



## Provation® MD Procedure Note Sample: Pulmonology – Bronchoscopy

Sample note begins

<b>Patient Name:</b>	Test Patient	<b>MRN:</b>	RQ Q2WERQ
<b>Date of Birth:</b>	11/23/48	<b>Admit Type:</b>	Outpatient
<b>Age:</b>	67	<b>Room:</b>	Pulm
<b>Gender:</b>	Male	<b>Procedure Date:</b>	06/09/16

**Providers:** Demo Demo, MD

**Referring Provider:** Demonstration Doctor, MD

**Exam Type:** Bronchoscopy

**Indications:** Left lower lobe mass, Hemoptysis, Hilar lymphadenopathy of the left side

**Medications:** Midazolam 2 mg IV, Fentanyl 100 mcg IV, Lidocaine 4% via nebulizer with Atropine 0.5 mg

**Complications:** No immediate complications.

### Procedure:

#### Pre-Anesthesia Assessment:

A History and Physical has been performed. The patient's medications, allergies and sensitivities have been reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified prior to the procedure by the physician, the nurse and the anesthesiologist. The procedure was verified in the pre-procedure area. Mental Status Examination: normal. Airway Examination: normal oropharyngeal airway. Respiratory Examination: clear to auscultation. CV Examination: normal. ASA Grade Assessment: II - A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use moderate sedation/analgesia. Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure. After obtaining informed consent, the bronchoscope was introduced through the right nostril and advanced to the tracheobronchial tree of both lungs. The procedure was accomplished without difficulty. The patient tolerated the procedure well.

### Findings:

- The nasopharynx/oropharynx appears normal. The larynx appears normal. The vocal cords appear normal. The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree of the right lung was examined to at least the first subsegmental level. Bronchial mucosa and anatomy in the right lung are normal; there are no endobronchial lesions, and no secretions.
- Left Lung Abnormalities: A partially obstructing mass was found 2 cm from the bifurcation (carina) in the left lower lobe. The mass was medium-sized and bloody, friable and fungating. The lesion was successfully traversed.
- Endobronchial biopsies were performed in the left lower lobe using a forceps and sent for cell count, bacterial culture, viral smears & culture, and fungal & AFB analysis and cytology. Two samples were obtained.
- Estimated blood loss: 10 mL, which was treated with electrocautery.

### Impression:

- Hemoptysis
- Hilar lymphadenopathy of the left side
- The right lung was normal.
- A bloody, friable and fungating mass was found in the left lower lobe. This lesion is likely malignant.
- An endobronchial biopsy was performed.

## Provation® MD Procedure Note Sample: [Pulmonology – Bronchoscopy](#)

### Recommendation:

- Await test results.
- Refer to/consult with Thoracic Surgery.

### Procedure Code(s):

— Professional —

31625, Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites

### Diagnosis Code(s):

— Professional —

R04.2, Hemoptysis

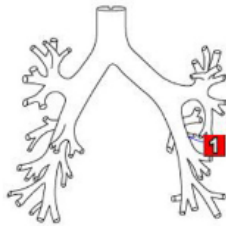
R59.9, Enlarged lymph nodes, unspecified

J98.9, Respiratory disorder, unspecified

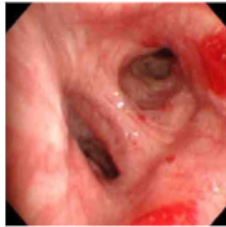
R91.8, Other nonspecific abnormal finding of lung field

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### Procedure Images:



Tracheobronchial Tree



1 Left Lower Lobe

Dr. Sample Signature

Demo Demonstration, MD  
06/14/16 11:05:13 AM

Sample note ends – all patient information used in this procedure note sample is fictional. Any resemblance to real persons, living or dead, is purely coincidental. Page 2 of 2

pro<sup>u</sup>vation®

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PULMD.PUL.DRNOTE.002283.19



**VA San Diego Healthcare System**  
**Pulmonary Section**

<b>Patient Name:</b>	Rogelio Sison	<b>Procedure Date:</b>	9/23/2025 2:22 PM
<b>MRN:</b>	570-74-4675	<b>SSN:</b>	570-74-4675
<b>Account #:</b>	3250923000200	<b>Date of Birth:</b>	12/29/1941
<b>Admit Type:</b>	Outpatient	<b>Age:</b>	83
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		

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**Procedure:** Bronchoscopy  
**Indications:** Atelectasis of the right lower lobe  
**Providers:** Jorge A. Munoz Pineda, MD (Doctor), Michael R. Hendricks, RN, Jamie Hohnstein, Technician (Technician)  
**Referring MD:**  
**Requesting Physician:**  
**Complications:** No immediate complications

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**Procedure:** After obtaining informed consent, the Olympus BF-1TH190 Bronchoscope serial #2328804 was introduced through the mouth and advanced to the tracheobronchial tree of both lungs. The procedure was accomplished without difficulty.

