USER GUIDE FOR MEDICAL SUMMARY

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The medical summary structure

- > Case Overview: Introduces the narrative of the case with a short human-like summary and provides a chronological review of the information needed to analyze a case including a chronological timeline and overview of the impairments, recent medical history such as most recent visit, medications, procedures and abnormal lab result.
- > Impairment Rundown: An impairment level focus of the case provides a 360° view for each of the conditions found in the case including comorbidities, associated symptoms, medications, labs, procedures and specialist visits.
- > **Document Abstract:** A chronologically ordered summary of each medical encounter available in the source documents in two different formats: human-like summaries or text-to-text transcription for each of the encounters.
- > **Source Documents:** A complete copy of the original medical records in two separate sections: documents that were analyzed and documents that were not analyzed because they were handwritten, EKG's or poor document quality.
- > **Supplemental Documents:** Contains additional medical information, including key health indicators, conditions, procedures and medications references, lab results and a general index.

How to navigate the medical summary efficiently:

In **Adobe Reader**, look for the **Bookmarks** button on the left side of the screen and click on it (or alternatively: View > Show/Hide > Navigation Panes > Bookmarks). The bookmarks should be used as a "Table of Contents" menu to enjoy maximum efficiency in reading the summary. Bookmarks enable a "split-screen" experience where the medical data is always available when viewing the source documents of the medical file.



This is a clickable PDF summary! All diagnosis, dates and medical data points are clickable. Click on the data point and jump directly to the source page in the medical file from which it was extracted.

Enable 'Go Back' button in Adobe Reader:



Go to View > Show/Hide > Toolbar Items > Show Page Navigation Tools > Previous View. A backward arrow will then appear in the toolbar at the top. This allows you to quickly go back to the previously-viewed page. Alternatively you can use the shortcut ALT+LEFT.

Learn more about how to use the DigitalOwl summary at university.digitalowl.com

or scan the QR code:



Case Overview

Summary Date: 10.05.2022

Case Name: DigitalOwl Demo - 71 P **Total Pages:** 71 (03.06.2017 - 10.05.2022)

Handwritten/Other Pages: 5

Gender: Male **DOL:** 02.01.2018











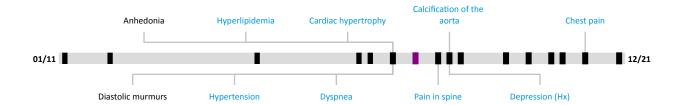






The patient is a male weighing 155 lbs. He has a history of hypertension, dyspnea, diabetes mellitus, and high insulin levels. He is on Telmisartan, Crestor, Zetia, and Triglycerides. He suffers from hyperlipidemia, hyperglycemia, and low-density hemorrhoid banding. He was diagnosed with gastro-esophageal reflux disease with symptoms of reduced appetite, weight gain, burning, and was treated with Omeprazole. Additionally, he had chronic low back pain, and left hip pain. He underwent an X-ray of the left hip which showed mild degenerative changes in the lumbar spine and mild calcification of the abdominal aorta. He also complained of shortness of breath, pain in the right leg, hemorrhoids, and chest heaviness in the center of the chest, which was relieved by rest.

Tobacco usage Not Found	Alcohol Usage Not Found	Marijuana Usage Not Found	Substance Abuse Not Found	BMI 25 05.26.2021
Weight 155 lbs 07.08.2021	Height 5'5" 07.08.2021	Blood Pressure 130/80 mmHg 07.08.2021	Cholesterol/HDL ratio 3.70 10.05.2018	HDL Cholesterol 37.00 05.26.2021
HgA1c 6.30 %	Total Cholesterol 138.00 mg/dL			



Chronological Overview

Date presented is the first occurrence of a condition or event

Memory disorder 2021

Plastic surgical procedures pre 2021

Hyperinsulinism 2021 Splints (referral) 2021

Chest pain 2021

Ischaemic heart disease (suspected) 2021

Covid-19 infection 2020 Diaphragmatic hernia 2020

Gastroesophageal reflux disease 2020

Diabetes Mellitus 2018

Glucose intolerance pre 2018

Aortic aneurysm (suspected) 2018

Aneurysm (suspected) 2018 Vitamin deficiency 2018

Degeneration of spine 2018

Calcification of the aorta 2018

Osteoarthritis 2018 Pain in spine 2018

Sleep apnea syndrome pre 2018 Cardiac hypertrophy 2017 Hypertension 2017

Dyspnea 2017

Hyperlipidemia 2017

Depression 2017

Dietetic procedures 2017 Muscle strain (suspected) 2017

Habits

Non smoker

10/18

10/18

Tobacco Usage

Last Mention: 10.31.2018
• Non smoker (2018)

Alcohol Usage

Not Found

Marijuana Usage

Not Found

Substance Abuse

Not Found

Family History

Coronary heart disease (FHx) Hematologic malignancies (FHx) Polycythemia (FHx)

Allergies

Not Found

Recent History and Findings

Recent Encounters

In the 24 months prior to 10.05.2022

Date	Туре	Abstract
12.30.2021	Progress Notes Herman, Martin MD	The patient presents with a complaint of <u>memory impairment</u> . Over the past several years he has noted <u>memory problem</u> but it is primarily limited to remembering people's names. He does not feel that this is been progressive and he does not associate it with any type of acute event. He works as a as well as well and is not experiencing any difficulties in doing his work. The patient may occasionally misplace something but it has not been a major problem. There is a history of <u>heavy snoring</u> and he was diagnosed with <u>sleep apnea</u> in the past. He states he may get up to 9 hours sleep per night. However, he continues to <u>snore loudly</u> and that there are times when he awakes <u>gasping</u> . Go To Transcription Go To Source Document
07.08.2021	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents for a <u>follow-up visit for f/u of results of endoscopy, Echo</u> and <u>stress test.</u> He is diagnosed with <u>hyperlipidemia, vitamin D deficiency,</u> hyperglycemia, and gastro - esophageal reflux disease without esophagitis. He was prescribed Omeprazole and will follow up in 6 months. Go To Transcription Go To Source Document
06.10.2021	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents with <u>acidity, burning sensation</u> , lack of appetite, and <u>hemorrhoids</u> . The patient has <u>shortness</u> of breath, pain in the right leg, other hemorrhoids, gastro - esophageal reflux disease without esophagitis, and <u>chronic back pain</u> . Given referral for <u>Echo Nuc Stress Test</u> , Niero eval for memory testing, and check H pylori. Go To Transcription Go To Source Document
05.26.2021	Visit Note Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease) MEHERWAN B JOSHI MD	The patient presents for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea and chest pain. He complains of shortness of breath with exertion and chest heaviness. Assessed today with chest pain, unspecified, Elevated blood - pressure reading, without diagnosis of hypertension, Dyspnea, unspecified and Diabetic Mellitus. Continue taking Crestor and Zetia. Go To Transcription Go To Source Document
12.05.2020	PROGRESS NOTES	The patient presents for a follow-up visit for calcium, cologuard, and cardio f/u. He has COVID-19, shortness of breath, hyperlipidemia, and diaphragmatic hernia without obstruction or gangrene. He was prescribed ASA 81 mg, Crestor 20 mg, Albuterol, and a low-fat diet. Go To Transcription Go To Source Document
10.29.2020	Physician Encounter Deora, Sonia D.O. Family Medicine	The patient presents for a follow-up visit. The patient has gastro - esophageal reflux disease without esophagitis, other constipation, encounter for immunization, and hyperlipidemia, unspecified. Calcium Coronary Score was ordered and Omeprazole 40 mg was prescribed. Dietary changes, a flu shot, a Cologuard, and colonscopy were recommended. Go To Transcription Go To Source Document

Recent Symptoms and Findings

In the 24 months prior to 10.05.2022

Title	Most Recent Mention	First Mention	Possible Relevant Disease
Sleep disorders (suspected)	2021		Dyspnea; Sleep apnea syndrome;
Anxiety (suspected)	2021		
Hyperglycemia	2021	2018	Chest pain; Diabetes Mellitus; Hypertension;
Limb pain	2021	2018	
Paresthesia	2021	2020	
Heartburn	2021		
Body weight changes	2021	2018	
Constipation	2020		Hypertension;

Recent Diagnostic Reports

In the 24 months prior to 10.05.2022

Date	Туре	Abstract
05.26.2021	EKG	Go To Transcription Go To Source Document
11.02.2020	Diagnostic Procedure Vd, Michael L Amoroso	The patient presents for a CT CARDIAC SCORING. Findings show a calcium score of 113 in the left anterior descending coronary artery and 18 in the right coronary artery, which places the patient in the 60th percentile rank. There is a small

Recent Therapeutic Reports

In the 24 months prior to 10.05.2022

Date	Туре	Abstract
05.26.2021	EKG	Go To Transcription Go To Source Document
11.02.2020	Diagnostic Procedure Vd, Michael L Amoroso	The patient presents for a CT CARDIAC SCORING. Findings show a calcium score of 113 in the left anterior descending coronary artery and 18 in the right coronary artery, which places the patient in the 60th percentile rank. There is a small

Recent Diagnostic Procedures

Cited diagnostic procedures in the 24 months prior to 10.05.2022

No information was found from the last 24 months.

Recent Therapeutic Procedures

Cited therapeutic procedures in the 24 months prior to 10.05.2022

No information was found from the last 24 months.

Recent Medications

In the 24 months prior to 10.05.2022

Date	Medications
12.30.2021	Desvenlafaxine; Rosuvastatin
07.08.2021	Desvenlafaxine Succinate 50 MG; Hydrocortisone; Omega 3 Fatty Acids; Omeprazole 40 MG; Rosuvastatin Calcium 20 MG Oral Tablet; Triamcinolone Acetonide Cream; Vitamin D
06.10.2021	Desvenlafaxine Succinate 50 MG; Omega 3 Fatty Acids; Omeprazole 40 MG; Rosuvastatin Calcium 20 MG Oral Tablet; Triamcinolone Acetonide Cream
05.26.2021	Aspirin 81 Mg; Desvenlafaxine 50 MG; Escitalopram 20 MG; Fish Oils; Ganglioside GM1; Levofloxacin 500 MG; Lexapro; Rosuvastatin; Telmisartan; Telmisartan 40 MG; Zetia
12.05.2020	Albuterol / Salbutamol; Aspirin; Desvenlafaxine Succinate 50 MG; Omega 3 Fatty Acids; Rosuvastatin Calcium 20 MG Oral Tablet; Triamcinolone Acetonide Cream
10.29.2020	Desvenlafaxine Succinate 50 MG; Omega 3 Fatty Acids; Omeprazole 40 MG; Rosuvastatin Calcium 20 MG Oral Tablet; Triamcinolone Acetonide Cream

Recent Abnormal Lab Results

In the 24 months prior to 10.05.2022

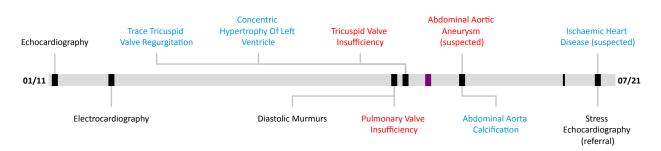
Lab Result	Value	Cited Status	Latest Date	
Albumin to globulin ratio measurement	2.40	high	10.23.2020	See All Results
Glucose measurement	103.00 mg/dL	high	10.23.2020	See All Results
HbA1c measurement	-	high	05.26.2021	See All Results
HDL cholesterol measurement	37.00 mg/dL	low	05.08.2021	See All Results
LDL cholesterol measurement	19.90	low	05.08.2021	See All Results
LDL small measurement	590.00 nmol/L	high	05.08.2021	See All Results

Lab Result	Value	Cited Status	Latest Date	
Triglycerides measurement	216.00 mg/dL	high	05.08.2021	See All Results
Urine protein measurement	- mg/dL	abnormal	06.11.2021	See All Results

Impairments Rundown



Cardiovascular disease (High)



Category	Specifics	Relevant Encounters
Cardiac hypertrophy Mentioned on 08/17 (5 months prior to DOL)	Concentric Hypertrophy Of Left Ventricle	O8.28.2017 Joshi, Meherwan MD (Trinitas Regional Medical Center) The patient presents for a transthoracic echocardiogram due to dyspnea. The study shows the left ventricular ejection fraction, by visual estimation, is 60 to 65 %. There is mild concentric hypertrophy and ventricular wall thickness is mildly increased. Go To Abstract Go To Transcription Go To Source Document
Disease of aorta Mentioned on 10/18 (8 months after DOL)	Abdominal Aorta Calcification Abdominal Aortic Aneurysm (suspected)	10.31.2018 Joshi, Meherwan MD (MEHERWAN B JOSHI MD) The patient presents for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea, and left hip pain. He underwent an X-ray of the left hip, which showed possible calcification of the abdominal aorta. His overall activity level has decreased and his blood pressure has been controlled, however, he has gained

The patient presents for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea, and left hip pain. He underwent an X-ray of the left hip, which showed possible calcification of the abdominal aorta. His overall activity level has decreased and his blood pressure has been controlled, however, he has gained some weight and has no shortness of breath or chest pain. He is diagnosed with hypertensive cardiovascular disease, hypertension, and diabetes mellitus. The patient will get an ultrasound of the abdomen and will evaluate for aneurysmal dilatation.

Go To Abstract | Go To Transcription | Go To Source Document

Ischaemic heart disease Mentioned on 05/21 (3 years after DOL) Ischaemic Heart Disease (suspected)

Ischaemic Heart Disease (suspected)
Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

05.26.2021

No abstract found, presenting transcript evidence instead:

....). DYSPNEA. HAS NOTICED MARKED DECREASE IN EXERTIONAL TOLERANCE WITH EXERTIONAL CHEST PAIN AS WELL AS SHORTNESS OF BREATH. RULE OUT **ISCHEMIC HEART DISEASE**. WILL ALSO CHECK 2D ECHO TO EVALUATE LV SYSTOLIC AS WELL AS DIASTOLIC PHYSIOLOGY. BLOOD PRESSURE IS ALSO ELEVATED AT THIS MAY ...

Go To Abstract | Go To Transcription | Go To Source Document

Category	Specifics	Relevant Encounters
Heart valve disease	Diastolic Murmurs	10.31.2018
Mentions between	Faint Atrial Gallop Sound	Tricuspid Regurgitation Murmur
08/17 - 10/18	Pulmonary Valve	Joshi, Meherwan MD (MEHERWAN B JOSHI MD)
5 months prior to DOL)	Insufficiency	No abstract found, presenting transcript evidence instead:
	Trace Mitral Valve	Pupil equal. Carotid upstroke Brisk, Thyroid exam Normal
	Regurgitation	CVS: -S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6 SYSTOLIC
	Trace Tricuspid Valve	MURMUR OF TRICUSPID REGURGITATION. FAINT DIASTOLIC MURMUR
	Regurgitation	OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY
	Tricuspid Regurgitation	LINE. NO NECK VEIN DISTENTION. NO BRUIT OR
	Murmur	Go To Abstract Go To Transcription Go To Source Document
	Tricuspid Valve Insufficiency	
√ascular disease	Aneurysm (suspected)	10.31.2018
Mentioned on		Aneurysm (suspected)
10/18		Joshi, Meherwan MD (MEHERWAN B JOSHI MD)
8 months after DOL)		No abstract found, presenting transcript evidence instead:
		WAS PICKED UP ON X - RAY. HE IS A NONSMOKER. FOR NOW WILL GET AN
		ULTRASOUND OF THE ABDOMEN AND EVALUATE FOR ANEURYSMAL DILATION . IF
		THERE IS AN ABDOMINAL AORTIC ANEURYSM I WOULD RECOMMEND GOING BACK
		ON BLOOD PRESSURE MEDICATIONS. AT THAT TIME HE MAY REQUIRE
		Go To Abstract Go To Transcription Go To Source Document

Delevent Engaventers

Relevant Diagnostic Reports

In the 24 months prior to 10.05.2022

Date	Туре	Abstract
05.26.2021	EKG	Go To Transcription Go To Source Document
11.02.2020	Diagnostic Procedure Vd, Michael L Amoroso	The patient presents for a CT CARDIAC SCORING. Findings show a calcium score of 113 in the left anterior descending coronary artery and 18 in the right coronary artery, which places the patient in the 60th percentile rank. There is a small historycoronary artery , which places the patient in the 60th percentile rank. There is a small historycoronary-artery , which places the patient in the 60th percentile rank. There is a small

Additional Details

Date presented is the most recent occurrence of a condition or event

Canaifina

Catagoni

Lab Results:

- Creatinine Measurement: 0.90 mg/dL (05.08.2021)
- Blood gas analysis: 30.00 mmol/L (10.05.2018)
- EGFR Measurement: 93.00 (05.08.2021)
- Triglycerides Measurement: 214.00 (05.26.2021)
- HDL Cholesterol Measurement: 37.00 (05.26.2021)
- Total Cholesterol Measurement: 138.00 mg/dL (05.08.2021)
- Fasting Glucose Measurement: 92.00 mg/dL (08.28.2012)
- LDL Cholesterol Measurement: 833.00 (05.26.2021)
- Hemoglobin Measurement (abnormal): 15.10 g/dL (06.11.2021)
- LDL Small Measurement: 590.00 nmol/L (05.08.2021)

Complications:

• Dyspnea (12.30.2021)

Medications:

- Rosuvastatin (12.30.2021)
- Rosuvastatin Calcium 10 MG Oral Tablet [Crestor] (12.05.2019)

- Antihypertensive agents (10.31.2018)
- Adrenergic Beta Antagonists (considered) (10.31.2018)
- Rosuvastatin Calcium 20 MG Oral Tablet (07.08.2021)
- Aspirin (05.26.2021)
- Aspirin 81 Mg (05.26.2021)

Associated Symptoms:

- Hypertension (05.26.2021)
- Diastolic murmurs (10.31.2018)
- Chest pain (05.26.2021)

Associated Conditions:

- Hyperglycemia (07.08.2021)
- Vitamin deficiency (07.08.2021)
- Diabetes Mellitus (05.26.2021)
- Risk Of Cardiovascular Disease (05.27.2020)
- Hyperinsulinism (06.10.2021)
- Sleep apnea syndrome (12.30.2021)

Associated Diagnostic Procedure:

- Echocardiography (07.08.2021)
- Stress test (07.08.2021)
- Electrocardiography: Normal (05.26.2021)
- Imaging of blood vessel (08.28.2017)
- Imaging of aorta (11.28.2018)
- Imaging of coronary vessels: 18 (11.02.2020)

Associated Specialist Visit:

• Cardiological follow up (12.05.2020)



Diabetes mellitus (Medium)

Diabetes Mellitus

10/18

Category

05/21

General	Diabetes Mellitus	05.26.2021
Mentions between		Joshi, Meherwan MD (MEHERWAN B JOSHI MD)
10/18 - 05/21		The patient presents for evaluation of hypertensive cardiovascular disease, mixed
(8 months after DOL)		hyperlipidemia, dyspnea and chest pain. He complains of shortness of breath with
		exertion and chest heaviness. Assessed today with chest pain, unspecified, Elevated
		blood - pressure reading, without diagnosis of hypertension, Dyspnea, unspecified
		and Diabetic Mellitus. Continue taking Crestor and Zetia.
		Go To Abstract Go To Transcription Go To Source Document

Relevant Encounters

Additional Details

Date presented is the most recent occurrence of a condition or event

Specifics

Lab Results:

- EGFR Measurement: 93.00 (05.08.2021)
- Fasting Glucose Measurement: 92.00 mg/dL (08.28.2012)
- Urinalysis: mg/dL (06.11.2021)
- Serum Creatinine Measurement: 0.91 mg/dL (07.29.2017)
- HbA1c Measurement: 6.30 % (06.11.2021)

Complications:

• Hypertension (05.26.2021)

Associated Symptoms:

- Hyperglycemia (07.08.2021)
- Paresthesia (06.10.2021)

Associated Conditions:

- Hyperlipidemia (12.30.2021)
- Hypertension (05.26.2021)
- Abnormal urine (10.18.2018)
- Glucose intolerance (05.26.2021)



Endocrine or metabolic disease (Medium)



Category	Specifics	Relevant Encounters
Vitamin deficiency	Vitamin D Deficiency	07.08.2021
Mentions between		Deora, Sonia D.O.
10/18 - 07/21		The patient presents for a follow-up visit for f/u of results of endoscopy, Echo and
(8 months after DOL)		stress test. He is diagnosed with hyperlipidemia, vitamin D deficiency,
		hyperglycemia, and gastro - esophageal reflux disease without esophagitis. He was
		prescribed Omeprazole and will follow up in 6 months.
		Go To Abstract Go To Transcription Go To Source Document
Metabolic disorder	Hyperglycemia	05.26.2021
Mentions between	,, 0,	Joshi, Meherwan MD (MEHERWAN B JOSHI MD)
10/18 - 07/21		The patient presents for evaluation of hypertensive cardiovascular disease, mixed
(8 months after DOL)		hyperlipidemia, dyspnea and chest pain. He complains of shortness of breath with
		exertion and chest heaviness. Assessed today with chest pain, unspecified, Elevated
		blood - pressure reading, without diagnosis of hypertension, Dyspnea, unspecified
		and Diabetic Mellitus. Continue taking Crestor and Zetia.
		Go To Abstract Go To Transcription Go To Source Document
General	Hyperinsulinism	06.10.2021
Mentioned on	, per	Hyperinsulinism
06/21		Deora, Sonia D.O.
(3 years after DOL)		No abstract found, presenting transcript evidence instead:
(5) cars aree. 202)		History of Present Illness Burning sensation, cant eat well. Low appetitie no wt loss,
		no dysphagia, gas farting, no blood, discomfort and itchy. High insulin levels chronic
		back pain, SOb with steps, cardio sending him for stress an echo, small hole in front
		of ear shins burning with walking.
		Go To Abstract Go To Transcription Go To Source Document

Additional Details

Date presented is the most recent occurrence of a condition or event

Lab Results:

- Thyroid hormone measurement: 2.07 (06.11.2021)
- Blood gas analysis: 30.00 mmol/L (10.05.2018)
- HDL Cholesterol Measurement: 37.00 (05.26.2021)
- Third Generation Thyroid Stimulating Hormone Assay: 1.42 mU/L (10.05.2018)
- Fasting Glucose Measurement: 92.00 mg/dL (08.28.2012)
- Urinalysis: 6.00 (06.11.2021)
- Total Testosterone Measurement: 159.74 ng/dL (08.09.2017)
- HbA1c Measurement: 6.30 % (06.11.2021)

Complications:

• Depression (12.30.2021)

Medications:

• Prednisone (12.05.2019)

Associated Symptoms:

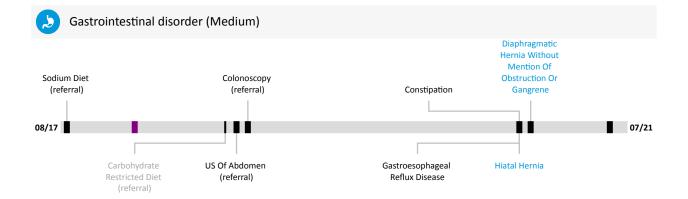
- Hyperlipidemia (12.30.2021)
- Body weight changes (05.26.2021)
- Constipation (10.29.2020)

Associated Conditions:

- Hypertension (05.26.2021)
- Diastolic murmurs (10.31.2018)
- Cardiac hypertrophy (08.28.2017)
- Diabetes Mellitus (05.26.2021)
- Ischaemic heart disease (suspected) (05.26.2021)

Associated Diagnostic Procedure:

• Imaging of neck (07.23.2018)



Category	Specifics	Relevant Encounters
Constipation	Constipation	10.29.2020
Mentioned on		Constipation
10/20		Deora, Sonia D.O.
(2 years after DOL)		No abstract found, presenting transcript evidence instead:
		Assessment:
		1. K21.9 - Gastro - esophageal reflux disease without esophagitis
		2. K59.09 - Other constipation
		3. Z23 - Encounter for immunization
		4. E78.5 - Hyperlipidemia, unspecified
		Go To Abstract Go To Transcription Go To Source Document

Category	Specifics	Relevant Encounters
Diaphragmatic hernia	Diaphragmatic Hernia	12.05.2020
Mentioned on	Without Mention Of	The patient presents for a follow-up visit for calcium, cologuard, and cardio f/u. He
12/20	Obstruction Or Gangrene	has COVID-19, shortness of breath, hyperlipidemia, and diaphragmatic hernia
2 years after DOL)		without obstruction or gangrene. He was prescribed ASA 81 mg, Crestor 20 mg,
		Albuterol, and a low-fat diet.
		Go To Abstract Go To Transcription Go To Source Document
Hiatal hernia	Hiatal Hernia	11.02.2020
Mentioned on		Vd, Michael L Amoroso
11/20		The patient presents for a CT CARDIAC SCORING. Findings show a calcium score of
(2 years after DOL)		113 in the left anterior descending coronary artery and 18 in the right coronary
		artery, which places the patient in the 60th percentile rank. There is a small hiatal
		hernia. Total calcium score is 131.
		Go To Abstract Go To Transcription Go To Source Document
Digestive system reflux	Gastroesophageal Reflux	06.10.2021
Mentions between	Disease	Deora, Sonia D.O.
10/20 - 07/21	Heartburn	The patient presents with acidity, burning sensation, lack of appetite, and
(2 years after DOL)		hemorrhoids. The patient has shortness of breath, pain in the right leg, other
		hemorrhoids, gastro - esophageal reflux disease without esophagitis, and chronic
		back pain. Given referral for Echo Nuc Stress Test, Niero eval for memory testing, and check H pylori.
		Go To Abstract Go To Transcription Go To Source Document

Relevant Diagnostic Reports

In the 24 months prior to 10.05.2022

Date	Туре	Abstract
11.02.2020	Diagnostic Procedure Vd, Michael L Amoroso	The patient presents for a CT CARDIAC SCORING. Findings show a calcium score of 113 in the left anterior descending coronary artery and 18 in the right coronary artery, which places the patient in the 60th percentile rank. There is a small

Additional Details

Date presented is the most recent occurrence of a condition or event

Lab Results:

- Total Cholesterol Measurement: 138.00 mg/dL (05.08.2021)
- High Sensitivity C-Reactive Protein Measurement: 0.20 mg/L (07.29.2017)
- Vitamin measurement: 8.10 ng/mL (06.11.2021)

Associated Symptoms:

• Body weight changes (05.26.2021)

Associated Diagnostic Procedure:

- Liver function tests: 26.00 IU/L (05.08.2021)
- Imaging of abdomen (11.28.2018)
- Colonoscopy (07.08.2021)
- Screening for cancer: (06.11.2021)

Associated Therapeutic Procedures:

• Dietetic procedures (05.26.2021)

Hyperlipidemia (Medium)



Category	Specifics	Relevant Encounters
Hypertriglyceridemia	Hypertriglyceridemia	05.26.2021
Mentions between		Hypertriglyceridemia
10/18 - 05/21		Joshi, Meherwan MD (MEHERWAN B JOSHI MD)
(8 months after DOL)		No abstract found, presenting transcript evidence instead:
		PRESSURE. MAY REINSTITUTE MEDICATION DEPENDING ON THE RESULTS OF HIS HOME LOG.
		3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. TRIGLYCERIDES ALSO
		ARE SIGNIFICANTLY ELEVATED. HAS NOT BEEN COMPLIANT WITH HIS FISH OIL. I
		HAVE EXPLAINED TO HIM THAT HE MUST TAKE FISH OIL 2 G TWICE
		Go To Abstract Go To Transcription Go To Source Document
Mixed hyperlipidemia	Mixed Hyperlipidemia	05.26.2021
Mentions between		Joshi, Meherwan MD (MEHERWAN B JOSHI MD)
08/17 - 05/21		The patient presents for evaluation of hypertensive cardiovascular disease, mixed
(5 months prior to DOL)		hyperlipidemia, dyspnea and chest pain. He complains of shortness of breath with
		exertion and chest heaviness. Assessed today with chest pain, unspecified, Elevated
		blood - pressure reading, without diagnosis of hypertension, Dyspnea, unspecified
		and Diabetic Mellitus. Continue taking Crestor and Zetia.
		Go To Abstract Go To Transcription Go To Source Document
General	Other Hyperlipidemia	07.08.2021
Mentions between	71	Deora, Sonia D.O.
08/17 - 07/21		The patient presents for a follow-up visit for f/u of results of endoscopy, Echo and
5 months prior to DOL)		stress test. He is diagnosed with hyperlipidemia, vitamin D deficiency,
		hyperglycemia, and gastro - esophageal reflux disease without esophagitis. He was
		prescribed Omeprazole and will follow up in 6 months.
		Go To Abstract Go To Transcription Go To Source Document

Additional Details

Date presented is the most recent occurrence of a condition or event

Lab Results:

