AV Cardiology Associates
A MEDICAL GROUP
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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

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.