



**Valencia L. Hurst (DOB 10/16/1970)**

**Date of Encounter: 07/02/2025**

### **History of Present Illness**

The patient is a 54 year old female who presents for evaluation and management of hypertension. Note for "Hypertension": PT reports SOB, swelling in legs and denies CP.

Additional reasons for visit:

Transition into care is described as the following:

Note for "Transition into care": to establish cardiac care.

54-year-old female with past medical history of hypertension, hyperlipidemia, diabetes, presents to the clinic to establish cardiac care. Patient mentions that she was recently admitted to Palmdale regional hospital for pneumonia and at that time she was started on oxygen. She used to smoke when she was young and quit in her 30s. She says she has not tried being off of oxygen since she was discharged home on that. The echo from that admission shows that her EF was normal but she had moderate tricuspid regurgitation with elevated pulmonary pressures. She was not aware of that. She does mention she has on and off shortness of breath and leg swelling but today during the clinic visit she does not have any leg swelling. She denies any chest pain, lightheadedness, dizziness, loss of consciousness, nausea, vomiting, PND and orthopnea. She does mention on and off shortness of breath. She does not smoke. No illicit drug use/alcohol use in the past or now.

### **Allergies**

**No known drug allergy 07/02/2025**

### **Past Medical History**

**HTN (hypertension)**

**HLD (hyperlipidemia)**

**DM2 (diabetes mellitus, type 2)**

### **Family History**

**Heart Failure:** Maternal Grandfather

### **Social History**

**Alcohol use:** Never Drinks

**Tobacco use:** Never smoker

**Caffeine use:** Tea, Carbonated beverages

**Marital status:** Married; 2 boys

**Current work status:** Disabled

## **Medication History**

metFORMIN (500mg Tablet, Extende, 1 oral two times daily) Active.  
amLODIPine (5mg tablet 1 oral daily) Active - Hx Entry.  
aspirin (81mg tablet, delayed, 1 oral daily) Active.  
atorvastatin (20mg tablet, 1 oral daily) Active.  
Jardiance (25mg tablet, 1 oral daily) Active.  
insulin glargine (100unit/mL solution, subcutaneous daily) Active.  
magnesium oxide (400 mg (241.3mg magnesi tablet, 1 oral daily) Active.  
albuterol sulfate (90mcg/actuat HFA Aerosol Inh, inhalation prn) Active.  
spironolactone (25mg tablet 1 oral daily) Active - Hx Entry.  
valsartan-hydrochlorothiazide (320-25mg tablet, 1 oral daily) Active.  
insulin glargine (100 unit/mL(3 mL) Insulin Pen, subcutaneous daily) Active.  
Medications Reconciled.

## **Past Surgical**

**Cesarean Section - 2**

## **Review of Systems**

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

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

**Neck** Not Present- Neck Pain, Neck Stiffness, Swollen Glands and Thyroid enlargement.

**Respiratory** Not Present- Asthma , Bloody sputum, Chronic Cough, Cough, Decreased Exercise Tolerance, Difficulty Breathing, Emphysema, Exposure to asbestos, Hemoptysis, History of blood clots to the lungs, Pneumonia, Recent bronchitis or chest cold, Sputum Production, Tuberculosis and Wheezing.

**Cardiovascular** Present- **Elevated Blood Pressure, Hypertension, Leg Pain and/or Swelling, Palpitations and Shortness of Breath**. Not Present- Aneurysm of any blood vessel, Awaken at night with pain or numbness in feet, Awakening at night gasping for air or short of breath, Blood clot in artery, Blood clot in leg vein, Calf Cramps, Chest discomfort/angina at rest, Chest discomfort/angina with physical activity, Chest Pain, Claudications, Difficulty Breathing Lying Down, Difficulty Breathing On Exertion, Discoloration of feet and legs, Fainting / Blacking Out, Heart failure or fluid on lungs, Heart murmur, History of Heart Attack, Infection of feet or legs, Large, discolored or varicose veins in leg, Leg Cramps, Mitral valve prolapse, Pain in legs or buttocks with exercise, Pauses in the heart beat, Phlebitis, Previously diagnosed heart rhythm disturbance, Require more than one pillow at night to breathe, Shortness of breath at rest, Shortness of breath with exertion, Sores or ulcers on feet or legs, Swelling of Extremities and Throbbing or pulsating sensation in abdomen.

