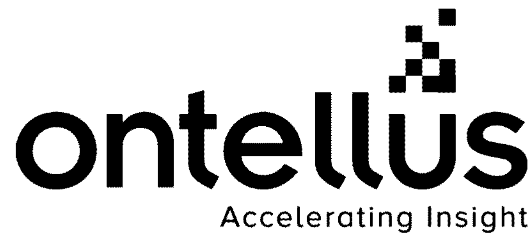


Please note:
This file may contain sensitive information that we are not legally authorized to redact per ***California Business and Professions Code § 22458.***

Additionally, the copy or copies following this page may be difficult to read.

We have done our best to produce a legible copy of any original documents that were not in good condition.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION APPEALS BOARD

ADEL HANNA
DOB: 3/29/1946
SSN: XXX-XX-XXXX

AKA:
DOB:
SSN:

VS.

CALIFORNIA INSTITUTION FOR MEN , STATE FUND - RIVERSIDE - STATE CONTRACTS

Case No: ADJ15547702
(IF APPLICATION HAS BEEN FILED, CASE NUMBER MUST BE INDICATED REGARDLESS OF DATE OF INJURY)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the above Case No. or attaching copy of the subpoena.)

NO PERSONAL APPEARANCE NECESSARY

Please refer to the In Bold summary description found below to identify the documents requested by this Subpoena

The People of the State of California Sends Greetings to: ***Custodian Of Records***

ELITE CARDIOLOGY

WE COMMAND YOU to appear before **A NOTARY PUBLIC**

At **ONTELLUS, 27450 Ynez Road, Suite 300, Temecula, CA 92591-4680**

On the 09th day of February , 2023 , at 9 o'clock A. M. to testify in the above-entitled matter and to bring with you and produce the following described documents:

ANY AND ALL MEDICAL/TREATMENT RECORDS PERTAINING TO THE CARE, TREATMENT AND EXAMINATION OF CLAIMANT/APPLICANT REGARDLESS OF TIME PERIOD WHEN SERVICES WERE RENDERED. ***INCLUDING RECORDS OF DR LARRY CHAN***

(Do not produce X-rays unless specifically mentioned above.)

For failure to attend as required, you may be deemed guilty of a contempt and liable to pay to the parties aggrieved all losses and amages sustained thereby and forfeit one hundred dollars in addition thereto.
This subpoena is issued at the request of the person making the declaration on the reverse hereof, or on the copy which is served herewith.

Date 01/25/2023

WORKERS' COMPENSATION APPEALS BOARD OF THE STATE OF CALIFORNIA

Workers Compensation Judge

Records copied and submitted to the designated court by ONTELLUS will be deemed as full compliance with this Subpoena.

CC: NATALIA FOLEY ESQ
295923

FOR INJURIES OCCURING ON OR AFTER JANUARY 1, 1990 AND BEFORE, JANUARY 1, 1994:

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

SEE REVERSE SIDE
[SUBPOENA INVALID WITHOUT DECLARATION]

Order Ref #: 1957041

You may fully comply with this subpoena by mailing the records described (or authenticated copies, Evid Code 1561) to the person and place stated above within ten (10) days of the date of service of this subpoena.
This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or City Police Department unless accompanied by notice from this Board that deposit of witness fee has been made in accordance with Government Code 68097.2 et seq.

DWC WCAB 32 (Slide 1) (REV. 06/18)

DECLARATION FOR SUBPOENA DUCES TECUM

Case No.: ADJ15547702

STATE OF CALIFORNIA, County of **RIVERSIDE**

The undersigned states:
That he / she is (one of) the representative(s) for the defendant in the action captioned on the reverse hereof.

That ELITE CARDIOLOGY has in his / her possession or under his / her control the documents described on the reverse hereof.
That said documents are material to the issues involved in the case for the following reason:
To determine present and/or past physical condition; nature, extent and duration of sickness; injury, disability and/or necessity of further treatment.

☐ **Declaration for Injuries on or After January 1, 1990 and before January 1, 1994**

That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by the dependant(s) of the decedent, and that a true copy of the form filed is attached hereto. (Check Box if applicable and part of declaration below, See instructions on front of subpoena.)

I declare under penalty of perjury that the forgoing is true and correct.

Executed on 01/25/2023, at Temecula, California

Signature	ONTELLUS, 27450 Ynez Road, #300 Address	(951) 694-5770 Telephone

ONTELLUS FOR:
THE INSURANCE CARRIER:
/S/

STATE FUND - RIVERSIDE - STATE CONTRACTS
DIANA MUNOZ
PO BOX 65005 ATTN: CLAIMS PROCESSING
FRESNO, CA 93650-5005
(888) 782-8338

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of: ______________________

I, the undersigned, state that I served the forgoing subpoena by showing the original and delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons , personally, at the date and place set forth opposite each name.

Name of Person Served	Date	Place
	January, 25 2023	

I declare under penalty of perjury that the forgoing is true and correct.

Executed on ________ at UPLAND, California

____
Signature

ADEL HANNA, ELITE CARDIOLOGY

Order Ref #: **1957041**

DWC WCAB 32 (Slide 2) (REV. 06/18)

SUBP-025

ATTORNEY OR PARTY WITHOUT ATTORNEY (*Name and Address*): DIANA MUNOZ STATE FUND - RIVERSIDE - STATE CONTRACTS PO BOX 65005 ATTN: CLAIMS PROCESSING FRESNO, CA 93650-5005 (888) 782-8338 ATTORNEY FOR (*Name*): CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	*FOR COURT USE ONLY*
NAME OF COURT: WCAB - SAN BERNARDINO STREET ADDRESS: 464 W 4TH ST STE 239 CITY AND ZIP CODE: SAN BERNARDINO, CA 92401-1411 BRANCH NAME: SAN BERNARDINO DISTRICT OFFICE	
PLAINTIFF/PETITIONER: ADEL HANNA DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN / STATE FUND - RIVERSIDE - STATE CONTRACTS	CASE NUMBER: ADJ15547702
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION **(Code Civ. Proc., §§ 1985.3, 1985.6)**	

NOTICE TO CONSUMER OR EMPLOYEE

TO (*name*): ADEL HANNA **VIA HIS/HER ATTORNEY OF RECORD**

1. PLEASE TAKE NOTICE THAT **REQUESTING PARTY** (*name*): **DIANA MUNOZ, STATE FUND - RIVERSIDE - STATE CONTRACTS**
   SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (*specify date*):02/09/2023

The records are described in the subpoena directed to (*specify name and address of person or entity from whom records are sought*): **ELITE CARDIOLOGY 685 NORTH 13TH AVE ST #1 ATTN: MEDICAL RECORDS UPLAND, CA 91786**

A copy of the subpoena is attached.

2. IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED, IN ITEM a. OR b. BELOW:
   a. If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
   b. If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
3. YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 01/25/2023

DIANA MUNOZ ▶ /S/ DIANA MUNOZ

(TYPE OR PRINT NAME) (SIGNATURE OF ☑ REQUESTING PARTY ☐ ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

1. ☐ I object to the production of all of my records specified in the subpoena.
2. ☐ I object only to the production of the following specified records:

3. The specific grounds for my objection are as follows:

Date:

▶

(TYPE OR PRINT NAME) (SIGNATURE)

(Proof of service on reverse)

SUBP-025

PLAINTIFF/PETITIONER: ADEL HANNA DEFENDANT/RESPONDENT: CALIFORNIA INSTITUTION FOR MEN	CASE NUMBER: ADJ15547702

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
(Code Civ. Proc., §§ 1985.3,1985.6)

☐ **Personal Service** ☒ **Mail** Order #: 1957041

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows *(check either a or b)*:
   a. ☐ **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:
      (1) Name of person served:
      (2) Address where served:
      (3) Date served:
      (4) Time served:
   b. ☒ **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
      (1) Name of person served : WORKERS DEFENDERS ANAHEIM /Opposing Counsel
      (2) Address: NATALIA FOLEY (295923) State Bar
      8018 E SANTA ANA CANYON RD STE 100-215 ANAHEIM, CA 92808
      (3) Date of mailing: 01/25/2023
      (4) Place of mailing *(city and state)*: Temecula, CA
      (5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.
   c. My residence or business address is *(specify)*: ONTELLUS, 27450 Ynez Rd, Temcula CA 92591
   d. My phone number is *(specify)*: (800) 660-1107

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: 01/25/2023

Jeannie Gosiengfiao
(TYPE OR PRINT NAME OF PERSON WHO SERVED)

▶ [signature]
(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
(Code Civ. Proc., §§ 1985.3,1985.6)

☐ **Personal Service** ☐ **Mail**

1. At the time of service I was at least 18 years of age and not a party to this legal action.
2. I served a copy of the *Objection to Production of Records* as follows *(complete either a or b)*:
   a. ON THE REQUESTING PARTY
      (1) ☐ **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
         (i) Name of person served:
         (ii) Address where served:
         (iii) Date served:
         (iv) Time served:
      (2) ☐ **Mail.** I deposited the *Objection to Production of Records in* the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
         (i) Name of person served:
         (ii) Address:
         (iii) Date of mailing:
         (iv) Place of mailing *(city and state)*:
         (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
   b. ON THE WITNESS
      (1) ☐ **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
         (i) Name of person served:
         (ii) Address where served:
         (iii) Date served:
         (iv) Time served:
      (2) ☐ **Mail.** I deposited the *Objection to Production of Records in* the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
         (i) Name of person served:
         (ii) Address:
         (iii) Date of mailing:
         (iv) Place of mailing *(city and state)*:
         (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
3. My residence or *business* address is *(specify)*:
4. My phone number is *(specify)*:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date: 01/25/2023

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

▶
(SIGNATURE OF PERSON WHO SERVED)

Ontellus
Accelerating Insight

DECLARATION OF CUSTODIAN OF RECORDS

REGARDING: ADEL HANNA
DOB : 3/29/1946
SSN : XXX-XX-XXXX

AKA :
DOB :
SSN :

LOCATION: ELITE CARDIOLOGY

ORDER REF #:

1957041 CNR

****************************** THIS FORM MUST BE SIGNED & RETURNED WHETHER OR NOT YOU HAVE RECORDS. ****************************** THANK YOU!

I, the undersigned, being the duly authorized Custodian of Records, or other qualified witness, and having authorization to certify the records declare:

[X] **CERTIFICATE OF RECORDS COPIED:** *All records* requested by the attached Subpoena Duces Tecum / Authorization / Notice of Deposition were produced and delivered to ONTELLUS for duplication and conform to the Health Insurance Portability and Accountability Act.No records or documents have been withheld or removed from this file. If items have been omitted, please explain:

____

[ ] **CERTIFICATE OF NO RECORDS:** A thorough search of our files, carried out under my direction and control revealed no documents requested in the attached Subpoena Duces Tecum / Authorization / Notice of Deposition. It is understood that records could exist under another name, spelling or classification but that with the information furnished, no such records could be found. ***(Please check appropriate box(es) below)***

[ ] Medical Records [ ] Billing [ ] X-Rays / Films [ ] Employment [ ] Other

Requested documents have been:
[ ] Lost / Misplaced [ ] Never Existed [ ] Destroyed after ______years
[ ] Other Comments______________________________

I certify under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed on 2/2/23 at, (city/state) Upland, CA
Signature [signature] Print Name Sandra Saucedo
Phone Number 909.981.8282

ONTELLUS, 27450 YNEZ ROAD SUITE 300 TEMECULA, CA 92591-4680
www.ontellus.com lab@ontellus.com
Phone (800) 660-1107 FAX (951) 595-4875
Phone (951) 694-5770

Ref#: 1957041

PATIENT
ADEL HANNA
DOB 03/29/1946
AGE 76 yrs
SEX Male
PRN HA669047

H N/A
M (949) 244-7759
W N/A
E N/A
5688 COUSINS PL.
RANCHO CUCAMONGA, CA 91737

ELITE CARDIOLOGY GROUP
T (909) 981-8383
F (909) 608-0289
685 NORTH THIRTEENTH AVENUE
UPLAND, CA 91786

Referrals/Response Letter

To: Ontellus Ontellus
From: Sandra Saucedo
Sent: 03/15/2023 16:42:21
Subject: Patient Referral
Regarding: Adel Hanna

order ref # 1957041

Sincerely,

Sandra Saucedo

Diagnoses

TYPE	CODE	DESCRIPTION	START/STOP
ICD-10	R07.9	Chest pain, unspecified	N/A -
ICD-10	I10	Essential (primary) hypertension	N/A -
ICD-10	R06.02	Shortness of breath	N/A -
ICD-10	R55	Syncope and collapse	N/A -
ICD-10	Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system	N/A -
ICD-10	I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris	N/A -

Active Medications for Adel Hanna

MEDICATION	SIG	START/STOP	ASSOCIATED DX
amLODIPine Besylate 10 MG Oral Tablet - Amlodipine Besylate Oral Tablet 10 MG	Take 1 tablet (10 mg) by mouth daily	N/A -	
Lipitor 40 MG Oral Tablet - Atorvastatin Calcium Oral Tablet 40 MG	Take 1 tablet (40 mg) by mouth daily	N/A -	
Losartan Potassium 50 MG Oral Tablet - Losartan Potassium Oral Tablet 50 MG	Take 1 tablet (50 mg) by mouth 2 times per day	N/A -	
Pantoprazole Sodium 40 MG Oral Tablet Delayed Release - Pantoprazole Sodium Oral Tablet Delayed Release 40 MG	Take 1 tablet (40 mg) by mouth daily	N/A -	
Colchicine 0.6 MG Oral Tablet - Colchicine Oral Tablet 0.6 MG	Take 1 tablet (0.6 mg) by mouth daily	N/A -	
Effient 10 MG Oral Tablet - Prasugrel HCl Oral Tablet 10 MG	1 tab daily	N/A -	

There is no allergy history recorded for this patient

Encounter - 09/23/2022

SEEN BY	SEEN ON
Larry Chan D.O.	09/23/2022

HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
67.0 in	160.0 lbs	25.1	124/82

TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	85.0 bpm	16.0 rpm	N/A

CC

Patient is here for a 1 month follow up.
(Appt time: 9/23/2022 3:00:00 PM) (Arrival time: 2:55 PM)

S

PCP - Abraham Chen

Dr. Hanna is a very pleasant 75 year old gentleman who presents with 5 days of chest pain. He describes a 6/10 chest pressure substernally located with radiation to his neck with associated SOB but no associated palpitations, diaphoresis or nausea. No alleviating or aggravating factors. The episode is on going. The episode started when he was at rest.

He had a 2D echo which revealed EF of 65-70% with mildly dilated aortic root with 4.2 cm and trace AI. He had a lexiscan stress test which revealed no reversible defects.

On 12/2/21 at 1016 PM he was sitting down and watching TV and stood up and felt dizzy. He had a syncope episode. He hit his head and required to get stitches at the urgent care for SARH. He does not recall the events afterwards. He has never had syncope episode before. He checked his own blood pressure and was found to have SBP in the 170's. He has been taking his atenolol on a daily basis.