- Triglycerides Measurement: 214.00 (05.26.2021)
- HDL Cholesterol Measurement: 37.00 (05.26.2021)
- Cholesterol/HDL Ratio Measurement: 3.70 (10.05.2018)
- Total Cholesterol Measurement: 138.00 mg/dL (05.08.2021)
- LDL Cholesterol Measurement: 833.00 (05.26.2021)
- LDL Small Measurement: 590.00 nmol/L (05.08.2021)
- High Sensitivity C-Reactive Protein Measurement: 0.20 mg/L (07.29.2017)

Family History:

• Coronary heart disease (FHx) (05.26.2021)

Medications:

- Rosuvastatin (12.30.2021)
- Acid Esters Omega (08.09.2017)
- Rosuvastatin Calcium 10 MG Oral Tablet [Crestor] (12.05.2019)
- Rosuvastatin Calcium 20 MG Oral Tablet (07.08.2021)

Associated Conditions:

- Hypertension (05.26.2021)
- Diabetes Mellitus (05.26.2021)

Associated Therapeutic Procedures:

• Dietetic procedures (05.26.2021)



Nervous system disorder (Medium)



Category	Specifics	Relevant Encounters
Memory impairment Mentioned on 12/21 (3 years after DOL)	Memory Disorder	Herman, Martin MD The patient presents with a complaint of memory impairment. Over the past several years he has noted memory problem but it is primarily limited to remembering people's names. He does not feel that this is been progressive and he does not associate it with any type of acute event. He works as a as well as well and is not experiencing any difficulties in doing his work. The patient may occasionally misplace something but it has not been a major problem. There is a history of heavy snoring and he was diagnosed with sleep apnea in the past. He states he may get up to 9 hours sleep per night. However, he continues to snore loudly and that there are times when he awakes gasping. Go To Abstract Go To Transcription Go To Source Document

Additional Details

Date presented is the most recent occurrence of a condition or event

Medications:

• Ibuprofen (10.04.2018)

Associated Symptoms:

- Neck pain (07.23.2018)
- Paresthesia (06.10.2021)
- Headache (12.05.2020)

Associated Conditions:

• Diabetes Mellitus (05.26.2021)

Associated Diagnostic Procedure:

- Imaging of spine (10.04.2018)
- Neurologic examination (12.30.2021)

2

Orthopedic disorder (Medium)



Category	Specifics	Relevant Encounters
Osteoarthritis Mentioned on 10/18 (8 months after DOL)	Mild Hip Joints Degenerative Changes	10.04.2018 Einhorn, Robert MD The patient presents for a left hip X-ray due to left hip pain for one month. The study shows mild degenerative changes in the left hip. Go To Abstract Go To Transcription Go To Source Document
Muscle injury Mentioned on 03/17 (10 months prior to DOL)	Repetitive Strain Syndrome (suspected)	O3.06.2017 Schottenfeld, Mark M.D MS The patient presents with synovitis of theIPP joints. He does no physical therapy or physical exercises whatsoever, he is in a sitting position all day. He thinks he has Overuse Syndrome of the PIP joints and OTC anti inflammatories will be sufficient for him. Go To Abstract Go To Transcription Go To Source Document
Back pain Mentions between 07/18 - 05/20 (5 months after DOL)	Cervical Spine Pain Chronic Low Back Pain Low Back Pain	O6.10.2021 Deora, Sonia D.O. The patient presents with acidity, burning sensation, lack of appetite, and hemorrhoids. The patient has shortness of breath, pain in the right leg, other hemorrhoids, gastro - esophageal reflux disease without esophagitis, and chronic back pain. Given referral for Echo Nuc Stress Test, Niero eval for memory testing, and check H pylori. Go To Abstract Go To Transcription Go To Source Document
Arthropathy Mentioned on 03/17 (10 months prior to DOL)	Synovitis	O3.06.2017 Synovitis Schottenfeld, Mark M.D MS No abstract found, presenting transcript evidence instead: CLINICAL IMPRESSION: SYNOVITIS PIP JOINTS He does no physical therapy or physical exercises whatsoever and he is in a sitting position all day. I think he developed an Overuse Syndrome of the PIP joints and I think over the counter anti inflammatories will be sufficient for him. The lumbar spine films were totally within normal limits. Go To Abstract Go To Transcription Go To Source Document
Spinal disorder Mentioned on 10/18 (8 months after DOL)	Mild Lumbar Spine Degenerative Changes	10.04.2018 The patient presents for a lumbosacral spine X-ray due to low back pain for one month. The study shows mild degenerative changes in the lumbar spine, and mild calcification in the abdominal aorta. Go To Abstract Go To Transcription Go To Source Document

Category	Specifics	Relevant Encounters
Extremity disorder Mentions between 10/18 - 06/21 (8 months after DOL)	Left Hip Pain Pain In Right Leg	Joshi, Meherwan MD (MEHERWAN B JOSHI MD) The patient presents for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea, and left hip pain. He underwent an X-ray of the left hip, which showed possible calcification of the abdominal aorta. His overall activity level has decreased and his blood pressure has been controlled, however, he has gained some weight and has no shortness of breath or chest pain. He is diagnosed with hypertensive cardiovascular disease, hypertension, and diabetes mellitus. The patient will get an ultrasound of the abdomen and will evaluate for aneurysmal dilatation. Go To Abstract Go To Transcription Go To Source Document
General Mentioned on 10/18 (8 months after DOL)	Hip Joint Pain	10.18.2018 Hip Joint Pain No abstract found, presenting transcript evidence instead: fish oil, tree nuts. Vit D 1000 iu a day . Cardio eval for calcif seen in Abdom Aorta. PT for hip and back pain. Go To Abstract Go To Transcription Go To Source Document

Date presented is the most recent occurrence of a condition or event

Medications:

- Nonsteroidal Anti-inflammatory Drug NSAID (07.23.2018)
- Ibuprofen (10.04.2018)

Associated Symptoms:

- Neck pain (07.23.2018)
- Arthralgia (10.18.2018)

Associated Diagnostic Procedure:

- Imaging of spine (10.04.2018)
- Imaging of neck (07.23.2018)
- Imaging of lower extremity (10.31.2018)
- Examination of lower limb (12.05.2020)





Category	Specifics	Relevant Encounters
Emotional stress	Anxiety (suspected)	12.30.2021
Mentioned on		Anxiety (suspected)
12/21		Herman, Martin MD
(3 years after DOL)		No abstract found, presenting transcript evidence instead:
		do not think that this gentleman has any type of significant cognitive impairment.
		His difficulty with remembering names may have to do with some anxiety as well as
		the depression. Alternatively there may be some element of sleep deprivation as he
		is not being treated for obstructive sleep
		Go To Abstract Go To Transcription Go To Source Document
Depression	Depression (suspected)	04.23.2019
Mentions between	Single Episode Of Major	Deora, Sonia D.O.
08/17 - 04/19	Depression	The patient is here for a hepatitis B shot. He has a diagnosis of major depressive
(5 months prior to DOL)		disorder, single episode, unspecified. He was given Pristiq and will return in October
		for PE.
		Go To Abstract Go To Transcription Go To Source Document
General	Anhedonia	08.09.2017
Mentioned on	7.11.10.00111.0	Anhedonia
08/17		Joshi, Meherwan MD (MEHERWAN B JOSHI MD)
(5 months prior to DOL)		No abstract found, presenting transcript evidence instead:
		IN THE THINGS THAT HE USUALLY DOES. THINGS THAT USED TO MAKE HIM
		EXCITED DO NOT EXCITE HIM ANY FURTHER. HE DOES HAVE ANHEDONIA. NO
		SUICIDAL IDEATION
		Go To Abstract Go To Transcription Go To Source Document

Date presented is the most recent occurrence of a condition or event

Lab Results:

• Total Testosterone Measurement: 159.74 ng/dL (08.09.2017)

Medications:

- Escitalopram 10 Mg Oral Tablet (11.20.2018)
- Desvenlafaxine (12.30.2021)

Associated Symptoms:

- Anhedonia (08.09.2017)
- Body weight changes (05.26.2021)
- Decrease In Appetite (10.29.2020)

Associated Conditions:

- Memory disorder (12.30.2021)
- Sleep disorders (suspected) (12.30.2021)





Category	Specifics	Relevant Encounters
Covid-19 infection Mentions between 12/20 - 12/21 (2 years after DOL)	Covid-19 Infection	12.05.2020 The patient presents for a follow-up visit for calcium, cologuard, and cardio f/u. He has COVID-19, shortness of breath, hyperlipidemia, and diaphragmatic hernia without obstruction or gangrene. He was prescribed ASA 81 mg, Crestor 20 mg, Albuterol, and a low-fat diet. Go To Abstract Go To Transcription Go To Source Document

Date presented is the most recent occurrence of a condition or event

Lab Results:

- PSA measurement: 1.20 ng/mL (06.11.2021)
- Urinalysis: (06.11.2021)
- Red Blood Cell Count: 5.33 cells/HPF (06.11.2021)
- Monocyte Percentage Measurement: 8.40 % (10.05.2018)
- Eosinophil Percentage Measurement: 2.40 % (10.05.2018)
- Basophil Percentage Measurement: 0.50 % (10.05.2018)
- Platelet Count: 273.00 10^3/μL (06.11.2021)
- Neutrophil Percentage Measurement: 52.80 % (10.05.2018)
- Lymphocyte Percentage Measurement: 35.90 % (10.05.2018)
- Absolute Neutrophil Count: 49.00 % (06.11.2021)
- Absolute Lymphocyte Count: 35.00 % (06.11.2021)
- Absolute Monocyte Count: 0.90 10^3/μL (06.11.2021)
- Absolute Eosinophil Count: 3.00 % (06.11.2021)
- Hemoglobin Measurement (abnormal): 15.10 g/dL (06.11.2021)
- Absolute Basophil Count: 1.00 % (06.11.2021)
- High Sensitivity C-Reactive Protein Measurement: 0.20 mg/L (07.29.2017)
- Immature Granulocyte Count (06.11.2021)

Associated Symptoms:

• Body weight changes (05.26.2021)

Associated Diagnostic Procedure:

• Viral diseases screening: 5.00 mIU/mL (10.05.2018)





Category	Specifics	Relevant Encounters
Sleep apnea syndrome Mentions between 07/18 - 12/21 (5 months after DOL)	Obstructive Sleep Apnea	Herman, Martin MD The patient presents with a complaint of memory impairment. Over the past several years he has noted memory problem but it is primarily limited to remembering people's names. He does not feel that this is been progressive and he does not associate it with any type of acute event. He works as a as well as well and is not experiencing any difficulties in doing his work. The patient may occasionally misplace something but it has not been a major problem. There is a history of heavy snoring and he was diagnosed with sleep apnea in the past. He states he may get up to 9 hours sleep per night. However, he continues to snore loudly and that there are times when he awakes gasping. Go To Abstract Go To Transcription Go To Source Document

Date presented is the most recent occurrence of a condition or event

Lab Results:

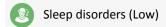
- Blood gas analysis: 30.00 mmol/L (10.05.2018)
 Absolute Eosinophil Count: 3.00 % (06.11.2021)
- Urinalysis: 6.00 (06.11.2021)

Associated Symptoms:

- Dyspnea (12.30.2021)
- Snoring (12.30.2021)
- Cough (12.05.2019)
- Throat symptoms (12.05.2019)
- Chest pain (05.26.2021)

Associated Diagnostic Procedure:

• Pulmonary function tests: WNL (10.04.2018)





Category	Specifics	Relevant Encounters
General Mentioned on 12/21 (3 years after DOL)	Sleep Deprivation (suspected)	12.30.2021 Sleep Deprivation (suspected) Herman, Martin MD No abstract found, presenting transcript evidence instead: His difficulty with remembering names may have to do with some anxiety as well as the depression. Alternatively there may be some element of sleep deprivation as he is not being treated for obstructive sleep apnea though this was documented in the past. Consideration was given to formal neuropsychological Go To Abstract Go To Transcription Go To Source Document

Date presented is the most recent occurrence of a condition or event

Lab Results:

- Third Generation Thyroid Stimulating Hormone Assay: 1.42 mU/L (10.05.2018)
- Hemoglobin Measurement (abnormal): 15.10 g/dL (06.11.2021)
- Total Testosterone Measurement: 159.74 ng/dL (08.09.2017)

Complications:

- Depression (12.30.2021)
- Body weight changes (10.29.2020)

Associated Conditions:

• Snoring (12.30.2021)

Other (Low)

Splints (referral) 2021 Follow-up CT 2020 CT Scan 2020 MRI Scan pre 2020 X-ray 2017 Ophthalmic examination 2017

Document Abstract

Date	Туре	Abstract
12.30.2021	Progress Notes Herman, Martin MD	The patient presents with a complaint of <u>memory impairment</u> . Over the past several years he has noted <u>memory problem</u> but it is primarily limited to remembering people's names. He does not feel that this is been progressive and he does not associate it with any type of acute event. He works as a as well as well and is not experiencing any difficulties in doing his work. The patient may occasionally misplace something but it has not been a major problem. There is a history of <u>heavy snoring</u> and he was diagnosed with <u>sleep apnea</u> in the past. He states he may get up to 9 hours sleep per night. However, he continues to <u>snore loudly</u> and that there are times when he awakes <u>gasping</u> . Go To Transcription Go To Source Document
07.08.2021	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents for a follow-up visit for f/u of results of endoscopy, Echo and stress test. He is diagnosed with hyperlipidemia, vitamin D deficiency, hyperglycemia, and gastro - esophageal reflux disease without esophagitis. He was prescribed Omeprazole and will follow up in 6 months. Go To Transcription Go To Source Document
06.10.2021	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents with <u>acidity, burning sensation,</u> lack of appetite, and <u>hemorrhoids.</u> The patient has <u>shortness of breath, pain in the right leg,</u> other hemorrhoids, gastro - esophageal reflux disease without esophagitis, and <u>chronic back pain.</u> Given referral for <u>Echo Nuc Stress Test,</u> Niero eval for memory testing, and check H pylori. Go To Transcription Go To Source Document
05.26.2021	Visit Note Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease) MEHERWAN B JOSHI MD	The patient presents for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea and chest pain. He complains of shortness of breath with exertion and chest heaviness. Assessed today with chest pain, unspecified, Elevated blood - pressure reading, without diagnosis of hypertension, Dyspnea, unspecified and Diabetic Mellitus. Continue taking Crestor and Zetia. Go To Transcription Go To Source Document
12.05.2020	PROGRESS NOTES	The patient presents for a follow-up visit for calcium, cologuard, and cardio f/u. He has COVID-19, shortness of breath, hyperlipidemia, and diaphragmatic hernia without obstruction or gangrene. He was prescribed ASA 81 mg, Crestor 20 mg, Albuterol, and a low-fat diet. Go To Transcription Go To Source Document
11.02.2020	Diagnostic Procedure Vd, Michael L Amoroso	The patient presents for a CT CARDIAC SCORING. Findings show a calcium score of 113 in the left anterior descending coronary artery and 18 in the right coronary artery, which places the patient in the 60th percentile rank. There is a small hit hernia. Total calcium score is 131. Go To Transcription Go To Source Document
10.29.2020	Physician Encounter Deora, Sonia D.O. Family Medicine	The patient presents for a follow-up visit. The patient has gastro - esophageal reflux disease without esophagitis, other constipation, encounter for immunization, and hyperlipidemia, unspecified. Calcium Coronary Score was ordered and Omeprazole 40 mg was prescribed. Dietary changes, a flu shot, a Cologuard, and colonscopy were recommended. Go To Transcription Go To Source Document
05.27.2020	Visit Note MEHERWAN B JOSHI MD	The patient presents for evaluation of hyperlepidemia , and dyspnea . The patient has a history of chronic low back pain , and he underwent an MRI in the past which showed no evidence of herniated disc. Additionally, the patient has dysuria, elevated blood pressure readings without a

		diagnosis of hypertension, aic levels are mildly elevated, and <u>diabetes mellitus</u> . Given medications, follow up with his primary care physician. Go To Transcription Go To Source Document
12.05.2019	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents with postnasal drip, <u>coughing</u> , and <u>throat pain</u> . The patient has <u>acute sinusitis</u> , and <u>cough</u> . Prescriptions for Augmentir, Prednisone, and Steam inhalation were given. Go To Transcription Go To Source Document
04.23.2019	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient is here for a hepatitis B shot. He has a diagnosis of <u>major depressive</u> <u>disorder, single episode, unspecified.</u> He was given Pristiq and will return in October for PE. Go To Transcription Go To Source Document
11.28.2018	Imaging	The patient presents for an <u>abdominal aorta ultrasound</u> due to previous <u>abnormal</u> findings on <u>X-ray.</u> The study shows atherosclerotic change of the distal abdominal Aorta without evidence of aneurysm. Go To Transcription Go To Source Document
11.28.2018	Imaging	Duplicate Document Found. Go To Transcription Go To Source Document
11.20.2018	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents with a history of sleeping a lot, <u>low energy</u> , and <u>snores</u> . The patient has a diagnosis of <u>Major depressive disorder</u> , <u>encounter for immunization</u> , and <u>Hyperlipidemia</u> . Lexapro was stopped and Pristiq 50 mg a day was prescribed. Go To Transcription Go To Source Document
10.31.2018	Visit Note Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease) MEHERWAN B JOSHI MD	The patient presents for evaluation of hyperlipidemia , dyspnea , and left hip pain. He underwent an X-ray of the left hip, which showed possible calcification of the abdominal aorta. His overall activity level has decreased and his blood pressure has been controlled , however, he has gained some

Date	Туре	Abstract
07.23.2018	PROGRESS NOTES Mendu, Srinivas M.D. Internal Medicine	The patient presents with pain in the back of the neck. He has mild neck pain since few days. Assessed today with cervicalgia. Advised to rest, heating pads to neck area, Nsaid, Flexeril and neck xray. Rto 3 weeks. Go To Transcription Go To Source Document
08.28.2017	TRANSTHORACIC ECHOCARDIOGRAM REPORT Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease) Trinitas Regional Medical Center	The patient presents for a <u>transthoracic echocardiogram</u> due to <u>dyspnea</u> . The study shows the left ventricular <u>ejection fraction</u> , by <u>visual estimation</u> , is 60 to 65 %. There is <u>mild concentric hypertrophy</u> and ventricular wall thickness is mildly increased. Go To Transcription Go To Source Document
08.09.2017	Visit Note Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease) MEHERWAN B JOSHI MD	The patient presents for evaluation of hyperlipidemia , and dyspnea . The patient is diagnosed with elevated blood - pressure reading , without diagnosis of hypertension, dysmorphic dysdactyly and hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure, as well as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure, as well as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure, as well as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure, as well as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure, as well as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure, as well as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure, as well as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure, as well as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure, as well as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure as a hypertension . He is referred for a 2D echo to evaluate LV systolic and diastolic pressure as a hypertens
03.06.2017	Physician Encounter Schottenfeld, Mark M.D. MS	The patient presents with <u>synovitis of theIPP joints.</u> He does no physical therapy or physical exercises whatsoever, he is in a sitting position all day. He thinks he has <u>Overuse Syndrome of the PIP joints</u> and OTC anti inflammatories will be sufficient for him. Go To Transcription Go To Source Document

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Requestor: KIM RICHARDSON

Underwriter:

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Case Number:

Patient Name:

D.O.B:

S.S.N:

Facility/Doctor: DR. SONIA DEORA

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Total Pages:

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Underwriter:	
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Case Number :	
Patient Name :	
D.O.B:	
S.S.N:	
Facility/Doctor:	DR. SONIA DEORA
Address :	

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MEDICAL SUMMARY

Laboratory Tests and Values/ Results:

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    TSH (06/11/2021)
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TSH : 2.070 uIU/mL

CBC With Differential/Platelet (06/11/2021)

WBC : 7.4 /hpf RBC : 5.33 /hpf : <mark>15.1</mark> g/dL Hemoglobin Hematocrit : 43.9 % MCV : <mark>82</mark> fL MCH : <mark>28.3</mark> pg MCHC : 34.4 g/dL : 13.2 % RDW Platelets : 273 x10E3/uL : 49 % **NEUTROPHILS**

 Lymphs
 : 35 %

 MONOCYTES
 : 12 %

 Eos
 : 5 %

 Basos
 : 1 %

 Neutrophils (Absolute)
 : 3.6 x10E3/uL

 Lymphs (Absolute)
 : 2.6 x10E3/uL

Lymphs (Absolute) 12.6 X10E3/UL

Monocytes(Absolute) 10.9 X10E3/UL

Eos (Absolute) 10.3 X10E3/UL

Baso (Absolute) 10.1 X10E3/UL

Immature Granulocytes : 0 %
Immature Grans (Abs) : 0.0 x10E3/uL

Prostate-Specific Ag, Serum (06/11/2021)

Prostate Specific Ag, Serum : 1.2 ng/mL

Hemoglobin A1c (06/11/2021)

Hemoglobin A1c : 6.3 %

• Urinalysis, Routine (06/11/2021)

SPECIFIC GRAVITY 1.021 РΗ - 60 Urine-Color : Yellow APPEARANCE : Clear WBC Esterase : Negative /uL Protein : Trace mg/dL Glucose : Negative mg/dL KETONES : Negative mg/dL Occult Blood : Negative Bilirubin : Negative Urobilinogen,Semi-Qn : 0.2 mg/dL

Nitrite, Urine :

• H pylori Breath Test (06/11/2021)

H pylori Breath Test : Negative

: Negative

Vitamin B12 and Folate (06/11/2021)

Vitamin B12 : 1033 pg/mL
Folate (Folic Acid),
Serum : 8.1 ng/mL

Vitamin D, 25-Hydroxy (06/11/2021)

Vitamin D, 25-Hydroxy : 22.6 ng/mL

• FECAL GLOBIN, IMMUNOCHEM (10/11/2018)

FECAL.

GLOBIN, IMMUNOCHEM: Not Detected

• LIPID PANEL, STANDARD (10/05/2018)

CHCLESTEROL,TOTAL: 145 mg/dL
HDL CHOLESTEROL: 39 mg/dL
CHCLESTEROL: 3.7 calc
RATIO
LDL Chol Calc (NIH) : 69 mg/dL
TRIGLYCERIDES : 283 mg/dL

NON HDL : 106 mg/dL (calc)

Page 2

TSH Measurement

CBC With Platelet Count

PSA Measurement

HbA1c Measurement

Urinalysis

H Pylori Breath Test

B12/folate Level

25-hydroxy Vitamin D Measurement

Lipid Panel

```
HEPATITIS B SURFACE : <5 mlU/mL
        AB,QN
• URINALYSIS, COMPLETE (10/05/2018)
        COLOR
                               : Yellow
        APPEARANCE
                               : Clear
        SPECIFIC GRAVITY
                               : <mark>1.022</mark>
        РΗ
                               5.5
        GLUCOSE,QL
                               : Negative mg/dL
        BILIRUBIN, URINE
                               : Negative
        KETONES
                               : Negative mg/dL
        BLOOD
                               : Negative
        PROTEIN TOTAL QL
                               : Trace mg/dL
        NITRITE
                               : Negative
        LEUKOCYTE
                               : Negative
        ESTERASE
        WBC
                               : None Seen Ihpf
        RBC
                               : None Seen Ihpf
        SQUAMOUS
                               : None Seen cells/hpf
        EPITHELIAL CELLS
        BACTERIA
                               : None Seen Ihpf
        HYALINE CASTS
                               : None Seen /lpf

    VITAMIN B12 + FOLATE (10/05/2018)

        VITAMIN B12, SERUM
                              : <mark>556</mark> pg/mL
        FOLATE, SERUM
                               : 12.3 ng/mL

    COMP METAB PANEL (10/05/2018)

        GLUCOSE
                                : <mark>96</mark> mg/dL
                                : 140 mmol/L
        SODIUM
        POTASSIUM
                                : 4.8 mmol/L
        CHLORIDE
                                : 103 mmol/L
        CARBON DIOXIDE
                                : 30 mmol/L
        UREA NITROGEN
                                : 10 mg/dL
                                 : 0.95 mg/dL
        CREATININE
        BUN/CREATININE RATIO: NOTE (calc)
        CALCIUM
                                : 9.6 mg/dL
                                : 7.1 g/dL
        PROTEIN, TOTAL
        ALBUMIN
                                : 4.5 g/dL
        GLOBULIN, CALCULATED: 2.6 g/dL (calc)
        A/G RATIO
                                : 1.7 (calc)
        BILIRUBIN, TOTAL
                                : 0.7 mg/dL
        ALKALINE
                                : 48 U/L
        PHCSPHATASE
        AST
                                : 16 U/L
        ALT
                                : 17 U/L
        EGFR NON AFR
                                : 88 mL/min/1.73m2
        AMERICAN
        EGFR AFRICAN
                                : 103 mL/min/1.73m2
        AMERICAN
  HEMOGLOBIN A1C (10/05/2018)
        Hemoglobin A1c
  CBC (INCLUDES DIFF/PLT) (10/05/2018)
                                   : <mark>6.1</mark> /hpf
        WBC
        RBC
                                   : 5.04 /hpf
                                   : 1<mark>4.3</mark> g/dL
        Hemoglobin
                                   : 43.2 %
        Hematocrit
        MCV
                                   : 85.8 fL
        MCH
                                   : 28.5 pg
        MCHC
                                   : 33.2 g/dL
        RDW
                                   : 13.6 %
                                   : 255 Thous/mcl
        PLATELET COUNT
        MPV
                                   · 8 3 fl
                                   : 52.8 %
        TOTAL NEUTROPHILS,%
        TOTAL LYMPHOCYTES.%
                                   : 35.9 %
        MONOCYTES,%
                                   : 8.4 %
        EOSINOPHILS,%
                                   : 2.4 %
                                   : 0.5 %
        BASOPHILS,%
        NEUTROPHILS, ABSOLUTE: 3221 Cells/mcL
        LYMPHOCYTES, ABSOLUTE: 2190 Cells/mcL
        MONOCYTES, ABSOLUTE : 512 Cells/mcL
        EOSINOPHILS, ABSOLUTE : 146 Cells/mcL
                                  : 31 Cells/mcL
        BASOPHILS, ABSOLUTE
  VITAMIN D,25-OH, TOTAL, IA (10/05/2018)
        Vitamin D, 25-Hydroxy : 29 ng/mL
```

HEP B SURF AB IMMUNITY,QN (10/05/2018)

PSA,TOTAL (10/05/2018)

PSA TOTAL

: 0.9 ng/mL

Routine Urinalysis With Microscopic Exam

Vitamin B12 Measurement

Comprehensive Metabolic Panel

Hemoglobin Measurement

CBC With Differential WBC Count And Platelets

Vitamin D Measurement

Total PSA

```
TSH.3RD
                                : 1.42 mIU/L
         GENERATION
                                                                                                                                                                               Henatitis B Surface
  HEPATITIS B SURFACE AB, QN (11/05/2014)
                                                                                                                                                                               Antibody Measurement
        HEPATITIS B SURFACE : <5 mlU/mL
         AB QN
        HEPATITIS B SURFACE : <5 mlU/mL
         AB,QN
• HAV AB, TOTAL (11/05/2014)
        HAV AB, TOTAL
                                · Reactive
        HAV AB, TOTAL
                                : Reactive
                                                                                                                                                                               Blood Typing Procedure
  BLCOD GROUP + RH (11/05/2014)
         BLOOD GROUP
                                :0
        BLOOD GROUP
                                . 0
        RH TYPE
                                : Positive
        RH TYPE
                                : Positive
                                                                                                                                                                               TSH Measurement

    TSH (08/28/2012)

         TSH.3RD
                                : 1.67 mIU/L
         GENERATION
                                                                                                                                                                               Comprehensive

    COMP METAB PANEL (08/28/2012)

                                                                                                                                                                               Metabolic Panel
        Glucose, Fasting
                                 : 92 mg/dL
         GLUCOSE
                                 : DNR mg/dL
         SODIUM
                                 : 141 mmol/L
        POTASSIUM
                                 : 4.4 mmol/L
         CHLORIDE
                                 : 105 mmol/L
         CARBON DIOXIDE
                                 : 25 mmol/L
         UREA NITROGEN
                                 : 10 mg/dL
         CREATININE
                                  : <mark>0.85</mark> mg/dL
         BUN/CREATININE RATIO: NOTE (calc)
         CALCIUM
                                 : 8.9 mg/dL
        PROTEIN, TOTAL
                                 : 6.7 g/dL
                                 : <mark>4.4</mark> g/dL
         ALBUMIN
         GLOBULIN, CALCULATED: 2.3 g/dL (calc)
         A/G RATIO
                                 : 1.9 (calc)
         BILIRUBIN, TOTAL
                                 : 0.5 mg/dL
         ALKALINE
                                 :54 U/L
         PHCSPHATASE
                                 : <mark>19</mark> U/L
         AST
                                 : 23 U/L
         ALT
        EGFR NON AFR
                                 : 101 mL/min/1.73m2
         AMERICAN
        EGFR AFRICAN
                                 : 117 mL/min/1.73m2
         AMERICAN
  VITAMIN D,25-OH,LC/MS/MS (08/28/2012)
                                                                                                                                                                               Liquid Chromatography
                                                                                                                                                                               Mass Spectrometry
         VITAMIN D, 25-OH,
                                : 32 na/mL
         TOTAL
         VITAMIN D, 25-OH, D3 : 32 ng/mL
         VITAMIN D, 25-OH, D2 : <4 ng/mL
                                                                                                                                                                              Lipid Panel

    LIPID PANEL (08/28/2012)

         CHOLESTEROL, TOTAL: 118 mg/dL
         HDL CHOLESTEROL : 35 mg/dL
         CHOLESTEROL/HDL
                                : 3.4 calc
        LDL Chol Calc (NIH)
                                : 35 mg/dL
         TRIGLYCERIDES
                                : <mark>238</mark> mg/dL
        NON HDI
                                : 83 mg/dL (calc)
         CHOLESTEROL
                                                                                                                                                                               Serum Vitamin B12
  VITAMIN B12, SERUM (08/28/2012)
                                                                                                                                                                               Measurement
         VITAMIN B12, SERUM : 632 pg/mL

    TSH (01/30/2012)

                                                                                                                                                                               TSH Measurement
         TSH.3RD
                                : 1.12 mIU/L
         GENERATION
  VITAMIN B12 + FOLATE (01/30/2012)
                                                                                                                                                                               Vitamin B12
                                                                                                                                                                               Measurement
         VITAMIN B12, SERUM
                              : <mark>614</mark> pg/mL
        FOLATE, SERUM
                                : >24.0 ng/mL
                                                                                                                                                                               Lipid Panel

    LIPID PANEL (01/30/2012)

         CHOLESTEROL, TOTAL: 160 mg/dL
         HDL CHOLESTEROL
                               : <mark>38</mark> mg/dL
         CHOLESTEROL/HDL
                                : 4.2 calc
         RATIO
         LDL Chol Calc (NIH)
                                : 52 mg/dL
         TRIGLYCERIDES
                                : <mark>348</mark> mg/dL
• COMP METAB PANEL (01/30/2012)
                                                                                                                                                                               Comprehensive
                                                                                                                                                                               Metabolic Panel
         Glucose, Fasting
                                 : 92 mg/dL
         GLUCOSE
                                 : DNR mg/dL
         SODIUM
                                 : 138 mmol/L
                                                                               Page 5
```