**Findings:**  
The oropharynx appears normal. The larynx appears normal. The vocal cords appear normal. The subglottic space is normal. The trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions. Hybrid scope used evaluate segmental airways in the RLL which confirmed no endobronchial lesions. EDAC >90% in RLL airway with coughing.  
Moderate clear to white secretions bilaterally.

Therapeutic suctioning was performed in the trachea, at the carina, in the right mainstem bronchus, in the left mainstem bronchus and in the bronchus intermedius. Mucus was removed from the airway.

The bronchoscope was advanced until wedged at the desired location for bronchoalveolar lavage. BAL was performed in the RML medial segment (B5) of the lung and sent for cell count, bacterial culture, viral smears & culture, and fungal & AFB analysis and cytology. 80 mL of fluid were instilled. 15 mL were returned. BAL was performed in the RLL lateral basal segment (B9) of the lung and sent for cell count, bacterial culture, viral smears & culture, and fungal & AFB analysis and cytology. 80 mL of fluid were instilled. 15 mL were returned. Minor mucosal bleeding from scope trauma controlled with iced saline.

**Impression:**

- Atelectasis of the right lower lobe
- The airway examination was normal.
- Therapeutic suctioning was performed.
- Bronchoalveolar lavage was performed.

**Recommendation:** RML nodules and RLL consolidation s/p BAL in both lobes.

Finalized

Jorge A. Munoz Pineda, MD  
9/23/2025 3:31:40 PM



**VA San Diego Healthcare System**  
**Pulmonary Section**

<b>Patient Name:</b>	Rogelio Sison	<b>Procedure Date:</b>	11/20/2025 7:19 AM
<b>MRN:</b>	570-74-4675	<b>SSN:</b>	570-74-4675
<b>Account #:</b>	3251120000201	<b>Date of Birth:</b>	12/29/1941
<b>Admit Type:</b>	Outpatient	<b>Age:</b>	83
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		
<b>Procedure:</b>	Bronchoscopy		
<b>Indications:</b>	Right lower lobe mass		
<b>Providers:</b>	Kerian Van Nostrand, MD (Doctor), Marcos A. Figueroa, RN, Ronald Knight, Technician (Technician), Jamie Hohnstein, Technician (Technician)		
<b>Referring MD:</b>			
<b>Requesting Physician:</b>			
<b>Medicines:</b>	General Anesthesia		
<b>Complications:</b>	No immediate complications		
<b>Procedure:</b>	<p>Pre-Anesthesia Assessment:</p> <p>- A History and Physical has been performed. Patient meds and allergies have been reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified prior to the procedure by the physician, the nurse, the anesthesiologist, the anesthetist and the technician in the procedure room. Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway and Mallampati Class I (tonsillar pillars visualized). Respiratory Examination: clear to auscultation. CV Examination: normal. ASA Grade Assessment: III - A patient with severe systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use general anesthesia. Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure.</p> <p>After obtaining informed consent, the Olympus BF-1TH190 Bronchoscope serial #2428908 was introduced through the nose, via the endotracheal tube (the patient was intubated for the procedure) and advanced to the tracheobronchial tree. the Olympus BF-UC190F Bronchoscope serial #7413392 was introduced through the and advanced to the. The procedure was accomplished without difficulty. The patient tolerated the procedure well.</p>		
<b>Findings:</b>			
<b>Lymph Nodes:</b>	Lymph node staging was performed via endobronchial ultrasound for suspected non-small cell lung cancer.		
	<ul style="list-style-type: none"><li>- The 11L (interlobar) node was 7 mm by EBUS and mildly hypermetabolic via PET scan. EBUS TBNA with 22 gauge vizi shot x4</li><li>- The 10L (hilar) node was 1 mm by EBUS.</li><li>- The 4L (lower paratracheal) node was 2 mm by EBUS.</li><li>- The 7 (subcarinal) node was 6 mm by EBUS. EBUS TBNA with 22 gauge vizi Shot needle x4</li><li>- The 4R (lower paratracheal) node was 6 mm by EBUS. EBUS TBNA with 22 gauge vizi shot needle x4</li><li>- The 11Rs (superior interlobar) node was 3 mm by EBUS.</li><li>- The 11Ri (inferior interlobar) node was 6 mm by EBUS. EBUS TBNA with 22 gauge vizi shot needle</li></ul>		
<b>ROSE findings</b>			
11L - lymphocytes			
4R lymphocytes			
7 lymphocytes			



