

Saint Mary's Regional Medical
1808 West Main Street
Russellville AR 72801

HEART CATH/PTCA

| | | |
|-------------|-----------------|-----------------|
| PATIENT: | [REDACTED] | LOC: EA.OINF |
| ACCOUNT: | [REDACTED] | RMft: |
| PHYSICIAN: | Dai-Yuan M Wang | MR#: [REDACTED] |
| ATTENDING: | Dai-Yuan M Wang | DOB: [REDACTED] |
| ADMIT DATE: | 03/21/14 | DDD: 03/21/14 |
| | | PCP: |

CARDIOLOGIST: DAI-YUAN WANG, M.D.
DATE: 03/21/2014
INDICATIONS; Chest pain.

CARDIAC CATHETERIZATION

INDICATIONS: This is a 60-year-old gentleman who presented with typical angina like symptoms consistent with unstable angina. The patient is also known to have nonobstructive coronary artery disease a few years ago from cardiac catheterization.

Cardiac catheterization was recommended for further evaluation and risk stratification. The risk and benefits, including ad hoc PTCA, was discussed with the patient and he understood and agreed to proceed. Written consent was obtained.

Left heart catheterization was performed under conscious sedation in the routine fashion using modified Seldinger technique through the right radial artery approach. The patient tolerated the procedure well. No immediate complications were noted.

PROCEDURES PERFORMED: Selective right and left coronary angiography and left ventriculography under fluoroscope.

Left **main**: There are luminal irregularities and bifurcates into circumflex and LAD.

LAD: Luminal irregularity, but free of any high grade lesion.

Left circumflex: There is about 50% stenosis at the obtuse marginal branch. Circumflex is a dominant vessel. The rest of vessel has luminal irregularity, but free of high grade lesion.

Right coronary artery: Luminal irregularity, but is non-dominant vessel.

Left ventriculography: Tiger catheter across the aortic valve and intraventricular pressure is measured. The left ventricular end diastolic pressure is 20 and the left ventricular systolic function is normal with ejection fraction 55%. On the pullback of catheter, there is no pressure gradient across the aortic valve.

IMPRESSION:

One vessel coronary artery disease with 50% circumflex, but no high grade

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| ADMIT DATE: | 03/21/14 | DDD: 03/21/14 |
| | | PCP: |

lesion.

Normal left ventricular systolic function Ejection fraction 55%.

No evidence of aortic stenosis.

Mildly increased left ventricular end diastolic pressure.

Non-ischemic chest pain.

RECOMMENDATIONS: Medical treatment and anti-reflux measures are recommended.

Job # 1373625.73738

1373635.73745

*** END OF REPORT ***

Dictated by - **Wang, Dai-Yuan, MD**

Dictated Dt/Tm - **03/21/14 1029**

Transcribed by - **PZT3547**

Transcribed Dt/Tm - **03/21/14 1147**

<Electronically signed by Dai-Yuan Wang, MD>03/21/14 1255

Saint Mary's Regional Medical
1808 West Main Street
Russellville AR 72801

ECHOCARDIOGRAM

| | | |
|--------------------|-----------------|--------------------|
| PATIENT: | | LOC: EA.ICU |
| ACCOUNT: | | RM#: EA.104 |
| PHYSICIAN: | Dai-Yuan M Wang | MR#: |
| ATTENDING: | James R Crouch | DOB: |
| ADMIT DATE: | 03/02/14 | DDT: |

CARDIOLOGIST: Dai-Yuan Wang, M.D.

DATE: 03/02/2014

INDICATIONS: Congestive heart failure.

ECHOCARDIOGRAM

Two dimensional Doppler and color Doppler were performed using the transthoracic approach. Quality of the study is adequate.

ANATOMIC FINDINGS:

1. Left ventricle is normal in size and systolic function. Ejection fraction is 55-60 percent. There is grossly normal wall motion. There is moderate concentric left ventricular hypertrophy.
2. Right ventricle is normal in size and systolic function.
3. Right atrium is normal in size.
4. Left atrium is mildly dilated.
5. Root of aorta is normal in size.
6. No pericardial effusion was noted.