1/18/22: He had an event monitor which revealed no PAC's, no PVC's and no significant arrhythmias

He had a LHC which revealed 70% tandem lesions in the proximal to mid LAD S/P successful 3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation and a 70% mid LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to mid LAD and 70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific Synergy Drug Eluting Stent implantation.

Currently he still feels stressed at work. He denies any CP, SOB, palpitations or LE edema. He denies any wrist complaints.

3/9/22: He is having chest discomfort that he believes is due to GERD and stress. He went back to work earlier and feels even more stress at this time. He is feeling like he is going to choke in his throat. The chest pain he describes is different compared to prior to his PCI. We will give him protonix to see if any improvement in his symptoms.

7/20/22: He currently presents with 1 day of chest pain. He describes a 9/10 chest pressure substernally located with radiation to right shoulder and right arm with associated SOB and nausea but no associated palpitations or dipahoresis. No alleviating or aggravating factors. The episode lasted for 20 minutes. The episode started when he was at rest.
8/16/22: He went to SARH for chest pain and he had LHC which revealed 70% hazy mid LAD stenosis S/P successful 2.75 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation.
He had a total of 3 episodes of chest discomfort since the PCI. This occurred when he was asleep. He states he gets SOB as well and he has to stand up to get the SOB to be resolved. We will change Brilinta to Effient and start on colchicine to see if any improvement in his chest discomfort.
9/23/22: 2 weeks ago he was getting a COVID screening for his colonoscopy. Afterwards he started throwing up and his SBP was in the 160's. He still feels fatigued very easily. He feels he does not have energy to exercise. We will enroll him into cardiac rehab to increase his physical capacity. He denies any CP. He has SOB with exertion. He denies any palpitations.

O

Consitutional: Alert and oriented, No apparent distress

Eyes: PERRLA, EOMI

Ears, nose, mouth and throat: No evidence of cyanosis of oral mucosa

Neck: Supple, no carotid bruits

Cardiovascular: S1, S2 Reg, No murmurs

Respiratory: Clear to auscultation bilaterally, no wheeze

Gastrointestinal: Soft, nondistended, bowel sounds x 4

Extremities: No LE pitting edema, DP x 2

Neurological: CN II - XII intact, no focal lesions

Skin: Normal, no rashes, no lesions noted

Musculoskeletal: Normal range of motion, normal gait
CHEST XRAY SUMMARY OF FINDINGS 11/14/21:
Mild bibasilar linear opacities, probably atelectasis. Please clinically correlate to exclude pneumonia.
2D ECHO SUMMARY OF FINDINGS 11/15/21:
1. Left ventricular ejection fraction estimated at 65-70%.
2. Grade 1 diastolic dysfunction.
3. Aortic root is mildly dilated with widest measurement of 4.2 cm.
4. There is trace aortic insufficiency seen.
5. Right ventricular systolic pressure estimated to be at 24 mmHg.
LEXISCAN SUMMARY OF FINDINGS 11/15/21:
Left ventricular perfusion activity appears within normal limits. Left ventricular stress ejection fraction calculated at greater than 70%% with left ventricular stress wall motion normal in appearance.
LHC SUMMARY OF FINDINGS 12/28/21:
The left ventricular end diastolic pressure is noted to be at 15 mmHg.
There is no significant gradient upon pullback across the aortic valve.
The left main is a large caliber vessel which bifurcates into left anterior descending, left circumflex vessels, is angiographically free of significant disease.
Left anterior descending artery is a large caliber vessel with 2 moderate caliber diagonal branches. Just after a large septal perforator, there is a 70% tandem lesions in the proximal to mid LAD. There is a 70-80% mid LAD lesion seen.
The left circumflex is a large caliber vessel with 2 moderate caliber OM branches, which is angiographically free of significant disease.
Right coronary artery is a large caliber vessel which bifurcates into the posterior LV branch and posterior descending artery. It is a right dominant system. There is a 70% mid to distal RCA lesion seen.
ASSESSMENT:
1. Unstable angina
2. 70% tandem lesions in the proximal to mid LAD S/P successful 3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation.
70% mid LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to mid LAD.
70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific Synergy Drug Eluting Stent implantation.
PLAN: Risk factor modification. This patient has been loaded with ASA and Brilinta and recommended DAPT for minimum of 1 year. The patient will be reassessed at that time. The patient will be monitored in ACU and discharged home later this evening.
EVENT MONITOR SUMMARY OF FINDINGS 12/31/21:
The baseline underlying rhythm is normal sinus rhythm.

There are no PACs.
There are no PVCs
There is no atrial fibrillation, flutter, SVT or atrial tachycardia.
CHEST X-RAY SUMMARY OF FINDINGS 7/19/22:
No radiographic evidence of acute pulmonary process.
Mild bibasilar atelectasis or chronic scarring.
LHC SUMMARY OF FINDINGS 7/20/22:
The left ventricular end diastolic pressure is noted to be at 9 mmHg.
There is no significant gradient upon pullback across the aortic valve.
The left main is a large caliber vessel which bifurcates into left anterior descending, left circumflex vessels, is angiographically free of significant disease.
Left anterior descending artery is a large caliber vessel with 2 moderate caliber diagonal branches. There is a widely patent stent in the proximal and mid to distal area with a hazy 70% lesion just prior to the distal stent.
The left circumflex is a large caliber vessel with 2 moderate caliber OM branches, which is angiographically free of significant disease.
Right coronary artery is a large caliber vessel which bifurcates into the posterior LV branch and posterior descending artery. It is a right dominant system. It is angiographically free of significant disease.
ASSESSMENT:
Abnormal stress test.
70% hazy mid LAD stenosis S/P successful 2.75 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation.
PLAN: Risk factor modification. This patient has been loaded

with ASA and Brilinta and recommended DAPT for minimum of
1 years. The patient will be reassessed at that time. The patient will
be monitored in tele.

A

Diagnoses attached to this encounter:

CAD (Coronary arteriosclerosis) [ICD-10: I25.10], [ICD-9: 414.00], [SNOMED: 53741008]
Essential (primary) hypertension [ICD-10: I10], [ICD-9: 401.9], [SNOMED: 38341003]
Shortness of breath [ICD-10: R06.02], [ICD-9: 786.05], [SNOMED: 267036007]
Syncope [ICD-10: R55], [ICD-9: 780.2], [SNOMED: 271594007]
Family history of ischemic cardiac disease [ICD-10: Z82.49], [ICD-9: V17.3]

P

CAD
-Chest pain with typical and atypical features
-Cardiac risk factors of HTN, FH of CAD
-2D echo revealed EF of 65-70% with mildly dilated aortic root
with 4.2 cm and trace AI
-Lexiscan stress test which revealed no reversible defects
-Continues to have CP, SOB and had syncope episode
-LHC which revealed 70% tandem lesions in the proximal to mid LAD S/P successful
3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation and a 70% mid
LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to
mid LAD and 70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific
Synergy Drug Eluting Stent implantation.
-Significant improvement in CP and SOB
-Has been having episodes of chest pressure for the past few days with radiation to his
throat which is different compared to prior to the stent
-Was doing well but then had a 20 minute of 9/10 chest pressure concerning for unstable
angina as seen by Dr. Samarany
-NSTEMI ruled out with negative cardiac biomarkers
-Had LHC which revealed 70% hazy mid LAD stenosis S/P successful 2.75 x 28 mm Boston Scientific
Synergy Drug Eluting Stent implantation
-Will change Brilinta to Effient to see if any improvement in symptoms
-Still feels fatigued and SOB
-Will enroll to cardiac rehab
-Continue ASA,, amlodipine and atorvastatin
HTN
-Suboptimal control on atenolol and amlodipine
-Will increase amlodipine dose and add losartan to regimen
-BP now optimal control with losartan and amlodipine
SOB
-Likely multifactorial etiology of SOB
-Rule out cardiac contribution to SOB
-2D echo revealed EF of 65-70% with mildly dilated aortic root
with 4.2 cm and trace AI
-Lexiscan stress test which revealed no reversible defects
-S/P PCI with significant improvement in SOB
Syncope
-Event holter monitor revealed no PAC's, no PVC's and no significant arrhythmias
-S/P PCI to LAD and RCA
Family history of CAD
-Brother had MI and passed at 52 and another brother had MI and passed in 70's