**VA San Diego Healthcare System**  
*Pulmonary Section*

<b>Patient Name:</b>	Jay Laumer	<b>Procedure Date:</b>	7/24/2025 8:22 AM
<b>MRN:</b>	396-72-5129	<b>SSN:</b>	396-72-5129
<b>Account #:</b>	3250724000549	<b>Date of Birth:</b>	2/20/1959
<b>Admit Type:</b>	Outpatient	<b>Age:</b>	66
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		
<b>Procedure:</b>	Bronchoscopy		
<b>Indications:</b>	Chronic obstructive pulmonary disease, Empyema		
<b>Providers:</b>	Jorge A. Munoz Pineda, MD (Doctor), Maggie Lattos, RN, Elizabeth Brodie, RN, Crystal ann Hinton (Technician), Maria T. Rivas, Technician (Technician)		
<b>Referring MD:</b>			
<b>Requesting Physician:</b>			
<b>Complications:</b>	No immediate complications		
<b>Procedure:</b>	<p>Pre-Anesthesia Assessment:</p> <ul style="list-style-type: none"><li>- The History and Physical was reviewed prior to the procedure. The patient's medications, allergies and sensitivities have also been reviewed.</li><li>- The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained.</li></ul> <p>After obtaining informed consent, the Olympus BF-1TH190 Bronchoscope serial #2428900 was introduced through the mouth, via the endotracheal tube and advanced to the tracheobronchial tree of both lungs. The patient tolerated the procedure well.</p>		
<b>Findings:</b>	<p>The airways were inspected to the segmental level bilaterally. The RUL and RML had mild granulation tissue. The LUL had three endobronchial valves in place. The LB1/2 airway had a zephyr valve with the shoulders mildly misaligned with the airway. LB3 had a spiration valve that was well seated. LB4/5 had a spiration valve that was well seated. The remainder of the tracheobronchial tree is normal. Copious amounts of clear/gray mucus in the airways bilaterally, though most prominent in the LUL.</p> <p>Therapeutic suctioning was performed in the entire tracheobronchial tree. Mucus and mucus plugs were removed from the airway.</p> <p>The bronchoscope was advanced until wedged at the desired location for bronchoalveolar lavage. BAL was performed in the RML lateral segment (B4) of the lung and sent for cell count, bacterial culture, viral smears &amp; culture, and fungal &amp; AFB analysis. 60 mL of fluid were instilled. 10 mL were returned.</p> <p>The foreign body (LB1/2 zephyr valve) was successfully removed using forceps. The LB1/2 airway was noted to have a short landing strip, as such decision made to place valves into the subsegmental airways:</p> <p>LB2: Spiration 6.0 valve placed with good positioning</p> <p>LB1a (posterior branch of apical segment): Zephyr 4.0 regular placed but found to be protruding just past the isthmus of the airway so this valve was removed. Zephyr 4.0 low profile was placed with good positioning.</p> <p>LB1b (anterior branch of apical segment): Zephyr 4.0 regular placed with good positioning.</p>		
<b>Impression:</b>	COPD s/p LUL BLVR last week with no atelectasis here for valve revision. LB1/2 valve removed and replaced with three separate valves in subsegmental airways as above. Tolerated well.		
<b>Recommendation:</b>	<ul style="list-style-type: none"><li>- Admit to the hospital for 3 days for PTX monitoring</li><li>- cont home COPD meds</li><li>- start prednisone and azithromycin for AECOPD</li><li>- start guaifenesin 1200mg BID</li><li>- start albuterol + HTS nebs q8h for secretion clearance</li></ul>		



**VA San Diego Healthcare System**

*Pulmonary Section*

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<b>Patient Name:</b>	Jay Laumer	<b>Procedure Date:</b>	7/24/2025 8:22 AM
<b>MRN:</b>	396-72-5129	<b>SSN:</b>	396-72-5129
<b>Account #:</b>	3250724000549	<b>Date of Birth:</b>	2/20/1959
<b>Admit Type:</b>	Outpatient	<b>Age:</b>	66
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		

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Finalized

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Jorge A. Munoz Pineda, MD  
7/24/2025 10:26:52 AM

