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March 29, 2007

Maxie Maynard, MD
2500 Dixie Hwy, Suite 105
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Re: Burg, Gettys

Reason for Consultation: Cardiac evaluation secondary to abnormal EKG and cardiology clearance for laparoscopic cholecystectomy, possibly open.

HPI: Mrs. Burg is a 40-year-old female patient who comes to the office for cardiac evaluation secondary to abnormal EKG findings while in preparation for her upcoming surgery. Patient denies any chest pain, shortness of breath, palpitations, dyspnea on exertion, paroxysmal nocturnal dyspnea, or fainting. However, she admits having dizziness in an off-an-on fashion that she attributes to her gallbladder condition. Presently, she is not doing exercises per se. She says she is very active at work and has no time to set up a routine exercise program.

Review of Systems: As described above. All systems reviewed and otherwise within normal limits.

Past Medical History: Gastroesophageal reflux disease, anxiety-depression disorder, hyperlipidemia, history of uterine fibroids status post hysterectomy, history of hydrosalpinx status post bilateral salpingectomy.

Past Surgical History: Bilateral breast implants and hysterectomy with bilateral salpingectomy.

Social History: She is a smoker of a pack of cigarettes per day for 25 years. Non-drinker. Non-drug abuser. She is a manager. Drinks four cups of coffee per day, no tea and one-to-two caffeinated sodas per week.

Allergies: No known drug allergies.

Medications: Emsam for depression and Clonazepam p.r.n. for anxiety.

Family History: Paternal grandmother suffering from hypertension. No coronary artery disease or diabetes in the family.

Burg, Gettys

Physical Examination: Well-developed, well-nourished, awake, alert, and oriented x 3, 40-year-old female in no acute distress. Blood pressure is 100/70, pulse 66, respirations 16, height 5'2", and weight 136 pounds. HEENT is unremarkable. Neck: supple, no jugular venous distention, bruits or masses. Heart: regular rhythm, S1, S2, with no murmurs, rubs, or clicks. Lungs are clear to percussion and auscultation. Abdomen is soft, nontender, not distended, bowel sounds present in all four quadrants. Extremities have no clubbing, cyanosis, or edema. Neuro is nonfocal. Femoral and pedal pulses are present and palpable in both lower extremities.

EKG shows normal sinus rhythm, rate 66, with an incomplete right bundle branch block and non-specific ST-T changes.

Echocardiogram was performed and demonstrated normal left ventricle with normal left ventricular ejection fraction of more than 50%. Please follow up with final echo reading for more details.

IMPRESSION:

1. Cardiac evaluation secondary to abnormal EKG, rule out CAD.
2. Cardiology clearance for laparoscopic cholecystectomy, possibly open.
3. Smoker.
4. Gastroesophageal reflux disease.
5. Anxiety-depression disorder.
6. History of hyperlipidemia.
7. History of uterine fibroid status post hysterectomy.
8. History of hydrosalpinx status post bilateral salpingectomy.
9. Family history of hypertension.

RECOMMENDATIONS:

2D echo with Doppler was performed, preliminary results previously discussed. Please follow up with final echo reading for more details. Patient will be scheduled for a Thallium stress test to rule out atherosclerotic heart disease as the underlying cause of patient's abnormal EKG findings and due to the fact that she has risk factors for such condition. Smoking cessation was discussed with the patient at large as part of lifestyle change which also includes two-gram sodium, low-fat, low-carbohydrate, caffeine-free diet, exercise program if cardiac evaluation negative, and to maintain her ideal weight. Patient was recommended to continue current medications. Any other changes in recommendations as well as clearance for scheduled surgery will be granted as soon as the results of ongoing diagnostic testing are available.

Thank you for allowing us to participate in the evaluation and management of your patient.

This report has been dictated and authenticated by:
Geronimo A. Paco, M.D., F.A.C.P., F.A.C.C.
GP/wa