SIGNED BY	SIGNED ON
Larry Chan D.O.	09/23/2022

Encounter - 08/16/2022

SEEN BY	SEEN ON
Larry Chan D.O.	08/16/2022

HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
67.0 in	157.0 lbs	24.6	108/80
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	76.0 bpm	16.0 rpm	N/A

CC

Pt is here for a Hospital F/U.
(Appt time: 8/16/2022 2:30:00 PM) (Arrival time: 2:38 PM)

S

PCP - Abraham Chen

Dr. Hanna is a very pleasant 75 year old gentleman who presents with 5 days of chest pain. He describes a 6/10 chest pressure substernally located with radiation to his neck with associated SOB but no associated palpitations, diaphoresis or nausea. No alleviating or aggravating factors. The episode is on going. The episode started when he was at rest.

He had a 2D echo which revealed EF of 65-70% with mildly dilated aortic root with 4.2 cm and trace AI. He had a lexiscan stress test which revealed no reversible defects.

On 12/2/21 at 1016 PM he was sitting down and watching TV and stood up and felt dizzy. He had a syncope episode. He hit his head and required to get stitches at the urgent care for SARH. He does not recall the events afterwards. He has never had syncope episode before. He checked his own blood pressure and was found to have SBP in the 170's. He has been taking his atenolol on a daily basis.

1/18/22: He had an event monitor which revealed no PAC's, no PVC's and no significant arrhythmias

He had a LHC which revealed 70% tandem lesions in the proximal to mid LAD S/P successful 3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation and a 70% mid LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to mid LAD and 70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific Synergy Drug Eluting Stent implantation.

Currently he still feels stressed at work. He denies any CP, SOB, palpitations or LE edema. He denies any wrist complaints.

3/9/22: He is having chest discomfort that he believes is due to GERD and stress. He went back to work earlier and feels even more stress at this time. He is feeling like he is going to choke in his throat. The chest pain he describes is different compared to prior to his PCI. We will give him protonix to see if any improvement in his symptoms.

7/20/22: He currently presents with 1 day of chest pain. He describes a 9/10 chest pressure substernally located with radiation to right shoulder and right arm with associated SOB and nausea but no associated palpitations or dipahoresis. No alleviating or aggravating factors. The episode lasted for 20 minutes. The episode started when he was at rest.
8/16/22:
He went to SARH for chest pain and he had LHC which revealed 70% hazy mid LAD stenosis S/P successful 2.75 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation.
He had a total of 3 episodes of chest discomfort since the PCI. This occurred when he was asleep. He states he gets SOB as well and he has to stand up to get the SOB to be resolved. We will change Brilinta to Effient and start on colchicine to see if any improvement in his chest discomfort.

O

Consitutional: Alert and oriented, No apparent distress

Eyes: PERRLA, EOMI

Ears, nose, mouth and throat: No evidence of cyanosis of oral mucosa

Neck: Supple, no carotid bruits

Cardiovascular: S1, S2 Reg, No murmurs

Respiratory: Clear to auscultation bilaterally, no wheeze

Gastrointestinal: Soft, nondistended, bowel sounds x 4

Extremities: No LE pitting edema, DP x 2

Neurological: CN II - XII intact, no focal lesions

Skin: Normal, no rashes, no lesions noted

Musculoskeletal: Normal range of motion, normal gait
CHEST XRAY SUMMARY OF FINDINGS 11/14/21:
Mild bibasilar linear opacities, probably atelectasis. Please clinically correlate to exclude pneumonia.
2D ECHO SUMMARY OF FINDINGS 11/15/21:
1. Left ventricular ejection fraction estimated at 65-70%.
2. Grade 1 diastolic dysfunction.

3. Aortic root is mildly dilated with widest measurement of 4.2 cm.
4. There is trace aortic insufficiency seen.
5. Right ventricular systolic pressure estimated to be at 24 mmHg.

LEXISCAN SUMMARY OF FINDINGS 11/15/21:
Left ventricular perfusion activity appears within normal limits. Left ventricular stress ejection fraction calculated at greater than 70%% with left ventricular stress wall motion normal in appearance.

LHC SUMMARY OF FINDINGS 12/28/21:
The left ventricular end diastolic pressure is noted to be at 15 mmHg.
There is no significant gradient upon pullback across the aortic valve.
The left main is a large caliber vessel which bifurcates into left anterior descending, left circumflex vessels, is angiographically free of significant disease.
Left anterior descending artery is a large caliber vessel with 2 moderate caliber diagonal branches. Just after a large septal perforator, there is a 70% tandem lesions in the proximal to mid LAD. There is a 70-80% mid LAD lesion seen.
The left circumflex is a large caliber vessel with 2 moderate caliber OM branches, which is angiographically free of significant disease.
Right coronary artery is a large caliber vessel which bifurcates into the posterior LV branch and posterior descending artery. It is a right dominant system. There is a 70% mid to distal RCA lesion seen.

ASSESSMENT:
1. Unstable angina
2. 70% tandem lesions in the proximal to mid LAD S/P successful 3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation.
70% mid LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to mid LAD.
70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific Synergy Drug Eluting Stent implantation.

PLAN: Risk factor modification. This patient has been loaded with ASA and Brilinta and recommended DAPT for minimum of 1 year. The patient will be reassessed at that time. The patient will be monitored in ACU and discharged home later this evening.

EVENT MONITOR SUMMARY OF FINDINGS 12/31/21:
The baseline underlying rhythm is normal sinus rhythm.

There are no PACs.
There are no PVCs
There is no atrial fibrillation, flutter, SVT or atrial tachycardia.

CHEST X-RAY SUMMARY OF FINDINGS 7/19/22:
No radiographic evidence of acute pulmonary process.
Mild bibasilar atelectasis or chronic scarring.

LHC SUMMARY OF FINDINGS 7/20/22:
The left ventricular end diastolic pressure is noted to be at 9 mmHg.
There is no significant gradient upon pullback across the aortic valve.
The left main is a large caliber vessel which bifurcates into left anterior descending, left circumflex vessels, is angiographically free of significant disease.
Left anterior descending artery is a large caliber vessel with 2 moderate caliber diagonal branches. There is a widely patent stent in the proximal and mid to distal area with a hazy 70% lesion just prior to the distal stent.
The left circumflex is a large caliber vessel with 2 moderate caliber OM branches, which is angiographically free of significant disease.
Right coronary artery is a large caliber vessel which bifurcates into the posterior LV branch and posterior descending artery. It is a right dominant system. It is angiographically free of significant disease.

ASSESSMENT:
Abnormal stress test.
70% hazy mid LAD stenosis S/P successful 2.75 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation.