**Number of Addenda:** 0

**Note Initiated On:** 7/24/2025 8:22:19 AM



VA San Diego Healthcare System

*Pulmonary Section*

<b>Patient Name:</b>	Jay Laumer	<b>Procedure Date:</b>	7/15/2025 3:43 PM
<b>MRN:</b>	396-72-5129	<b>SSN:</b>	396-72-5129
<b>Account #:</b>	3250715000335	<b>Date of Birth:</b>	2/20/1959
<b>Admit Type:</b>	Inpatient	<b>Age:</b>	66
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		
<b>Procedure:</b>	Bronchoscopy		
<b>Indications:</b>	Emphysema, Empyema		
<b>Providers:</b>	Niral Patel, MD (Doctor), Sasha B. Bean, RN, Hazel Brown, LVN, Crystal ann Hinton (Technician)		
<b>Referring MD:</b>			
<b>Requesting Physician:</b>			
<b>Medicines:</b>	Lidocaine 2% applied to the tracheobronchial tree 2 mL, General Anesthesia		
<b>Complications:</b>	No immediate complications. Estimated blood loss: Minimal		
<b>Procedure:</b>	After obtaining informed consent, the Olympus BF-1TH190 Bronchoscope serial #2328804 was introduced through the nose, via the endotracheal tube (the patient was intubated for the procedure) and advanced to the tracheobronchial tree. The patient tolerated the procedure well.		
<b>Findings:</b>			
Suctioning was performed in the entire tracheobronchial tree and the airway was cleared.			
The foreign body was successfully removed using alligator forceps.			
The foreign body was successfully removed using alligator forceps.			
There were four right upper lobe zephyr valves, these were removed with alligator forceps.			
There were two right middle lobe zephyr valves, these were removed with alligator forceps.			
The bronchoscope was advanced until wedged at the desired location for bronchoalveolar lavage. BAL was performed in the left upper lobe and in the lingula of the lung and sent for cell count, bacterial culture, viral smears & culture, and fungal & AFB analysis and cytology. 60 mL of fluid were instilled. 30 mL were returned. The return was cellular.			
Balloon occlusion for evaluation of bronchial valve placement was performed in the left upper lobe of the lung using Chartis.			
Balloon occlusion for evaluation of bronchial valve placement was performed in the left lower lobe of the lung using Chartis.			
Lobar isolation was confirmed			
Measurements were taken with the measuring wand. A5.5 low profile Zephyr valve placed at the apico-posterior segment			





**VA San Diego Healthcare System**  
*Pulmonary Section*

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<b>Patient Name:</b>	Jay Laumer	<b>Procedure Date:</b>	7/15/2025 3:43 PM
<b>MRN:</b>	396-72-5129	<b>SSN:</b>	396-72-5129
<b>Account #:</b>	3250715000335	<b>Date of Birth:</b>	2/20/1959
<b>Admit Type:</b>	Inpatient	<b>Age:</b>	66
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		

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The sizing balloon was used and a size 7 Spiration valve was placed in the anterior segment

The sizing balloon was used and a size 7 Spiration valve was placed in the lingula, this did not fit well, so it was removed. A size 9 Spiration valve was placed and it fit better

**Impression:**

- Emphysema
- Suctioning was performed.
- Foreign body removal was successful. 4 valves removed from the right upper lobe
- Foreign body removal was successful. 2 valves removed from the right middle lobe
- Balloon occlusion was performed.
- Balloon occlusion was performed.
- Bronchoalveolar lavage was performed in the left upper lobe before valves were placed
- Three valves were placed in the left upper lobe and lingula. 1 Zephyr and 2 Spiration valves.

Finalized

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Niral Patel, MD

7/15/2025 5:52:21 PM

**Number of Addenda:** 0

**Note Initiated On:** 7/15/2025 3:43:00 PM





VA San Diego Healthcare System

Pulmonary Section

<b>Patient Name:</b>	Jay Laumer	<b>Procedure Date:</b>	5/28/2024 1:29 PM
<b>MRN:</b>	396-72-5129	<b>SSN:</b>	396-72-5129
<b>Account #:</b>	3240528000200	<b>Date of Birth:</b>	2/20/1959
<b>Admit Type:</b>	Outpatient	<b>Age:</b>	65
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		

**Procedure:** Bronchoscopy  
**Indications:** Chronic obstructive pulmonary disease  
**Providers:** Maggie Lattos, RN, Reginald Del Mundo, Technician (Technician), Mark Fuster, MD (Doctor), Russell J. Miller, MD (Doctor)

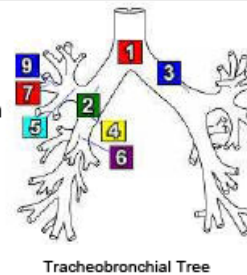
**Referring MD:**

**Requesting Physician:**

**Medicines:** Lidocaine 1% applied to the tracheobronchial tree 6 mL

**Complications:** None  
No immediate complications

**Procedure:** Pre-Anesthesia Assessment:  
- A History and Physical has been performed. Patient meds and allergies have been reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified prior to the procedure. Mental Status Examination: normal. ASA Grade Assessment: III - A patient with severe systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use general anesthesia. Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure.  
After obtaining informed consent, the Olympus B1TH190 Bronchoscope 2925658 was introduced through the mouth, via the endotracheal tube (the patient was intubated for the procedure) and advanced to the tracheobronchial tree. The procedure was accomplished without difficulty. The patient tolerated the procedure well. The total duration of the procedure was 1 hour (and 0 minutes).