TSH (10/05/2018)

POTASSIUM

: 4.6 mmol/L

TSH Measurement

```
CHLORIDE
                               : 101 mmol/L
        CARBON DIOXIDE
                               : 24 mmol/L
        UREA NITROGEN
                               : 11 mg/dL
        CREATININE
                                : 0.85 mg/dL
        BUN/CREATININE RATIO: NOTE (calc)
        CALCIUM
                               : <mark>9.5</mark> mg/dL
        PRCTEIN, TOTAL
                               : 7.2 g/dL
        ALBUMIN
                               : 4.6 g/dL
        GLOBULIN, CALCULATED: 2.6 g/dL (calc)
                               : 1.8 (calc)
        A/G RATIO
        BILIRUBIN, TOTAL
                               : 0.7 mg/dL
        ALKALINE
                               : 60 U/L
        PHCSPHATASE
        AST
                                : 26 U/L
        ALT
                                : 25 U/L
        EGFR NON AFR
                                : 102 mL/min/1.73m2
        AMERICAN
        EGFR AFRICAN
                               : 118 mL/min/1.73m2
        AMERICAN

    CBC (INCLUDES DIFF/PLT) (01/30/2012)

        WBC
                                  : 6.0 /hpf
        RBC
                                  : 5.05 /hpf
        Hemoglobin
                                  : 14.7 g/dL
                                  : 43.1 %
        Hematocrit
                                  : 85.3 fL
        MCV
        MCH
                                  : <mark>29.1</mark> pg
        MCHC
                                  : 34.1 g/dL
        RDW
                                  : 13.4 %
        PLATELET COUNT
                                  : 246 Thous/mcL
        MPV
                                  : <mark>9.4</mark> fL
        TOTAL NEUTROPHILS,%
                                 :61.4 %
        TOTAL LYMPHOCYTES,% : 27.3 %
        MONOCYTES,%
                                  : 8.7 %
        EOSINOPHILS,%
                                 : 2.4 %
        BASOPHILS.%
                                 : 0.2 %
        NEUTROPHILS, ABSOLUTE : 3684 Cells/mcL
        LYMPHOCYTES, ABSOLUTE: 1638 Cells/mcL
        MONOCYTES, ABSOLUTE : 522 Cells/mcL
        EOSINOPHILS, ABSOLUTE : 144 Cells/mcL
        BASOPHILS, ABSOLUTE
                                 :12 Cells/mcL
        DIFFERENTIAL
                                  : An instrument differential was performed
• URINALYSIS, COMPLETE (01/30/2012)
        COLOR
                              : Yellow
        APPEARANCE
                              : Clear
        GLUCOSE,QL
                              : Negative mg/dL
        BILIRUBIN, URINE
                              : Negative
                              : Negative mg/dL
        KETONES
        SPECIFIC GRAVITY
                              : 1.015
        BLOOD
                              : Negative
        PΗ
                              : 7.0
        PRCTEIN, TOTAL, QL
                             : Negative mg/dL
        NITRITE
                              : Negative
        LEUKOCYTE
                              : Negative
        ESTERASE
        SQUAMOUS
                              : None Seen cells/hpf
        EPITHELIAL CELLS
        WBC
                              : None Seen Ihpf
        BACTERIA
                              : None Seen Ihpf
        RBC
                              : None Seen Ihpf
        HYALINE CASTS
                              : None Seen /lpf
        TRANSITIONAL
                              : DNR cells/hpf
        EPITHELIAL
        AMORPHOUS
                              : DNR /hpf
        CRYSTALS
        CALCIUM OXALATE
                              : DNR /hpf
        CRYSTALS
        URIC ACID CRYSTALS : DNR /hpf
        TRIPLE PHOSPHATE
                              : DNR /hpf
        CRYSTALS
        RENAL TUBULAR
                              : DNR /hpf
        CELLS
        CASTS
                              · DNR /lpf
        MUCUS
                              : DNR /lpf
        CRYSTALS
                              : DNR /hpf
```

CBC With Differential

WBC Count And Platelets

Routine Urinalysis With

Microscopic Exam

This document contains private information – any unlawful disclosure is prohibited

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OVAL FAT BODIES

: DNR /hpf

YEAST : DNR Inpf
SPERM : DNR Inpf
TRICHOMONAS : DNR Inpf
COMMENT : DNR

PSA,TOTAL (01/30/2012)

PSA TOTAL : 0.7 ng/mL

VITAMIN D,25-OH,LC/MS/MS (01/30/2012)

VITAMIN D, 25-OH, TOTAL : 20 ng/mL VITAMIN D, 25-OH, D3 : 20 ng/mL VITAMIN D, 25-OH, D2 : \$4 ng/mL

PROGRESS NOTES (DOS: 07/08/2021)

Chief Complaints/Reason for Visit

E/u of results Rk

History of Present Illness

High hga1c and low d hemorrhoid banding Dr. Bingru Xie, endoscopy on Sat. Echo and stress test pnd, high lipid.

REVIEW OF SYSTEMS:

- All normal, except as mentioned in HPI.
- Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.
- Skin: No rash, pruritis or ulcers.
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.
- Throat: No sore throat, hoarseness or dysphagia.
- · Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.
- Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, per is discharge, sore or penis or post void dribbling.
- . Musculoskeletal: No joint pain, back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion, memory loss, mood changes, seizures, trouble walking or speech difficulties.
- Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes, hot flushes or hair loss.
- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps

History reviewed.

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

He is _______. Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids.

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer-polycythemia uncle: ca. Reviewed.

Surgical History

Reviewed . NSD x 2

Exposure

None.

Reviewed . Occupation

is a professional. Owns own co for IT. Reviewed

Current Medication:

- Anusci-HC 25 MG apply Suppository qhs Rectal (Qty: 14)
- Desvenlafaxine Succinate ER 50 MG 1 tab(s) Tablet Extended Release 24 Hour TAKE 1 TABLET BY MOUTH EVERY DAY Oral (City: 90)
- Omega 3 1000 MG Capsule Oral
- Omeprazole 40 MG 1 tab Capsule Delayed Release qd Oral (Qty: 90)
- Rosuvastatin Calcium 20 MG Tablet Oral
- Triamcinolone Acetonide 0.025 % apply bid Cream bid External (Qty: 45)

Alleraies:

NKDA

PHYSICAL EXAMINATION:

- Vital Signs: Respiratory Rate: 18 per min, BP: 130/80 mmHg, Temperature: 97.30 °F, Pulse Ox: 97 %, Pulse rate: 74 per min, Height: 5′ 5″, Weight: 155 lbs and BMI: 25. 79.
- COVID 19: pfizer april 2021; Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: Cologuard-2020; Last Phy-V: 10/4/18; Last StressTest: 2011 -rx; Last Echo: 2011 -rx; Last eye exam: glasses-2019.
- All normal, except as mentioned in HPI.
- Constitutional: Well-developed, well-nourished, appearing appropriate for the age, no acute distress.
- Head: Normocephalic without scalp lesions. No facial asymmetry.
- Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal gend reactive to light and accomodation (PERRLA).

Total PSA

Liquid Chromatography Mass Spectrometry

Follow Up

Hemorrhoids Endoscopy Echocardiography Stress Test Increased Lipid

Sleep Apnea Syndrome Increased Lipid

Polycythemia (FHx) Heart Disease (FHx) Hematologic Malignancies (FHx)

Physical Examinations And Diagnosis

Electrocardiography Colonoscopy Cologuard Echocardiography Stress Test

- Ears: External ear canals patent without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
- Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.
- Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.
- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- Cardiovascular: Heart has regular rate and rhythm, no murmur.
- GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.
- Rectal: Deferred/not done
- Genitalia: Deferred/not done.
- Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.
- Psychiatric: An emotionally stable person with no mood and affect disorders.
- Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.
- Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.
- Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment:

- 1. E78.5 Hyperlipidemia, unspecified
- 2. E55.9 Vitamin D deficiency, unspecified
- 3. R73.9 Hyperglycemia, unspecified
- 4. K21.9 Gastro-esophageal reflux disease without esophagitis

Plan:

- Getting endoscopy.
- Cont Omeprazole 40 mg a day.
- Vit D weekly.
- Lower BS and carbs and sweets
- F/u 6 ma

SONIA DEORA D.O

This report is electronically signed

PROGRESS NOTES (DOS: 06/10/2021)

Chief Complaints/Reason for Visit

Acidity, burning sansation, hemmoroids ds.

History of Present Illness

Burning sensation, cant eat well. Low appetitie no wt loss, no dysphagia, gas farting, no blood, discomfort and itchy. High insulin levels chronic back pain, SOb with steps, cardio sending him for stress an echo, small hole in front of ear shins burning with walking.

REVIEW OF SYSTEMS:

- All normal, except as mentioned in HPI.
- Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.
- Skin: No rash, pruritis or ulcers.
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts
- Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.
- Throat: No sore throat, hoarseness or dysphagia
- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.
- Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore on penis or post
- Musculoskeletal: No joint pain, back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion, memory loss, mood changes, seizures, trouble walking or speech difficulties.
- Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes. hot flushes or hair loss.
- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps

History reviewed

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids.

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer--polycythemia uncle: ca. Reviewed

Surgical History

Reviewed . NSD x 2

Exposure

None.

Reviewed Occupation

is a professional. Owns own co for IT. Reviewed

Current Medication:

- Desvenlafaxine Succinate ER 50 MG 1 tab(s) Tablet Extended Release 24 Hour Take 1 tablet by mouth daily. Oral (Qty: 90)
 Orange 3 4000 MG Cappula Oral
 Annual Cappula Oral
- Omega 3 1000 MG Capsule Oral

Other Hyperlipidemia

Vitamin D Deficiency Hyperglycemia Gastroesophageal Reflux Disease

Endoscopy (referral)

Follow Up (referral)

Heartburn

Hyperinsulinism Chronic Back Pain Dyspnea **Burning Sensation** Stress Echocardiography (referral)

Sleep Apnea Syndrome Increased Lipid

Polycythemia (FHx) Heart Disease (FHx) Hematologic Malignancies (FHx)

- Rosuvastatin Calcium 20 MG Tablet Oral
- Triamcinolone Acetonide 0.025 % apply bid Cream bid External (Qty: 45)

Allergies:

NKDA

PHYSICAL EXAMINATION:

- Vital Signs: Respiratory Rate: 18 per min, BP: 130/82 mmHg, Temperature: 98.20 °F, Pulse Ox: 98 %, Pulse rate: 87 per min, Height: 5' 5", Weight: 155 lbs and BM: 25. 79.
- COVID 19: phyzer april 2021; Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref-Cologuard; Last Phy-V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref-Cologuard; Last Phy-V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref-Cologuard; Last Phy-V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref-Cologuard; Last Phy-V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref-Cologuard; Last Phy-V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref-Cologuard; Last Phy-V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref-Cologuard; Last Phy-V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref-Cologuard; Last Phy-V: 10/4/18; Last Phy-V: 1 StressTest: 2011 -rx; Last Echo: 2011-rx; Last eye exam: glasses-2019.
- All normal, except as mentioned in HPI.
- Constitutional: Well-developed, well-nourished, appearing appropriate for the age, no acute distress,
- Head: Normocephalic without scalp lesions. No facial asymmetry.
- Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation(PERRLA).
- Ears: External ear canals patent without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
- Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation
- Mouth/throat: Oral Mucosa pink without lesions, Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.
- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- Cardiovascular: Heart has regular rate and rhythm, no murmur.
- GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.
- Rectal: Deferred/not done.
- Genitalia: Deferred/not done
- Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted,
- Psychiatric: An emotionally stable person with no mood and affect disorders.
- Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.
- Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.
- Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment:

- 1. R06.02 Shortness of breath
- 2. M79.604 Pain in right leg
- 3. M79.605 Pain in left leg
- 4. K64.8 Other hemorrhoids
- 5. K21.9 Gastro-esophageal reflux disease without esophagitis

Plan:

- Echo Nuc Stress Test
- Omeprazole 40 mg a day.
- Niero eval for memory testing.
- GI if not better
- Check H pylori.
- Stretchinf of shin splints.
- Anusol HC, SITZ bath.

SONIA DEORA D.O.

This report is electronically signed

PROGRESS NOTES (DOS: 12/05/2020)

Chief Complaints/Reason for Visit

F/u ct calcium, cologuard cc (telemed) cc.

History of Present Illness

COVID +, mild headache, SOB, pulse ox 95% no cough no fever alreacy discussed report with cardio

REVIEW OF SYSTEMS:

- · All normal, except as mentioned in HPI.
- Constitutional: No fever, chills, recent weight loss recent weight cain, fatigue, malaise, headache and snoring or daytime somnolence
- Skin: No rash, pruritis or ulcers,
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.
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- Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore on penis or post void dribbling
- Musculoskeletal: No joint pain, back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, trp appendix on memory loss, mood changes, seizures, trouble walking or speech difficulties Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes hot flushes or hair loss.

Physical Examinations And Diagnosis

Electrocardiography Cologuard Echocardiography Stress Test Ophthalmic Examination

Dyspnea

Pain In Right Leg Pain In Left Leg Other Hemorrhoids Gastroesophageal Reflux Disease

Stress Echocardiography (referral)

Splints (referral)

Cologuard Follow-up CT

Covid-19 Infection Dyspnea Mild Headache

- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps.

History reviewed

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

He is ______ Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids.

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blocd cancer--polycythemia uncle: ca. Reviewed

Surgical History

Reviewed . NSD x 2.

Exposure

None.

Reviewed

Occupation

is a professional. Owns own co for IT. Reviewed

Current Medication:

- Desveniafaxine Succinate ER 50 MG 1 tab(s) Tablet Extended Release 24 Hour once a day Oral (Qty: 90)
- Omega 3 1000 MG Capsule Oral
- Rosuvastatin Calcium 20 MG Tablet Oral
- Triamcinolone Acetonide 0.025 % apply bid Cream bid External (Qty: 45)

Allergies:

NKDA

PHYSICAL EXAMINATION:

- Vital Signs: Height: 5' 5", Weight: 155 lbs and BM: 25. 79.
- Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref-Cologuard; Last Phy-V: 10/4/18; Last StressTest: 2011--rx; Last Echo: 2011-rx; Last eye exam: glasses-2019.
- All normal, except as mentioned in HPI.
- Constitutional: Well-developed, well-nourished, appearing appropriate for the age, no acute distress.
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- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.
- Psychiatric: An emotionally stable person with no mood and affect disorders.
- Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.
- Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.
- Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment:

- 1. E78.5 Hyperlipidemia, unspecified
- 2. K44.9 Diaphragmatic hernia without obstruction or gangrene
- 3. U07.1 COVID-19
- 4. R06.02 Shortness of breath

Plan:

- ASA 81 mg a day.
- Cont Crestor 20 mg a day.
- Low Fat diet, fish oil, tree nuts, exercise.
- Dr. Joshi --- cardio f/u.
- Albuterol prn.

SONIA DEORA D.O

This report is electronically signed.

PROGRESS NOTES (DOS: 10/29/2020)

Chief Complaints/Reason for Visit

F/u mc.

Pragge 190

Sleep Apnea Syndrome

Polycythemia (FHx) Heart Disease (FHx) Hematologic Malignancies (FHx)

Physical Examinations And Diagnosis

Electrocardiography Stress Test Echocardiography Ophthalmic Examination

Examination Of Foot

Other Hyperlipidemia Diaphragmatic Hernia Without Mention Of Obstruction Or Gangrene

Covid-19 Infection Dyspnea

Fat-restricted Diet (referral) Cardiological Follow Up

Follow Up

History of Present Illness

Constipation for few wks, appetite reduced, wt gain, burning, gas problems, farting,

REVIEW OF SYSTEMS:

- All normal except as mentioned in HPI
- Constitutional: No fever, chills, recent weight loss,recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.
- Skin: No rash, pruritis or ulcers.
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- Ear/Nose: No tinnitus, otalgia, hearing loss, nasal congesion, rhinorrhea, epistaxis, facial pain or vertigo
- . Throat: No sore throat, hoarseness or dysphagia.
- · Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea,angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.
- Genitourinary: No dysuria, hematuria nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, per is discharge, sore on penis or post
 void dribbling.
- Musculoskeletal: No joint pain, back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties
- Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes, hot flushes or hair loss.
- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps

History reviewed.

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

He is Married. Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids.

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer-polycythemia uncle: ca. Reviewed

Surgical History

Reviewed . NSD x 2

Exposure

None

Reviewed

Occupation

Current Medication:

- Desvenlafaxine Succinate ER 50 MG 1 tab(s) Tablet Extended Release 24 Hour once a day Oral (Qty: 90)
- Omega 3 1000 MG Capsule Oral
- Rosuvastatin Calcium 20 MG Tablet Oral
- Triamcinolone Acetonide 0.025 % apply bid Cream bid External (Qty: 45)

Allergies:

NKDA

PHYSICAL EXAMINATION:

- Vital Signs: Respiratory Rate: 18 per min, BP: 130/80 mmHg, Temperature: 96.90 °F, Pulse Ox: 97 %, Pulse rate: 97 per min, Height: 5'5", Weight: 155 lbs and BM: 25. 79.
- Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref-Cologuard; Last Phy-V: 10/4/18; Last StressTest: 2011--rx; Last Echo: 2011-rx; Last eye exam: glasses-2019.
- All normal, except as mentioned in HPI.
- Constitutional: Well-developed, well-nourished, appearing appropriate for the age, no acute distress.
- Head: Normocephalic without scalp lesions. No facial asymmetry
- Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation(PERRLA)
- Ears: External ear canals patent without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
- Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.
 Mouth throat: Oral Mucosa pink without lesions. Tongue normal in size. Good deptal bygiene. Cipring pink without bygother.
- Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.
- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- Cardiovascular: Heart has regular rate and rhythm, no murmur.
- GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.
- Rectal: Deferred/not done
- Genitalia: Deferred/not done.
- Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.
- Psychiatric: An emotionally stable person with no mood and affect disorders.
- Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.
- Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.
- Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment:

- 1. K21.9 Gastro-esophageal reflux disease without esophagitis
- 2. K59.09 Other constipation
- 3. Z23 Encounter for immunization
- 4. E78.5 Hyperlipidemia, unspecified

Sleep Apnea Syndrome Increased Lipid

Burning Sensation

Decrease In Appetite
Weight Gain
Constipation

Review Of Systems

Polycythemia (FHx) Heart Disease (FHx) Hematologic Malignancies (FHx)

Physical Examinations
And Diagnosis

Electrocardiography
Stress Test
Eyeglasses Wearer
Echocardiography
Ophthalmic Examination

Gastroesophageal Reflux Disease Constipation Encounter For

Immunization

Coronary Artery Calcium Score

Plan: Page 10

• Coronary Calcium Score.

Omeprazole 40 mg a day.

- Dietary changes.
- Flu shot given.
- Cologuard, ref colonscopy.
- Fiber and Chia seeds.

Cologuard (referral) Colonoscopy (referral)

Cough

Pain In Pharynx

SONIA DEORA D.O.

This report is electronically signed

PROGRESS NOTES (DOS: 12/05/2019)

Chief Complaints/Reason for Visit

Post nalas drip coughing nd throat pain ds.

REVIEW OF SYSTEMS:

- All normal, except as mentioned in HPI.
- Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.
- Skin: No rash, pruritis or ulcers.
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- Ear/Nose: No tinnitus, otalgia, hearing loss, nasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.
- Throat: No sore throat, hoarseness or dysphagia.
- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovas cular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.
- Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore on penis or post void dribbling.
- Musculoskeletal: No joint pain, back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties.
- Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes, hot flushes or hair loss.
- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps

History reviewed

Past Medical History

Positive for Sleep Apnea: not using a pap High Lipid. Reviewed

Social History

I. Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. He is

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer--polycythemia uncle: ca. Reviewed

Surgical History

Reviewed . NSD x 2.

Exposure

None

Reviewed

Occupation is a professional. Owns own

Current Medication:

- Crestor 10 MG Tablet Oral
- Lariam 250 mg 1 tab(§) tablet once a week oral (Qty: 10), Notes: One week before travel, then once weekly during the stay and for 4 weeks till he returns
- Pristiq 50 MG 1 Tablet Extended Release 24 Hour qd Oral (Qty: 90)
- Pristig 50 mg a day
- Vivotif Berna 1 cap(s) delayed release capsule every other day oral (Qty: 4)

Allergies:

NKDA

PHYSICAL EXAMINATION:

- Vital Signs: Respiratory Rate: 18 per min, BP: 112/80 mmHg, Temperature: 98.70 °F, Pulse Ox: 99 %, Pulse rate: 100 per min, Height: 5'5", Weight: 155 lbs and BM: 25. 79.
- Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy-V: 10/4/18; Last StressTest: 2011 -rx; Last Echo: 2011-rx; Last eye exam: glasses-2017.
- All normal, except as mentioned in HPI.
- Constitutional: Well-developed, well-nourished, appearing appropriate for the age, no acute distress.
- Head: Normocephalic without scalp lesions. No facial asymmetry.
- Eyes: Conjunctivae and solerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation(PERRLA).
- Ears: External ear canals patent without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
- Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.
- Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy. Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- Cardiovascular: Heart has regular rate and rhythm, no murmur.
 - GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bower sounds are normal and active

Sleep Apnea Syndrome Increased Lipid

Polycythemia (FHx) Heart Disease (FHx) Hematologic Malignancies (FHx)

Physical Examinations And Diagnosis

Electrocardiography Echocardiography Stress Test Eyeglasses Wearer Ophthalmic Examination

- Rectal: Deferred/not done.
- Genitalia: Deferred/not done
- Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.
- Psychiatric: An emotionally stable person with no mood and affect disorders.
- Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.
- Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.
- Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment:

- 1. J01.90 Acute sinusitis, unspecified
- 2. R05 Cough

Plan:

- Augmentin 875 mg BID for 10 c.
- · Finish Prednisone given by online doctor.
- Steam inh.

SONIA DEORA D.O

This report is electronically signed

PROGRESS NOTES (DOS: 04/23/2019)

Chief Complaints/Reason for Visit

Pt states he is here for the hep b shot ag

REVIEW OF SYSTEMS:

- All normal, except as mentioned in HPI.
- Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.
- Skin: No rash, pruritis or ulcers.
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- Ear/Nose: No tinnitus, otalgia, hearing loss, nasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.
- . Throat: No sore throat, hoarseness or dysphagia.
- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea,angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.
- Genitourinary: No dysuria, hematuria nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore on penis or post void dribbling.
- Musculoskeletal: No joint pain, back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion, memory loss, mood changes, seizures, trouble walking or speech difficulties.
- Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes, hot flushes or hair loss.
- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps

History reviewed.

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

He is Married. Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids.

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer--polycythemia uncle: ca. Reviewed

Surgical History

Reviewed . NSD x 2.

Exposure None

Reviewed

Occupation

is a for IT. Reviewed .

Current Medication:

- Crestor 10 MG Tablet Oral
- Pristiq 50 mg a day

Allergies:

NKDA

PHYSICAL EXAMINATION:

- Vital Signs: BP: 120/80 mmHg, Pulse rate: 96 per min, Height: 5' 5", Weight: 155 lbs and BMI: 25. 79.
- Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy-V: 10/4/18; Last StressTest: 2011—rx; Last Echo: 2011—rx; Last eye exam: glasses-2017.

 Page 13

Examination Of Foot

Acute Sinusitis Cough

Sleep Apnea Syndrome Increased Lipid

Polycythemia (FHx) Heart Disease (FHx) Hematologic Malignancies (FHx)

Physical Examinations And Diagnosis

Electrocardiography
Eyeglasses Wearer

- All normal, except as mentioned in HPI.
- Constitutional: Well-developed, well-nourished, appearing appropriate for the age, no acute distress.
- Head: Normocephalic without scalp lesions. No facial asymmetry
- Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation(PERRLA).
- Ears: External ear canals patent without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
- Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.
- Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.
- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- Cardiovascular: Heart has regular rate and rhythm, no murmur.
- GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.
- Rectal: Deferred/not done.
- Genitalia: Deferred/not done.
- Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.
- Psychiatric: An emotionally stable person with no mood and affect disorders.
- Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.
- Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.
- Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal

Assessment:

- 1. F32.9 Major depressive disorder, single episode, unspecified
- 2, Z23 Encounter for immunization

Plan:

- Hep B # 3 given.
- Cont Pristio 50 mg a day.
- RTO Oct for PE.

SONIA DEORA D.O

This report is electronically signed

PROGRESS NOTES (DOS: 11/20/2018)

Chief Complaints/Reason for Visit

Hep B # 2 shot Rk.

History of Present Illness

Sleeping a lot, low energy, snores,.

REVIEW OF SYSTEMS:

- All normal, except as mentioned in HPI.
- Constitutional: No fever, chills, recent weight loss,recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.
- Skin: No rash, pruritis or ulcer
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.
- Throat: No sore throat, hoarseness or dysphagia.
- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.
- Genitourinary: No dysuria, hematuria nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore on penis or post void dribbling.
- Musculoskeletal: No joint pain, back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion, memory loss, mood changes, seizures, trouble walking or speech difficulties
- Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes, hot flushes or hair loss.
- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps.

History reviewed.

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

He is Manual. Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids.

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blocd cancer--polycythemia uncle: ca. Reviewed

Mom: age /5 f Surgical History

Reviewed . NSD x 2.

Exposure

None. Reviewed

Occupation

is a for Reviewed

Current Medication:

- · Crestor 10 MG Tablet Oral
- Lexapro 10 MG Tablet Oral

Snoring Lacks Energy

Review Of Systems

Single Episode Of Major

Encounter For

•

Sleep Apnea Syndrome Increased Lipid

Polycythemia (FHx) Heart Disease (FHx) Hematologic Malignancies (FHx)

Allergies:

NKDA

PHYSICAL EXAMINATION:

- Vital Signs: Respiratory Rate: 18 per min, BP: 120/80 mmHg, Pulse Ox: 96 %, Pulse rate: 90 per min, Height: 5' 5", Weight: 155 lbs and BMI: 25. 79.
- Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy-V: 10/4/18; Last StressTest: 2011-rx; Last Echo: 2011-rx; Last eye exam: glasses-2017.
- All normal, except as mentioned in HPI.
- Constitutional: Well-developed, well-nourished, appearing appropriate for the age, no acute distress.
- Head: Normocephalic without scalp lesions. No facial asymmetry.
- Eyes: Conjunctivae and solerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation(PERRLA).
- Ears: External ear canals patent without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
- Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.
- Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.
- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable.
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- Cardiovascular: Heart has regular rate and rhythm, no murmur.
- GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.
- Rectal: Deferred/not done.
- Genitalia: Deferred/not done.
- Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.
- Psychiatric: An emotionally stable person with no mood and affect disorders.
- Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.
- Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.
- Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment:

- 1. F32.9 Major depressive disorder, single episode, unspecified
- 2. Z23 Encounter for immunization
- 3. E78.5 Hyperlipidemia, unspecified

Plan:

- Hep B # 2 given.
- Stop Lexapro
- Hep B #3 due in 5 mo.
- Pristig 50 mg a day.
- To discuss calcif with cardio.

