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History of Present Illness

Consult date: 12/29/22

History of present illness:

Patient was seen for Dr. Baklajan:

This is an 90 yo pleasant female with a PMH of HTN, moderate AS, mild MR and TR, LVEF of 65-70%, chronic diastolic dysfunction, chronic bifascicular block, ESRD maintained on HD M/W/F, anemia of chronic renal disease, DM2, rectal bleed secondary to bleeding hemorrhoids, who presented to ER due to dyspnea on exertion.

Patient states began to feel sob on Sunday while was in her son's house. She walked 2 flight of stairs and noted developing worsening sob. She took her diuretic that she is scheduled to take on off HD days. On Monday she had her scheduled HD and Tuesday again could not breathe. She also noted more frequent urination. Patient denies any chest pain, palpitations, dizziness or diaphoresis. EKG on admission revealed NSR at 91bpm with noted chronic bifascicular block, no acute changes noted.

Initial lab work was significant for no leukocytosis, chronic stable anemia with Hgb of 10.4, Na 136, hyperkalemia at 6.0, BUN 69, Cr 7.17, lactic acid wnl at 0.60, normal liver function except borderline elevated alk ph at 129, blood glucose 184. CXR revealed mild chronic scarring or atelectasis at the left lung base. CT chest without IV contrast revealed no acute consolidation. New small right pleural effusion. Stable pulmonary nodules. Respiratory PCR was negative for COVID-19 and influenza. UA - HC negative, contaminated. BG is negative to date.

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