**Findings:**

The endotracheal tube is in good position. The visualized portion of the trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal with the following exceptions. Within the RML there were two well placed pulmonX endobronchial valves. Within the right upper lobe there were Pulmonx valves in the apical and posterior segments which were well placed. There was significant mucous within the valves which was cleared with suction and saline lavage. Within the anterior segment there was an endobronchial valve in place but a side broach that was non-occluded slidgdy distal to the segment with the valve in place. A size 4 low profile PulmonX valve was inserted but subsequently removed due to distal placement and a size 4 regular valve was then inserted into the segment with excellent placement.



VA San Diego Healthcare System  
Pulmonary Section

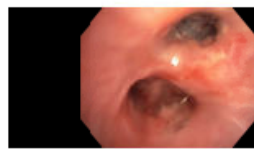
Patient Name: Jay Laumer  
MRN: 396-72-5129  
Account #: 3240528000200  
Admit Type: Outpatient  
Room: Procedure Room #1  
Note Status: Finalized

Procedure Date: 5/28/2024 1:29 PM  
SSN: 396-72-5129  
Date of Birth: 2/20/1959  
Age: 65  
Gender: Male

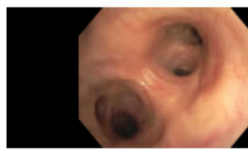
Add'l Images:



1 Trachea



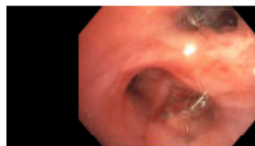
2 Right mainstem bronchus



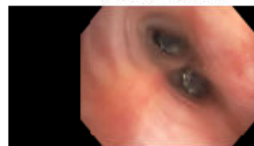
3 Left mainstem bronchus



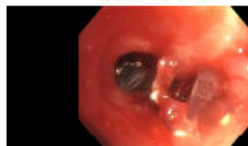
4 Right mainstem bronchus



5 Right upper lobe



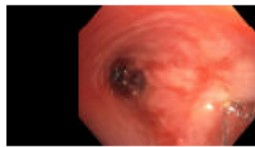
6 Right middle lobe



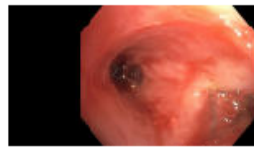
7 Right upper lobe



8



9 Right upper lobe



10

Impression: - Chronic obstructive pulmonary disease  
- Successful insertion of PulmonX endobronchial valve into RUL anterior segment  
- No specimens collected.

Recommendation: Admit to ICU for post-valve monitoring

Electronically signed by Dr. Mark Fuster M.D.

Mark Fuster, MD  
5/29/2024 3:58:37 PM

Number of Addenda: 0

Note Initiated On: 5/28/2024 1:29:08 PM

Russell J. Miller, MD



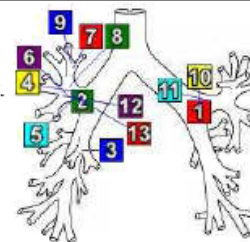
**VA San Diego Healthcare System**  
**Pulmonary Section**

<b>Patient Name:</b>	Jay Laumer	<b>Procedure Date:</b>	1/4/2024 7:50 AM
<b>MRN:</b>	396-72-5129	<b>SSN:</b>	396-72-5129
<b>Account #:</b>	3240104000202	<b>Date of Birth:</b>	2/20/1959
<b>Admit Type:</b>	Inpatient	<b>Age:</b>	64
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		

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<b>Procedure:</b>	Bronchoscopy
<b>Indications:</b>	Chronic obstructive pulmonary disease
<b>Providers:</b>	Niral Patel, MD (Doctor), Aimee G. Ramos, RN, Ronald Knight, Technician (Technician), Reginald Del Mundo, Technician (Technician)
<b>Referring MD:</b>	
<b>Requesting Physician:</b>	
<b>Medicines:</b>	Lidocaine 1% applied to cords 8 mL, General Anesthesia
<b>Complications:</b>	No immediate complications. Estimated blood loss: Minimal

**Procedure:** After obtaining informed consent, the Olympus B1TH190 Bronchoscope 2925658 was introduced through the nose, via the endotracheal tube (the patient was intubated for the procedure) and advanced to the tracheobronchial tree. The procedure was accomplished without difficulty.



Tracheobronchial Tree

**Findings:**

The endotracheal tube is in good position. The visualized portion of the trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions, and no secretions.

The foreign body was successfully removed using alligator forceps from the RUL apical, anterior, and posterior segments, the Zephyr endobronchial valves were removed as they were clogged with mucus. These valves were sent for culture.