SONIA DEORA D.O.

This report is electronically signed.

PROGRESS NOTES (DOS: 10/18/2018)

Chief Complaints/Reason for Visit

Fu bw results ac

REVIEW OF SYSTEMS:

- All normal, except as mentioned in HPI.
- Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.
- Throat: No sore throat, hoarseness or dysphagia
- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.
- Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore on penis or post
- Musculoskeletal: No joint pain, back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion, memory loss, mood changes, seizures, trouble walking or speech difficulties.
- Endocrine: No polyuria, polydypsia, heat intelerance, cold intolerance, diabetes, hot flushes or hair loss.
- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps

History reviewed.

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

■. Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids Page 15 He is

Family History

Physical Examinations And Diagnosis

Electrocardiography Echocardiography Stress Test Colonoscopy (referral) Ophthalmic Examination

Single Episode Of Major Depression

Encounter For Immunization

Other Hyperlipidemia

Sleep Apnea Syndrome Increased Lipid

Polycythemia (FHx) Mom: age 75 healthy dad: age 78 choles, heart disease, blocd cancer--polycythemia uncle: ca. Reviewed Surgical History Reviewed NSD x 2 Exposure None Reviewed Occupation Reviewed isa Current Medication: · Crestor 10 MG Tablet Oral Lexapro 10 MG Tablet Oral Allergies:

Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy-V: 10/4/18; Last StressTest: 2011 -rx; Last Echo: 2011-rx;

Heart Disease (FHx) Hematologic Malignancies (FHx)

Physical Examinations And Diagnosis

Electrocardiography Echocardiography Stress Test Eyeglasses Wearer Ophthalmic Examination

Immunization Vitamin D Deficiency Hyperglycemia Other Proteinuria

Diet (referral)

Back Pain

Mixed Hyperlipidemia Encounter For

Carbohydrate Restricted

Hip Joint Pain

Left Hip Pain

Back Pain

PROGRESS NOTES (DOS: 10/04/2018)

Chief Complaints/Reason for Visit

Pe ag.

NKDA

PHYSICAL EXAMINATION:

Last eve exam: glasses-2017.

Rectal: Deferred/not done. Genitalia: Deferred/not done

1. E78.2 - Mixed hyperlipidemia

5. R80.8 - Other proteinuria

• Hep B #1 given. RTO 1 mo for Hep B # 2.

SONIA DEORA D.O. This report is electronically signed

Vit D 1000 iu a day.

PT for hip and back pain.

2. Z23 - Encounter for immunization

4. R73.9 - Hyperglycemia, unspecified

Low Carb diet, fish oil, tree nuts.

Cardio eval for calcif seen in Abdom Aorta.

3. E55.9 - Vitamin D deficiency, unspecified

Assessment:

Plan:

All normal, except as mentioned in HPI.

Head: Normocephalic without scalp lesions. No facial asymmetry.

Cardiovascular: Heart has regular rate and rhythm, no murmur.

History of Present Illness

Back pain, can not bend 4-5 days, hip pain, -left 4-5/10, took motrin and

REVIEW OF SYSTEMS:

- Constitutional: No fever, chills, recent weight loss, recent weight cain, fatigue, malaise, headache and snoring or daytime somnolence.
- Skin: No rash, pruritis or ulcers.
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses (Depress) 6 Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo

Vital Signs: BP: 112/74 mmHg, Pulse rate: 82 per min, Height: 5' 5", Weight: 155 lbs and BMI: 25, 79.

Constitutional: Well-developed, well-nourished, appearing appropriate for the age, no acute distress.

Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.

Psychiatric: An emotionally stable person with no mood and affect disorders.

Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation(PERRLA).

Ears: External ear canals patent without inflammation. Tympanic membranes intact with normal light reflex and landmarks. Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation. Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy. Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable

GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.

Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.

Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution. Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

- Throat: No sore throat, hoarseness or dysphagia.
- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.
- Genitourinary: No dysuria, hematuria, nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post void dribbling.
- Musculoskeletal: No joint pain, back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties.
- Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes, hot flushes or hair loss.
- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps

History reviewed

Past Medical History

Positive for Sleep Apnea: not using a pap High Lipid. Reviewed

Social History

Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids He is ■

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer--polycythemia uncle: ca. Reviewed

Surgical History

Reviewed . NSD x 2

Exposure None

Reviewed

Occupation

isal Reviewed

Current Medication:

- Crestor 10 MG Tablet Oral
- Lexapro 10 MG Tablet Oral

Allergies:

NKDA

PHYSICAL EXAMINATION:

- Vital Signs: Respiratory Rate: 20 per min, BP: 120/80 mmHg, Temperature: 98 °F, Pulse rate: 64 per min, Height: 5' 5", Weight: 155 lbs and BMI: 25. 79.
- Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy-V: 10/4/18; Last StressTest: 2011-rx; Last Echo: 2011-rx; Last eye exam: glasses-2017.
- Constitutional: Well-developed, well-nourished, appearing appropriate for the age, no acute distress.
- Head: Normocephalic without scalp lesions. No facial asymmetry.
- Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation(PERRLA).
- Ears: External ear canals patent without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
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- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- Cardiovascular: Heart has regular rate and rhythm, no murmur.
- GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active
- Rectal: Deferred/not done
- Genitalia: Deferred/not done.
- Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted
- Psychiatric: An emotionally stable person with no mood and affect disorders.
- Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.
- Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.
- Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment:

- 1. Z00.00 Encounter for general adult medical examination without abnormal findings
- 2 723 Encounter for immunization

Plan:

- EKG WNL.
- PFT WNL.
- FBW done. Flu shot given
- X Ray L/S and Left Hip.
- Cardio eval.

Patient Health Questionnaire (PHQ-9)

Assessment for depression in last 2 weeks:

- Little interest or pleasure in doing things: Not at all (0).
- . Feeling down, depressed, or hopeless: Not at all (0).
- Trouble falling or staying asleep, or sleeping too much: Not at all (0).
- . Feeling tired or having little energy: Not at all (0).
- Poor appetite or overeating: Not at all (0).
- Feeling bad about yourself or that you are a failure or have let yourself or your family down: Not at all (0).

Sleep Apnea Syndrome Increased Lipid

Polycythemia (FHx) Heart Disease (FHx) Hematologic Malignancies (FHx)

Physical Examinations And Diagnosis

Flectrocardiography Echocardiography Stress Test Eyeglasses Wearer Ophthalmic Examination

Encounter For Genera Adult Medical Examination

Encounter For

Electrocardiography Pulmonary Function Tests

X-ray Of Hip Joint (referral)

X-ray Of Left Hip (referral)

Depression

- Trouble concentrating on things, such as reading the newspaper or watching television: Not at all (0).
- . Moving or speaking so slowly that other people could not have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual: Not at all (0)
- Thoughts that you would be better off dead, or of hurting yourself: Not at all (0).
- . Problem(s) interfering with work/social activities: Not difficult at all.

SONIA DEORA D.O.

This report is electronically signed.

PROGRESS NOTES (DOS: 07/23/2018)

Chief Complaints/Reason for Visit

Pain in the back of the neckla.

History of Present Illness

Mild neck pain since few days.

No injury.

? slept in a wrong position.

No headache, no radiation of pain.

No neuropathy symptoms in arms or legs.

REVIEW OF SYSTEMS:

- Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.
- Skin: No rash, pruritis or ulcers.
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- Ear/Nose: No tinnitus, otalgia, hearing loss, nasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.
- Throat: No sore throat, hoarseness or dysphagia.
- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.
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History reviewed.

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Social History

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Family History

Mom: age 75 healthy. Dac: age 78 choles, heart disease uncle: ca. Reviewed

Surgical History

Reviewed NSD

Exposure

Reviewed Occupation

> is a . Reviewed

Current Medication:

- Crestor 10 MG Tablet Oral
- Lexapro 10 MG Tablet Oral

Allergies:

NKDA

PHYSICAL EXAMINATION:

- Vital Signs: Respiratory Rate: 18 per min, BP: 130/88 mmHg, Height: 5' 5", Weight: 155 lbs and BMI: 25. 79.
- Last Tetanus Vaccine: 11/4/14; Last EKG: 1/28/2012; Last Flu Vaccine: 11/4/14; Last Colonoscopy: rx given; Last Phy-V: 1/28/2012; Last StressTest: 2011; Last Echo: 2011; Last eye exam: glasses-2017.
- Constitutional: Well-developed, well-nourished, appearing appropriate for the age, no acute distress.
- Head: Normocephalic without scalp lesions. No facial asymmetry
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 Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental in serie. Origiva pink without hypertrophy

Sleep Appea Syndrome Increased Lipid

Heart Disease (FHx)

Back Pain

Neck Pain

Physical Examinations And Diagnosis

Electrocardiography Echocardiography Stress Test Eyeglasses Wearer Ophthalmic Examination

- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- Cardiovascular: Heart has regular rate and rhythm, no murmur.
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- Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment:

1. M54.2 - Cervicalgia

Plan:

- Reassure.
- Rest.
- · Heating pads to neck area.
- Nsaid prn.
- Flexeril 5mg po hs prn.
- Neck xray.
- If no improvement mri neck / PT for neck
- Rto 3 weeks.

SRINIVAS MENDU M.D.

This report is electronically signed.

SCAN DOCUMENTS:

Cervical Spine Pain

X-ray Of Neck (referral) MRI Of Neck (considered) From:



To:

Sonia B Deora, DO

Fax #: 732-355-0321

Fax #: 844-870-8875

Sent. 11/16/2020 at: 5:03 AM

Subject: Cologuard Results: Order #

You have any questions about this communication, please call our Customer Care Center at 1-844-870-8870. Our specialists are available 24 hours a day, seven days a week.

Thank you.

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Reviewed By: SONIA DEORA D.O. On 11/22/2020 09:24:36 pm



Cologuard® PATIENT REPORT

Cologuard

ORDER INFORMATION

Patient: Date of Birth: Medical Record #:

Sex: Male

Authorizing Provider: DEORA, SONIA B

Client Order ID:
Cologuard Specimen ID:
Specimen Collected: 11/9/2020
Specimen Received: 11/10/2020
Report Date: 11/14/2020

RESULT: Negative

A negative result indicates a low likelihood that a colorectal cancer (CRC) or an advanced adenoma (adenomatous polyps with more advanced pre-malignant features) is present. The chance that a person with a negative Cologuard test has a colorectal cancer is less than 1 in 1500 (negative predictive value >99.9%) or has an advanced adenoma is less than 5.3% (negative predictive value 94.7%). These data are based on a prospective cross-sectional screening study of 10,000 individuals at average risk for colorectal cancer who were screened with both Cologuard and colonoscopy. (Imperiale T. et al, N Engl J Med 2014;370(14):1286-1297) The normal value (reference range) for this assay is negative.

COLOGUARD RE-SCREENING RECOMMENDATION: Periodic routine colorectal cancer screening is an important part of preventive healthcare for asymptomatic persons at average risk for colorectal cancer. Following a negative Cologuard result, the American Cancer Society and U.S. Multi-Society Task Force screening guidelines recommend a Cologuard re-screening interval of 3 years. References: American Cancer Society (ACS). Colorectal cancer prevention and early detection. Atlanta, GA: American Cancer Society; [updated 2016 Apr 24]. https://www.cancer.org/cancer/colon-rectal-cancer/detection-diagnosis-staging/acs-recommendations.html. Accessed August 31, 2018; Rex DK, Boland CR, Dominitz JK, Colorectal Cancer Screening: Recommendations for Physicians and Patients from the U.S. Multi-Society Task Force on Colorectal Cancer Screening, Am J Gastroenterology 2017; 112:1016-1030.

COLOGUARD DESCRIPTIVE INFORMATION

TEST TYPE: Composite algorithmic analysis of stool DNA-biomarkers with hemoglobin immunoassay. Quantitative values of individual biomarkers are not reportable and are not associated with individual biomarker result reference ranges.

Reference Range: <Not Applicable> Specimen Type: Stool

PRECAUTIONS AND LIMITATIONS: Coloquard is intended for colorectal cancer screening of adults of either sex, 45 years or older, who are at average-risk for colorectal cancer (CRC). Coloquard has been approved for use by the U.S. FDA. Coloquard may produce a false negative or false positive result. A negative Coloquard test result does not guarantee the absence of CRC or advanced adenoma (pre-cancer). Patients with a negative Coloquard test result should be advised to continue participating in a colorectal cancer screening program. The screening interval for Coloquard is currently recommended at an interval of every 3 years by the American Cancer Society and U.S. Multi-Society Task Force. A false positive result occurs when Coloquard produces a positive result, even though a colonoscopy may not find colorectal cancer or precance ous polyps. The performance of Coloquard has been established in a cross sectional study (i.e., single point in time) of average-risk adults aged 50-84. Coloquard performance in patients ages 45 to 49 years was estimated by sub-group analysis of near-age groups. Coloquard performance data in a 10,000 patient pivotal study using colonoscopy as the reference method can be accessed at the following location: www.exactlabs.com/results. Additional description of the Coloquard test process, warnings and precautions can be found at www.coloquardtest.com. Rx only.

Resulting Labs

EXACT SCIENCES LABORATORIES (CLIA #:52D2072838), 844-870-8870 145 E. Badger Rd., MADISON WI 53713

Director: Jennifer Laffin, Ph.D., FACMG

Order #: Report Generated: 11/16/2020 5:03 AM

Cologuard is a registered trademark of Exact Sciences Corporation. @2019 Exact Sciences Corporation. All rights reserved.

Reviewed By: SONIA DEORA D.O. On 11/22/2020 09:24:36 pm



FAX

To: Sonia Deora, DO

Fax: 732-355-0321

From: Martin Herman, MD

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Hackensack Meridian Health Fax Cover Sheet

	Patient's name:				
······································					

Sent by: MARTIN HERMAN, MD

(MR#	B:			
Patient Information				
Patient Name	MRN	Legal Sex	DOB	
		Male		
Progress Notes by Martin Herman, MD	at 12/30/2021 1	0:30		
Author: Martin Herman, MD	Service: —		Author Type: Physician	
Filed: 12/30/2021 11:57	Encounter Dat	e: 12/30/2021	Status: Signed	
Editor: Martin Herman, MD (Physician	٦)			
Patient Name:				
	Date of I	Birth:		
12/30/2021				

Dear Dr. Deora:

The above named patient was evaluated using telmedicine this date for neurocognitive status.

The patient was educated on the use of a telehealth visit in lieu of an in-person evaluation. They patient has agreed to be evaluated via interactive audio and visual communication at this time.

1030 EST

11:52 EST

CHIEF COMPLAINT: Memory impairment

HISTORY: This is a . m male right handed unaccompanied who gives the history. The visit was conducted with audio and visual connectivity. Over the past several years he has noted memory problem but it is primarily limited to remembering people's names. He does not forget the faces. He does not feel that this is been progressive and he does not associate it with any type of acute event. as well as and is not experiencing any difficulties in doing his He works as a The patient Is not repetitious. The patient may occasionally misplace something but it has not been a major problem. He does note however that he frequently may leave his home without his cell phone but never forgets his wallet. The patient does not have difficulty recognizing familiar faces. The patient is driving and denies getting lost, accidents or citations. The patient does manage personal finances and does not report any difficulty. The patient Is able to use electronic tools. The patient does not admit to difficulties planing and carrying out sequential tasks. The patient does not admit to word finding difficulty. The patient does not admit to social withdrawal. He states he has no outside interests and also has no friends. The patient does not admit to any change in eating habits. The patient does not admit to any personality change. The patient does admit to depression. He has been on an antidepressant for several years. The patient does not admit to delusions or hallucinations. The patient denies any focal neurologic signs, transient or permanent now or in the past. The patient denies tremor. The patient Is independent in basic activities of daily living. .

There Is not a history of significant head trauma. There Is a hx of heavy snoring. He states that he was diagnosed as having sleep apnea in the past but decided against treatment. He states he may get up to 9 hours sleep per night. However he states that he continues to snore loudly and that there are times when he awakes gasping. The patient does not have symptoms of RSBD. Other than this the review of systems is negative.

No studies were done prior to this visit.

(MRN Printed by Martin Herman, MD [012615] at 12/30/21 1158

Page 1 of 4

Memory Disorde

Depression

Loud Snoring Sleep Apnea Syndrome

Gasping For Breath Review Of Systems

Neurologic Examination

Hyperlipidemia

Rhinoplasty

Covid-19 Infection
Obstructive Sleep Apnea

(MRN (MRN Printed by Martin Herman, MD [012615] at 12/30/21 1158

MENTAL STATUS: the patient is alert with appropriate affect and attention span. Oriented for

NEUROLOGICAL EXAM

Page 2 of 4

place, person and time. Fund of information is intact. The patient can give the name of the president, the name of the state capital of New Jersey. Immediate memory intact. Autobiographical memory is intact and does remembers town of birth and name of high school. Delayed memory is intact. See CERAD. Serial 7's 5/5. Digit span is 6 forward and 5 reversed. Clock drawing intact, reproduction of a cube intact. Minitrailmaker intact. Naming is intact. Verbal fluency intact producing 20 words beginning with the letter "F". Abstraction intact

TEST SCORES: MOCA 29/30 losing 1 point for set sentence repetition

CERAD Immediate 18 Delayed 8

Speech: comprehension, expression and repetition all intact.

CRANIAL NERVES:

EOM intact Nystagmus none

facial mobility full and symmetrical

HEARING: intact to voice

SHOULDER SHRUG intact and symmetrical

Tongue; protrudes midline

• Motor exam: Tremors none

Pronator drift none finger taps normal

Stand with arms crossed normal

* Sensory exam: deferred

· Cerebellar:

nose touch with eyes closed intact

Reflexes:

Not testable

LABORATORY STUDIES:

NONE

| MRN | Printed by Martin Herman, MD [012615] at 12/30/21 1158 Page 3 of 4

Progress Notes by Martin Herman, MD at 12/30/2021 10:30 (continued)

RADIOLOGIC STUDIES:

No results found.

EEG: None

IMPRESSION/PLAN: On cognitive testing no abnormalities are found. His test results on a 10 word retrieval test are superior. I do not think that this gentleman has any type of significant cognitive impairment. His difficulty with remembering names may have to do with some anxiety as well as the depression. Alternatively there may be some element of sleep deprivation as he is not being treated for obstructive sleep apnea though this was documented in the past.

Consideration was given to formal neuropsychological testing but his screening results are so strong that it is unlikely that these would be helpful. I do not think any further metabolic work-up is indicated. I have advised the patient that he might consider computer cognitive games such as luminosity or even consulting books on memory training.

I have advised him that if he has significant sleep apnea it may be playing a role and further it is dangerous to his health. I have advised him to make an appointment to go back to the sleep clinic at JFK for testing as well as treatment if a significant problem is found.

Lastly, I have told him that if he feels that if this is progressive over the next 6 to 12 months he should make an appointment to return.

I personally spent 85 minutes interviewing and examining the patient, reviewing the chart, imaging and documenting pertinent findings.

Thank you for the opportunity to participate in this patient's care.

Yours truly,

Martin N. Herman M.D.

Professor of Neurology Hackensack Meridian School of Medicine Diplomate ABPN Subspecialty Diplomate Epilepsy (ABPN) Completed with the use of automated speech recognition

Electronically signed by Martin Herman, MD at 12/30/2021 11:57

Word Retrieval Test Cognitive Assessment

Anxiety (suspected)
Memory Disorder
Depression
Sleep Deprivation
(suspected)
Obstructive Sleep Apnea
(suspected)
Neuropsychological

Tests (considered)

Page 4 of 4

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RECONSTRUCTIVE ORTHOPAEDICS OF CENTRAL NEW JERSEY, LLC MARK SCHOTTENFELD, M.D.

Onthopsedic Surgery
Sports Medicine
3 Progress Street Suite 106 • Edison, New Jersey 08820
Tel: 908-222-8858 • FAX: 908-222-8857

ME VIBERI American Assassivo of Spaces Medicine Antansanny Assassiva of Month America Accertona Academy of Ordonaudio Surgeom

FELLOW
Assumed Callege of Surgering
DIFLOMATE
Assumed Board Outboardin Surgering

March 6, 2017

Sonia Deora-Bhens, M.D. 1002 Amboy Avenue Edison, New Jersey 08837 Fax: 732-355-0321

Patient Name:

DOB;

Dear Dr. Deora:

I saw male with a desk job.

He had some discomfort in the PIP joints of his left non-dominant hand.

MEDICAL HISTORY: The patient's medical, social, surgical history, medications and allergies, as well as review of systems was completed by the patient on the medical history form and was reviewed for this office visit.

Radiographs of both the left hand as well as the lumbar spine were within normal limits.

CLINICAL IMPRESSION: SYNOVITIS PIP JOINTS

He does no physical therapy or physical exercises whatsoever and he is in a sitting position all day.

I think he developed an Overuse Syndrome of the PIP joints and I think over the counter antiinflammatories will be sufficient for him. The lumbar spine films were totally within normal limits.

I told him to be aware if he notices anything that resembles triggering or numbness and parasthesias and he can contact us on a prn basis.

Yours Sincerely,

Mark Schottenfeld, M.D. MS/pg Dictated but not read Review Of Systems

X-ray X-ray Of Lumbar Spine

Synovitis

Repetitive Strain Syndrome (suspected)



Bedminster Bridgewater East Brunswick Edison Elizabeth Forked Ritver Neptune
Freehold New Brunswick
Hillsborough Nutley
Metuchen Calchurat
Monroe Pt Pleasant/Brick

Neptune Somerset
New Brunswick Teaneck
Nutley Tinton Falls
Calchurat Wall
Pt Pleasant/Brick Warren

800.758.5545

Online Scheduling: UniversityRadiology.com

Mane:
MRN:
DOB:

Phone: 11/28/2018
Location: Metuchen
cc: SONIA DEORA DO

MEHERWAN B JOSHI MD JEHDHUN CARDIO 240 WILLIAMSON ST ELIZABETH, NJ 07202

EXAM: ABDOMINAL AORTA ULTRASOUND

CLINICAL INDICATION: Previous abnormal findings on X-ray.

TECHNIQUE: Grayscale imaging of the abdominal aorta was performed.

COMPARISON: Lumbar spine x-rays 10/4/2018.

FINDINGS: The abdominal aorta shows atherosclerotic change of the distal abdominal aorta.

AP and transverse diameters are as follows:

The proximal abdominal aorta measures 2.0×1.8 cm. The mid abdominal aorta measures 1.5×1.6 cm. The distal abdominal aorta measures 1.5×1.4 cm.

The right common iliac artery measures 0.8 x 0.9 cm. The left common iliac artery measures 0.9 x 0.9 cm.

IMPRESSION: Atherosclerotic change of the distal abdominal aorta without evidence of aneurysm

Thank you for the courtesy of this referral.

Electronic access to images available to referring providers online.

APPROVED BY: Jeannete G Greer MD 11/28/2018 8:21 AM

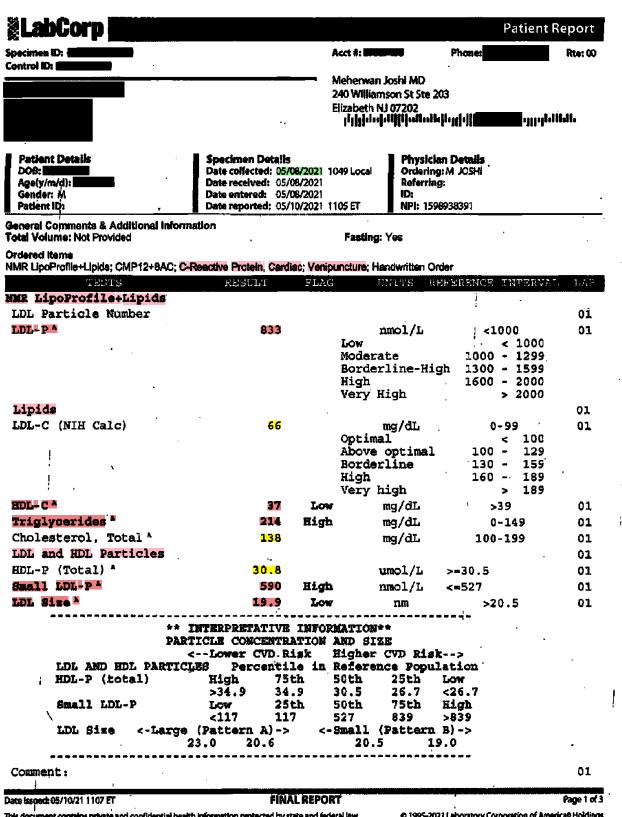
Medical professionals may call 732-234-7777 to discuss this report or any other issue with a radiologist.

