

Transcription Report

Amb. Consult

Observation Date : November 23, 2021

Status : F

Reported Date : November 23, 2021

Summary Data :

-Final
*** Final Report ***

Hea
rt Failure Ambulatory Consult
Lenskyj, Adam Adolf
MRN: 203-1473
D.O.B. Dec-02-1940

Nov 23, 2021

PATIENT INFORMATION

Patient Identifier (MRN) 2031473
Patient Name LENSKYJ, ADAM
Gender M
Date of Birth (DOB) Dec 2, 1940
Encounter Date Nov 22, 2021
Attending Physician Moe, Gordon willy
Primary Care Provider Welsh, Lauren emily
Staff Physician/Nurse Practitioner Moe, Gordon willy

Monday, November 22, 2021

Patient Information:

Patient Identifier (MRN) 2031473
Patient Name LENSKYJ, ADAM
Gender M
Date of Birth (DOB) Dec 2, 1940

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Encounter Date November 22, 2021

Attending Physician Moe, Gordon Willy

Primary Care Provider Welsh, Lauren Emily

Staff Physician/Nurse Practitioner Moe, Gordon Willy

Dear Dr. Walsh,

Mr. Lenskyj was seen today, November 22, 2021, at the St. Michael's Hospital Heart Failure Clinic for follow-up. Mr. Lenskyj is a 80-year-old gentleman with known history of HFrEF with LVEF 36% by TTE in March 2017 LVEF 41% by TTE in 2019, LVEF 35% by TTW in July 2021, coronary artery disease and PCI to circumflex and RCA in 2006, angioplasty with drug-eluting stent to mid LAD in March 2017, non-STEMI in July 2019, diabetes mellitus type 2, hypertension, obesity, nephrolithiasis, remote history of atrial fibrillation and flutter, frequent PVCs, ICD implantation for secondary prevention post VT in July 2021, chronic kidney disease, cholecystectomy, anemia, cataract, prurigo nodularis, and community-acquired pneumonia with septicemia requiring prolonged hospitalization in July 2021.

His medications include: Clopidogrel 75 mg once daily, Atorvastatin 40 mg once daily, amlodipine 5 mg once daily, Lasix 80 mg once daily, lansoprazole 30 mg once daily, Apixaban 2.5 mg twice daily, Carvedilol 12.5 mg twice daily, Insulin (Degludec 100U/mL, Humalog 100U/mL), Vitamin D3, and Amiodarone 200 mg once daily. He was previously on irbesartan which was stopped because of acute on chronic kidney disease. He also was on Metformin which was stopped for the same reason during his last hospitalization. He is allergic to ramipril with an angioedematous reaction. He is also allergic to meotprolol and penicillin with unknown drug reaction.

He was last reviewed in the heart failure clinic on October 22, 2021 by Haytham Sharar. At the time, he was acutely ill with one episode of black stool, cold sweats and chills. He was then directed to the emergency department for assessment and evaluation of possible GI bleed. He was monitored in the ED for 4 hours, and cleared to be sent home. He has not had any recurrent episodes since.

Prior to his visit on October 22, 2021 he was last seen on April 30, 2021. He was hospitalized from July 7 to July 26, 2021 with VT arrhythmia and community-acquired pneumonia. He was initially treated for CAP and there after he suffered PEA arrest while undergoing echocardiogram. He was intubated and transferred to ICU. He had VT post arrest and was cardioverted. He self extubated the same day. His troponin peaked at 3200 and trended down appropriately. During his stay in CCU he had one episode of sustained VT which required urgent cardioversion. He was loaded with amiodarone. TEE demonstrated dilated LV with moderately impaired systolic function. There was no valvular vegetation. ICD was inserted with no complications on July 18, 2021. He was

discharged to rehab where he stayed almost a month according to him.

Today, he tells me that he is feeling well, with a noticeable improvement in overall health and strength from his last visit in October. He denies any episodes of chest pain, shortness of breath at rest, palpitations, or lightheadedness. He endorses orthopnea, requiring additional pillows while sleep. He denies PND. He is able to ambulate for 20 minutes at a slow-pace before needing a break due to fatigue. He is functional in his ADLs and IADLs. He lives in a Toronto Senior Subsidized Housing, independently.

On physical exam he appeared well, was in no acute distress, and euvolemic. His blood pressure was 136/82 mmHg, HR 76 bpm, weight 188 pounds. JVP was 4 cm ASA at 30 degrees. S1 and S2 normal. No appreciable S3 or heart murmurs. Chest was clear to auscultation. Abdomen was soft. There was mild peripheral edema.

CBC and Lytes from Oct 22, 2021 showed Na140, K+ 3.7, Creatine Level of 151, eGFR of 47 mL/min/1.73m², Hb 118, WBC 7.65, Platelets 181. NT proBNP was NT proBNP was 1006 on July 25, 2021.

TTE from July 16, 2021 showed LVEF moderately impaired with normal right ventricle in size and function. There were no significant valvular abnormalities. TTE on July 12, 2021 showed LVEF 42% visually with apical 4 shortening likely results in overestimation of LVEF, LVEF was estimated to be closer to 35%. There was mild MR. There was no vegetation.

ECG demonstrated atrial fibrillation with ventricular rate 71 bpm.

In conclusion, Lenskyj is an 80 year-old male with a history of HF_rEF with a most recent LVEF of 35% as of July 2021. He is clinically doing well, however, he is not on optimal therapy for his heart failure. We revisited this conversation, and he remained adamant about not initiating any additional medication with proven effectiveness in heart failure management. He understands that he is not on optimal therapy. He specifically declined a SGLT2 inhibitor, and reinitiation of the ARB which was previously held in concern of his renal function. He is also not interested in Entresto. In our discussion, it was evident he conducts independent Internet searches to help him inform this personal decision. We have respected his wishes, and will repeat his blood work here today to monitor his renal function. Depending on these results, we will consider altering his current Lasix 80mg po once daily, however, we would like to maintain him at this dose.

Sincerely,

Andrew Lagrotteria, CC3 on behalf of Dr. Gordon Moe.

CC:

Lauren Emily Welsh, MD
Wellesley-Stj Town Center
95 Homewood Ave
Toronto On M4Y 1J4

Electronically signed by Gordon Moe Nov 23, 2021 07:59 am

Gordon Moe, MD FRCPC Dictated by: Andrew Lagrotteria,
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D: Nov-22-2021 11:46 A T: Nov-23-2021 EVR343615 Doc: 5472690