The bronchoscope was advanced until wedged at the desired location for bronchoalveolar lavage. BAL was performed in the right upper lobe of the lung and sent for cell count, bacterial culture, viral smears & culture, and fungal & AFB analysis and cytology. 60 mL of fluid were instilled. 30 mL were returned. The return was cellular.

Endobronchial biopsies were performed in the right upper lobe using a forceps and sent for histopathology examination. Four samples were obtained.

Zephyr Endobronchial valves were placed after measurements were taken with the measuring wands.

RUL Posterior size 5.5 low profile

RUL Anterior size 4 low profile

RUL Apical size 5.5 low profile



**VA San Diego Healthcare System**  
**Pulmonary Section**

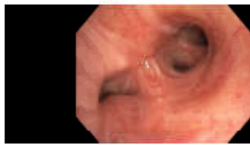
**Patient Name:** Jay Laumer  
**MRN:** 396-72-5129  
**Account #:** 3240104000202  
**Admit Type:** Inpatient  
**Room:** Procedure Room #1  
**Note Status:** Finalized

**Procedure Date:** 1/4/2024 7:50 AM  
**SSN:** 396-72-5129  
**Date of Birth:** 2/20/1959  
**Age:** 64  
**Gender:** Male

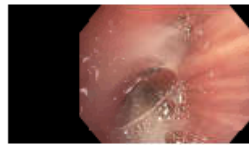
The opening and closing of valves were visualized.

Chartis testing was performed in the Left upper lobe, no collateral ventilation was noted

**Add'l Images:**



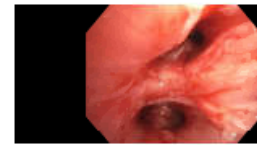
**1** Left mainstem bronchus



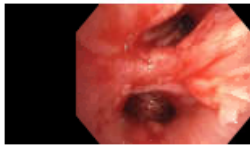
**2** Right upper lobe valves with mucus



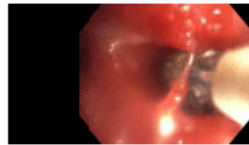
**3** Right middle lobe after clearing mucus



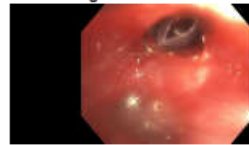
**4** Right upper lobe valves removed



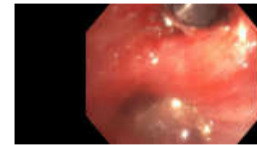
**5** Right upper lobe valves removed



**6** Right upper lobe, deploying valves



**7** Right upper lobe apical valve opening



**8** Right upper lobe apical and posterior valves



**9** Right upper lobe with valves



**10** Left mainstem bronchus



**11** Left upper lobe Chartis



**12** Right upper lobe Anterior and Posterior valves



**13** Right upper lobe Anterior and Posterior valves

**Impression:**

- Chronic obstructive pulmonary disease
- The airway examination was normal.
- Foreign body removal was successful.
- Bronchoalveolar lavage was performed.
- An endobronchial biopsy was performed.
- Right upper lobe endobronchial valves were removed and replaced
- Right middle lobe valves were cleared of secretions/mucus



**VA San Diego Healthcare System**  
*Pulmonary Section*

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<b>Patient Name:</b>	Jay Laumer	<b>Procedure Date:</b>	1/4/2024 7:50 AM
<b>MRN:</b>	396-72-5129	<b>SSN:</b>	396-72-5129
<b>Account #:</b>	3240104000202	<b>Date of Birth:</b>	2/20/1959
<b>Admit Type:</b>	Inpatient	<b>Age:</b>	64
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		

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Finalized

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Niral Patel, MD  
1/4/2024 10:06:18 AM

**Number of Addenda:** 0

**Note Initiated On:** 1/4/2024 7:50:02 AM



**VA San Diego Healthcare System**

**Pulmonary Section**

<b>Patient Name:</b>	Jay Laumer	<b>Procedure Date:</b>	7/6/2023 7:50 AM
<b>MRN:</b>	396-72-5129	<b>SSN:</b>	396-72-5129
<b>Account #:</b>	3230706000201	<b>Date of Birth:</b>	2/20/1959
<b>Admit Type:</b>	Outpatient	<b>Age:</b>	64
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		

**Procedure:** Bronchoscopy  
**Indications:** Abnormal CT scan of chest  
**Providers:** Niral Patel, MD (Doctor), Maricruz R. Diega, RN, Jon Muzquiz, Technician (Technician), Crystal ann Hinton (Technician)

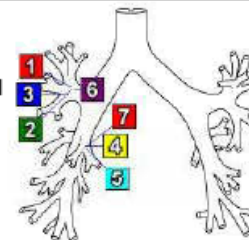
**Referring MD:**

**Requesting Physician:**

**Medicines:** Lidocaine 2% applied to the tracheobronchial tree 8 mL

**Complications:** No immediate complications

**Procedure:** After obtaining informed consent, the Olympus BF-1TH190 Bronchoscope 2925640 was introduced through the mouth, via the endotracheal tube (the patient was intubated for the procedure) and advanced to the tracheobronchial tree. The procedure was accomplished without difficulty.