PLAN: Risk factor modification. This patient has been loaded with ASA and Brilinta and recommended DAPT for minimum of 1 years. The patient will be reassessed at that time. The patient will be monitored in tele.

A

Diagnoses attached to this encounter:

CAD (Coronary arteriosclerosis) [ICD-10: I25.10], [ICD-9: 414.00], [SNOMED: 53741008]
Essential (primary) hypertension [ICD-10: I10], [ICD-9: 401.9], [SNOMED: 38341003]
Shortness of breath [ICD-10: R06.02], [ICD-9: 786.05], [SNOMED: 267036007]
Syncope [ICD-10: R55], [ICD-9: 780.2], [SNOMED: 271594007]
Family history of ischemic cardiac disease [ICD-10: Z82.49], [ICD-9: V17.3]

P

CAD
-Chest pain with typical and atypical features
-Cardiac risk factors of HTN, FH of CAD
-2D echo revealed EF of 65-70% with mildly dilated aortic root
with 4.2 cm and trace AI
-Lexiscan stress test which revealed no reversible defects
-Continues to have CP, SOB and had syncope episode
-LHC which revealed 70% tandem lesions in the proximal to mid LAD S/P successful
3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation and a 70% mid
LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to
mid LAD and 70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific
Synergy Drug Eluting Stent implantation.
-Significant improvement in CP and SOB
-Has been having episodes of chest pressure for the past few days with radiation to his
throat which is different compared to prior to the stent
-Was doing well but then had a 20 minute of 9/10 chest pressure concerning for unstable
angina as seen by Dr. Samarany
-NSTEMI ruled out with negative cardiac biomarkers
-Had LHC which revealed 70% hazy mid LAD stenosis S/P successful 2.75 x 28 mm Boston Scientific
Synergy Drug Eluting Stent implantation
-Chest pain has improved but feels very fatigue and has no energy with some episodes of SOB
-Will change Brilinta to Effient to see if any improvement in symptoms
-Add colchicine to regimen to see if any improvement in his regimen
-Continue ASA,, amlodipine and atorvastatin
HTN
-Suboptimal control on atenolol and amlodipine
-Will increase amlodipine dose and add losartan to regimen
-BP now optimal control with losartan and amlodipine
SOB
-Likely multifactorial etiology of SOB
-Rule out cardiac contribution to SOB
-2D echo revealed EF of 65-70% with mildly dilated aortic root
with 4.2 cm and trace AI
-Lexiscan stress test which revealed no reversible defects
-S/P PCI with significant improvement in SOB
Syncope
-Event holter monitor revealed no PAC's, no PVC's and no significant arrhythmias
-S/P PCI to LAD and RCA
Family history of CAD
-Brother had MI and passed at 52 and another brother had MI and passed in 70's

SIGNED BY	SIGNED ON
Larry Chan D.O.	08/16/2022

Encounter - 03/09/2022

SEEN BY	SEEN ON
Larry Chan D.O.	03/09/2022

HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
67.0 in	158.9 lbs	24.9	130/80
TEMP	**PULSE**	**RESP RATE**	**HEAD CIRC**
N/A	72.0 bpm	16.0 rpm	N/A

CC

Patient is the office due to chest pain.
(Appt time: 3:30 PM) (Arrival time: 4:30 PM)

S

PCP - Abraham Chen
Dr. Hanna is a very pleasant 75 year old gentleman who presents with 5 days of chest pain. He describes a 6/10 chest pressure substernally located with radiation to his neck with associated SOB but no associated palpitations, diaphoresis or nausea. No alleviating or aggravating factors. The episode is on going. The episode started when he was at rest.

He had a 2D echo which revealed EF of 65-70% with mildly dilated aortic root with 4.2 cm and trace AI. He had a lexiscan stress test which revealed no reversible defects.
On 12/2/21 at 1016 PM he was sitting down and watching TV and stood up and felt dizzy. He had a syncope episode. He hit his head and required to get stitches at the urgent care for SARH. He does not recall the events afterwards. He has never had syncope episode before. He checked his own blood pressure and was found to have SBP in the 170's. He has been taking his atenolol on a daily basis.
1/18/22: He had an event monitor which revealed no PAC's, no PVC's and no significant arrhythmias.
He had a LHC which revealed 70% tandem lesions in the proximal to mid LAD S/P successful 3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation and a 70% mid LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to mid LAD and 70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific Synergy Drug Eluting Stent implantation.
Currently he still feels stressed at work. He denies any CP, SOB, palpitations or LE edema. He denies any wrist complaints.
3/9/22: He is having chest discomfort that he believes is due to GERD and stress. He went back to work earlier and feels even more stress at this time. He is feeling like he is going to choke in his throat. The chest pain he describes is different compared to prior to his PCI. We will give him protonix to see if any improvement in his symptoms.

O

Consitutional: Alert and oriented, No apparent distress

Eyes: PERRLA, EOMI

Ears, nose, mouth and throat: No evidence of cyanosis of oral mucosa

Neck: Supple, no carotid bruits

Cardiovascular: S1, S2 Reg, No murmurs

Respiratory: Clear to auscultation bilaterally, no wheeze

Gastrointestinal: Soft, nondistended, bowel sounds x 4

Extremities: No LE pitting edema, DP x 2

Neurological: CN II - XII intact, no focal lesions

Skin: Normal, no rashes, no lesions noted

Musculoskeletal: Normal range of motion, normal gait
CHEST XRAY SUMMARY OF FINDINGS 11/14/21:
Mild bibasilar linear opacities, probably atelectasis. Please clinically correlate to exclude pneumonia.
2D ECHO SUMMARY OF FINDINGS 11/15/21:
1. Left ventricular ejection fraction estimated at 65-70%.
2. Grade 1 diastolic dysfunction.
3. Aortic root is mildly dilated with widest measurement of 4.2 cm.
4. There is trace aortic insufficiency seen.
5. Right ventricular systolic pressure estimated to be at 24 mmHg.
LEXISCAN SUMMARY OF FINDINGS 11/15/21:
Left ventricular perfusion activity appears within normal limits. Left ventricular stress ejection fraction calculated at greater than 70%% with left ventricular stress wall motion normal in appearance.
LHC SUMMARY OF FINDINGS 12/28/21:
The left ventricular end diastolic pressure is noted to be at 15 mmHg.
There is no significant gradient upon pullback across the aortic valve.
The left main is a large caliber vessel which bifurcates into left anterior descending, left circumflex vessels, is angiographically free of significant disease.
Left anterior descending artery is a large caliber vessel with 2 moderate caliber diagonal branches. Just after a large septal perforator, there is a 70% tandem lesions in the proximal to mid LAD. There is a 70-80% mid LAD lesion seen.
The left circumflex is a large caliber vessel with 2 moderate caliber OM branches, which is angiographically free of significant disease.
Right coronary artery is a large caliber vessel which bifurcates into the posterior LV branch and posterior descending artery. It is a right dominant system. There is a 70% mid to distal RCA lesion seen.
ASSESSMENT:
1. Unstable angina
2. 70% tandem lesions in the proximal to mid LAD S/P successful 3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation.

70% mid LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to mid LAD.
70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific Synergy Drug Eluting Stent implantation.
PLAN: Risk factor modification. This patient has been loaded with ASA and Brilinta and recommended DAPT for minimum of 1 year. The patient will be reassessed at that time. The patient will be monitored in ACU and discharged home later this evening.
EVENT MONITOR SUMMARY OF FINDINGS 12/31/21:
The baseline underlying rhythm is normal sinus rhythm.

