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November 7, 2011

Mahmoud Yassin, M.D.
115 West Lacey Road
P.O. Box 537
Forked River, NJ 08731

Re: Justine Kukowski
DOB: 06/06/1997

Dear Dr. Yassin:

I had the pleasure of seeing your patient, Justine, for cardiac assessment today. As you will recall, she is the 14-5/12-year-old adolescent female we had the opportunity to meet back in July 2002. She had been referred for evaluation of a murmur, and our evaluation revealed a physiologic murmur, though a mediastinal mass was incidentally identified. She was referred to The Children's Hospital of Philadelphia and underwent surgical resection. She has done well clinically since that time. She is not reported to be a very athletic young person, and seems to prefer a more sedentary lifestyle. When she tried her hand at track and field recently conceding that she does not like to run, she experienced some shortness of breath. She was seen in your office because of this concern, and you once again noted the presence of a murmur. It was in this setting that she was referred for reassessment.

On physical exam, Justine's weight was 114-1/2 pounds and her height was 66 inches. Vital signs included a resting heart rate which ranged from 85 to 115 beats per minute while very apprehensive, respiratory rates in the low to mid 20s, and blood pressure in the right upper extremity was initially 132/68 mmHg. Follow up assessment at the conclusion of our evaluation revealed a blood pressure of 118/62 mmHg. She was warm, pink, well perfused, and in no acute distress. Good bilateral air entry was audible. She had a regular rate and rhythm with a normal S1 and S2. There was no significant ectopy or displacement of the PMI. There was a soft very slightly vibratory grade 2/6 nonspecific systolic flow murmur noted along the left mid and left upper sternal border. Diastole was clear at this heart rate. Pulses were 2+ and symmetric. Abdominal examination was benign.

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P2

Kukowski

An electrocardiogram was performed today, which had a significant amount of recording artifact present, as the patient could not calm down. She was mildly tachycardic at 96 to 106 beats per minute, with a normal sinus rhythm. There were diffuse nonspecific ST segment changes, which cannot really be appropriately interpreted in the setting of the artifact. An echocardiogram was performed today, which is more comprehensively reported under separate cover, which essentially demonstrated grossly normal segmental anatomy and function.

It is my impression that Justine is presently stable from a cardiac standpoint. She has a physiologic murmur noted on exam, but there is no evidence of any significant structural or functional heart disease at this time. She does not require SBE prophylaxis or restrictions of activity from a cardiac standpoint. She has not been scheduled for reassessment, but certainly we would be happy to see her at anytime at your discretion if the need should arise.

Dr. Yassin, please allow me to thank you for the opportunity to have participated in the care of your patient today. Please know that we welcome your phone calls at any time if there are ever any problems or questions.

Sincerely,



11/8/2011 8:35:59 PM

Elsa Imelda Castro, M.D., F.A.A.P., F.A.C.C.

EIC/CMG

DICTATED BUT NOT READ

Job #: 132458064

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