VALVULAR STRUCTURES:

1. Aortic valve is moderately sclerotic and calcified with decreased excursion.
2. Mitral valve is grossly normal.
3. Tricuspid valve is grossly normal.
4. Pulmonic valve is not visualized.

DOPPLER FINDINGS:

1. There is mild aortic stenosis at 1.7 cm squared. No evidence of aortic insufficiency.
2. There is no evidence of mitral stenosis. No significant mitral regurgitation.
3. There is mild tricuspid regurgitation with mild increased RV systolic pressure at 34 mm of mercury.
4. Doppler interrogation of mitral inflow and tissue Doppler of mitral annulus reveals reversed E:A ratio.

IMPRESSION:

1. Normal left ventricular size and systolic function. Ejection fraction is 55-60 percent. There is grossly normal wall motion. There is moderate concentric left ventricular hypertrophy.
 2. Normal left ventricular diastolic function.
 3. Sclerosis and calcified aortic valve with mild aortic stenosis at 1.7 cm squared. However, the 2D echo appeared to be worse than that. On review of the previous echo it is 1.4 and 1.1.
 4. Mild tricuspid regurgitation with mild pulmonary hypertension and 34 mm of
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| PATIENT: | [REDACTED] | LOC: EA.ICU |
| ACCOUNT: | [REDACTED] | RM#: EA.104 |
| PHYSICIAN: | Dai-Yuan M Wang | MR#: [REDACTED] |
| ATTENDING: | James R Crouch | DOB: [REDACTED] |
| ADMIT DATE: | 03/02/14 | DDT: |

mercury.

1365555-71280

*** **END OF REPORT** ***

Dictated by - **Wang, Dai-Yuan, MD**

Dictated Dt/Tm - **03/02/14 1433**

Transcribed by - **FCI9269**

Transcribed Dt/Tm - **03/02/14 1442**

CC:

ADMIT - Crouch, James MD

ATTEND - Crouch, James MD

PCP - Kirkland, Allan MD

OTHER1 -

OTHER2 -

OTHER3 -

OTHER4 -

OTHERS -

<Electronically signed by Dai-Yuan Wang, MD>03/03/14 1034

Saint Mary's Regional Medical
1808 West Main Street
Russellville AR 72801

CONSULTATION

| | | |
|--------------------------------|-----------------|------------------------|
| PATIENT: | [REDACTED] | LOC: EA.4EAST |
| ACCOUNT: | [REDACTED] | RM#: EA.428 |
| CONSULTING PHYSICIAN: | Dai-Yuan M Wang | Mil: [REDACTED] |
| CONSULTATION DICT DATE: | 03/15/14 | DOB: [REDACTED] |
| ATTENDING PHYSICIAN: | Shuja M Rasool | ASD: 03/15/14 |
| DDD: | | PCP: |

CONSULTING PHYSICIAN: DAI-YUAN WANG, M.D.

REFERRING PHYSICIAN: Shuja Rasool, M.D. AND Shagufta Siddiqui, M.D.

DATE OF CONSULTATION: 03/15/2014

INDICATIONS: Non-Q wave myocardial infarction.

HISTORY OF PRESENT ILLNESS: Dear Dr. Rascal and Dr. Siddiqui: Thank you for referring this patient to me. I really enjoyed seeing the patient, Mrs. Brown and her family, on 4-East for evaluation of syncope.

Mrs. Brown is an 87-year-old lady involved in a car accident yesterday and after the car accident the patient had one syncopal episode. Further interview revealed the patient had chest pain radiating to the left arm associated with shortness of breath. It is exertional and relieved with rest. The patient has had this for quite a while but never sought medical attention.

PAST MEDICAL HISTORY: Hypertension, breast cancer with mastectomy on the right side.

ALLERGIES: SULFA.

MEDICATIONS: Please refer to Continuum of Care.

FAMILY HISTORY: Non-contributory.

