AV Cardiology Associates
A MEDICAL GROUP
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Virginia L. Uchanski (DOB 07/30/1943) **Date of Encounter:** 06/17/2025

History of Present Illness

The patient is a 81 year old female who is here for a follow up visit.hospital follow up

Additional reasons for visit:

Aortic stenosis is described as the following:
6

Virginia is doing reasonably well in general, apart from the usual aches pains as well as general signs of aging. She was troubled with dyspnea on exertion as well as pedal edema last year. Additionally, she had at least 2 episodes of severe lightheadedness verging on syncope. The echocardiogram in April 2021 revealed normal left ventricular function as well as normal bioprosthetic aortic valve function with at least moderate eccentric mitral regurgitation not previously documented on the echocardiogram done and it Cedars Sinai. I subsequently performed a transesophageal echocardiogram on 11/18/2021.
The mitral regurgitation did not appear as severe as it was noted on the transthoracic echo, only in the mild to moderate range. The TAVR, nearly 6 years old, is beginning to show signs of degeneration. The latest transaortic gradient of March 2024 was around 40 mmHg The left ventricular function was also normal. There is also moderate mitral regurgitation, central. A more recent echocardiogram of April 2025 revealed what appears to be moderate to severe bioprosthetic aortic stenosis As well as moderate Central mitral regurgitation..
She was in the emergency room at PRMC with leg swelling and pain. She was given Lasix and things have improved. The swelling continues to come and go. Her PCP started her on a diuretic but after discussion we opted to use that sparingly because of the concern about renal dysfunction.
She has recently tripped, fallen and sustained a rather extensive bruise on her right leg which has resolved. On a recent occasion she had a near syncopal episode while at Costco shopping. On another occasion while in the car she had some visual changes were everything became bright for a few seconds.
I obtained a 14-day monitor on October 2024. This visit revealed paroxysmal A-fib with an episode that lasted more than 5 hours. She was switched to dabigatran and Plavix was discontinued. Recently returned related revealed a suspicion of myelodysplasia and she is now awaiting bone marrow biopsy.

Transition into care is described as the following:
Note for "Transition into care": To continue cardiac care.

Allergies

Penicillin G Pot in Dextrose *PENICILLINS* [Drug allergy]
Accolate *ANTIASTHMATIC AND BRONCHODILATOR AGENTS* [Drug allergy]
Topamax *ANTICONVULSANTS* [Drug allergy]
Bextra *ANALGESICS - ANTI-INFLAMMATORY* [Drug allergy]

Past Medical History

Heart murmur

Squamous cell carcinoma, face

Carotid atherosclerosis

Aortic stenosis; Severe, with a valve area of approximately 0.8 cm^2, 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. AlthoughI bekieve 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 haspracticed 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

Medication History

Pradaxa (150mg capsule 1 Capsule oral 2 times per day, Taken starting 04/08/2025) Active - Hx Entry.
amiodarone (100mg tablet 1 (one) tablet oral daily, Taken starting 02/18/2025) Active - Hx Entry.
Eliquis (2.5mg tablet 1 oral two times daily, Taken starting 02/18/2025) Active - Hx Entry.
Eliquis (5mg tablet, 1 Tablet oral 2 times per day, Taken starting 11/06/2024) Active.
Xanax (0.25MG tablet, prn Oral) Inactive.
Wellbutrin XL (300MG Tablet, Extende, 1/2 Oral qd) Active.
Vitamin D (Oral) Specific strength unknown - Active.
Multivitamins (1 tab Oral qd) Active.
B12 Fast Dissolve (1 Oral daily) Specific strength unknown - Active.
Clopidogrel Bisulfate (75MG tablet, 1 (one) Oral daily) Active.
Crestor (5MG tablet, 1 tab Oral daily) Active.
Albuterol Sulfate HFA (108 (90 Base)MCG/ACT HFA Aerosol Inh, 1 puff Inhalation as needed) Active.
ALPRAZolam (0.25MG tablet, 1 Oral as needed) Active.
olmesartan (40mg tablet, 1 oral daily) Active.
Caltrate with Vitamin D3 (600 mg-20 mcg(800 unit) tablet, 1 oral daily) Active.
Benicar (40mg tablet, 1 oral daily) Active.