Ultrasound Of Abdominal Aorta

X-ray

Imaging Of Abdomen

X-ray Of Lumbar Spine



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Venipuncture (referral)

Lipids Test Panel NMR LipoProfile®

(referral)

Lipid Panel

LDL-P Measurement

Page 32

ELabCorp

Patient Report

Specimen IO: Date collected: 05/08/2021 1049 Local Patiers DOS: U Control ID: Patient ID:

TESTS	RESULT FL	AG CNITS REF	ERENCE INTERVA	L LAB
Small LDL-P and LDL Size	are associate	d with CVD risk, h	out not after	
LDL-P is taken into acco	unt:			
Insulin Resistance Score				01
LP-IR Score A	77 Hi	gh .	<=45	01
INSULIN RESISTANCE MARKE Insulin Sensitive		ad abank		
	Reference Pop	= =		
Insulin Resistance Score				
LP-IR Score Low 25th		-		
<27 27	45 63	>63		
Comment:		8t		01
LP-IR Score is inaccurat The LP-IR score is a lab	e ii patient i oratory develo	s non-lasting. ned index that had	, been	
associated with insulin	resistance and	diabetes risk and	should be	
used as one component of				
CMP12+8AC	•			
Chemistries			1	02
Glucose	97	mg/dL	65-99	02
Urid Acid	6.6	mg/dL	3.8-8.4	02
BUN	10	target for gout pa mg/dL	6-24	02
Creatinine	0.90	•	0.76-1.27	02
eGFR If NonAfrica Am	93	mg/dL		UZ
44444		mL/min/1.73	>59	
eGFR If Africa Am **Labcorp currently repo	108 rta AGRR in co	mL/min/1.73	>59	
recommendations of the				
update reporting as ne	w guidelines a	re published from	the NKF-ASN	
Task force.				
Sodium	142	mmol/L	134-144	· 02
Potassium	4.6	nmol/L	3.5-5.2	02
Chloride	104	mmol/L	96 - 106	02
Calcium	9.3	mg/dL	8.7-10.2	02
Phosphorus	3.9	mg/dL	2.8-4.1	02
Protein, Total	6.9	g/dL	6.0-8.5	02
Albumin	4.5	g/dL	3.8-4.9	02
Globulin, Total	2.4	g/dī	1.5-4.5	
A/G Ratio	1.9		1.2-2.2	
Bilirubin, Total	<mark>0.4</mark>	mg/dL	0.0-1.2	02
Alkaline Phosphatase	56	IU/L	39-117	02
LDH '	171	IU/L	121-224	02
AST (SGOT)	23	IU/L	0-40	02
ALT (SGPT)	29	IU/L	0-44	02
G GT	26	IO/L	0-65	02
Iron	91	ug/dĽ	38-169	02
Cholesterol, Total	137	mg/dL	100-199	02
			·	:

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FINAL REPORT

ELabCorp

Patient Report

Patient: Material Material M.
DOB: Patient ID:

Control ID:

Specimen III: Date collected: 05/08/2021 1049 Local

	TESTS		RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Triglyceri	des		216	High	mg/dL	0-149	02
C-Reactive	Protein,	Cardiac	0.48 Relative R	isk for	mg/L Future Card	0.00-3.00 iovascular Event	02
İ			•		, Low Average High	<1.00 1.00 - 3.00 >3.00	,

Commonts:

This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

01 BN	LabCorp Burlington	Dir: Sanjai Nagendra, MD
02 RN	1447 York Court, Burlington, NC 27215-3381 LabCorp Raritan	Dir: Araceli B Reyes, MD
	69 First Avenue, Raritan, NJ 08869-1800	•

: For inquiries, the physician may contact Branch: 888-831-5250 Lab: 800-762-4344

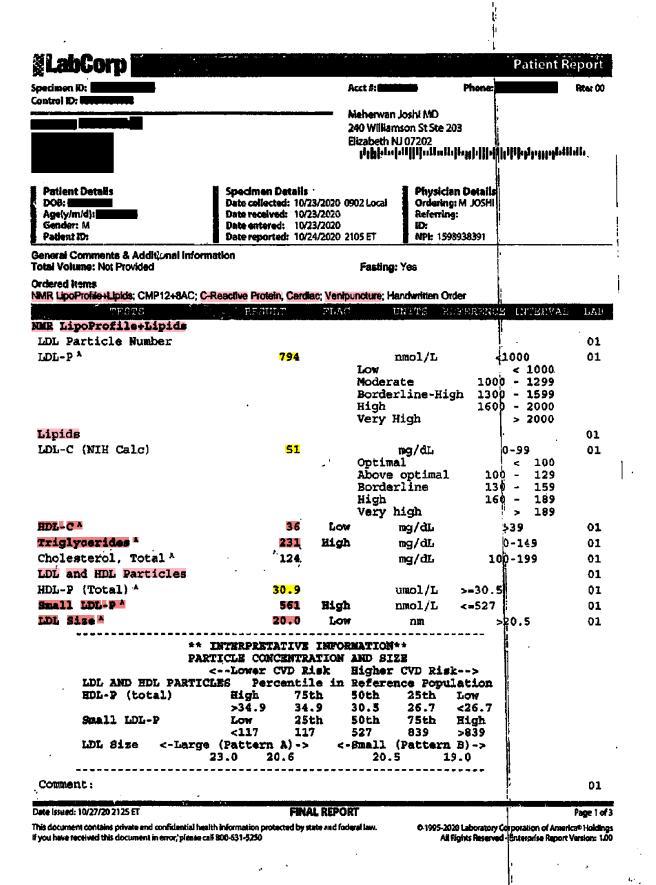
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FINAL REPORT

Page 3 of 3

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Venipuncture (referral) Lipids Test Panel NMR LipoProfile® (referral)

CRP Measurement (referral)

Lipids Test Panel NMR LipoProfile®

Lipid Panel

Lipiu raiie

LDL-P Measurement

LabCorp				Patient Repor
tfent: Patient 80:	Consti	rol (D: statements		pecimen IO: III. cted: 10/23/2020 0902 U
THETS	RESTOUT	FLAG UNUTO 1	KSPERENCE	INTERVAT LA
Small LDL-P and L LDL-P is taken in		iated with CVD risk	, but not	after
Insulin Resistance Sc				01
LP-IR Score *	67	High	<=45	01
INSULIN RESISTANC	nsitive Insuli	n Resistant>		
Percen Insulin Resistanc	tile in Reference	Population		٠.
LP-IR Score Low	25th 50th	75th High 63 >63		
Comment:				. 01
The LP-IR score i associated with i used as one compo	s a laboratory de nsulin resistance	nt is non-fasting. veloped index that l and diabetes risk a an's clinical assess	and should	1. be
MP12+8AC Themistries				. 00
lucose	103	High mg/dL	ہے۔	:02 29 02
ric Acid	5.5	mg/dl mg/dl	•	-8.6 02
Please Note:	5.5	189/·CE	3.1	-6.6 U2
Tease Mote:	Therapeu	tic target for gout	patients	
CUN	9	mg/dL	- 1	-24 02
reatinine	0.99	mg/dL	0.76	-1.27 02
GFR If NonAfrica Am	83	mL/min/1.7	31	>59
GFR If Africa Am	96	mL/min/1.7	i	>59
UN/Creatinine Ratio	<u>.9</u>	• •	1	-20
odium	140	mmol/L	134	-144 02
otassium	4.8	mmo1/L	3.5	-5.2 02
hlorid e	103	mmol/L	96	-106 02
alcium	9.3	mg/dL	8.7	-10.2 02
hospherus	3.5	'mg/dL	2.8	-4.1 02
rotein, Total	6.7	g/đī.	6. ģ	-8.5 02
lbumin	4.7	g/dL	. 3.8	-4.9 02
lobulin, Total	2.0	g/dL	1.\$	-4.5
/G Ratio	2.4	High		-2.2
ilirubin, Total	0.5	mg/dL	7.	-i.2 02
lkaline Phosphatase	5 5	IU/L	l)	-117 02
DH	153	IU/L	12	-224 02
ST (SGOT)	22	IU/L	q	-40 02
LT (SGPT)	25	IU/Ł	11	-44 03
GT	23	IU/L	. 1	-65 02
ron	. 94	ug/dL	38	-169 03
	•			02
ipids		*	4	. 02

Lipid Panel

Date Issued: 10/27/20 2125 €T

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& LabCo	TP		\$ 25.				Patient R	lepart
Patiens: Marie Co.	Pation	t ID;	Cont	rol (D: 10000	****	Date col	Specimen ID: E ected: 10/23/2020	0 0902 Loca
,	TESTS .	77. 7	RESULT	FIVG	· UNTES·	Referenci	INTERVAL	. EAB
Cholestero	1, Total		123		mg/dl	. 10	0-199	02
Triglyceri	des	•	225	High	mg/dL		-149	02
-Reactive	Protein,	Cardiac		tisk for	mg/L Future Card Low		0-3.00 or Event <1.00	02
					Average High	1.0	- 3.00 - 3.00	
	It has a	_	-	•	characteris d by the Foo			
01 BN	LabCorp B		NO 07045 00		Dir: Sanjai	Nagendra, M	<u> </u>	······································

Dir: Aracell B Reyes, MD

69 First Avenue, Raritan, NJ 96869-1800 For inquiries, the physicien may contact Branch: 800-631-5250 Lab: 800-762-4344

1447 York Court, Burlington, NC 27215-3361

LabCorp Raritan

Date Issued: 10/27/20 2125 ET

02

FINAL REPORT

Page 3 of 3

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NJIN MENLO PARK

10 PARSONAGE ROAD SUITE 105 EDISON, NJ 08837 Phone: (732) 476-6515 Fax: (732) 476-6516

Exam requested by: SONIA DEORA DO 1002 AMBOY AVENUE EDISON, NJ 08837 Patient:
Date of Birth:
Phone:
MRN:
Date of Exam: 11-02-2020

Addendum 1 - 11-09-2020

There is a calcium score of 113 in the left anterior descending coronary artery and a calcium score of 18 in the right coronary artery, resulting in a total calcium score of 131.

Thank you for the opportunity to participate in the care of this patient.

Michael L Amoroso ND Electronically Signed: 11-09-2020 11:10 AM

Original Report

EXAM: CT CARDIAC SCORING

HISTORY: Hyperlipidemia

TECHNIQUE: CT cardiac scor ng exam performed utilizing thin section axial images. One or more of the following dose reduction techniques were used: automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique.

COMPARISON: None.

FINDINGS: There is a total calcium score of 131. This places the patient in the 60th percentile rank.

The imaged portions of the lungs appear unremarkable.

There is a small hiatal hemia

IMPRESSION: Total calcium score 131, which places the patient in the 60th percentile rank.

Confidential

For a list of convenient NJIN locations, please visit us at: www.njimagingnetwork.com Scheduling: (800) 930 - 6759

Printed: 11-09-2020 11:15 AM

(Exam: 11-02-2020 9:00 AM)

Page 1 of 2

Reviewed By: SONIA DEORA D.O. On 11/11/2020 06:58:26 pm

Coronary Artery Calcium Score

Measurement Of Total Calcium (low confidence)

Coronary Artery Calcium Score

Hyperlipidemia

CT Scan

Measurement Of Total Calcium (low confidence)

Hiatal Hernia

Score

Coronary Artery Calcium



NJIN MENLO PARK

10 PARSONAGE ROAD SUITE 105 EDISON, NJ 08837 Phone: (732) 476-6515 Fax: (732) 476-6516

Note: This patient has received 0 CT studies and 0 Myocardial Perfusion studies within our network over the previous 12 month period.

Thank you for the opportunity to participate in the care of this patient.

Michael L Amoroso MD - Electronically Signed: 11-02-2020 12:24 PM

Copy to: MEHERWAN JOSHI MD

Confidential

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(Exam: 11-02-2020 9:00 AM)

Page 2 of 2

Reviewed By: SONIA DEORA D.O. On 11/11/2020 06:58:26 pm



Redminster Bridgewater East Brunswick Edison Elizabeth

Forked River Neptune Freehold **New Brunswick** Hillsborough Nutley Metuchen Calchunst Pt Pleasant/Brick Werren Monroe

Somerest Teeneck Tinton Falls Wall

800.758.5545

Online Scheduling: UniversityRadiology.com

Name: MRN:

DOB: Phone:

Exam Date: 10/04/2018 Location: Metuchen

SONIA DEORA DO GARDEN STATE PHYS

10 JEFFERSON PLAZA STE100

PRINCETON, NJ 08540

EXAM: LEFT HIP X-RAYS

CLINICAL INDICATION:

Left hip: Left hip pain for one month.

COMPARISON: No pertinent prior studies have been submitted for comparison.

TECHNIQUE: 2 views of the left hip were obtained.

FINDINGS:

Bones/Joint Spaces: There are mild degenerative changes in the left hip.

Soft tissues/Other: Within normal limits.

IMPRESSION:

Left hip: Mild degenerative changes.

Thank you for the courtesy of this referral. Electronic access to images available to referring providers online. APPROVED BY: Robert Einhorn ND 10/4/2018 4:43 PM

X-ray Of Hip Joint

Left Hip Pain

Mild Hip Joints **Degenerative Changes**



Bedminster Bridgewater East Brunswick Edison Elizabeth Forked River Neptune Somerset Freehold New Brunswick Teaneck Hillsborough Nutley Tinton Falls Metuchen Cakhurst Wall Monroe Pt Pleasant/Brick Warren

800.758.5545

Online Scheduling: UniversityRadiology.com

Name: MRN:

DOB: Phone: 10/04/2018

Exam Date: 10/04/2018
Location: Metuchen

SONIA DEORA DO GARDEN STATE PHYS

10 JEFFERSON PLAZA STE100

PRINCETON, NJ 08540

EXAM: LUMBOSACRAL SPINE X-RAYS

CLINICAL INDICATION: Low back pain for one month.

COMPARISON: No pertinent prior studies have been submitted for comparison.

TECHNIQUE: 5 views of the lumbar spine were obtained.

FINDINGS:

Vertebral body height: Preserved.

Alignment: Normal.

Disk Spaces: Preserved.

Pars/Facets: Normal.

Other: There are mild degenerative changes. There is mild calcification in the abdominal aorta.

IMPRESSION:

Mild degenerative changes lumbar spine.

Thank you for the courtesy of this referral.

Electronic access to images available to referring providers online.

APPROVED BY: Robert Einhorn MD 10/4/2018 4:44 PM

Lumbosacral Spine Degenerative Changes X-ray Of Lumbosacral Spine

Low Back Pain

X-ray Of Lumbar Spine

Abdominal Aorta

Mild Lumbar Spine Degenerative Changes

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	COMPREHENSIVE INSURANCE PROGRAMS
Requestor Co.:	INO

INC

Requestor: KIM RICHARDSON

Underwriter:

Policy Number :

Case Number:

Patient Name :

D.O.B:

S.S.N:

Facility/Doctor: DR. MEHERWAN JOSHI

Address:

City, State, Zip:

Insurance Co.: PRINCIPAL LIFE

Total Pages: 30

Wednesday, October 05, 2022 1:52:07 PM

Work Order :

MEHERWAN B JOSHI MD 240 WILLIAMSON ST, STE 203 ELIZABETH NJ 072023671

Phone: 732-491-9597 Fax: 973-261-5142

Visit Note

Provider: Meherwan Joshi, M.D. Encounter Date: May 26, 2021

Patient: (Control of the Control of

Sex: Male

Race: Unreported/Refused to Report

Address; P. Pref. Phone(H):

Insurance(s):

MERITAIN HEALTH (PP)

Referred By: Meherwan Joshi, MD

Complaints/HPI:

*** Follow-up for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea.

TODAY ON FOLLOW-UP HE TELLS ME THAT HE HAS EXERTIONAL CHEST PAIN. DESCRIBES IT AS A 4 ON 10 HEAVINESS IN THE CENTER OF THE CHEST. COMES WITH EXERTION. RELIEVED WITH REST. HAS NOTICED MARKED DECREASE IN EXERTIONAL TOLERANCE. GETS SHORT OF BREATH WITH MILD TO MODERATE LEVELS OF ACTIVITY AND HAS TO STOP. HE HAS CHEST PAIN ASSOCIATED WHICH SHORTNESS OF BREATH WITH EXERTION ALSO.

NO ORTHOPNEA NO PAROXYSM NOCTURNAL DYSPNEA

NO FEVERS OR CHILLS

NO LIGHTHEADEDNESS NO DIZZINESS NO SYNCOPE

NO MYALGIAS

NO BLEEDING

SENSE OF SMELL OR SENSE OF TASTE OR SENSE OF VISION

NO BLACK STOOLS OR BLOOD IN STOOLS

NO PALPITATIONS

Vital Signs:

 Weight:
 159 lbs

 Height:
 5' 7"

 BMI:
 24.90

Patient: DOB: DOB: Visit: 05/26/2021 Page: 1

L. USIZOIZUZI I O

Mixed Hyperlipidemia

Hypertensive Heart

Follow Up Chest Heaviness

Dyspnea Chest Pain

Dyspnea On Exertion

Page 2

BSA: 1.84
Temperature: 97.1 F
BP: 148/92
Pulse: 74

Medical History:

*** HYPERTENSIVE CARDIOVASCULAR DISEASE HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Family History:

*** STRONG FAMILY HISTORY OF PREMATURE CORONARY ARTERY DISEASE WITH HIS FATHER HAVING CORONARY DISEASE IN HIS 50S.

Social History:

Patient is a non smoker. He doesn't drink alcohol.

Allergy:

No Known Drug Allergies

Current Medication:

Other MD:

1 Aspirin Ec 81 Mg Tablet SIG: Take 1 daily

ROS:

*** GENERAL: (-) fever.

SKIN: (-) rash.

EYES: (-) changes in vision.

RESPIRATORY: (-) cough, (-) wheezing,

GASTROINTESTINAL: (-) abdominal pain, (-) rectal bleeding.

GENITOURINARY: (-) dysuria. HEMATOLOGIC: (-) bleeding.

LYMPHATIC: (-) lymph node enlargement. PERIPHERAL VASCULAR: (-) varicose veins.

NEUROLOGIC: (-) seizures.

Examination:

*** AUDIOVISUAL TELE CONFERENCE VISIT.
VITALS PROVIDED BY THE PATIENT
BLOOD PRESSURE 114/76
HEART RATE IS 74 BEATS PER MINUTE.

Patient: Visit; 05/26/2021 Page: 2

Hypertensive Heart Disease

Mixed Hyperlipidemia
Glucose Intolerance

Premature Coronary Artery Atherosclerosis

Coronary Heart Disease (FHx)

Review Of Systems

Diagnosis:

R07.9 Chest pain, unspecified

R03.0 Elevated blood-pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified
R06.00 Dyspnea, unspecified

Plan:

*** 1.). DYSPNEA. HAS NOTICED MARKED DECREASE IN EXERTIONAL TOLERANCE WITH EXERTIONAL CHEST PAIN AS WELL AS SHORTNESS OF BREATH. RULE OUT ISCHEMIC HEART DISEASE. WILL ALSO CHECK 2D ECHO TO EVALUATE LV SYSTOLIC AS WELL AS DIASTOLIC PHYSIOLOGY. BLOOD PRESSURE IS ALSO ELEVATED AT THIS MAY BE PLAYING A ROLE. HIGHLIGHTED THE IMPORTANCE OF CHECKING HIS BLOOD PRESSURE REGULARLY AND GETTING A LOG OF HIS BLOOD PRESSURE.

- 2.). HYPERTENSIVE CARDIOVASCULAR DISEASE. HE USED TO BE ON TELMISARTAN. HAD WITHDRAWN IT WHEN HE HAD LOST WEIGHT. BLOOD PRESSURE IS NOW RUNNING HIGH. HAS NOT BEEN CHECKING HIS BLOOD PRESSURE AT HOME. AT THIS TIME COUNSELED IN DETAIL ABOUT DIET. WILL MAINTAIN A LOG AT HOME ABOUT BLOOD PRESSURE. MAY REINSTITUTE MEDICATION DEPENDING ON THE RESULTS OF HIS HOME LOG.
- 3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. TRIGLYCERIDES ALSO ARE SIGNIFICANTLY ELEVATED. HAS NOT BEEN COMPLIANT WITH HIS FISH OIL. I HAVE EXPLAINED TO HIM THAT HE MUST TAKE FISH OIL 2 G TWICE A DAY. HAD RECENT LIPID FRACTIONATION DONE IN MAY 2021. LDL PARTICLE 833 LDL SMALL PARTICLE 590 HDL 37 TRIGLYCERIDES 214. CONTINUE WITH CRESTOR 10 MG DAILY. SMALL PARTICLES ARE STILL HIGH. RECOMMEND ADDING ZETIA 10 MG DAILY..
- 4.). DIABETES MELLITUS. HIS AIC LEVELS ARE MILDLY ELEVATED. DOES NOT REQUIRE MEDICATIONS BUT AT THIS TIME HIS CARDIOVASCULAR RISK IS AT A HIGHER LEVEL AND THIS WAS DISCUSSED WITH HIM. ALSO DISCUSSED ABOUT THE CHANGE IN TARGETS OF HIS CHOLESTEROL AND BLOOD PRESSURE. IMPORTANCE OF WEIGHT LOSS AND GRADED EXERCISE PROGRAM HIGHLIGHTED.
- 5.). CHEST PAIN.

HAS EXERTIONAL CHEST PAIN WHICH IS RELIEVED WITH REST WITH ASSOCIATED SHORTNESS OF BREATH. THE PAIN DOES NOT RADIATE. RISK FACTORS INCLUDE DIABETES MELLITUS, HYPERTENSIVE HEART DISEASE, HYPERLIPIDEMIA AND AN EXTREMELY STRONG FAMILY HISTORY OF PREMATURE CORONARY ARTERY DISEASE.

Patient: DOB: DOB: Visit: 05/26/2021 Page: 3

Chest Pain

Elevated Blood Pressure Reading Without Diagnosis Of Hypertension

Other Hyperlipidemia

Dyspnea

Chest Pain On Exertion
2D Echocardiography
(referral)

Ischaemic Heart Disease (suspected)

High Blood Pressure

Hypertensive Heart

High Blood Pressure Weight Loss

Hyperlipidemia Mixed Hyperlipidemia Hypertriglyceridemia

Lipid Fractionation Measurement

Diabetes Mellitus

Chest Pain

Chest Pain On Exertion Dyspnea Diabetes Mellitus Hypertensive Heart Disease

Hyperlipidemia

Premature Coronary Artery Atherosclerosis (FHx) AT THIS TIME I HAVE EXPLAINED TO HIM IN DETAIL ABOUT ATHEROSCLEROTIC HEART DISEASE. I WILL RISK STRATIFY FURTHER WITH AN TEST. I HAVE REQUESTED HIM TO START ASPIRIN. CONTINUE WITH CRESTOR. DISCUSSED IN DETAIL ABOUT STRESS TESTING. I HAVE EXPLAINED TO HIM THAT IF HE HAS CHEST PAIN THAT LAST FOR MORE THAN 10 MINUTES HE MUST CALL 911 AND GO TO THE CLOSEST EMERGENCY ROOM.

TOTAL OF65 MINUTES WAS SPENT IN EVALUATING AND MANAGING THIS PATIENT. I DISCUSSED IN DETAIL ABOUT HIS NEW MEDICATIONS AND ALTERNATIVE OPTIONS. FURTHERMORE I HAVE DISCUSSEDIN DETAIL ABOUT CARDIAC TESTS ORDERED

Prescription:

1 Zetia 10 Mg Tablet SIG: Take 1 daily QTY: 90,00 REF: 3

Changed/Discontinued Medication(s):

Discontinued By Other MD: DESVENLAFAXINE SUC ER 50 MG TB

Discontinued By Other MD: ESCITALOPRAM 20 MG TABLET

Discontinued By Other MD: LEVOFLOXACIN 500 MG TABLET

Discontinued By Other MD: LEXAPRO 20 MG TABLET

Discontinued By Other MD: LOVAZA 1 GM CAPSULE GRAM

Discontinued By Other MD: TELMISARTAN 40 MG TABLET

Preventive Care:

Controlling BP:

Diastolic BP: Most recent diastolic blood pressure >= 90 mmHg.

Systolic BP: Most recent systolic blood pressure >= 140 mmHg.

BMI Screening and Follow-Up:

BMI was discussed with the patient. BMI is in the normal range.

Careplan:

(1) 2 Gram Sodium Diet

BMI Measurement Follow Up

Sodium Diet (referral)

Patient: DOB: Wisit: 05/26/2021 Page; 4

MEHERWAN B JOSHI MD 240 WILLIAMSON ST, STE 203 ELIZABETH NJ 072023671

Phone: 732-491-9597 Fax: 973-261-5142

Visit Note

Provider:

Supervising: Meherwau Joshi, M.D. Performing: Mukta Gautam-Dhakal

Encounter Date: May 27, 2020

Patient: (

Sex: Male

DOB: Age: Age: Race: Unreported/Refused to Report

Address: Pref. Phone(H):

Insurance(s):

MERITAIN HEALTH (PP)

Referred By: Mukta Gautam-Dhakal

Complaints/HPI:

*** Follow-up for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea.

Tele audiovisual conference visit in view of the current COVID 19 situation. Patient explained in detail and informed consent was obtained.

He is doing much better. Has been staying in does. No sick contacts. Has not gained weight. Unable to exercise adequately secondary to low back pain.

HE HAS HAD CHRONIC LOW BACK PAIN AND HAS AN MRI DONE IN THE PAST. HAS NOT HAD ANY HERNIATED DISC. NO SCIATICA LIKE PAIN. THE PAIN DOES NOT GOING TO THE LEGS. DOES NOT HAVE ANY DIFFICULTY IN BALANCE. DOES NOT HAVE ANY HYPERESTHESIAS IN THE PERIANAL AREA.

DENIES ANY CHEST PAIN OR CHEST TIGHTNESS.

NO PALPITATIONS

NO MYALGIAS AND NO BLEEDING

NO ORTHOPNEA

NO FEVER RASH OR CHILLS.

Medical History:

Page 7

Mixed Hyperlipidemia Hypertensive Heart Disease Follow Up

Low Back Pain

Dyspnea

Chronic Low Back Pain MRI Scan

*** HYPERTENSIVE CARDIOVASCULAR DISEASE HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Family History:

*** STRONG FAMILY HISTORY OF PREMATURE CORONARY ARTERY DISEASE WITH HIS FATHER HAVING CORONARY DISEASE IN HIS 50S.

Social History:

Patient is a non smoker.

Televisit:

Telemed (Video): Start Time: 03:19. End Time: 03:34. Total Time Spent: 45.

Consent: Patient was explained about concerns about corona virus infection and Jehdhun cardiology has decided for the safety of its patients to do all visits with audio-visual monitoring to avoid direct patient contact and prevent the patient from traveling for their visit.

They have been explained about the limitations of this service and understand this and have consented to proceed. Jehdhun cardiology will maintain confidentiality for this visit. Audio -visual conference however relies on privacy of the provider which cannot be guaranteed by Jehdhun cardiology. Patient understands this well and agrees to proceed.

Allergy:

No Known Drug Allergies

Current Medication:

1 Levofloxacin 500 Mg Tablet SIG: Take 1 daily 2 Lexapro 20 Mg Tablet SIG: Take 1 daily

ROS:

*** GENERAL: (-) fever.

SKIN: (-) rash.

EYES: (-) changes in vision.

RESPIRATORY: (-) cough, (-) wheezing,

GASTROINTESTINAL: (-) abdominal pain, (-) rectal bleeding.

GENITOURINARY: (-) dysuria. HEMATOLOGIC: (-) bleeding.

LYMPHATIC: (-) lymph node enlargement. PERIPHERAL VASCULAR: (-) varicose veins.

NEUROLOGIC: (-) seizures.

Patient: Wisit: 05/27/2020 Page: 2

Page 8

This document contains private information – any unlawful disclosure is prohibited

Hypertensive Heart

Mixed Hyperlipidemia

Glucose Intolerance

Coronary Heart Disease

Premature Coronary Artery Atherosclerosis (FHx)

Examination:

*** AUDIOVISUAL TELE CONFERENCE VISIT.
VITALS PROVIDED BY THE PATIENT
BLOOD PRESSURE 114/76
HEART RATE IS 74 BEATS PER MINUTE.

Diagnosis:

R03.0 Elevated blood-pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified R06.00 Dyspnea, unspecified

Plan:

*** 1.). DYSPNEA. WITH GRADED EXERCISE AS WELL AS WEIGHT LOSS
BREATHING HAS MARKEDLY IMPROVED. NO REPEAT EPISODES OF DYSPNEA OR
CHEST PAIN..

- 2.). HYPERTENSIVE CARDIOVASCULAR DISEASE. BLOOD PRESSURE REMAINS WELL CONTROLLED WITHOUT MEDICATIONS. CONTINUE WITH DIETARY CONTROL. WAS ON TELMISARTAN BUT WITH WEIGHT LOSS HAVE BEEN ABLE TO WITHDRAW THIS. CONTINUE WITH EXERCISE AND WEIGHT LOSS AS WELL AS DIETARY SALT REDUCTION.
- 3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. TRIGLYCERIDES ALSO ARE SIGNIFICANTLY ELEVATED. HAD RECENT REGULAR CHOLESTEROL TEST DONE SHOWING A TRIGLYCERIDE OF 250. DISCUSSED DIET IN DETAIL. HE IS TOLERATING OMEGA 3 FATTY ACIDS WELL. ALSO ON CRESTOR 10 MG DAILY. DIET REITERATED TO HIM. WILL NEED BLOOD WORK ON NEXT OFFICE VISIT.
- 4.). DIABETES MELLITUS. HIS AIC LEVELS ARE MILDLY ELEVATED. DOES NOT REQUIRE MEDICATIONS BUT AT THIS TIME HIS CARDIOVASCULAR RISK IS AT A HIGHER LEVEL AND THIS WAS DISCUSSED WITH HIM. ALSO DISCUSSED ABOUT THE CHANGE IN TARGETS OF HIS CHOLESTEROL AND BLOOD PRESSURE. IMPORTANCE OF WEIGHT LOSS AND GRADED EXERCISE PROGRAM HIGHLIGHTED.
- 5.). BORDERLINE TESTOSTERONE LEVELS. CLINICALLY DOES NOT HAVE ANY SYMPTOMS OF HYPOGONADISM. REQUESTED TO FOLLOW UP WITH HIS PRIMARY DOCTOR. NO LOSS OF MUSCLE MASS. GOOD MUSCULAR ENDURANCE. NO UNDUE FATIGUE.

TOTAL OF45 MINUTES WAS SPENT IN EVALUATING AND MANAGING THIS PATIENT. I DISCUSSED IN DETAIL ABOUT HIS NEW MEDICATIONS AND ALTERNATIVE OPTIONS. FURTHERMORE I HAVE DISCUSSED HORMONAL

Patient: DOB: Wisit: 05/27/2020 Page: 3

Elevated Blood Pressure Reading Without Diagnosis Of Hypertension

Other Hyperlipidemia

Dyspnea

Weight Loss

Hypertensive Heart Disease

Weight Loss

Hyperlipidemia Mixed Hyperlipidemia Hypertriglyceridemia

Hematologic Tests (referral)

Diabetes Mellitus

Risk Of Cardiovascular Disease

Follow Up (referral)

HYPERTENSION.

Prescription:

1 Desvenlafaxine Suc Er 50 Mg Tb SIG: Take 1 daily QTY: 90.00

Preventive Care:

Controlling BP:

Diastolic BP: Most recent diastolic blood pressure < 90 mmHg. Systolic BP: Most recent systolic blood pressure < 140 mmHg.

BMI Screening and Follow-Up:

BMI was discussed with the patient. BMI is in the normal range.

Advance Care Plan: Advance Care Plan discussed.

Careplan:

(1) 2 Gram Sodium Diet

Hypertension

BMI Measurement BMI Follow-up

Sodium Diet (referral)

MEHERWAN B JOSHI MD 240 WILLIAMSON ST, STE 203 ELIZABETH NJ 072023671

Phone: 732-491-9597 Fax: 973-261-5142

Visit Note

Provider: Meherwan Joshi, M.D. Encounter Date: Oct 31, 2018

Patient: (()

Sex: Male

DOB: Age: Age: Black

Race: Unreported/Refused to Report

Address: P. Pref. Phone(H): Pref. Phone(H):

Insurance(s):

MERITAIN HEALTH (PP)

Referred By: Meherwan Joshi, MD

Complaints/HPI:

*** Follow-up for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea.

WAS COMPLAINING OF LEFT HIP PAIN. HAD AN X-RAY OF THE LEFT HIP DONE. THIS SHOWED POSSIBLE CALCIFICATION OF THE ABDOMINAL AORTA.

DENIES ANY CENTRAL ABDOMINAL PAIN

NO FEVERS

NO MYALGIAS

HAS BEEN OCCASIONALLY NONCOMPLIANT WITH HIS DIET.

HAS STOPPED TAKING BLOOD PRESSURE MEDICINES AS HIS BLOOD PRESSURE HAS BEEN CONTROLLED.