REVIEW OF SYSTEMS: Denies history of fever or chills, nausea, vomiting, diarrhea and dysuria. Denies history of diabetes, hyperlipidemia, thyroid disorder, bleeding disorder or stroke. She denies psychiatric disorder.

PHYSICAL EXAMINATION:

GENERAL: Alert and oriented. Not in any distress.

VITAL SIGNS: Blood pressure is 136/58, with a pulse of 96. Respiratory rate is 18, temperature 98.7, oxygen saturation 97 percent on two liters per nasal cannula.

HEENT: Nose and throat reveal normal color of mucosa. No abnormal secretions. No tenderness of sinuses.

NECK: Supple. JVD negative. No bruit.

CHEST: The lungs are clear. No accessory respiratory muscle use.

CARDIAC: Heart is regular, regular rhythm. No significant murmur.

ABDOMEN: Soft. Non-tender. No mass.

CONSULTATION

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| ACCOUNT: | | RM#: EA.428 |
| CONSULTING PHYSICIAN: | Dai-Yuan M Wang | MR#: [REDACTED] |
| CONSULTATION DICT DATE: | 03/15/14 | DOB: [REDACTED] |
| ATTENDING PHYSICIAN: | Shuja M Rasool | ASD: 03/15/14 |
| DDD: | | PCP: |

EXTREMITIES: No edema with two plus pedal pulses bilaterally.

NEUROLOGIC: Reveals normal motor function and sensation.

ELECTROCARDIOGRAM: Revealed normal sinus rhythm. No ischemic change.

LABORATORY DATA: First set of cardiac enzymes were negative. The second set was positive. The first one was 0.074. Renal function is increased. Creatinine originally was 1.87, but increased to 3.22.

ASSESSMENT/PLAN: Non-Q wave myocardial infarction in this 87-year-old lady with a history of hypertension. Non-Q wave myocardial infarction was ruled in and the patient has typical symptoms for coronary artery disease. However, the second creatinine increased from 1.87 to 3.22, and that raises serious concern. At this time we are going to request an echocardiogram. If the LV function is normal we will do IV fluids to see how the patient's kidney function responds to hydration.

Cardiac catheterization is recommended. Risks and benefits were discussed with the patient and family. They understood and agreed to proceed.

1371063-72998

*** END OF REPORT ***

Dictated by - **Wang, Dai-Yuan, MD**

Dictated Dt/Tm - **03/15/14 1135**

Transcribed by - **FCI9269**

Transcribed Dt/Tm - **03/15/14 1202**

<Electronically signed by Dai-Yuan Wang, MD>03/16/14 0558

ECHOCARDIOGRAM

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| PATIENT: | [REDACTED] | LOC: EA.4EAST |
| ACCOUNT: | [REDACTED] | RM#: EA.428 |
| PHYSICIAN: | Dai-Yuan M Wang | MR#: [REDACTED] |
| ATTENDING: | Shuja M Rasool | DOR: [REDACTED] |
| ADMIT DATE: | 03/15/14 | DDT: |
| | | PCP: Yates, Jeffrey, K, DO |

CARDIOLOGIST: Dal-Yuan Wang, M.D.
DATE: 03/15/2014
INDICATIONS: Not given.

ECHOCARDIOGRAM

Two dimensional Doppler and color Doppler were performed using the transthoracic approach. Quality of the study is adequate.

ANATOMIC FINDINGS:

1. Left ventricle is normal in size and systolic function. Ejection fraction is visually estimated at 60-65 percent. There is grossly normal wall motion.
2. Right ventricle is normal in size and systolic function.
3. Right atrium is normal in size.
4. Left atrium is normal in size.
5. Root of aorta is normal in size.
6. No pericardial effusion was noted.

VALVULAR STRUCTURES :

1. Aortic valve is normal.
2. Mitral valve is normal.
3. Tricuspid valve is normal.
4. Pulmonic valve is not visualized.

DOPPLER FINDINGS:

1. There is no evidence of aortic stenosis or insufficiency.
2. There is no evidence of mitral stenosis. No significant mitral regurgitation.
3. There is no evidence of significant tricuspid regurgitation.
4. Doppler interrogation of mitral inflow and tissue Doppler of mitral annulus reveals reversed E:A ratio.

