24 by Dr. Farrukh

**Stage 3a chronic kidney disease**

### **Family History**

**Hypertension:** Family Members In General

**Diabetes Mellitus:** Sister, Brother

### **Social History**

**Alcohol use:** Moderate alcohol use

**No tobacco use**

**Illicit drug use;** weed

**Caffeine use:** Coffee

**Marital status:** Divorced; 5 kids

**Exercise:** Inactive

## **Medication History**

metoprolol succinate (25mg Tablet, Extende, 1 (one) oral every night, Taken starting 03/17/2025) Active.  
famotidine (20mg tablet, 1 (one) oral daily, Taken starting 09/03/2024) Active.  
Entresto (24-26mg tablet 1 (one) oral BID, Taken starting 03/17/2025) Active - Hx Entry.  
pantoprazole (40mg tablet, delayed, 1 (one) oral daily, Taken starting 03/17/2025) Active.  
Pacerone (200mg tablet, 1 (one) oral two times daily, Taken starting 03/17/2025) Active.  
Eliquis (5mg tablet, 1 (one) oral BID, Taken starting 05/21/2025) Active.  
spironolactone (25mg tablet, ½ (one half) oral daily, Taken starting 05/21/2025) Active. (stop HCTZ)  
Vitamin D3 (25 mcg(1,000 uni tablet, oral daily) Active.  
Medications Reconciled.

## **Review of Systems**

**Skin** Not Present- Bruising, Itching and Rash.

**HEENT** Present- **Wears glasses/contact lenses**. Not Present- Blurred Vision, Dentures, Headache, Hearing Loss, Loose teeth, Nasal polyps, Nose Bleed, Permanent blindness in either eye, Sore Throat and Vertigo.

**Neck** Not Present- Neck Pain and Neck Stiffness.

**Respiratory** Present- **Asthma** and **Wheezing**. Not Present- Bloody sputum, Cough, Decreased Exercise Tolerance, Difficulty Breathing, Hemoptysis, Recent bronchitis or chest cold and Sputum Production.

**Cardiovascular** Present- **Edema**. Not Present- Awakening at night gasping for air or short of breath, Calf Cramps, Chest Pain, Claudications, Difficulty Breathing Lying Down, Difficulty Breathing On Exertion, Discoloration of feet and legs, Fainting / Blacking Out, Leg Cramps, Palpitations, Require more than one pillow at night to breathe, Shortness of Breath and Swelling of Extremities.

**Gastrointestinal** Not Present- Abdominal Pain, Bloody Stool, Constipation, Diarrhea, Dysphagia, Heartburn, Indigestion, Nausea and Vomiting.

**Musculoskeletal** Present- **Back Pain, Joint Pain** and **Joint Swelling**. Not Present- Muscle Atrophy and Muscle Pain.

**Neurological** Present- **Depression**. Not Present- Decreased Memory, Difficulty Speaking, Dizziness, Epilepsy or seizures, Fainting, Headaches, Incontinence Urine, Loss of Consciousness, Migraines, Numbness, Paresthesias, Sudden visual disturbances in either eye, Temporary blindness in either eye, Temporary speech loss or difficulty talking, Tremor, Trouble walking, Unsteadiness and Weakness or paralysis of one side of the body.

**Endocrine** Not Present- Appetite Changes, Excessive Thirst, Excessive Urination and Recent weight gain or loss(>10 lbs.).

**Hematology** Not Present- Abnormal Bleeding, Anemia, Easy Bruising, Excessive bleeding, Nose Bleed and Recent fever.

## **Vitals**

05/21/2025 10:37 AM

**Weight:** 141 lb **Height:** 75 in

**Body Surface Area:** 1.89 m<sup>2</sup> **Body Mass Index:** 17.62 kg/m<sup>2</sup>

**Pulse:** 76 (Regular) **P. OX:** 92% (Room air)

**BP:** 103/60 Manual (Sitting, Left Arm, Standard)

## **Physical Exam**

The physical exam findings are as follows:

### **General**

**Mental Status - Alert.**

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

**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, 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