Other Problems

Unspecified Diagnosis

Past Surgical

Cholecystectomy
Tubal Ligation
Squamous Cell Carcinoma Excision; Right lower side of face

Review of Systems

General Not Present- Appetite Loss and Fatigue.
Skin Not Present- Bruising, Itching and Rash.
HEENT Not Present- Blurred Vision, Dentures, Headache, Hearing Loss, Loose teeth, Nasal polyps, Nose Bleed, Permanent blindness in either eye, Sore Throat, Vertigo and Wears glasses/contact lenses.
Neck Not Present- Neck Pain and Neck Stiffness.
Respiratory Not Present- Bloody sputum, Cough, Decreased Exercise Tolerance, Difficulty Breathing, Hemoptysis, Recent bronchitis or chest cold, Sputum Production and Wheezing.
Cardiovascular Present- Swelling of Extremities. 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 and Shortness of Breath.
Gastrointestinal Not Present- Abdominal Pain, Bloody Stool, Constipation, Diarrhea, Dysphagia, Heartburn, Indigestion, Nausea and Vomiting.
Musculoskeletal Not Present- Back Pain, Joint Pain, Joint Swelling, Muscle Atrophy and Muscle Pain.
Neurological Present- Dizziness. Not Present- Decreased Memory, Difficulty Speaking, 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.
Psychiatric Present- Anxiety. Not Present- Change in Sleep Pattern and Depression.
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

06/17/2025 03:35 PM
Weight: 134 lb **Height:** 62 in
Body Surface Area: 1.61 m² **Body Mass Index:** 24.51 kg/m²
Pulse: 74 (Regular) **P. OX:** 91% (Room air)
BP: 125/62 Electronic (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

General Characteristics

Color - normal coloration of skin. Skin Moisture - normal skin moisture.

Head and Neck

Neck

Carotid Arteries - Bilateral - bruit.

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 and S2 WNL, No S3, No S4. Murmurs & Other Heart Sounds:

Murmur 1 - Location - Aortic Area. Timing - Mid-systolic. Grade - III/VI. Character - Crescendo/Decrescendo. Radiation - Carotids.

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

Inspection - Bilateral - Varicose veins - Bilateral. 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)
Today's Impression: Is quite likely the episodes of near syncope and neurological changes are related to paroxysmal A-fib as evidenced by the findings on the 14-day monitor. 1 particular episode lasted for over 5 hours. She was started on Eliquis and amiodarone. Hopefully the A-fib will remain at bay. With her advancing age and frailty, she may be a candidate for left atrial appendage closure.
She tells me the cost of Eliquis is prohibitive. I switched her to dabigatran.

- Continued Pradaxa 150 mg capsule, 1 Capsule 2 times per day, #180, 90 days starting 06/17/2025, Ref. x3, Mail Order #180, 90 days, Ref. x3.
- Continued Eliquis 2.5 mg tablet, 1 Tablet two times daily, #180, 90 days starting 06/17/2025, Ref. x3, Mail Order #180, 90 days, Ref. x3.
- Continued amiodarone 100 mg tablet, 1 (one) tablet daily, #90, 06/17/2025, Ref. x3.

Aortic stenosis
Problem Story: Severe, with a valve area of approximately 0.8 cm^2, 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. AlthoughI bekieve 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.
Today's Impression: Virginia is doing remarkably well from that standpoint. The latest echocardiogram was done on 11/11/2019 and revealed normal left ventricular function and normal bioprosthetic aortic valve hemodynamics. She also had moderate mitral annular calcification with mild regurgitation.

The latest echocardiogram of March 2024 revealed 40 mm gradient across the aortic valve bioprosthesis. This seems to have worsened based on the echocardiogram of April 2025. It has been now 9 years since the TAVR and I suspect there is significant degeneration. I have arranged for her to have right and left cardiac catheterization in preparation for possible valve in valve TAVR.