**Gastrointestinal** Not Present- Abdominal Pain, Black, Tarry Stool, Bloody Stool, Constipation, Diarrhea, Dysphagia, Gall bladder attacks, Heartburn, Hiatal hernia and/or reflux, Indigestion, Liver disease or jaundice, Nausea, Stomach ulcer or peptic ulcer, Trouble swallowing foods or liquids and Vomiting.

**Musculoskeletal** Not Present- Arthritis or other joint disease, Back Pain, Chronic back trouble, Curvature of the spine (scoliosis), history of broken bones, Joint Pain, Joint Swelling, Muscle Atrophy and Muscle Pain.

**Neurological** Not Present- "Mini-strokes or" TIAs", Decreased Memory, Difficulty Speaking, Dizziness, Epilepsy or seizures, Fainting, Headaches, Incontinence Urine, Loss of Consciousness, Migraines, Numbness, Paresthesias, Stroke, 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.

**Psychiatric** Not Present- Depression.

**Endocrine** Not Present- Adrenal Gland, Appetite Changes, Diabetes, Excessive Thirst, Excessive Urination, Gout, Recent weight gain or loss(>10 lbs.) and Thyroid Problems.

**Hematology** Not Present- Abnormal Bleeding, Anemia, Blood disorder, Easy Bruising, Excessive bleeding, History of hepatitis or other communicable disease, Nose Bleed, Previous blood transfusion and Recent fever.

## **Vitals**

07/02/2025 02:45 PM

**Weight:** 274 lb **Height:** 65 in

**Body Surface Area:** 2.26 m<sup>2</sup> **Body Mass Index:** 45.6 kg/m<sup>2</sup>

**Pulse:** 90 (Regular) **P. OX:** 97% (Room air)

**BP:** 162/82 Manual (Sitting, Left Arm, Standard)

## **Physical Exam**

The physical exam findings are as follows:

### **General**

**Mental Status - Alert.**

**Orientation - Oriented X3.**

### **Head and Neck**

**Head - normocephalic, atraumatic with no lesions or palpable masses.**

### **Chest and Lung Exam**

**Chest and lung exam reveals - normal excursion with symmetric chest walls, non-tender and normal tactile fremitus and on auscultation, normal breath sounds, no adventitious sounds and normal vocal resonance.**

### **Cardiovascular**

**Cardiovascular examination reveals - on palpation PMI is normal in location and amplitude, no palpable S3 or S4. Normal cardiac borders. and normal heart sounds, regular rate and rhythm with no murmurs.**

### **Abdomen**

#### **Palpation/Percussion**

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

### **Peripheral Vascular**

#### **Upper Extremity**

**Palpation - Pulses bilaterally normal.**

#### **Lower Extremity**

**Palpation - Pulses bilaterally normal.**

## **Assessment & Plan**

### **HTN (hypertension)**

**Today's Impression:** Blood pressure elevated at 160s/80s mmHg patient is on amlodipine 5 mg and spironolactone. Will stop those and start her on nifedipine 60 mg daily. Will continue valsartan/hydrochlorothiazide combination.

- Started NIFedipine ER 60 mg tablet, extended release, 1 (one) tablet daily, #90, 90 days starting 07/02/2025, Ref. x3.

### **Tricuspid regurgitation**

**Today's Impression:** Patient was noted to have moderate tricuspid regurgitation and pulmonary regional hospital. She continues to require oxygen. I will order a TEE to evaluate the valve and degree of regurgitation on Monday at AV hospital.

### **HLD (hyperlipidemia)**

**Today's Impression:** Managed by her primary care provider mention is well-controlled. Will continue atorvastatin 20 mg daily for now.

### **DM2 (diabetes mellitus, type 2)**

**Today's Impression:** Managed by her primary care provider mentions she is well-controlled.

-



Aradhana Pathak, MD

Electronically Signed