IMPRESSION:

1. Normal left ventricular *size* and systolic function. Ejection fraction is 60-65 percent. There is normal wall motion.
2. There is mild left ventricular diastolic dysfunction.
3. No significant valvular disease.

1371074-73002

*** END OF REPORT ***
Dictated by - **Wang, Dai-Yuan, MD**

Saint Mary's Regional Medical

ECHOCARDIOGRAM

PATIENT: [REDACTED]
ACCOUNT: [REDACTED]
PHYSICIAN: Dai-Yuan M Wang
ATTENDING: Shuja M Rasool
ADMIT DATE: 03/15/14

LOC: EA.4EAST
RM#: EA.428
MR#: [REDACTED]
DOB: [REDACTED]
DDT:
PCP: Yates, Jeffrey, K, DO

Dictated Dt/Tm - **03/15/14 1248**
Transcribed by - **FCI9269**
Transcribed Dt/Tm - **03/15/14 1256**

<Electronically signed by Dal-Yuan Wang, MD>03/16/14 0558

Saint Mary's Regional Medical

HEART CATH/PTCA

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| PATIENT: | | LOC: EA.4EAST |
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| PHYSICIAN: | Dai-Yuan M Wang | MR#: [REDACTED] |
| ATTENDING: | Shuja M Rasool | DOB: [REDACTED] |
| ADMIT DATE: | 03/15/14 | DDD: |
| | | PCP: Yates, Jeffrey, K, DO |

CARDIOLOGIST: DAI-YUAN WANG, M.D.
DATE: 03/17/2014

CARDIAC CATHETERIZATION

INDICATIONS: This is an 87-year-old lady who presented with typical angina pectoris at low level of activity and also a non-Q wave myocardial infarction. Cardiac catheterization was recommended for further evaluation and risk stratification. The patient has significant kidney insufficiency and creatinine has high as 3.2. The risk and benefits, including ad hoc PTCA and staged PTCA if needed, was discussed with the patient and the patient's family and they understood and agreed to proceed. Written consent was obtained.

Left heart catheterization was performed under conscious sedation in the routine fashion using modified Seldinger technique through the right radial artery approach. The patient tolerated the procedure well. No immediate complications were noted.

PROCEDURES PERFORMED: Selective right and left coronary angiography and left ventriculography under fluoroscope. 52 cc of contrast was used.

Left main: Normal and bifurcates into circumflex and LAD.

LAD: The LAD has luminal irregularity, up to 20% stenosis in the mid.

Left circumflex: Luminal irregularity, up to 30% stenosis at mid.

Right coronary artery: There is 70 to 80% stenosis at the mid. The rest had luminal irregularity.

Left ventriculography: Tiger catheter across the aortic valve and intraventricular pressure is measured. On the pullback of catheter, there is no pressure gradient across the aortic valve. No injection of IVP dye due to concern of the kidney function.

IMPRESSION:

One vessel coronary artery disease.
No evidence of aortic stenosis.

RECOMMENDATIONS: Staged percutaneous transluminal coronary angioplasty stent to right coronary artery is recommended.

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| PATIENT: | [REDACTED] | LOC: EA.4EAST |
| ACCOUNT: | [REDACTED] | RM#: EA.428 |
| PHYSICIAN: | Dai-Yuan M Wang | MREI: [REDACTED] |
| ATTENDING: | Shuja M Rasool | DOB: [REDACTED] |
| ADMIT DATE: | 03/15/14 | DDD: |
| | | PCP: Yates, Jeffrey, K, DO |

Job # 1371345.73076

*** END OF REPORT ***

Dictated by - **Wang, Dai-Yuan, MD**

Dictated Dt/Tm - **03/17/14 1000**

Transcribed by - **PZT3647**

Transcribed Dt/Tm - **03/17/14 1242**

<Electronically signed by Dai-Yuan Wang, MD>03/18/14 0854