Tracheobronchial Tree

**Findings:**

The endotracheal tube is in good position. The visualized portion of the trachea is of normal caliber. The carina is sharp. The tracheobronchial tree was examined to at least the first subsegmental level. Bronchial mucosa and anatomy are normal; there are no endobronchial lesions, and no secretions.

The bronchoscope was advanced until wedged at the desired location for bronchoalveolar lavage. BAL was performed in the RUL anterior segment (B3) of the lung and sent for cell count, bacterial culture, viral smears & culture, and fungal & AFB analysis and cytology. 90 mL of fluid were instilled. 30 mL were returned. The return was cellular.

Chartis was performed, there was collateral ventilation in the Right upper lobe, but there was not in the Right lower lobe when it was isolated.

Zephyr valves were placed for COPD.

Right upper lobe apical: J catheter, size 4 low profile

Right upper lobe posterior: straight catheter, size 4 low profile

Right upper lobe anterior: straight catheter, size 4 regular profile



**VA San Diego Healthcare System**  
**Pulmonary Section**

<b>Patient Name:</b>	Jay Laumer	<b>Procedure Date:</b>	7/6/2023 7:50 AM
<b>MRN:</b>	396-72-5129	<b>SSN:</b>	396-72-5129
<b>Account #:</b>	3230706000201	<b>Date of Birth:</b>	2/20/1959
<b>Admit Type:</b>	Outpatient	<b>Age:</b>	64
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		

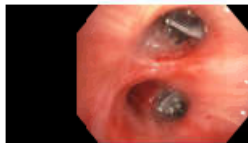
Right middle lobe medial: straight catheter, size 4 low profile  
Right middle lobe lateral: straight catheter, size 4 low profile

Valves in good position and opening/closing appropriately.

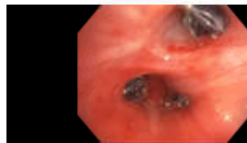
**Add'l Images:**



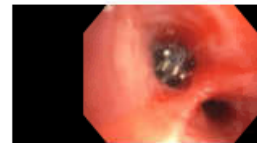
**1** Right upper lobe



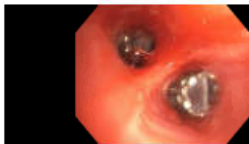
**2** Right upper lobe



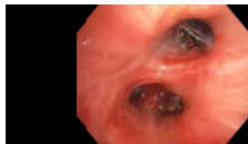
**3** Right upper lobe



**4** Right middle lobe



**5** Right middle lobe



**6** Right upper lobe



**7** Right middle lobe

**Impression:**

- Abnormal CT scan of chest
- The airway examination was normal.
- Bronchoalveolar lavage was performed.
- Zephyr endobronchial valves placed in the RUL and RML.

Finalized

Niral Patel, MD  
7/6/2023 10:16:53 AM

**Number of Addenda:** 0

**Note Initiated On:** 7/6/2023 7:50:07 AM





VA San Diego Healthcare System

*Pulmonary Section*

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<b>Patient Name:</b>	Rogelio Sison	<b>Procedure Date:</b>	11/20/2025 7:19 AM
<b>MRN:</b>	570-74-4675	<b>SSN:</b>	570-74-4675
<b>Account #:</b>	3251120000201	<b>Date of Birth:</b>	12/29/1941
<b>Admit Type:</b>	Outpatient	<b>Age:</b>	83
<b>Room:</b>	Procedure Room #1	<b>Gender:</b>	Male
<b>Note Status:</b>	Finalized		

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11Ri lymphocytes

Transbronchial biopsies of a solid mass were performed in the superior segment of the right lower lobe an Olympus ViziShot 2 22 gauge needle and sent for routine cytology. The procedure was guided by ultrasound. Ten biopsy passes were performed. Ten biopsy samples were obtained.

ROSE + for cell suggestive of malignancy

BAL was performed with 90 ml instilled into the RLL superior segment with 20 ml and clot aspirated.

**Impression:**

- Right lower lobe mass
- Systematic lymph node staging was performed.
- Lymph node sizing and sampling was performed.
- Transbronchial lung biopsies were performed.