HAS GAINED SOME WEIGHT

NO CHEST PAIN OR CHEST TIGHTNESS

NO UNDUE SHORTNESS OF BREATH. OVERALL ACTIVITY IS LIMITED AND

LIFESTYLE HAS BECOME MORE SEDENTARY

Vital Signs:

 Weight:
 157 lbs

 Height:
 5' 7"

 BMI:
 24.59

 BSA:
 1.83

 Temperature:
 98.1 F

Mixed Hyperlipidemia Hypertensive Heart Disease Follow Up Dyspnea Left Hip Pain

X-ray Of Left Hip Abdominal Aorta Calcification (suspected)

Well Controlled Blood Pressure

Weight Gain

BP: 131/80 Pulse: 80

Medical History:

*** HYPERTENSIVE CARDIOVASCULAR DISEASE HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Family History:

*** STRONG FAMILY HISTORY OF PREMATURE CORONARY ARTERY DISEASE WITH HIS FATHER HAVING CORONARY DISEASE IN HIS 50S.

Social History:

Patient is a non smoker.

Allergy:

No Known Drug Allergies

Current Medication:

1 Levofloxacin 500 Mg Tablet SIG: Take 1 daily 2 Lexapro 20 Mg Tablet SIG: Take 1 daily

ROS:

*** GENERAL: (-) fever.

SKIN: (-) rash.

EYES: (-) changes in vision.

RESPIRATORY: (-) cough, (-) wheezing,

GASTROINTESTINAL: (-) abdominal pain, (-) rectal bleeding.

GENITOURINARY: (-) dysuria. HEMATOLOGIC: (-) bleeding.

LYMPHATIC: (-) lymph node enlargement. PERIPHERAL VASCULAR: (-) varicose veins.

NEUROLOGIC: (-) seizures.

Examination:

*** Head & Neck: Normocephalic, Pupil equal. Carotid upstroke Brisk, Thyroid exam Normal

CVS:- SI NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6
SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. FAINT DIASTOLIC MURMUR
OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR
AXILLARY LINE. NO NECK VEIN DISTENTION. NO BRUIT OR MURMUR IS HEARD
OVER THE BACK IN THE INTERSCAPULAR AREA.

Patient: DOB: Washington Visit: 10/31/2018 Page: 2

Page 12

Hypertensive Heart Disease

Mixed Hyperlipidemia
Glucose Intolerance

Premature Coronary Artery Atherosclerosis (FHx)

Coronary Heart Disease (FHx)

Faint Atrial Gallop Sound

Diastolic Murmurs

Heart Murmur Tricuspid Regurgitation

Pulmonary Valve Insufficiency Respiratory:- Trachea central, Symmetrical Bilateral air entry, No crepitation, no Wheezing

Abdomen:- Soft, Non tender, Bowel sound heard, No guarding, no rigidity, No organomegaly . ON CLINICAL EXAMINATION NO EXPANSILE A PULSATILE MASSES IN THE ABDOMEN.

Extremities: No pitting pedal edema, No cyanosis, no clubbing, No Rash, No erythema. No sign of DVT in upper & lower extremities.

Vascular: Symmetrical Radial Pulses, Symmetrical Dorsalis pedis pulses, No carotid bruit

Neuro: Awake and Alert to time, place and person. Power and tone Normal. Cranial nerve II to XII normal.

EKG. SINUS RHYTHM. NO ISCHEMIC CHANGES

Diagnosis:

R03.0 Elevated blood-pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified R06.00 Dyspnea, unspecified

Plan:

*** 1.). DYSPNEA. DOES NOT HAVE ONGOING DYSPNEA NOW BUT HAS DECREASED HIS OVERALL ACTIVITY LEVEL AND HAS BECOME MUCH MORE SEDENTARY. I HAVE REQUESTED HIM TO MAKE THERAPEUTIC LIFESTYLE CHANGES. GRADED EXERCISE PROGRAM ALSO DISCUSSED IN DETAIL.

- 2.). HYPERTENSIVE CARDIOVASCULAR DISEASE. BLOOD PRESSURE TODAY WAS 130/80. HE HAS STOPPED TAKING TELMISARTAN. I DISCUSSED IN DETAIL WITH HIM ABOUT MY CONCERNS ABOUT ABDOMINAL AORTIC ANEURYSM SPECIALLY IF THERE WAS CALCIFICATION IN THE ABDOMINAL AORTA THERE WAS PICKED UP ON X-RAY. HE IS A NONSMOKER. FOR NOW WILL GET AN ULTRASOUND OF THE ABDOMEN AND EVALUATE FOR ANEURYSMAL DILATION. IF THERE IS AN ABDOMINAL AORTIC ANEURYSM I WOULD RECOMMEND GOING BACK ON BLOOD PRESSURE MEDICATIONS. AT THAT TIME HE MAY REQUIRE BETA BLOCKER. HE REQUIRES MUCH MORE AGGRESSIVE BLOOD PRESSURE REDUCTION IF AN ABDOMINAL AORTIC ANEURYSM IS NOTED.
- 3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. TRIGLYCERIDES ALSO ARE SIGNIFICANTLY ELEVATED. HAD RECENT REGULAR CHOLESTEROL TEST DONE SHOWING A TRIGLYCERIDE OF 250. DISCUSSED DIET IN DETAIL. I MIGHT HAVE TO ADD FENOFIBRATE IF HIS TRIGLYCERIDES REMAIN ELEVATED. FOR NOW CONTINUE WITH CRESTOR 10 MG ONCE A DAY. HAS NO MYALGIAS. IMPORTANCE OF COMPLIANCE WITH MEDICATIONS AND DIET HIGHLIGHTED.

Patient: DOB: Visit: 10/31/2018 Page: 3

Electrocardiography

Elevated Blood Pressure Reading Without Diagnosis Of Hypertension

Other Hyperlipidemia

Dyspnea

Decreased Activity Level (low confidence)

Hypertensive Heart Disease

Abdominal Aortic Aneurysm (suspected)

Abdominal Aorta
Calcification (suspected)

US Of Abdomen (referral)

Aneurysm (suspected)
Abdominal Aortic
Aneurysm (suspected)

Hyperlipidemia
Mixed Hyperlipidemia

Hypertriglyceridemia

- 4.). DIABETES MELLITUS. HIS A1C LEVELS ARE MILDLY ELEVATED. DOES NOT REQUIRE MEDICATIONS BUT AT THIS TIME HIS CARDIOVASCULAR RISK IS AT A HIGHER LEVEL AND THIS WAS DISCUSSED WITH HIM. ALSO DISCUSSED ABOUT THE CHANGE IN TARGETS OF HIS CHOLESTEROL AND BLOOD PRESSURE. IMPORTANCE OF WEIGHT LOSS AND GRADED EXERCISE PROGRAM HIGHLIGHTED.
- 5.). BORDERLINE TESTOSTERONE LEVELS. CLINICALLY DOES NOT HAVE ANY SYMPTOMS OF HYPOGONADISM. REQUESTED TO FOLLOW UP WITH HIS PRIMARY DOCTOR.

TOTAL OF 60 MINUTES WAS SPENT IN EVALUATING AND MANAGING THIS PATIENT. I DISCUSSED IN DETAIL ABOUT HIS NEW MEDICATIONS AND ALTERNATIVE OPTIONS. FURTHERMORE I HAVE DISCUSSED HORMONAL HYPERTENSION.

Preventive Care:

Controlling BP:

Diastolic BP: Most recent diastolic blood pressure < 90 mmHg. Systolic BP: Most recent systolic blood pressure < 140 mmHg.

BMI Screening and Follow-Up:

BMI was discussed with the patient. BMI is in the normal range.

Advance Care Plan: Advance Care Plan discussed.

Careplan:

(1) 2 Gram Sodium Diet

Diabetes Mellitus

Follow Up (referral)

BMI Measurement

Sodium Diet (referral)

MEHERWAN B JOSHI MD 240 WILLIAMSON ST. STE 203 ELIZABETH NJ 072023671

Phone: 732-491-9597 Fax: 973-261-5142

Visit Note

Provider: Meherwan Joshi, M.D. Encounter Date: Aug 09, 2017

Patient:

Sex: Male

Age: DOB:

Race: Unreported/Refused to Report

Address: Pref. Phone(H):

Insurance(s):

MERITAIN HEALTH (PP)

Referred By: Meherwan Joshi, MD

Complaints/HPI:

*** Follow-up for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea.

PATIENT IS NOTED MARKED DECREASE IN HIS EXERTIONAL TOLERANCE, HE GETS DYSPNEIC VERY EASILY. IN FACT HE TELLS ME THAT EVEN IF HE WALKS 50 FEET HE HAS TO STOP FOR HIS BREATH. THERE IS NO ASSOCIATED CHEST PAIN OR CHEST TIGHTNESS. NO ORTHOPNEA. NO PAROXYSMAL NOCTURNAL DYSPNEA.

NO PALPITATIONS.

AFEBRILE

NO MYALGIAS

NO BLEEDING

HAS BEEN GOING THROUGH A VERY STRESSFUL TIME AT HOME. HE SLEEPS WELL AT NIGHT BUT HAS LOST INTEREST IN THE THINGS THAT HE USUALLY DOES. THINGS THAT USED TO MAKE HIM EXCITED DO NOT EXCITE HIM ANY FURTHER, HE DOES HAVE ANHEDONIA. NO SUICIDAL IDEATION

Vital Signs:

Weight:

153 lbs

Height: BMI:

5' 7" 23.96

Patient:

DOB: Visit: 08/09/2017 Page: 1

Mixed Hyperlipidemia

Hypertensive Heart

Follow Up Dyspnea

Anhedonia

Page 16

BSA:

1.81

Temperature:

97.3 F

BP:

129/97

Pulse:

70

Medical History:

*** DIASTOLIC HYPERTENSION HYPERLIPIDEMIA (MIXED)

Family History:

*** NO PREMATURE CORONARY ARTERY DISEASE OR SUDDEN CARDIAC DEATH IN THE FAMILY

Social History:

Patient is a non smoker.

Allergy:

No Known Drug Allergies

ROS:

*** GENERAL: (-) fever.

SKIN: (-) rash.

EYES: (-) changes in vision.

RESPIRATORY: (-) cough, (-) wheezing,

GASTROINTESTINAL: (-) abdominal pain, (-) rectal bleeding.

GENITOURINARY: (-) dysuria. HEMATOLOGIC: (-) bleeding.

LYMPHATIC: (-) lymph node enlargement. PERIPHERAL VASCULAR: (-) varicose veins.

NEUROLOGIC: (-) seizures.

Examination:

*** Head & Neck: Normocephalic, Pupil equal. Carotid upstroke Brisk, Thyroid exam Normal

CVS:- SI NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6 SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. FAINT DIASTOLIC MURMUR OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE. NO NECK VEIN DISTENTION. NO BRUIT OR MURMUR IS HEARD OVER THE BACK IN THE INTERSCAPULAR AREA.

Respiratory:- Trachea central, Symmetrical Bilateral air entry, No crepitation, no Wheezing

Page 17

Diastolic Hypertension

Mixed Hyperlipidemia

Faint Atrial Gallop Sound Diastolic Murmurs Tricuspid Regurgitation Murmur Pulmonary Valve Insufficiency Abdomen: Soft, Non tender, Bowel sound heard, No guarding, no rigidity, No organomegaly

Extremities: No pitting pedal edema, No cyanosis, no clubbing, No Rash, No erythema. No sign of DVT in upper & lower extremities.

Vascular: Symmetrical Radial Pulses, Symmetrical Dorsalis pedis pulses, No carotid bruit

Neuro: Awake and Alert to time, place and person. Power and tone Normal. Cranial nerve II to XII normal.

EKG. SINUS RHYTHM. NO ISCHEMIC CHANGES

Diagnosis:

R03.0 Elevated blood-pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified R06.00 Dyspnea, unspecified

Plan:

*** 1.). DYSPNEA. THE PATIENT HAS NEW ONSET MARKED DECREASE IN EXERTIONAL TOLERANCE. THIS MAY BE SECONDARY TO UNCONTROLLED DIASTOLIC HYPERTENSION THAT WAS NOTED. AT THIS TIME I AM GOING TO CHECK A 2D ECHO TO EVALUATE LV SYSTOLIC AND DIASTOLIC PHYSIOLOGY. ALSO EVALUATE PULMONARY PRESSURES.

- 2.). DIASTOLIC HYPERTENSION. BLOOD PRESSURE WAS MEASURED IN BOTH ARMS AND WAS MEASURED A FEW TIMES THROUGHOUT THE APPOINTMENT. PERSISTENTLY HAS DIASTOLIC PRESSURES ABOVE 95. WILL START HIM ON TELMISARTAN 40 MG ONCE A DAY. DISCUSSED IN DETAIL ABOUT MEDICATION. ALTERNATIVES AND INTERACTIONS WERE ALSO DISCUSSED. CURRENTLY HE IS NOT TAKING ANY MEDICATIONS THAT WOULD AFFECT HIS RENIN ALDOSTERONE SYSTEM AND WILL CHECK A PLASMA RENIN ACTIVITY AND A SERUM ALDOSTERONE LEVEL BEFORE STARTING TELMISARTAN. ALSO CHECK THYROID LEVELS.
- 3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. DISCUSSED LAB RESULTS IN DETAIL. GOOD CONTROL OF HER LDL. TRIGLYCERIDES ARE STILL SLIGHTLY ELEVATED AT 170. THIS WAS A TRULY FASTING SAMPLE. IN THE PAST HE WAS ON LOVAZA WHICH HAS BEEN DISCONTINUED. CONTINUE ON FISH OIL. DIET COUNSELED IN DETAIL. CONTINUE CRESTOR. NO MYALGIAS.
- 4.). DEPRESSION. I SUSPECT THE PATIENT DOES HAVE MULTIPLE FAMILY ISSUES WHICH HIS MAKING HIM MORE DEPRESSED. HE IS ALSO HAVING HARD TIME COPING WITH THAT. HE HAS ANHEDONIA. ALSO IS DEVELOPING AMOTIVATIONAL SYNDROME. I AM GOING TO CHECK HIS THYROID FUNCTION.

Patient: DOB: Washington Visit: 08/09/2017 Page: 3

Electrocardiography

Elevated Blood Pressure Reading Without Diagnosis Of Hypertension

Other Hyperlipidemia

Dyspnea

Ressistant Diastolic Hypertension

2D Echocardiography (referral)

Diastolic Hypertension

Hyperlipidemia Mixed Hyperlipidemia

Fasting

Depression (suspected)

Anhedonia

Thyroid Function Tests (referral)

WILL ALSO START HIM ON LEXAPRO 10 MG ONCE A DAY. MEDICATION WAS DISCUSSED IN DETAIL INCLUDING OPTIONS, SIDE EFFECTS AND INTERACTIONS.

TOTAL OF 60 MINUTES WAS SPENT IN EVALUATING AND MANAGING THIS PATIENT. I DISCUSSED IN DETAIL ABOUT HIS NEW MEDICATIONS AND ALTERNATIVE OPTIONS. FURTHERMORE I HAVE DISCUSSED HORMONAL HYPERTENSION.

Prescription:

1 Levofloxacin 500 Mg Tablet SIG: Take 1 daily QTY: 5.00

Changed/Discontinued Medication(s):

Discontinued By Other MD: LOVAZA 1 GM CAPSULE GRAM

Discontinued By Other MD: ZETIA 10 MG TABLET

Careplan:

(1) 2 Gram Sodium Diet

Sodium Diet (referral)

Patient: DOB: DOB: Visit: 08/09/2017 Page: 4





Bedmineter Bridgewater East Brunswick Edison Elizabeth Forked River Prechold Hilleborough Metuchen Monroe Neptune Somerset
New Brunswick Teansok
Nutley Trinton Falls
Oakhurat Wall
Pt Pleasemi/Enick Warren

MEHERMAN B JOSHI MD

JEHDHUN CARDIO

240 WILLIAMSON ST

ELIZABETH, NJ 07202

800.758.5545

Online Scheduling: UniversityRadiology.com

Name :

MRN: DOB: Phone:

11/28/2018

Location: cc:

Exam Date:

SONIA DEORA DO

EXAM: ABDOMINAL AORTA ULTRASOUND

Metuchen

CLINICAL INDICATION: Previous abnormal findings on X-ray.

TECHNIQUE: Grayscale imaging of the abdominal aorta was performed.

COMPARISON: Lumbar spine x-rays 10/4/2018.

FINDINGS: The abdominal aorta shows atherosclerotic change of the distal abdominal aorta.

AP and transverse diameters are as follows:

The proximal abdominal aorta measures 2.0 x 1.8 cm. The mid abdominal aorta measures 1.5 x 1.6 cm. The distal abdominal aorta measures 1.5 x 1.4 cm.

The right common iliac artery measures 0.8 x 0.9 cm. The left common iliac artery measures 0.9 x 0.9 cm.

IMPRESSION: Atheroscientic change of the distal abdominal aorta without evidence of aneurysm

Thank you for the courtesy of this referral.

Electronic access to images available to referring providers online.

APPROVED BY: Jeannete G Greer MD 11/28/2018 8:21 AM

Medical professionals may call 732-234-7777 to discuss this report or any other issue with a radiologist.

Ultrasound Of Abdominal Aorta

Imaging Of Aorta

X-ray Of Lumbar Spine

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Trinitas Regional Medical Center



TRANSTHORACIC ECHOCARDIOGRAM REPORT

Patient Name: Medical Rec #: Account Number: Date of Birth:

Patient Age: Patient Gender:

Date of Exam: Accession #: Height: Weight: BP:

Admit Date: Referring MD

Burzor Joshi

Meherwan

681100000 Meherwan

Normal

(2.4-3.7)

(1.5-2.6)

125/74 mmHg

08/28/2017

8/28/2017

65.0 in

153.0 lb

Echo M-Mode/2D/Color Flow Doppler Primary MD: Order:

Burzor Joshi MĠ

Indications: Pt Location: Dyspnea

Sonographer: Interpreting MD:

Aortic Root (Mmode):

Left Atrium (Mmode):

M Joshi MD

2D AND M-MODE MEASUREMENTS (normal ranges within parentheses): Aorta/Left Atrium:

Left Ventricle: Normal IVSd (2D): 1.31 cm (0.7-1.1)LVPWd (2D): 1.25 cm (0.7-1.1)LVIDd (2D): 2.51 cm (3.4-5.7)LVIDs (2D): 1.38 cm LV F\$ (2D):

45.0 % (>25%)78.4 % (>50%)

Right Ventricle: RVd (2D):

2.31 cm

3.10 cm

3.10 cm

LV SYSTOLIC FUNCTION BY 2D PLANIMETRY (MOD):

EF-A4C View: 56.2 %

LV DIASTOLIC FUNCTION: MV Peak E: 0.73 m/s

MV Peak A: 0.73 m/s

EF-A2C View:

E/e' Ratio:

Decel Time:

52.7 %

197 msec

6.00

EF-Biplane:

AoV Cusp Separation: 2.00 cm

55.0 %

E/A Ratio: 0.99

SPECTRAL DOPPLER ANALYSIS (where applicable): Mitral Valve:

LV EF (2D):

MV Max Vel: 0.71 m/s MV Mean Grad: 1.0 mmHg MV P1/2 Time: 57,13 msec MV Area, PHT: 3,85 cm²

Aortic Valve: AoV Max Vel: 1.21 m/s

AoV Peak PG: 5.9 mmHg

AoV Mean PG: 3.0 mmHg

PV Mean PG: 1.0 mmHg

0.94 m/s LVOT Vmax: LVOT VTI: 0.174 m Tricuspid Valve and PA/RV Systolic Pressure:

TR Max Velocity:

RVSP/PASP:

LVOT Diameter:

Pulmonic Valve:

PV Max Velocity: 0.71 m/s

RA Pressure: PV Max PG:

2.0 mmHg

3 mmHg

PHYSICIAN INTERPRETATION:

Left Ventricle: The left ventricular chamber size is decreased. Ventricular wall thickness is mildly increased. Global LV systolic function was normal. Left ventricular ejection fraction, by visual estimation, is 60 to 65%. Spectral Doppler shows normal pattern of LV diastolic filling. Normal LV filling pressures. Right Ventricle: The right ventricular size is normal. RV wall thickness is normal. Global RV systolic

Echocardiography

Transthoracic

Echocardiography Doppler Color Flow

Dyspnea

US Doppler

function is normal.

Left Atrium: The left atrium is normal in size.

Right Atrium: The right atrium is normal in size.

Pericardium: There is no evidence of pericardial effusion.

Mitral Valve: There is trace mitral valve regurgitation.

Tricuspid Valve: Trace tricuspid regurgitation present.

Aortic Valve: The aortic valve is normal. No evidence of aortic valve regurgitation.

Pulmonic Valve: The pulmonary valve is normal.

Aorta: The sortic root, ascending sorta and sortic arch are all structurally normal, with no evidence of

dilitation or obstruction.

Pulmonary Artery: The pulmonary artery is not well seen.

Venous: Pulmonary veins were the pulmonary veins were not well visualized in this study. The inferior vena

cava and hepatic vein were not well visualized in this study.

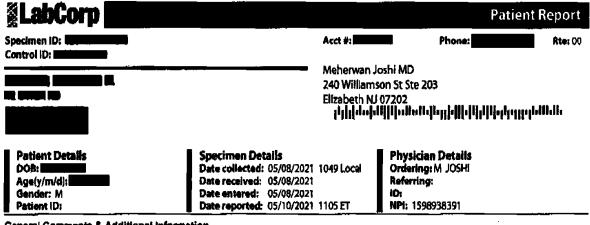
Summary:

- 1. Left ventricular ejection fraction, by visual estimation, is 60 to 65%.
- 2. Normal global left ventricular systolic function.
- 3. Mild concentric left ventricular hypertrophy.
- 4. The left ventricular chamber size is decreased.
- 5. Ventricular wall thickness is mildly increased.
- 6. Trace tricuspid regurgitation.
- 7. The inferior vena cava and hepatic vein were not well visualized in this study.

Electronically signed by M Joshi MD Signature Date/Time: 8/28/2017/6:28:32 PM Trace Mitral Valve Regurgitation Tricuspid Valve Insufficiency

Concentric Hypertrophy Of Left Ventricle

Trace Tricuspid Valve Regurgitation



General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

NMR LipoProfile+Lipids; CMP12+8AC; C-Reactive Protein, Cardiac; Venipuncture; Handwritten Order

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAL
NMR LipoProfile+Lipids					,,,,,,
LDL Particle Number					01
LDL-P *	833		nmol/L	<1000	01
			Low	< 1000	
			Moderate	1000 - 1299	
			Borderline-Hi		
			High	1600 - 2000	
			Very High	> 2000	
Lipids					01
LDL-C (NIH Calc)	<mark>66</mark>		mg/ dL	0-99	01
			Optimal	< 100	
			Above optimal	. 100 - 129	
			Borderline	130 - 159	
			High	160 - 189	
			Very high	> 189	
HDL-C A	37	Low	mg/dL	>39	01
Triglycerides *	214	High	mg/dL	0-149	01
Cholesterol, Total A	138		mg/dL	100-199	01
LDL and HDL Particles			•		01
HDL-P (Total) *	30.8		umol/L	>=30.5	01
Small LDL-P *	590	High	nmol/L	<=527	01
LDL Size A	19.9	FOM	nm	>20.5	01

** INTERPRETATIVE INFORMATION** PARTICLE CONCENTRATION AND SIZE

<--Lower CVD Risk Higher CVD Risk--> LDL AND HDL PARTICLES Percentile in Reference Population HDL-P (total) High 75th 50th 25th >34.9 34.9 26.7 <26.7 30.5 Small LDL-P Low 25th 50th 75th High <117 117 527 839 >839 <-Large (Pattern A) -> LDL Size Small (Pattern B)-> 23.0 20.5 20.6 19.0

Comment:

01

Venipuncture (referral)

CRP Measurement Lipids Test Panel NMR LipoProfile®

Lipid Panel

LDL-P Measurement

Date Issued: 05/10/23 1107 ET

FINAL REPORT

Page 1 of 3

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🏿 LabCorp	A MARIN		Patient Report
Patients Patie	nt ID: C	ontrol (D: Terreno	Specimen ID: Date collected: 05/08/2021 Date Local

					<u></u>	
TESTS		RESULT	FLAG	UNITS R	EFERENCE INTERVAL	LAE
			iated wi	th CVD risk,	but not after	
LDL-P is take		int.				
Insulin Resistance	Score					01
LP-IR Score *	-11.000	77	High		<=45	01
INSULIN RESIST	rance marken n Sensitive		n Resist	ant\		
	centile in					
Insulin Resist	tance Score		•			
LP-IR Score	Low 25th	50th		ligh		
	<27 27	45	63 >	63		0.7
Comment: LP-IR Score is	inaccurate	if natie	ent is no	m-fasting		01
The LP-IR scor					as been	
associated wit	th insulin r	esistance	and dia	abetes risk a	nd should be	
used as one co	mponent of	a physici	an's cli	nical assess	ment.	•
CMP12+8AC						
Chemistries						02
Glucose		97		mg/dL	65-99	02
Uric Acid		6.6		mq/dL	3.8-8.4	02
22			itic targ	et for gout	patients: <6.0	•
BUN		10	_	mg/dL	6-24	02
Creatinine		0.90		mg/ dL	0.76-1.27	02
eGFR If NonAfricn	Am	<mark>93</mark>		mL/min/1.7	3 >59	
eGFR If Africa Am		108		mL/min/1.7	3 >59	
Labcorp curi	rently_repor	ts eGFR i	n compli	ance with th	e current	
recommendati	cons of the	National Guidelin	Kidney F	oundation. L	abcorp will m the NKF-ASN	
Task force.	reing as new	Autoetti.	res are F	dDirshed Ito	m che naf-asm	
Sodium		142		mmol/L	134-144	02
Potassium		4.6		mmol/L	3.5-5.2	02
Chloride		104		mmol/L	96-106	02
Calcium		9.3		mg/dL	8.7-10.2	02
Phosphorus		3.9		mg/đL	2.5-4.1	02
Protein, Total		6.9		g/dL	6.0-8.5	02
Albumin		4.5		g/ dL	3.8-4.9	02
Globulin, Total		2.4		g/dL	1.5-4.5	
A/G Ratio		1.9			1.2-2.2	
Bilirubin, Total		0.4		mg/dL	0.0-1.2	02
Alkaline Phosphata	186	56		IU/L	39-117	02
LDH .		171		IU/L	121-224	02
AST (SGOT)		23		IU/L	0-40	02
ALT (SGPT)		29		IU/L	0-44	02
GGT		26		IU/L	0-65	02
Iron		91		ug/dL	38-169	02
Cholesterol, Total		137		mg/đL	100-199	02

Date Issued: 05/10/21 1107 ET FINAL REPORT Page 2 of 3

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LabCorp Patie					Patient R	nt Report	
Patient:	Patient ID:	Cont	rol ID: •••••		Specimen ID: Date collected: 05/08/2021	1049 Local	
	TEGTS	RESULT	FLAG	PLINT	REFERENCE INTERVAL	LAB	
Triglyce	rides	216	High	mg/dL	0-149	02	
C-Reactive	Protein, Cardiac	0.48 Relative R	isk for	mg/L Future Card Low Average High	0.00-3.00 diovascular Event <1.00 1.00 - 3.00 >3.00	02	

Comments:

y : 2

A This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

01	BN	LabCorp Burlington	Dir: Sanjai Nagendra, MD
02	RN	1447 York Court, Burlington, NC 27215-3361 LabCorp Reritan	Dir: Aracell B Reyes, MD
		69 First Avenue, Raritan, NJ 08869-1800	