The steps, risks, benefits and alternatives of cardiac catheterization, coronary angiography and percutaneous coronary interventions were explained in detail to the patient. Percutaneous Coronary interventions entail the use of a variety of tools/devices including guide wires, balloons, stents as well as atherectomy and reentry devices. A temporary pacemaker as well as left ventricular assist devices may be necessary. The risks include, but not limited to, myocardial infarction, contrast reactions, vascular access complications, stroke, tamponade, renal failure and death. The patient understood and has accepted.

- Schedule - Left and Right Heart Cath

Future Procedures:

- 04/30/2025: ECHOCARDIOGRAM (93306); Routine one time ()

Mitral regurgitation
Today's Impression: There was documentation of moderate to severe mitral regurgitation in late 2021. She was also troubled with dyspnea on minimal exertion as well as pedal edema. She has also had a few presyncopal episodes. I wondered if the mitral regurgitation is severe enough to warrant intervention such as with a MitraClip. I obtained a transesophageal echocardiogram on 11/18/2021. The mitral regurgitation did not appear as severe as it was noted on the transthoracic echo, in the mild to moderate range. We even used phenylephrine to increase the vascular resistance and see if that would worsen the mitral regurgitation, and does not. The TAVR, nearly 5 years old, seemed to be functioning normally. She continues to have dyspnea on moderate exertion, at the time not as bad as previously.
All that is needed at this time is observation. The shortness of breath is likely related to aging and deconditioning, also likely impaired left ventricular diastolic properties.
The latest echocardiogram of March 2024 revealed moderate central mitral regurgitation. A more conservative approach is warranted at this time. This was essentially unchanged on the echo of April 2025.

Leg swelling
Today's Impression: This has been quite troublesome of late and usually follows long days at Disneyland. She has a past as her husband used to work for Disney. He goes there frequently. I am sure there is a degree of dietary indiscretion with excess salt. She was recently emergency room with an episode of edema. She is currently on Lasix but I advised her not to use it more than 1 week. She is likely retaining salt and water intermittently.

Near syncope
Today's Impression: I suspected she may be developing intermittent A-V block or sick sinus syndrome. The former is not terribly unlikely as she had a TAVR a few years ago. I obtained a 14 day monitor in August of last year which revealed no significant bradycardia or arrhythmias. Her symptoms have recurred with an recent near single episode while shopping at Costco as well as an episode where she suddenly saw a bright light and nothing else for a few seconds. Another 14-day monitor was requested

Dyslipidemia
Today's Impression: Reasonably well controlled. Advised to remain on the same regimen. There is really no reason to take it every other day and is not presently having a very low cholesterol on this patient is having side effects from statin
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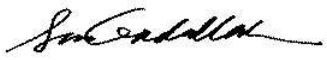
Microcytic anemia
Today's Impression: This has esolved with the latest hemoglobin in June 2019 at 12.8 with an MCV of 96.1. It seems she has mild pancytopenia and I suspect myelofibrosis/dysplasia is being considered as she is scheduled for bone marrow biopsy.

Arthritis
Today's Impression: This is particularly troublesome but manageable.

Chronic venous hypertension (idiopathic) with inflammation of bilateral lower extremity
Problem Story: She has varicosities on both lower extremities with redness, and admitted edema in burning sensation. I suspect she has saphenofemoral insufficiency. She haspracticed compression and elevation for some time without improvement. She may be a candidate for RF ablation. Venous mapping was requested.
Today's Impression: Bilateral venous mapping revealed a saphenofemoral incompetence. Both great saphenous veins were successfully ablated and she seems to have benefited substantially from that.

Other specified abnormal findings of blood chemistry

- CBC, PLATELETS & AUT DIFF (85025); Routine ()
- HEMOGLOBIN GLYCLATED (HGB A1C) (83036); Routine ()
- LIPID PANEL (80061); Routine ()
- CHEM 17 (80053); Routine ()
- Follow up in 6 months or as needed



Sam Gadallah, MD

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