There are no PACs.
There are no PVCs
There is no atrial fibrillation, flutter, SVT or atrial tachycardia.

A

Diagnoses attached to this encounter:

CAD (Coronary arteriosclerosis) [ICD-10: I25.10], [ICD-9: 414.00], [SNOMED: 53741008]
Essential (primary) hypertension [ICD-10: I10], [ICD-9: 401.9], [SNOMED: 38341003]
Shortness of breath [ICD-10: R06.02], [ICD-9: 786.05], [SNOMED: 267036007]
Syncope [ICD-10: R55], [ICD-9: 780.2], [SNOMED: 271594007]
Family history of ischemic cardiac disease [ICD-10: Z82.49], [ICD-9: V17.3]

P

CAD
-Chest pain with typical and atypical features
-Cardiac risk factors of HTN, FH of CAD
-2D echo revealed EF of 65-70% with mildly dilated aortic root with 4.2 cm and trace AI
-Lexiscan stress test which revealed no reversible defects

-Continues to have CP, SOB and had syncope episode
-LHC which revealed 70% tandem lesions in the proximal to mid LAD S/P successful 3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation and a 70% mid LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to mid LAD and 70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific Synergy Drug Eluting Stent implantation.
-Significant improvement in CP and SOB
-Has been having episodes of chest pressure for the past few days with radiation to his throat which is different compared to prior to the stent
-Will start on protonix and see if symptoms improve
-Continue ASA, Brilinta, amlodipine and atorvastatin
HTN
-Suboptimal control on atenolol and amlodipine
-Will increase amlodipine dose and add losartan to regimen
-BP now optimal control with losartan and amlodipine
SOB
-Likely multifactorial etiology of SOB
-Rule out cardiac contribution to SOB

-2D echo revealed EF of 65-70% with mildly dilated aortic root with 4.2 cm and trace AI
-Lexiscan stress test which revealed no reversible defects
-S/P PCI with significant improvement in SOB
Syncope
-Event holter monitor revealed no PAC's, no PVC's and no significant arrhythmias
-S/P PCI to LAD and RCA
Family history of CAD
-Brother had MI and passed at 52 and another brother had MI and passed in 70's

SIGNED BY	SIGNED ON
Larry Chan D.O.	03/09/2022

Encounter - 01/18/2022

SEEN BY	SEEN ON
Larry Chan D.O.	01/18/2022

HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
67.0 in	158.0 lbs	24.7	118/80
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	76.0 bpm	16.0 rpm	N/A

CC

Pt is here to f/U on LHC and Event results.
(Appt time: 4:30 PM) (Arrival time: 4:46 PM)

S

PCP - None
Dr. Hanna is a very pleasant 75 year old gentleman who presents with 5 days of chest pain. He describes a 6/10 chest pressure substernally located with radiation to his neck with associated SOB but no associated palpitations, diaphoresis or nausea. No alleviating or aggravating factors. The episode is on going. The episode started when he was at rest.
He had a 2D echo which revealed EF of 65-70% with mildly dilated aortic root with 4.2 cm and trace AI. He had a lexiscan stress test which revealed no reversible defects.
On 12/2/21 at 1016 PM he was sitting down and watching TV and stood up and felt dizzy. He had a syncope episode. He hit his head and required to get stitches at the urgent care for SARH. He does not recall the events afterwards. He has never had syncope episode before. He checked his own blood pressure and was found to have SBP in the 170's. He has been taking his atenolol on a daily basis.
1/18/22:
He had an event monitor which revealed no PAC's, no PVC's and no significant arrhythmias.
He had a LHC which revealed 70% tandem lesions in the proximal to mid LAD S/P successful 3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation and a 70% mid LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to mid LAD and 70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific Synergy Drug Eluting Stent implantation.
Currently he still feels stressed at work. He denies any CP, SOB, palpitations or LE edema. He denies any wrist complaints.

O

Consitutional: Alert and oriented, No apparent distress

Eyes: PERRLA, EOMI

Ears, nose, mouth and throat: No evidence of cyanosis of oral mucosa

Neck: Supple, no carotid bruits

Cardiovascular: S1, S2 Reg, No murmurs

Respiratory: Clear to auscultation bilaterally, no wheeze

Gastrointestinal: Soft, nondistended, bowel sounds x 4

Extremities: No LE pitting edema, DP x 2

Neurological: CN II - XII intact, no focal lesions

Skin: Normal, no rashes, no lesions noted

Musculoskeletal: Normal range of motion, normal gait.
CHEST XRAY SUMMARY OF FINDINGS 11/14/21:
Mild bibasilar linear opacities, probably atelectasis. Please clinically correlate to exclude pneumonia.
2D ECHO SUMMARY OF FINDINGS 11/15/21:
1. Left ventricular ejection fraction estimated at 65-70%.
2. Grade 1 diastolic dysfunction.
3. Aortic root is mildly dilated with widest measurement of 4.2 cm.
4. There is trace aortic insufficiency seen.
5. Right ventricular systolic pressure estimated to be at 24 mmHg.
LEXISCAN SUMMARY OF FINDINGS 11/15/21:
Left ventricular perfusion activity appears within normal limits. Left ventricular stress ejection fraction calculated at greater than 70%% with left ventricular stress wall motion normal in appearance.
LHC SUMMARY OF FINDINGS 12/28/21:
The left ventricular end diastolic pressure is noted to be at 15 mmHg.
There is no significant gradient upon pullback across the aortic valve.
The left main is a large caliber vessel which bifurcates into left anterior descending, left circumflex vessels, is angiographically free of significant disease.
Left anterior descending artery is a large caliber vessel with 2 moderate caliber diagonal branches. Just after a large septal perforator, there is a

70% tandem lesions in the proximal to mid LAD. There is a 70-80% mid
LAD lesion seen.
The left circumflex is a large caliber vessel with 2 moderate caliber
OM branches, which is angiographically free of significant disease.
Right coronary artery is a large caliber vessel which bifurcates into the
posterior LV branch and posterior descending artery. It is a right
dominant system. There is a 70% mid to distal RCA lesion seen.
ASSESSMENT:
1. Unstable angina
2. 70% tandem lesions in the proximal to mid LAD S/P successful 3.0 x 28 mm
Boston Scientific Synergy Drug Eluting Stent implantation.
70% mid LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug
Eluting Stent to mid LAD.
70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific Synergy Drug Eluting
Stent implantation.
PLAN: Risk factor modification. This patient has been loaded
with ASA and Brilinta and recommended DAPT for minimum of
1 year. The patient will be reassessed at that time. The patient will
be monitored in ACU and discharged home later this evening.
EVENT MONITOR SUMMARY OF FINDINGS 12/31/21:
The baseline underlying rhythm is normal sinus rhythm.

There are no PACs.
There are no PVCs
There is no atrial fibrillation, flutter, SVT or atrial tachycardia.