**Recommendation:** - Await BAL and biopsy results.

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Keriann Van Nostrand, MD

11/20/2025 10:19:10 AM

**Number of Addenda:** 0

**Note Initiated On:** 11/20/2025 7:19:44 AM

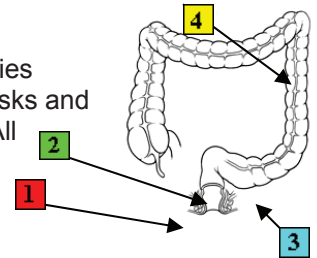
## General Hospital – Sample GI Note

**Patient Name:** Mabel Davis  
**Procedure Date:** 01/02/2011 10:35:00  
**Date of Birth:** 12/26/1972  
**Admit Type:** Outpatient  
**Note Status:** Finalized

**Gender:** F  
**MRN:** 084985  
**Age:** 38  
**Account #:** 568945  
**Attending MD:** John H. White

**Procedure:** Colonoscopy  
**Indications:** Hematochezia, Personal history of colonic polyps  
**Providers:** John H. White MD, Kevin P. Taylor MD (Fellow)  
**Referring MD:** William Jones, MD  
**Medications:** Midazolam 2 mg IV, Fentanyl 100 mcg IV  
**Procedure:**

Patient identification and proposed procedure were verified by physician and the nurse in the pre-procedure area. A History and Physical has been performed, and patient medication allergies have been reviewed. The patient's tolerance of previous anesthesia has been reviewed. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway and neck mobility. Respiratory Examination: clear to auscultation. CV Examination: RRR, no murmurs, no S3 or S4. ASA Grade Assessment: P1 A normal healthy patient. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use moderate sedation/analgesia (conscious sedation). Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure. After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The colonoscope was introduced through the anus and advanced to the cecum, identified by appendiceal orifice & IC valve. The quality of the prep was good. The patient tolerated the procedure well.



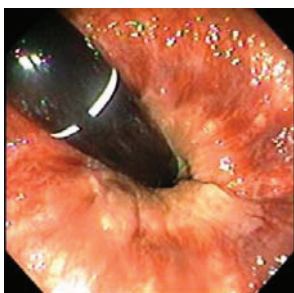
### Findings:

A benign appearing sessile, non-bleeding polyp was found in the rectum. The polyp was 5 mm in size. The polyp was removed with a saline injection-lift technique using the cold snare. Resection and retrieval were complete. Estimated blood loss was minimal.

A pedunculated, non-bleeding polyp was found in the sigmoid colon. The polyp was 7 mm in size. The polyp was removed with a hot forceps. Resection and retrieval were complete. Estimated blood loss was minimal.

Multiple large-mouthed diverticula were found in the descending colon.

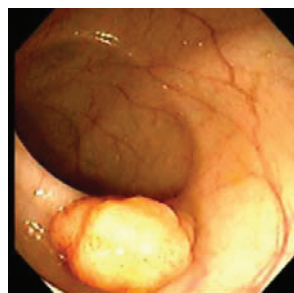
Non-bleeding prolapsed internal hemorrhoids were found on retroflexion and were Grade II (internal hemorrhoids that prolapse but reduce spontaneously).



**1** Rectum/Hemorrhoids



**2** Rectum/Polyp



**3** Sigmoid Colon/Polyp



**4** Descending Colon/Diverticula

**Patient Name:** Mabel Davis  
**Procedure Date:** 01/02/2011 10:35:00  
**Date of Birth:** 12/26/1972  
**Admit Type:** Outpatient  
**Note Status:** Finalized

**Gender:** F  
**MRN:** 084985  
**Age:** 38  
**Account #:** 568945  
**Attending MD:** John H. White

**Impression:**

- One 5 mm benign appearing polyp in the rectum. Resected and retrieved.
- One 7 mm polyp in the sigmoid colon. Resected and retrieved.
- Diverticulosis of the descending colon.
- Internal hemorrhoids were found.

**Recommendation:**

- High fiber diet.
- Await pathology results.
- Repeat colonoscopy for surveillance in 3 years.
- The findings and recommendations were discussed with the patient.

**CPT® Code(s):**

45385, Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique  
45384, 59, Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery  
45381, Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance

**ICD Code(s):**

211.4, Benign neoplasm of rectum and anal canal  
211.3, Benign neoplasm of colon  
562.10, Diverticulosis of colon (without mention of hemorrhage)  
455.2, Internal hemorrhoids with other complication  
578.1, Blood in stool  
V12.72, Personal history of colonic polyps

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E-signed by John H. White, MD

John H. White, MD  
Signed Date: 01/02/2011 11:35:05  
Number of Addenda: 0  
Note generated on: 1/02/2011

E-signed by Kevin P. Taylor, MD

Kevin P. Taylor, MD  
Signed Date: 01/02/2011 11:35:05