For Inquiries, the physician may contact Branch: 800-831-5250 Lab: 800-762-4344

REFERRING PHYSICIAN / ACCOUNT REFERENCE ACCESSION MEDICAL LAB' Acct: MEHERWAN JOSHI, MD 240 WILLIAMSON STREET PATIENT 1901 East Linden Ave, Suite 8 SUITE 203 Linden, NJ 07036 ELIZABETH, NJ 07202 Tel.: 877-733-4522 #1412 (732) 491-9597 Fax: 908-474-0032 Page: 1 www.accureference.com Phys: COLLECTED RECEIVED REPORTED SEX DATE OF BIRTH AGE **PRINTED** M 08/09/17 08/10/17 08/17/17 10:04 05:20 PM **PATIENTS RESULTS** UNITS REFERENCE RANGE TEST NAME WITHIN RANGE **OUT OF RANGE** NONFASTING Report Status: FINAL ****THYROID\$**** 0.890.61 - 1.12ng/đL FREE T4 Patients with high serum biotin levels will have falsely elevated results. uIU/mL 0.340 - 4.410 TSH 3RD GENERATION *HORMONES**** 159.74 150 - 684 ng/đL TESTOSTERONE TOTAL NO RANGES ESTABLISHED FOR MALES BELOW 18 AND OVER 66 YEARS OLD NO RANGES ESTABLISHED FOR FEMALES BELOW 21 AND OVER 73 YEARS OLD PLEASE NOTE: THE UNITS FOR TOTAL DESTOSTERONE WAS CHANGED TO ng/dL TESTO FREE CALCULATED 58.00 REFERENCE RANGE: 24.3-110.2 % Males 20-50 years 0.65-10.93 % Females 20-46 years Post-menopausal females 47-91 years 0.23-6.80 % FAI (Free Androgen Index(%) = FTI (Free Testosterone Index calculated NO RANGES ESTABLISHED FOR MALES BELOW 20 AND OVER 50YEARS OLD. NO RANGES ESTABLISHED FOR FEMALES BELOW 20 AND OVER 46 YEARS OLD. nmol/L SEX HORMONE BINDING GLOB REFERENCE RANGE: Males 20-50 years 13.3-89.5 nmol/L Females 20-46 years 18.2-135.5 nmol/L Post-menopausal females 47-91 years 16.8-125.2 nmol/L NO RANGES ESTABLISHED FOR MALES BELOW 20 AND OVER 50 YEARS OLD. NO RANGES ESTABLISHED FOR FEMALES BELOW 20 AND OVER 91 YEARS OLD. **Other Tests** reported: 02/10/17 21:47 47 1.5 - 8.1 U/L Aldolase REFERENCE INTERVAL: Aldolase Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com). Performed by ARUP Laboratories, 500 Chipeta Way, SLC,UT 84108 600-522-2787 www.aruplab.com, Julio Delgado, MD, Lab. Director reported: 08/16/17 22:06 ng/mL/hr 0.167 - 5.380 0.456 Renin Activity, Plasma This test was developed and its performance characteristics (Continued on Next Page)

MARTIN KING Ph.D. LABORATORY DIRECTOR

Laboration are portainvaluable online on the Physician Portal www.accoreference.com

REFERRING PHYSICIAN / ACCOUNT REFERENCE MEDICAL LAB **ACCESSION** Acet: MEHERWAN JOSHI, MD 240 WILLIAMSON STREET PATIENT 1901 East Linden Ave, Suite 8 SUITE 203 Linden, NJ 07036 ELIZABETH, NJ 07202 Tel.; 877-733-4522 #1412 (732) 491-9597 Fax: 908-474-0032 Page:1 Phys: www.accureference.com SEX DATE OF BIRTH AGE COLLECTED RECEIVED REPORTED PRINTED M 07/29/17 07/29/17 09:30 AM 08/02/17 10:54 **PATIENTS RESULTS** UNITS **OUT OF RANGE** REFERENCE RANGE WITHIN RANGE **TEST NAME FASTING** Report Status: FINAL ****CHEMISTRY**** COMPREHENSIVE METABOLIC 136 - 145 mmol/L 142 SODIUM 3.5 - 5.1 mmol/L 4.6 POTASSIUM mmol/L 98 - 107 104 CHLORIDE mEq/L 17 - 32 24.0 CARBON DIOXIDE 70 - 99 mg/dL 100 H GLUCOSE 7 - 25 mg/dL 12 BUN mg/dL 0.91 0.7 - 1.3CREATININE SERUM Ratio 8 - 28 **BUN/CREATININE RATIO** 13 0.2 - 1.0 mg/dL BILIRUBIN, Total 0.7 CALCIUM 9.6 8.6 - 10.5 mg/dL 6.9 6.6 - 8.2 g/đL PROTEIN TOTAL New normal range, effective 6/15/2017 **ALBUMIN** 4.5 3.5 - 5.7 g/đL 46 34 - 104 U/L ALK.PHOSPHATASE 24 7 - 52 U/L ALT (SGPT) U/L 21 11 - 39 AST (SGOT) 2.4 g/đL 1.8 - 4.0 GLOBULIN Ratio 1.9 0.8 - 2.7A/G RATIO GLOMERULAR FILT. RATE 92 >60 mL/min If African-American result is: >60 For African-American patients, the GFR should be adjusted. Please multiply the reported value by 1.21 NMR LIPOPROFILE reported: 08/01/17 11:13 NMR LipoProfile 842 nmol/L LDLP <1000 < 1000 LOW 1000 - 1299Moderate Borderline-High 1300 - 1599 1600 - 2000 High > 2000 Very High LDL-C mg/dL < 100 Optimal 100 Above optimal (Continued on Next Page)

MARTIN KING Ph.D. LABORATORY DIRECTOR

If about the parts available online on the Physician Porta, www.accureference.com

Comprehensive

Metabolic Panel

REFERRING PHYSICIAN / ACCOUNT REFERENCE MEDICAL LAB ACCESSION Acct: MEHERWAN JOSHI, MD 240 WILLIAMSON STREET PATIENT 1901 East Linden Ave, Suite 8 SUITE 203 Linden, NJ 07036 ELIZABETH, NJ 07202 Tel.: 877-733-4522 #1412 (732) 491-9597 Fax: 908-474-0032 Page:2 Phys: www.accureference.com RECEIVED **SEX** DATE OF BIRTH AGE PRINTED COLLECTED REPORTED M 07/29/17 07/29/17 09:30 AM 08/02/17 10:54 PATIENTS RESULTS UNITS WITHIN RANGE **OUT OF RANGE** REFERENCE RANGE TEST NAME ****CHEMISTRY**** (Continued) 130 - 159 Borderline 160 - 189 High > 189 Very high LDL-C is inaccurate if patient is non-fasting. >39 me/dL HDL-C m#/dL 0-149 **Triglycerides** mg/dL 122 100 - 199 Cholesterol, Total umol/L >=30.5 HDL-P (Total) 31.3 <-527 Small LDL-P 396 nmol/L LDL Size 20.5 >20.5 ** INTERPRETATIVE INFORMATION** PARTICLE CONCENTRATION AND SIZE <--Lower CVD Risk Bigher CVD Risk--> LDL AND HDL PARTICLES Percentile in Reference Population 75th 50th 25th Low HDL-P (total) High <26.7 >34.9 34.9 30.5 26.7 Migh 25th 50th 75th Small LDL-P Low <117 117 527 839 >839 <-Large (Pattern A)-> <-Small (Pattern B)-> LDL Size 23.0 20.6 20.5 Small LDL-P and LDL Size are associated with CVD risk, but not after LDL-P is taken into account. These assays were developed and their performance characteristics determined by LipoScience. These assays have not been cleared by the

US Food and Drug Administration. The clinical utility of these laboratory values have not been fully established.

62 H

INSULIN RESISTANCE MARKER

<--Insulin Sensitive Insulin Resistant--> Percentile in Reference Population Insulin Resistance Score

LP-IR Score Low 25th 50th 75th High (Continued on Next Page)

LP-IR Score

REFERRING PHYSICIAN / ACCOUNT

Acct: MEHERWAN JOSHI, MD

240 WILLIAMSON STREET

SUITE 203

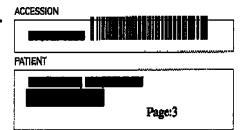
ELIZABETH, NJ 07202

(732) 491-9597

#1412

Phys:

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REPORTED

SEX

DATE OF BIRTH

AGE

08/02/17 10:54

07/29/17 09:30 AM

07/29/17

M

56

PATIENTS RESULTS

TËST NAME

WITHIN RANGE

OUT OF RANGE

REFERENCE RANGE

UNITS

****CHEMISTRY**** (Continued)

<27 27 45 **63** >6

LP-IR Score is inaccurate if patient is non-fasting.

The LP-IR score is a laboratory developed index that has been associated with insulin resistance and disbetes risk and should be used as one component of a physician's clinical assessment. The LF-IR score listed above has not been cleared by the US food and Drug Administration.

**** INFLAMMATION *

CRP CARDIO/NEO (HS)

<0.2

0 - 3.0

me/L

Recommended Cardiac risk assessment categories:

LOW

<1.0 mg/L

AVERAGE HIGH 1.0-3.0 mg/L >3.0 mg/L

LEVELS OF CRP >10 mg/L SHOULD BE EVALUATED FOR

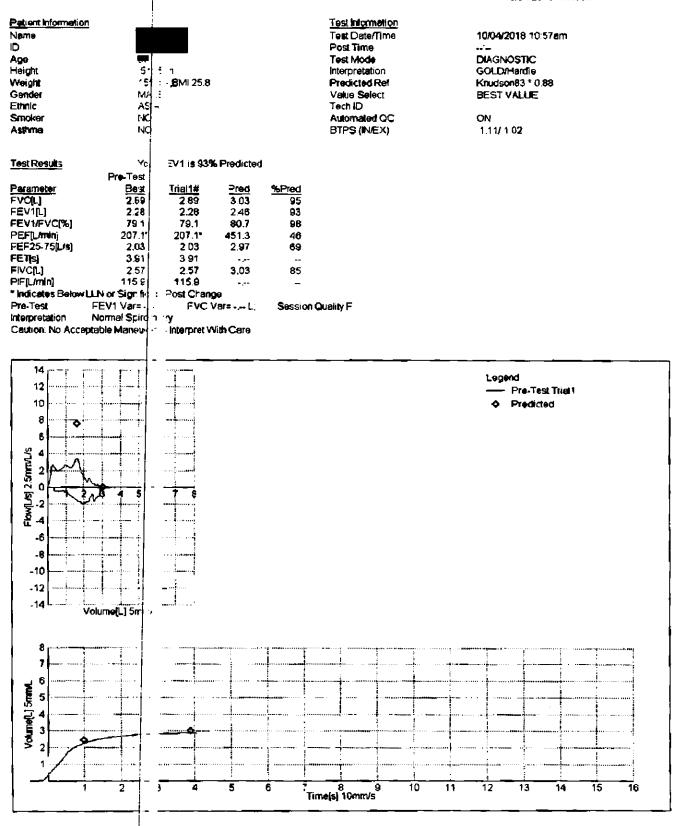
OTHER NON-CARDIOVASCULAR ORIGINS.

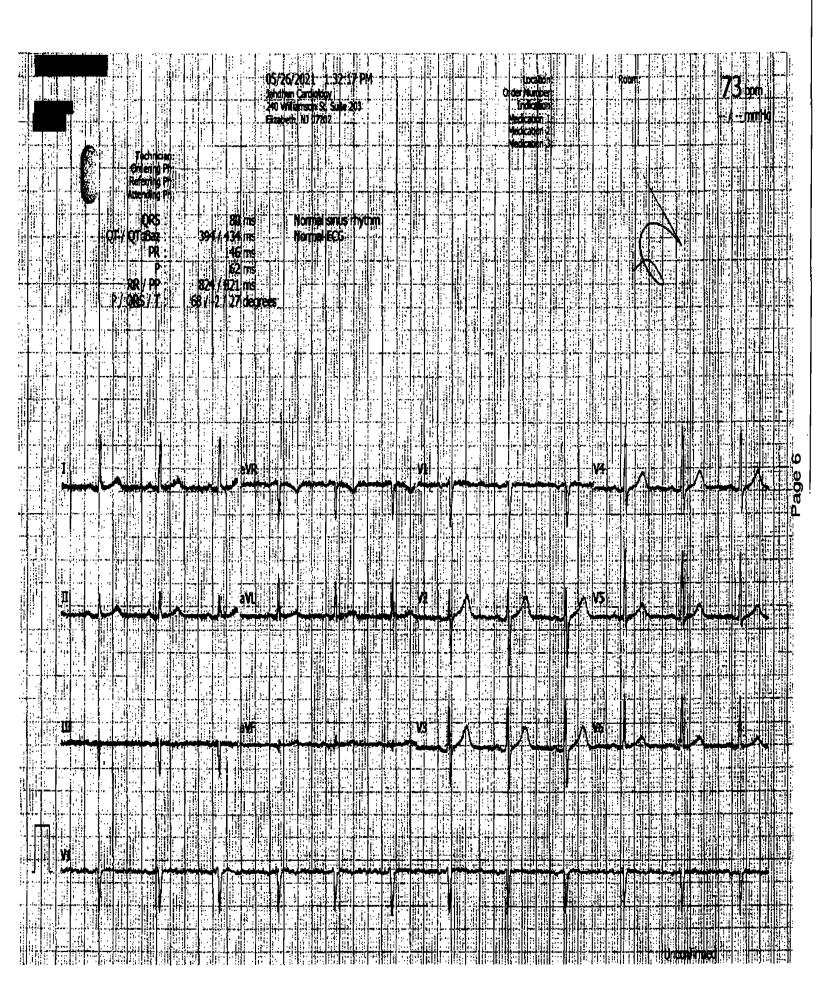
-- END OF REPORT -----

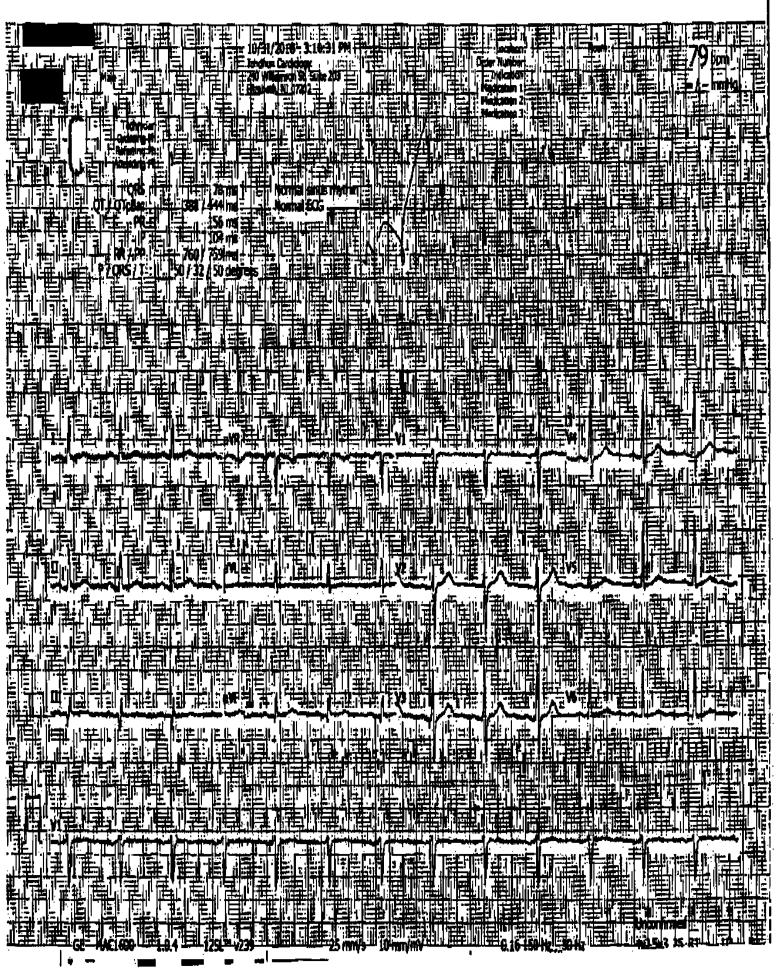
 Unless otherwise noted, Trace Performed at: LabCorp Barlington, 3447 North Crees, Bartington NC 272353851 Director: William P. Hancack, 34D 8009634544

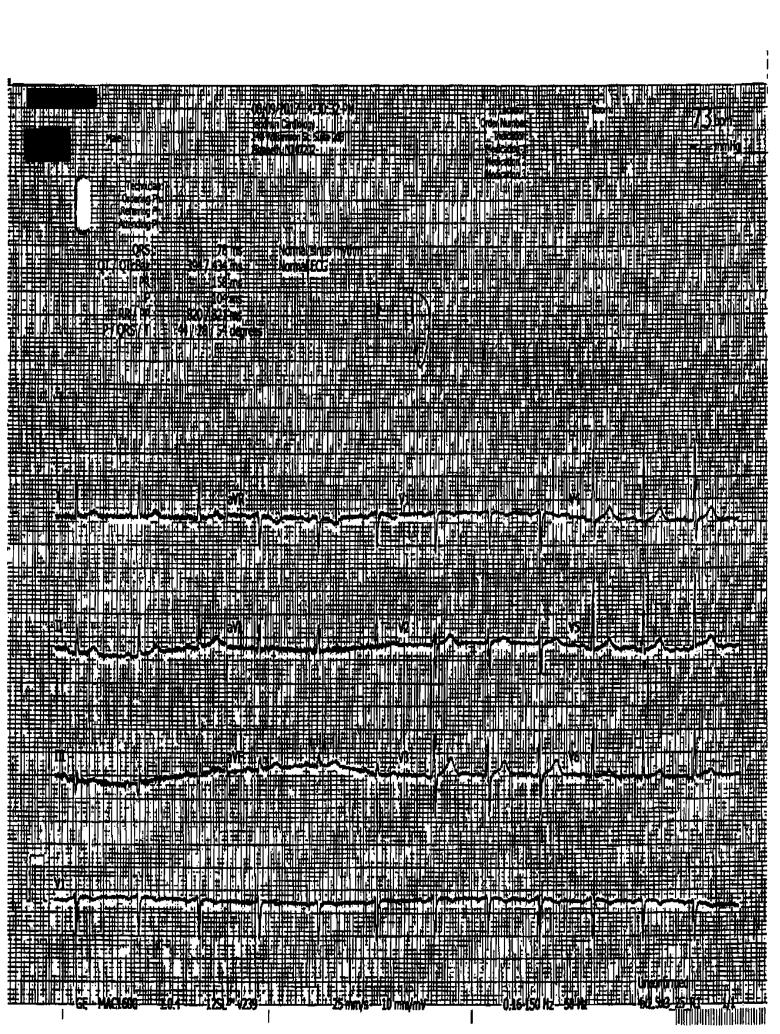
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EasyOne™ DIAGNOSTIC 6.8 © ndd 2000-2010 SN 108357 RecNo 7471 10/04/2018 10:58am









Supplemental Documents

Text To Text Transcription

Progress Notes 12.30.2021

Vital Signs

VITAL SIGNS: There were no vitals taken for this visit.

Findings

The above named patient was evaluated using telmedicine this date for neurocognitive status. The patient was educated on the use of a telehealth visit in lieu of an in - person evaluation. They patient has agreed to be evaluated via interactive audio and visual communication at

this time.Denies: Skin Rash Denies: Problems with vision

Denies: Problems hearing, speaking or swallowing

Denies: Adenopathy

Denies: Cough, shortness of breath, hemoptysis

Denies: Chest pain, dyspnea or exertion

Denies: Breast Mass

Denies: Nausea, vomiting, melena, diarrhea, or changes in bowel symptoms

Denies: Dysuria or hematuria Denies: Extremity swelling Denies: Neurologic dysfunction Denies: Fevers, chills or sweats Denies: Bleeding and bruising

MENTAL STATUS: the patient is alert with appropriate affect and attention span. Oriented forplace, person and time. Fund of information is intact. The patient can give the name of the president, the name of the state capital of New Jersey. Immediate memory intact. Autobiographical memory is intact and does remembers town of birth and name of high school. Delayed memory is intact. See CERAD Serial 7's 5/5. Digit span is 6 forward and 5 reversed. Clock drawing intact, reproduction of a cube intact. Minitrailmaker intact. Naming is intact. Verbal fluency intact producing 20 words beginning with the letter " F ". Abstraction intact TEST SCORES: MOCA 29/30 losing 1 point for set sentence repetition CERAD Immediate 18 Delayed 8

Speech: comprehension, expression and repetition all intact.

CRANIAL NERVES: EOM intact Nystagmus none

facial mobility full and symmetrical HEARING: intact to voice

intact and symmetrical Tongue; protrudes midline

→ Motor exam:

Tremors none Pronator drift none finger taps normal Stand with arms crossed normal

N Sensory exam: deferred

* Cerebellar:

nose touch with eyes closed intact

3 Reflexes: Not testable

Lab Results

LABORATORY STUDIES: NONE

Assessment and Plan

IMPRESSION/PLAN: On **cognitive testing** no abnormalities are found. His test results on a 10 word retrieval test are superior. I do not think that this gentleman has any type of significant cognitive impairment. His **difficulty with remembering** names may have to do with some **anxiety** as well as the **depression**. Alternatively there may be some element **of sleep deprivation** as he is not being treated for **obstructive sleep apnea** though this was documented in the past. Consideration was given to formal neuropsychological testing but his screening results are so strong that it is unlikely that these would be helpful. I do not think any further metabolic work - up is indicated. I have advised the patient that he might consider computer cognitive games such as luminosity or even consulting books on memory training. I have advised him that if he has significant sleep apnea it may be playing a role and further it is dangerous to his health. I have advise him to make an appointment to go back to sleep clinic at JFK for testing as well as treatment if a significant problem is found. Lastly, I have told him that if he feels that if this is progressive over the next 6 to 12 months he should make an appointment to return.

Background

PAST MEDICAL HISTORY:

Hyperlipidemia, recent Covid infection and past history of obstructive sleep apnea

Social History

SOCIAL HISTORY:

Social History
Socioeconomic History
Marital status:
Non - smoker, Has and owns his own

Family History

FAMILY HISTORY:

No family history of any neurologic illness*

Allergies

ALLERGIES: No known allergies

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PROGRESS NOTES 07.08.2021

Vital Signs

• Vital Signs: Respiratory Rate: 18 per min, BP: 130/80 mmHg, Temperature: 97.30 ° F, Pulse Ox: 97 %, Pulse rate: 74 per min, Height: 5 ' 5 ", Weight: 155 lbs and BM: 25. 79.

Findings

• All normal, except as mentioned in HPI. · Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.

Skin: No rash, pruritis or ulcers.

Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.

Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.

Throat: No sore throat, hoarseness or dysphagia.

- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.

② Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.

Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post

void dribbling.

- Musculoskeletal: No joint pain. back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties.
- · Endocrine: No polyuria, polydypsia, heat intclerance, cold intolerance, diabetes. hot flushes or hair loss.

Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.

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• Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.

Extremities: No edema, claudication, nail problems, varicose veins or cramps. All normal, except as mentioned in HPI. 🛭 Constitutional: Well - developed, well - nourished, appearing appropriate for the age, no acute distress.

- Head: Normocephalic without scalp lesions. No facial asymmetry.
- Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear egen reactive to light and accomodation (PERRLA). Ears: External ear canals patert without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
- Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.
- [] Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.

Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable.

Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.

2 Cardiovascular: Heart has regular rate and rhythm, no murmur.

🛚 GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.

Rectal: Deferred/not done.

② Genitalia: Deferred/not done.

• Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.

 $\label{thm:musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.$

• Psychiatric: An emotionally stable person with no mood and affect disorders.

Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

2 Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment

Assessment:

Hyperlipidemia

- 1. E78.5 -, unspecified
- 2. E55.9 Vitamin D deficiency, unspecified
- 3. R73.9 Hyperglycemia, unspecified
- 4. K21.9 Gastro esophageal reflux disease without esophagitis

Plan

Plan:

Getting endoscopy.

Cont Omeprazole 40 mg a day.

• Vit D weekly.

Lower BS and carbs and sweets.

• F/u 6 mo.

Background

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

Social History He is Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. Occupation is a professional. Owns own co for IT. Reviewed.

Family History

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - polycythemia uncle: ca. Reviewed.

Allergies

Allergies:

• NKDA.

Go To Source Document | Go To Abstract

PROGRESS NOTES 06.10.2021

Vital Signs

• Vital Signs: Respiratory Rate: 18 per min, BP: 130/82 mmHg, Temperature: 98.20 ° F, Pulse Ox: 98 %, Pulse rate: 87 per min, Height: 5 ' 5 ", Weight: 155 lbs and BM: 25. 79.

Findings

All normal, except as mentioned in HPI. 🛭 Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.

Skin: No rash, pruritis or ulcers.

- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- $\cdot \, \mathsf{Ear}/\mathsf{Nose} \colon \mathsf{No} \ \mathsf{tinnitus}, \ \mathsf{otalgia}, \ \mathsf{hearing} \ \mathsf{loss}, \ \mathsf{rasal} \ \mathsf{congesion}, \ \mathsf{rhinorrhea}, \ \mathsf{epistaxis}, \ \mathsf{facial} \ \mathsf{pain} \ \mathsf{or} \ \mathsf{vertigo}.$

Throat: No sore throat, hoarseness or dysphagia.

?

- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- · Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.

🗵 Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.

- Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post void dribbling.
- » Musculoskeletal: No joint pain. back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties.

 $Endocrine: No \ polyuria, \ polydypsia, \ heat \ intolerance, \ cold \ intolerance, \ diabetes. \ hot \ flushes \ or \ hair \ loss.$

- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- · Extremities: No edema, claudication, nail problems, varicose veins or cramps.All normal, except as mentioned in HPI.

Constitutional: Well - developed, well - nourished, appearing appropriate for the age, no acute distress.

• Head: Normocephalic without scalp lesions. No facial asymmetry.

Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation (PERRLA). Ears: External ear canals patert without inflammation. Tympanic membranes intact with normal light reflex and landmarks.

🛮 Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.

9 • Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.

🛚 Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable.

• Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.

Cardiovascular: Heart has regular rate and rhythm, no murmur.

2 GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.

Rectal: Deferred/not done.

?

Genitalia: Deferred/not done.

- Neurology. Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes. Musculoskeletal/Spine
- : No deformity or tenderness of joints and spine. Full range of motion noted.
- Psychiatric: An emotionally stable person with no mood and affect disorders.

🛮 Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

• Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment

Assessment:

1. R06.02 - Shortness of breath

2. M79.604 - Pain in right leg

M79.605 3. Pain in left leg

4. K64.8 - Other hemorrhoids

5. K21.9 - Gastro - esophageal reflux disease without esophagitis

Plan

Plan:

2 Echo Nuc Stress Test.

Omeprazole

40 mg a day.

• Niero eval for memory testing.

GI if not better.

Check H pylori . Stretchinf of shin splints.

· Anusol HC, SITZ bath.

Background

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

Social History He is ______. Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. Occupation is a professional . Owns own co for IT. Reviewed.

Family History

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - polycythemia uncle: ca. Reviewed.

Allergies

Allergies:

• NKDA.

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Visit Note 05.26.2021

(MEHERWAN B JOSHI MD)

Vital Signs

BP: 148/92

Vital Signs: Weight: 159 lbs Height: 5 ' 7 " BMI: 24.90BSA: 1.84 Temperature: 97.1 F

Pulse: 74 VITALS PROVIDED BY THE PATIENT BLOOD PRESSURE 114/76 HEART RATE IS 74 BEATS PER MINUTE. Diastolic BP: Most recent diastolic blood pressure > = 90 mmHg

Systolic BP: Most recent systolic blood pressure > = 140 mmHg. BMI the normal range

Findings

*** GENERAL: (-) fever.

SKIN: (-) rash.

EYES: (-) changes in vision.

RESPIRATORY: (-) cough, (-) wheezing,

GASTROINTESTINAL: (-) abdominal pain, (-) rectal bleeding.

GENITOURINARY: (-) dysuria. HEMATOLOGIC: (-) bleeding.

LYMPHATIC: (-) lymph node enlargement. PERIPHERAL VASCULAR: (-) varicose veins.

NEUROLOGIC: (-) seizures.

Assessment

Diagnosis: R07.9 Chest pain, unspecified

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Instructions

AT THIS TIME I HAVE EXPLAINED TO HIM IN DETAIL ABOUT ATHEROSCLEROTIC HEART DISEASE. I WILL RISK STRATIFY FURTHER WITH AN TEST. I HAVE REQUESTED HIM TO START ASPIRIN. CONTINUE WITH CRESTOR. DISCUSSED IN DETAIL ABOUT STRESS TESTING. I HAVE EXPLAINED TO HIM THAT IF HE HAS CHEST PAIN THAT LAST FOR MORE THAN 10 MINUTES HE MUST CALL 911 AND GO TO THE CLOSEST EMERGENCY ROOM. TOTAL MINUTES WAS SPENT IN EVALUATING AND MANAGING THIS PATIENT. I DISCUSSED IN DETAIL ABOUT HIS NEW MEDICATIONS AND ALTERNATIVE OPTIONS. FURTHERMORE I HAVE DISCUSSEDIN ABOUT TESTS ORDERED

Assessment and Plan

Plan:

*** 1.). DYSPNEA. HAS NOTICED MARKED DECREASE IN EXERTIONAL

TOLERANCE **WITH EXERTIONAL CHEST PAIN** AS WELL AS SHORTNESS OF BREATH. RULE OUT **ISCHEMIC HEART DISEASE**. WILL ALSO CHECK 2D ECHO TO EVALUATE LV SYSTOLIC AS WELL AS DIASTOLIC PHYSIOLOGY. BLOOD PRESSURE IS ALSO ELEVATED AT THIS MAY BE PLAYING A ROLE. HIGHLIGHTED THE IMPORTANCE OF CHECKING HIS BLOOD PRESSURE REGULARLY AND GETTING A LOG OF HIS BLOOD PRESSURE.

2.). HYPERTENSIVE CARDIOVASCULAR DISEASE. HE USED TO BE ON

TELMISARTAN. HAD WITHDRAWN IT WHEN HE HAD **LOST WEIGHT**. **BLOOD PRESSURE IS NOW RUNNING HIGH**. HAS NOT BEEN CHECKING HIS BLOOD PRESSURE AT HOME. AT THIS TIME COUNSELED IN DETAIL ABOUT DIET. WILL MAINTAIN A LOG AT HOME ABOUT BLOOD PRESSURE. MAY REINSTITUTE MEDICATION DEPENDING ON THE RESULTS OF HIS HOME LOG.