A

Diagnoses attached to this encounter:

Chest pain, unspecified [ICD-10: R07.9], [ICD-9: 786.50], [SNOMED: 29857009]
Essential (primary) hypertension [ICD-10: I10], [ICD-9: 401.9], [SNOMED: 38341003]
Shortness of breath [ICD-10: R06.02], [ICD-9: 786.05], [SNOMED: 267036007]
Syncope [ICD-10: R55], [ICD-9: 780.2], [SNOMED: 271594007]
Family history of ischemic cardiac disease [ICD-10: Z82.49], [ICD-9: V17.3]

P

CAD
-Chest pain with typical and atypical features
-Cardiac risk factors of HTN, FH of CAD
-2D echo revealed EF of 65-70% with mildly dilated aortic root
with 4.2 cm and trace AI
-Lexiscan stress test which revealed no reversible defects

-Continues to have CP, SOB and had syncope episode
-LHC which revealed 70% tandem lesions in the proximal to mid LAD S/P successful
3.0 x 28 mm Boston Scientific Synergy Drug Eluting Stent implantation and a 70% mid
LAD stenosis S/P successful 2.75 x 24 mm Boston Scientific Synergy Drug Eluting Stent to
mid LAD and 70% mid to distal RCA stenosis S/P successful 3.0 x 12 mm Boston Scientific
Synergy Drug Eluting Stent implantation.
-Significant improvement in CP and SOB
-Continue ASA, Brilinta, amlodipine and atorvastatin
HTN
-Suboptimal control on atenolol and amlodipine
-Will increase amlodipine dose and add losartan to regimen
-BP now optimal control with losartan and amlodipine
SOB
-Likely multifactorial etiology of SOB
-Rule out cardiac contribution to SOB

-2D echo revealed EF of 65-70% with mildly dilated aortic root
with 4.2 cm and trace AI
-Lexiscan stress test which revealed no reversible defects
-S/P PCI with significant improvement in SOB
Syncope
-Event holter monitor revealed no PAC's, no PVC's and no significant arrhythmias
-S/P PCI to LAD and RCA
Family history of CAD
-Brother had MI and passed at 52 and another brother had MI and passed in 70's

Medications attached to encounter:

Brilinta 90 MG Oral Tablet 1 tablet (90 mg) orally 2 times per day (start date: 1/18/2022)

SIGNED BY	SIGNED ON
Larry Chan D.O.	01/18/2022

Encounter - 12/13/2021

SEEN BY		SEEN ON	
Larry Chan D.O.		12/13/2021	
HEIGHT	WEIGHT	BMI	BLOOD PRESSURE
67.0 in	161.4 lbs	25.3	136/80
TEMP	PULSE	RESP RATE	HEAD CIRC
N/A	75.0 bpm	16.0 rpm	N/A

CC

Patient is here to establish cardiac care as a hospital follow up.
(Appt time: 2:45 PM) (Arrival time: 2:30 PM)

S

PCP - None
Dr. Hanna is a very pleasant 75 year old gentleman who presents with 5 days of chest pain. He describes a 6/10 chest pressure substernally located with radiation to his neck with associated SOB but no associated palpitations, diaphoresis or nausea. No alleviating or aggravating factors. The episode is on going. The episode started when he was at rest.
He had a 2D echo which revealed EF of 65-70% with mildly dilated aortic root with 4.2 cm and trace AI.
He had a lexiscan stress test which revealed no reversible defects.
On 12/2/21 at 1016 PM he was sitting down and watching TV and stood up and felt dizzy. He had a syncope episode. He hit his head and required to get stitches at the urgent care for SARH. He does not recall the events afterwards. He has never had syncope episode before. He checked his own blood pressure and was found to have SBP in the 170's. He has been taking his atenolol on a daily basis.

O

Consitutional: Alert and oriented, No apparent distress

Eyes: PERRLA, EOMI

Ears, nose, mouth and throat: No evidence of cyanosis of oral mucosa

Neck: Supple, no carotid bruits

Cardiovascular: S1, S2 Reg, No murmurs

Respiratory: Clear to auscultation bilaterally, no wheeze

Gastrointestinal: Soft, nondistended, bowel sounds x 4

Extremities: No LE pitting edema, DP x 2

Neurological: CN II - XII intact, no focal lesions

Skin: Normal, no rashes, no lesions noted

Musculoskeletal: Normal range of motion, normal gait.
CHEST XRAY SUMMARY OF FINDINGS 11/14/21:
Mild bibasilar linear opacities, probably atelectasis. Please clinically correlate to exclude pneumonia.
2D ECHO SUMMARY OF FINDINGS 11/15/21:
1. Left ventricular ejection fraction estimated at 65-70%.
2. Grade 1 diastolic dysfunction.
3. Aortic root is mildly dilated with widest measurement of 4.2 cm.
4. There is trace aortic insufficiency seen.
5. Right ventricular systolic pressure estimated to be at 24 mmHg.
LEXISCAN SUMMARY OF FINDINGS 11/15/21:
Left ventricular perfusion activity appears within normal limits. Left ventricular stress ejection fraction calculated at greater than 70%% with left ventricular stress wall motion normal in appearance.

A

Diagnoses attached to this encounter:

Chest pain, unspecified [ICD-10: R07.9], [ICD-9: 786.50], [SNOMED: 29857009]

Essential (primary) hypertension [ICD-10: I10], [ICD-9: 401.9], [SNOMED: 38341003]
Shortness of breath [ICD-10: R06.02], [ICD-9: 786.05], [SNOMED: 267036007]
Family history of ischemic cardiac disease [ICD-10: Z82.49], [ICD-9: V17.3]
Syncope [ICD-10: R55], [ICD-9: 780.2], [SNOMED: 271594007]

P

Chest pain
-Chest pain with typical and atypical features
-Cardiac risk factors of HTN, FH of CAD
-2D echo revealed EF of 65-70% with mildly dilated aortic root
with 4.2 cm and trace AI
-Lexiscan stress test which revealed no reversible defects

-Continues to have CP, SOB and had syncope episode -Recommend definitive evaluation with LHC to rule out CAD as etiology of his symptoms
-Will obtain event monitor to rule out arrhythmia as etiology
HTN
-Suboptimal control on atenolol and amlodipine
-Will increase amlodipine dose and add losartan to regimen
SOB
-Likely multifactorial etiology of SOB
-Rule out cardiac contribution to SOB

-2D echo revealed EF of 65-70% with mildly dilated aortic root
with 4.2 cm and trace AI
-Lexiscan stress test which revealed no reversible defects
Syncope
-Recommend event holter monitor to rule out significant arrhythmias
as etiology of his symptoms at home setting
Family history of CAD
-Brother had MI and passed at 52 and another brother had MI and passed in 70's

SIGNED BY	SIGNED ON
Larry Chan D.O.	12/13/2021

Referral electronically submitted by Sandra Saucedo 03/15/2023 04:42PM

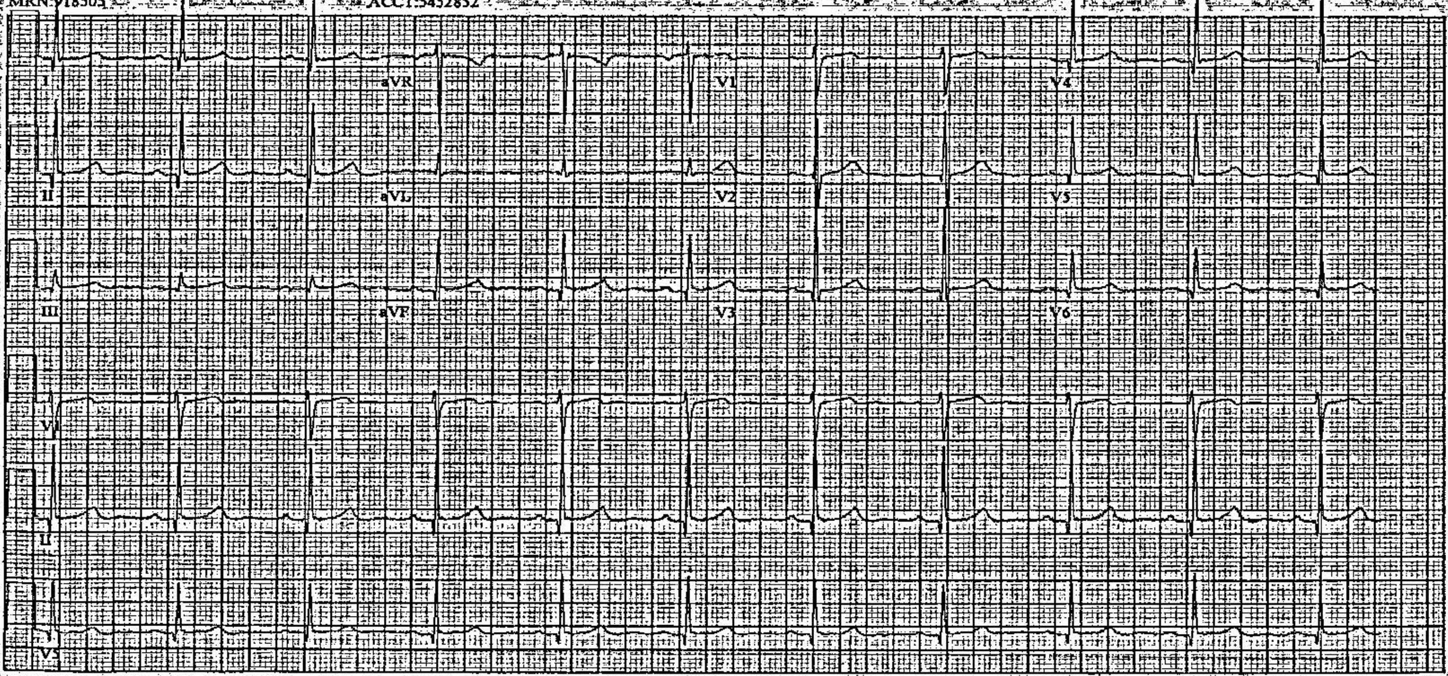
APPENDIX

Flowsheet Print Request

Patient: HANNA MD, ADEL SHAKER
MRN: 918505
Date Range: 07/10/2022 16:52 PDT - 08/13/2022 16:52 PDT

Printed by: Rasania S , Office A
Printed on: 08/12/2022 16:53 PDT

Lab View	07/19/2022 23:17 PDT	07/19/2022 19:03 PDT	07/19/2022 15:00 PDT	07/19/2022 13:49 PDT	07/19/2022 12:49 PDT
Point of Care					
COVID-19/POC			Presumptive N		
Hematology/Coagulation					
WBC					L 4.1
RBC					4.96
Hgb					14.0
Hct					43
Platelet					171
MCV					87
MCH					28.3
MCHC					33
RDW					14.5
MPV					9.3
% Neutro					60
% Lymph					30
% Mono					7
% Eos					2
% Basophil					1
# Neutro					2.4
# Lymph					1.2
# Mono					0.3
# Eos					0.1
# Basophil					0.0
Chemistry					
Sodium Lvl					* 138
Potassium Lvl					* 3.6
Chloride Lvl					* 106
CO2					27
AGAP					5
Glucose Lvl					* 93
BUN					10
Creatinine Lvl					* 0.83
GFR, Estimated					* 90
Calcium Lvl					* 9.0
Troponin I	* <.015	* <.015, * <.01			* <.015
B Type Natr Peptide				33	



scan.pdf -- ECG

HANNA, ADEL ID:0918505 14-NOV-2021 16:39:27 SAN ANTONIO REGIONAL HOSPITAL-EMR ROUTINE RECORD

29-MAR-1946 (75 yr)
Male Other
0lb
Room:LOBBY
Loc:1

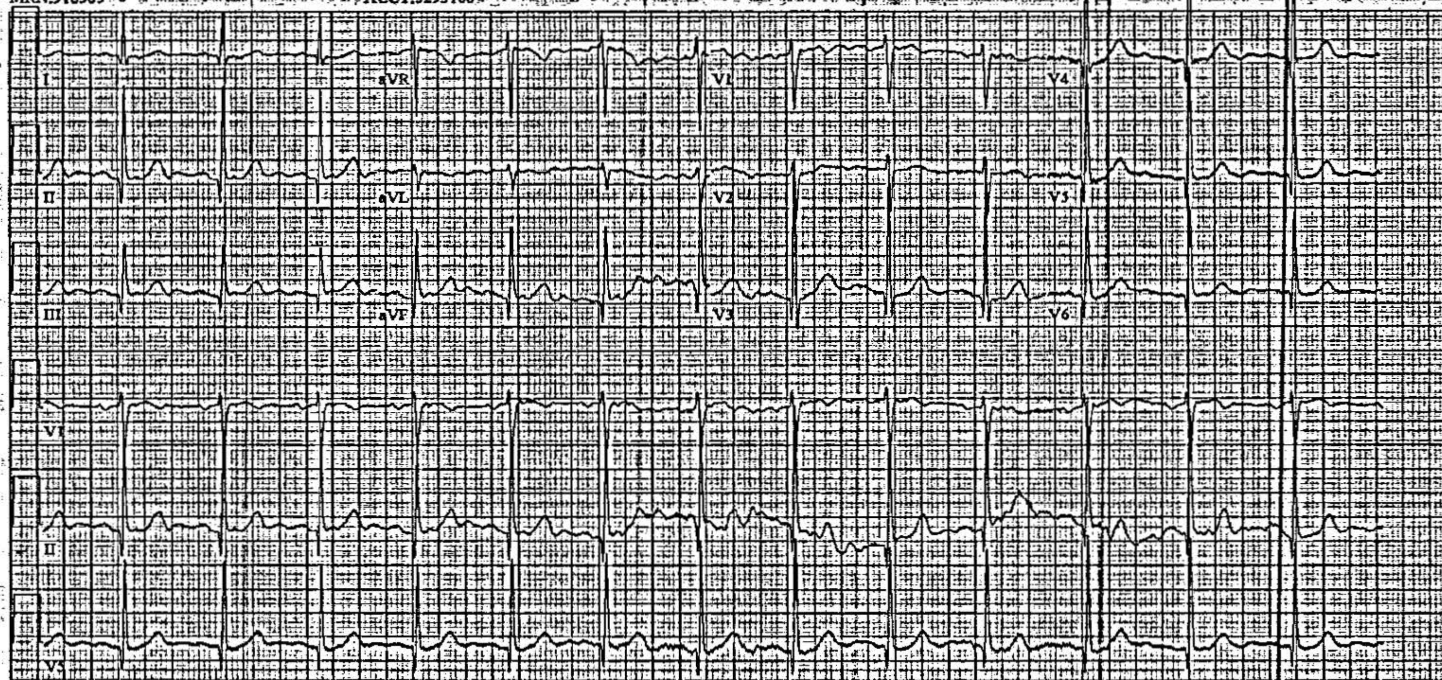
Vent. rate	82	BPM
PR interval	170	ms
QRS duration	82	ms
QT/QTc	380/443	ms
P-R-T axes	71 68	79

Normal sinus rhythm
Possible Lateral infarct, age undetermined
Cannot rule out Inferior infarct, age undetermined
Abnormal ECG
When compared with ECG of 13-JUN-2012 08:33,
PR interval has decreased
Minimal criteria for Inferior infarct are now Present

Technician: L C CARD (CVT)
Test ind:

Referred by: Unconfirmed

MRN:918505 ACCT:5295168



25mm/s 10mm/mV 100Hz 8.0 SP2 12SL 243 CID: 0 SID: 00918391 EID: 3 EDT: ORDER: ACCOUNT: 5295168

Page 1 of 1

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