3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. TRIGLYCERIDES ALSO

ARE SIGNIFICANTLY ELEVATED. HAS NOT BEEN COMPLIANT WITH HIS FISH OIL. I HAVE EXPLAINED TO HIM THAT HE MUST TAKE FISH OIL 2 G

DAY. HAD RECENT LIPID FRACTIONATION DONE IN MAY 2021. LDL PARTICLE 833 LDL SMALL PARTICLE 590 HDL 37 TRIGLYCERIDES 214. CONTINUE WITH CRESTOR 10 MG DAILY. SMALL PARTICLES ARE STILL HIGH. RECOMMEND ADDING ZETIA 10 MG DAILY..

4.). **DIABETES MELLITUS**. HIS A1C LEVELS ARE MILDLY ELEVATED. DOES NOT

REQUIRE MEDICATIONS BUT AT THIS TIME HIS CARDIOVASCULAR RISK IS AT A HIGHER LEVEL AND THIS WAS DISCUSSED WITH HIM. ALSO DISCUSSED ABOUT THE CHANGE IN TARGETS OF HIS CHOLESTEROL AND BLOOD PRESSURE. IMPORTANCE OF WEIGHT LOSS AND GRADED EXERCISE PROGRAM HIGHLIGHTED.

5.). CHEST PAIN.

HAS EXERTIONAL CHEST PAIN WHICH IS RELIEVED WITH REST WITH ASSOCIATED SHORTNESS OF BREATH. THE PAIN DOES NOT RADIATE. RISK FACTORS INCLUDE DIABETES MELLITUS, HYPERTENSIVE HEART DISEASE,

HYPERLIPIDEMIA AND AN EXTREMELY STRONG FAMILY HISTORY OF PREMATURE CORONARY ARTERY DISEASE.

Background

Medical History:

*** HYPERTENSIVE CARDIOVASCULAR DISEASE HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Social History

Social History:

Patient is a non smoker. He doesn't drink alcohol.

Family History

Family History:

*** STRONG FAMILY HISTORY OF PREMATURE CORONARY ARTERY DISEASE WITH HIS FATHER HAVING CORONARY DISEASE IN HIS 50S.

Allergies

Allergy: No Known Drug Allergies

Go To Source Document | Go To Abstract

EKG 05.26.2021

Findings

ORS 83 ms Normal Sinus myt
QF/QTcBaz 394 % JAS Normal **ECG**:
PR: 46 ms
52 ms
RR/PP 824 821 ms
P/QRS/T 68 227 degrees

Go To Source Document

Patient Report 05.08.2021

```
Lab Results
Specimen Details
entered:
Date reported: 1105 ET
General Comments & Additional Information
Total Volume: Not Provided Fasting: Yes
Ordered Items
NMR LipoProfile + Lipids ; CMP12 + 8AC ; C - Reactive Protein, Cardiac ; Venipuncture ; Handwritten Order
TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB
NMR LipoProfile + Lipids
LDL Particle Number
                                              01
LDL - PA 833 nmol/L < 1000
                                              01
LOW < 1000
Moderate 1000 1299
Borderline - High 1300 1599
High 1600 - 2000
Very High > 2000
Lipids
                                              01
LDL - C (NIH Calc) 66 mg/dL 0-99
Optimal 100
Above optimal 100 129
Borderline 130 - 159
High 160 189
Very high > 189
HDL - CA 37 Low mg/dL 1 > 39
Triglycerides A 214 High mg/dL 0-149
Cholesterol, Total A 138 mg/dL 100-199
                                             01
                                             01
LDL and HDL Particles
                                              01
HDL - P (Total) A 30.8 \text{ umol/L} > = 30.5
                                              01
Small LDL - PA 590 High nmol/L < = 527
                                              01
LDL Size A 19.9 Low rim > 20.5
** INTERPRETATIVE INFORMATION **
PARTICLE CONCENTRATION AND SIZE
< -- Lower CVD. Risk Higher CVD Risk - - >
LDL AND HDL PARTICLES Percentile in Reference Population
1 HDL - P (total) High 75th 50th 25th LOW > 34.9 34.9 30.5 26.7 < 26.7
Small LDL - P Low 25th 50th 75th High
```

```
< 117 117 527 839 > 839
LDL Size < - Large (Pattern A) - > < - Small (Pattern B) - >
                                                             FLAG UNITS REFERENCE INTERVAL LAB
23.0 20.6 20.5 19.0TESTS RESULT
Small LDL - P and LDL Size are associated with CVD risk, but not after
LDL - P is taken into account:
Insulin Resistance Score
                                                           01
                                                   < = 45 01
LP - IR Score A 77 High
INSULIN RESISTANCE MARKER
T < - - Insulin Sensitive Insulin Resistant - - >
Percentile in Reference Population
Insulin Resistance Score
LP - IR Score Low 25th 50th 75th High < 27 27 45 63 > 63
                                                                   01
Comment:
LP - IR Score is inaccurate if patient is non - fasting.
The LP - IR score is a laboratory developed index that has been
associated with insulin resistance and diabetes risk and should be
used as one component of a physician's clinical assessment.
CMP12 + 8AC
Chemistries
Glucose 97 mg/dL. 65-99
                                                                    02
                                                                       02
Uric Acid 6.6. mg/dL 3.8-8.4
Therapeutic target for gout patients: < 6.0
BUN 10 mg/dL 6-24
                                                                    02
Creatinine 0.90 mg/dL 0.76-1.27
                                                                    02
eGFR If NonAfricn Am 93 mL/min/1.73 > 59
eGFR If Afrien Am 108 mL/min/1.73 > 59
** Labcorp currently reports eGFR in compliance with the current **: recommendations of the National
Kidney Foundation. Labcorp will
update reporting as new guidelines are published from the NKF - ASN
1 Task force.
Sodium
                     142 mmol/L 134-144
                       4.6 mmol/L 3.5-5.2
Potassium
Chloride
                     104 mmol/L 96-106
Calcium
                      9.3 mg/dL 8.7-10.2
                       3.9 mg/dL 2.8-4.1
Phosphorus
                      6.9 g/dL 6.0-8.502
Protein, Total
                      4.5 g/dL 3.8-4.9
2.4 g/dL 1.5-4.5
Albumin
                                               0.2
Globulin, Total
                      1.9 1.2-2.2
A/G Ratio
Bilirubin, Total
                      0.4 mg/dL 0.0-1.2
                                               02
Alkaline Phosphatase
                      56
                            IU/L 39-117
                                               02
LDH
                     171
                            IU/L 121-224
                                               02
AST (SGOT)
                      23
                           IU/L 0-40
                                               02
ALT (SGPT)
                      29
                            IU/L 0-44
                                               02
GGT
                      26
                            IU/L 0-65
                                               02
                      91
Iron
                            ug/dL 38-169
                                               02
Cholesterol, Total
                     137
                            mg/dL. 100-199
                                               O2TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB
Triglycerides 216 High mg/dL 0-149 02
C - Reactive Protein, Cardiac 0.48 mg/L 0.00-3.00 02
Relative Risk for Future Cardiovascular Event
LOW < 1.00 F
Average 1.00 3.00
High > 3.00
Comments:
This test was developed and its performance characteristics determined by Labcorp. It has not been cleared
or approved by the and Drug Administration.
```

Go To Source Document

Patient Report 05.08.2021

```
Lab Results
  General Comments & Additional Information
Total Volume: Not Provided Fasting: Yes
Ordered Items
NMR LipoProfile + Lipids ; CMP12 + 8AC ; C - Reactive Proten, Cardiac ; Venipuncture ; Handwritten Order
TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB
NMR Lipoprofile + Lipids
LDL Particle Number
                                            01
LDL - PA 833 nmol/L < 1000
                                            01
LOW < 1000
Moderate 1000 1299
Borderline - High 1300 - 1599
High 1600 - · 2000
Very High > 2000
                                            01
Lipids
LDL - C (NIH Calc) 66 mg/dL 0-99
                                            01
Optimal < 100
Above optimal 100 - 129
Borderline 130 159
High 160 189
Very high 189
HDL - CA 37 Low mg/dL > 39
                                            01
Triglycerides A 214 Highy mg/dL 0-149
                                            01
Cholesterol, Total A 138 mg/dL 100-199
                                            01
LDL and HDL Particles
                                            01
HDL - P (Total) A 30.8 umol/L > = 30.5
                                            01
Small LDL - PA 590 High nmol/L < = 527
                                            01
LDL Size A 19.9 LOW rim > 20.5
                                            01
** INTERPRETATIVE INFORMATION **
PARTICLE CONCENTRATION AND SIZE
< -- Lower CVD Risk Higher CVD Risk - - >
LDL AND HDL PARTICLES Percentile in Reference Population
HDL - P (total) High 75th 50th 25th Low > 34.9 34.9 30.5 26.7 < 26.7
Small LDL - P Low 25th 50th 75th High
< 117 117 527 839 > 839 LDL Size < - Large (Pattern A) - > < - Small (Pattern B) - >
23.0 20.6 20.5 19.0
Comment:TESTS RESULT
                                                   FLAG UNITS REFERENCE INTERVAL LAB
Small LDL - P and LDL Size are associated with CVD risk, but not after
LDL - P is taken into account.
Insulin Resistance Scor
                                                         01
LP - IR Score 77 High
                                                < = 45 01
INSULIN RESISTANCE MARKER
< - - Insulin Sensitive Insulin Resistant -- 3
Percentile in Reference Population
Insulin Resistance Score
LP - IR Score Low 25th 50th 75th High < 27 27 45 63 > 63
                                                                     01
LP - IR Score is inaccurate if patient is non - fasting.
The LP - IR score is a laboratory developed index that has been
associated with insulin resistance and diabetes risk and should be
used as one component of a physician's clinical assessment.
CMP12 + 8AC
Chemistries
                                                                      02
Glucose 97 mg/dL 65-99
                                                                      02
```

```
Therapeutic target for gout patients: < 6.0
BUN 10 mg/dL 6-24
                                                                       02
Creatinine 0.90 mg/dL 0.76-1.27
                                                                       02
eGFR If NonAfricn Am 93 mL/min/1.73 > 59
eGFR If Afrien Am 108 mL/min/1.73 > 59
** Labcorp currently reports eGFR in compliance with the current **
recommendations of the National Kidney Foundation. Labcorp will
update reporting as new guidelines are published from the \ensuremath{\mathsf{NKF}} - \ensuremath{\mathsf{A}}\,\ensuremath{\mathsf{N}}
Task force.
                    142
Sodium
                             mmol/L
                                        134-144
                                                  02
Potassium
                        4.6 mmol/L
                                        3.5-5.2
                                                  02
Chloride
                      104
                                        96-106
                             mmol/L
                                                  02
                       9.3 mg/dL
3.9 mg/dL
                                        8.7-10.2 02
Calcium
Phosphorus
                                        2.3-4.1
                                                  02
Protein, Total
                      6.9 g/dL
                                        6.0-8.5
                                                  02
                       4.5 g/dL
2.4 g/dL
Albumin
                                        3.8-4.9
                                                  02
Globulin, Total
                                        1.5-4.5
A/G Ratio
                       1.9
                                        1.2-2.2
Bilirubin, Total
                       0.4 mg/dL
                                        0.0-1.2
                                                  02
Alkaline Phosphatase 56
                              IU/L
                                        39-117
                                                  02
                      171
                             IU/L
                                        121-224
LDH
                                                  02
AST (SGOT)
                       23
                             IU/L
                                        0 - 40
                                                  02
ALT (SGPT)
                       29
                              IU/L
                                        0-44
                                                  02
                       26
                             IU/L
                                        0-65
GGT
                                                  02
Iron
                       91
                             ug/dL
                                        38-169
                                                  02
Cholesterol, Total
                    137
                                        100-199
                                                 O2TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB
                             mg/dL
Triglycerides 216 High mg/dL 0-149 02
C - Reactive Protein, Cardiac 0.48 mg/L 0.00-3.00 02
Relative Risk for Future Cardiovascular Event
Low < 1.00
Average 1.00 3.00
High > 3.00
Comments: A This test was developed and its performance characteristica determined by Labcorp. It has not
been cleared or approved by the Food and Drug Administration.
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02

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Uric Acid 6.6 mg/dL 3.8-8.4

PROGRESS NOTES 12.05.2020

Vital Signs

• Vital Signs: Height: 5 ' 5 ", Weight: 155 lbs and BM: 25. 79.

Findings

All normal, except as mentioned in HPI. Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.

Skin: No rash, pruritis or ulcers.

- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- · Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.

Throat: No sore throat, hoarseness or dysphagia.

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 $\label{lem:lemonty} \textit{Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.}$

🛮 Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.

Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.

Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post void dribbling.

 $\label{thm:musculoskeletal: No joint pain. back pain, weakness, falls or limited movement. \\$

Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tragengsion memory loss, mood changes, seizures, trouble walking or speech difficulties.

Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes. hot flushes or hair loss. • Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.

- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps.

All normal, except as mentioned in HPI. · Constitutional: Well - developed, well - nourished, appearing appropriate for the age, no acute distress

.

Head: Normocephalic without scalp lesions. No facial asymmetry.

🛮 🗗 Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation (PERRLA)

Ears: External ear canals patert without inflammation. Tympanic membranes intact with normal light reflex and landmarks.

🛮 Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.

Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.

• Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable.

Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.

Cardiovascular: Heart has regular rate and rhythm, no murmur.

· GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active. Rectal: Deferred/not done.

Genitalia: Deferred/not done

- . Neurology. Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.
- Psychiatric: An emotionally stable person with no mood and affect disorders.

Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

2 Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment

Assessment:

- 1. E78.5 Hyperlipidemia, unspecified
- 2. K44.9 Diaphragmatic hernia without obstruction or gangrene
- 3. U07.1 **COVID 19**
- 4. R06.02 Shortness of breath

Plan

Plan:

ASA 81 mg a day.

Cont Crestor 20 mg a day. Low Fat diet, fish oil, tree nuts, exercise. Dr. Joshi - cardio f/u.

Albuterol prn. 2

Background

History reviewed. Past Medical History Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

Social History He is Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. Occupation is a professional. Owns own co for IT. Reviewed.

Family History

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - polycythemia uncle: ca. Reviewed.

Allergies

Allergies:

. NKDA.

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PATIENT REPORT 11.09.2020

Lab Results

Cologuard Specimen ID 11/9/2020 Specimen Collected: Specimen Received: 11/10/2020 DEORA, Report Date: 11/14/2020

RESULT:

Negative A negative result indicates a low likelihood that a colorectal cancer (CRC) or an advanced adenoma (adenomatous polyps with more advanced pre - malignant features) is present. The chance that a person with a negative Cologuard test has a colorectal cancer is less than 1 in 1500 (negative predictive value > 99.9 %) or has an advanced adenoma is less than 5.3 % (negative predictive value 94.7 %). These data are based on a prospective cross - sectional screening study of 10,000 individuals at average risk for colorectal cancer who were screened with both

Cologuard and colonoscopy. (Imperiale T. et al, N Engl J Med 2014; 370 (14): 1286-1297) The normal value (reference range) for this assay is

negative. COLOGUARD RE - SCREENING RECOMMENDATION: Periodic routine cclorectal cancer screening is an important part of preventive healthcare for asymptomatic persons at average risk for colorectal cancer. Following a negative Cologuard result, the American Cancer Society and U.S. Multi - Society Task Force screening guidelines recommend a Cologuard re - screening interval of 3 years. References: American Cancer Society (ACS). Colorectal cancer prevention and early detection. Atlanta, GA: American Cancer Society; [updated 2016 Apr CR Dominitz

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Diagnostic Procedure 11.02.2020

Findings

There is a calcium score of 113 in the left anterior descending coronary artery and a calcium score of 18 in the right coronary artery, resulting in a total calcium score of 131.

FINDINGS: There is a total calcium score of 131. This places the patient in the 60th percentile rank.

The imaged portions of the lungs appear unremarkable. There is a small **hiatal hernia**. Note: This patient has received 0 CT studies and 0 Myocardial Perfusion studies within our network over the previous 12 month period.

Assessment

IMPRESSION: Total calcium score 131, which places the patient in the 60th percentile rank.

Procedure Details

TECHNIQUE: **CT cardiac scor ng exam** performed utilizing thin section axial images. One or more of the following dose reduction techniques were used: automated exposure control, adjustment of the mA and/or kV according to patient size, use of iterative reconstruction technique.

Background

HISTORY: Hyperlipidemia

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Physician Encounter 10.29.2020

Vital Signs Vital Sign

Uital Signs: Respiratory Rate: 18 per min, BP: 130/80 mmHg, Temperature: 96.90 ° F, Pulse Ox: 97 %, Pulse rate: 97 per min, Height: 5 ' 5 ", Weight: 155 lbs and BM: 25. 79.

Findings

All normal, except as mentioned in HPI.

Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence. Skin: No rash, pruritis or ulcers.

• Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.

Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.

Throat: No sore throat, hoarseness or dysphagia.

• Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.

Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.

🛚 Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.

🛮 Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post

void dribbling.

- Musculoskeletal: No joint pain. back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties.
- Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes. hot flushes or hair loss.
- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- Extremities: No edema, claudication, nail problems, varicose veins or cramps.

All normal, except as mentioned in HPI. 2 Constitutional: Well - developed, well - nourished, appearing appropriate for the age, no acute distress

Head: Normocephalic without scalp lesions. No facial asymmetry.

🛚 • Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation (PERRLA)

.

- · Ears: External ear canals patert without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
- Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.
- · Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.
- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable.
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- Cardiovascular: Heart has regular rate and rhythm, no murmur.
- · GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.

Rectal: Deferred/not done.

Genitalia: Deferred/not done.

- Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.
- Psychiatric: An emotionally stable person with no mood and affect disorders.
- · Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment

Assessment:

1. K21.9 - Gastro - esophageal reflux disease without esophagitis

2. K59.09 - Other constipation

3. Z23 - Encounter for immunization

4. E78.5 - Hyperlipidemia, unspecified

Plan

Plan: Calcium Coronary Score. Omeprazole 40 mg a day.

- Dietary changes.
- Flu shot given.

Cologuard

, ref colonscopy.

• Fiber and Chia seeds.

Background

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

Social History He is. Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. Occupation is a

Family History

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - polycythemia uncle: ca. Reviewed.

Allergies

Allergies:

NKDA.

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Patient Report 10.23.2020

Lab Results

General Comments & Additional Information

Total Volume: Not Provided Fasting: Yes

Ordered items

NMR LipoProfile + Lipids ; CMP12 + 8AC ; C - Reactive Protein, Cardiac ; Venipuncture ; Handwritten Order

TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB
NMR LipoProfile + Lipids
LDL Particle Number 01
LDL - PA 794 nmol/L 41000 01
LOW < 1000

Moderate 1000 - 1299

Borderline - High 1300 1599

High 1600 2000 Very High > 2000 Lipids 01 LDL - C (NIH Calc) S1 mg/dL 0-99 01 Optimal 100 Above optimal 100 129 Borderline 136 1 159 High 160 - 189 Very high 189 HDL - CA 36 LOW mg/dL \$ 39 01 Triglycerides A 231 High mg/dL 0-149 01 Cholesterol, Total A 2 124, mg/dL. 100-199 01 LDL and HDL Particles 01 HDL - P (Total) A 30.9 umol/L > = 30.501 Small LDL - PA 561 High nmol/L < = 52701 LDL Size A 20.0 Low nm > 20.501 ** INTERPRETATIVE INFORMATION ** PARTICLE CONCENTRATION AND SIZE < -- Lower CVD Risk Higher CVD Risk - - > LDL AND HDL PARTICLES Percentile in Reference Population HDL - P (total) High 75th 50th 25th LOW > 34.9 34.9 30.5 26.7 < 26.7 Small LDL - P Low 25th 50th 75th High < 117 117 527 839 > 839 LDL Size < - Large (Pattern A) - > < - Small (Pattern B) - > 23.0 20.6 20.5 19.0 Comment: TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB Small LDL - P and LDL Size are associated with CVD risk, but not after LDL - P is taken into account. Insulin Resistance Score 01 LP - IR Score 67 High < = 45 01 INSULIN RESISTANCE MARKER < -- Insulin Sensitive Insulin Resistant --> Percentile in Reference Population Insulin Resistance Score LP - IR Score Low 25th 50th 75th High < 27 27. 45 63 > 63 01 LP - IR Score is inaccurate if patient is non - fasting. The LP - IR score is a laboratory developed index that has been associated with insulin resistance and diabetes risk and should be used as one component of a physician's clinical assessment. CMP12 + 8AC Chemistries: 02 Glucose 103 High mg/dL 65-99 02 Uric Acid 5.5 mg/dL 3.7-8.6 02 Please Note: 02 Therapeutic target for gout patients < 6.0 BUN 9 mg/dL 6-24 02 0.99 mg/dL 0.76-1.27 Creatinine 02 eGFR if NonAfrien Am 83 mL/min/1.73 > 59eGFR If Africn Am 96 mL/min/1.73 > 59BUN/Creatinine Ratio .9 9-20 Sodium 140 mmol/L 134-144 02 4.8 mammol/L 3.5-5.2 Potassium Chloride 103 mmol/L 96-105 Calcium 9.3 mg/dL 8.7-10.2 Phosphorus 3.5 mg/dL 2.8-4.1 02 Protein, Total 6.7 g/dL 6.0-8.5 02 Albumin 4.7 g/dL 3.8-4.9 02 2.0 g/dL 1.5-4.5 Globulin, Total A/G Ratio 2.4 High 1.2-2.2

Bilirubin, Total 0.5 mg/dL 0.6-1.2 88
Alkaline Phosphatase 55 IU/L 39-117
LDH 153. IU/L 121-224 8
AST (SGOT) 22 IU/L 0-40 8
ALT (SGPT) 25 IU/L -44 8
GGT 23 IU/L 8-65 02
Iron 94 ug/di 38-169 02

02

Lipids 02TESTS RESULT FLAG UNITS REFERENCE INTERVAL. LAB Cholesterol, Total 123 mg/dL 100-199 02 Triglycerides 225 High mg/dL 0-149 02

C - Reactive Protein, Cardiac < 0.15 mg/L 0.00-3.00 02

Relative Risk for Future Cardiovascular Event

LOW < 1.00

Average 1.00 3.00

High > 3.00

Comments: A This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.

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Visit Note 05.27.2020

(MEHERWAN B JOSHI MD)

Vital Signs

VITALS PROVIDED BY THE PATIENT BLOOD PRESSURE 114/76 HEART RATE IS 74 BEATS PER MINUTE.Controlling BP: Diastolic BP: Most recent diastolic blood pressure < 90 mmHg.

Systolic BP: Most recent systolic blood pressure < 140 mmHg.

Findings

*** GENERAL: (-) fever.

SKIN: (-) rash.

EYES: (-) changes in vision.

RESPIRATORY: (-) cough, (-) wheezing,

GASTROINTESTINAL: (-) abdominal pain, (-) rectal bleeding.

GENITOURINARY: (-) dysuria. HEMATOLOGIC: (-) bleeding.

LYMPHATIC: (-) lymph node enlargement. PERIPHERAL VASCULAR: (-) varicose veins.

NEUROLOGIC: (-) seizures.

Assessment

Diagnosis:

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Plan

Careplan:

(1) 2 Gram Sodium Diet

New Medications

Prescription:

1 Desvenla
faxine Suc Er 50 Mg Tb SIG: Take 1 daily QTY: 90.00 $\,$

Assessment and Plan

Plan:

*** 1.). **DYSPNEA**. WITH GRADED EXERCISE AS WELL AS WEIGHT LOSS

BREATHING HAS MARKEDLY IMPROVED. NO REPEAT EPISODES OF DYSPNEA OR CHEST PAIN..

2.). HYPERTENSIVE CARDIOVASCULAR DISEASE. BLOOD PRESSURE REMAINS

WELL CONTROLLED WITHOUT MEDICATIONS. CONTINUE WITH DIETARY CONTROL. WAS ON TELMISARTAN BUT WITH WEIGHT LOSS HAVE BEEN ABLE TO WITHDRAW THIS. CONTINUE WITH EXERCISE AND **WEIGHT LOSS** AS WELL AS DIETARY SALT REDUCTION.

3.). HYPERLIPIDEMIA. HE HAS **MIXED HYPERLIPIDEMIA**. **TRIGLYCERIDES** ALSO

ARE SIGNIFICANTLY ELEVATED. HAD RECENT REGULAR CHOLESTEROL TEST

DONE SHOWING A TRIGLYCERIDE OF 250. DISCUSSED DIET IN DETAIL. HE IS

TOLERATING OMEGA 3 FATTY ACIDS WELL. ALSO ON CRESTOR 10 MG DAILY. DIET REITERATED TO HIM. WILL NEED BLOOD WORK ON NEXT OFFICE VISIT.

4.). **DIABETES MELLITUS**. HIS AIC LEVELS ARE MILDLY ELEVATED. DOES NOT

REQUIRE MEDICATIONS BUT AT THIS TIME HIS **CARDIOVASCULAR RISK IS** AT A HIGHER **LEVEL** AND THIS WAS DISCUSSED WITH HIM. ALSO DISCUSSED ABOUT THE CHANGE IN TARGETS OF HIS CHOLESTEROL AND BLOOD PRESSURE. IMPORTANCE OF WEIGHT LOSS AND GRADED EXERCISE PROGRAM HIGHLIGHTED.

5.). BORDERLINE TESTOSTERONE LEVELS. CLINICALLY DOES NOT HAVE ANY

SYMPTOMS OF HYPOGONADISM. REQUESTED TO FOLLOW UP WITH HIS PRIMARY DOCTOR. NO LOSS OF MUSCLE MASS. GOOD MUSCULAR ENDURANCE. NO UNDUE FATIGUE. TOTAL OF45 MINUTES WAS SPENT IN EVALUATING AND MANAGING THIS PATIENT. I DISCUSSED IN DETAIL ABOUT HIS NEW MEDICATIONS AND ALTERNATIVE OPTIONS. FURTHERMORE I HAVE DISCUSSED HORMONALHYPERTENSION.

Background

Medical History:*** HYPERTENSIVE CARDIOVASCULAR DISEASE HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Social History

Social History: Patient is a non smoker.

Family History

Family History:

*** STRONG FAMILY HISTORY OF PREMATURE CORONARY ARTERY DISEASE WITH HIS FATHER HAVING CORONARY DISEASE IN HIS 50S.

Allergies

Allergy: No Known Drug Allergies

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PROGRESS NOTES 12.05.2019

Vital Signs

• Vital Signs: Respiratory Rate: 18 per min, BP: 112/80 mmHg, Temperature: 98.70 ° F, Pulse Ox: 99 %, Pulse rate: 100 per min, Height: 5 ' 5 ", Weight: 155 lbs and BM: 25. 79.

Findings

All normal, except as mentioned in HPI. . Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.

Skin: No rash, pruritis or ulcers.

2 Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.

Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.

Throat: No sore throat, hoarseness or dysphagia.

 $\label{lem:lemonty} \textbf{Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.}$

• Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.

🛚 Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.

- Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post void dribbling.
- Musculoskeletal: No joint pain. back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties.

2 Endocrine: No polyuria, polydypsia, heat intclerance, cold intolerance, diabetes. hot flushes or hair loss.

2 Psychiatric: No anxiety, depression, Fallucination, delusions, aggressive behavior, wandering, crying or stress.

[] Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.

Extremities: No edema, claudication, nail problems, varicose veins or cramps. All normal, except as mentioned in HPI.

Constitutional: Well - developed, well - nourished, appearing appropriate for the age, no acute distress.

 $\ensuremath{\mathbb{D}}$ Head: Normocephalic without scalp lesions. No facial asymmetry.

Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation (PERRLA).

·· Ears: External ear canals patert without inflammation. Tympanic membranes intact with normal light reflex and landmarks.

Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.

Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.

- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable.
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.

Cardiovascular: Heart has regular rate and rhythm, no murmur.

GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowet bunds are normal and active.Rectal: Deferred/not done

Genitalia: Deferred/not done.

- Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.

2 Psychiatric: An emotionally stable person with no mood and affect disorders.

🛮 Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

· Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment

Assessment:

1. J01.30 - Acute sinusitis, unspecified

2. R05 - Cough

Plan

Plan:

Augmentir 875 mg BID for 10 c.

Finish Prednisone given by online doctor.

• Steam inh.

Background

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

Social History He is. Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. Occupation is a professional. Owns own co for IT. Reviewed.

Family History

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - polycythemia uncle: ca. Reviewed.

Allergies

Allergies:

• NKDA.

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PROGRESS NOTES 04.23.2019

Vital Signs

• Vital Signs: BP: 120/80 mmHg, Pulse rate: 96 per min, Height: 5 ' 5 ", Weight: 155 lbs and BMI: 25. 79.

Findings

All normal, except as mentioned in HPI. · Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.

Skin: No rash, pruritis or ulcers.

- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.
- Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.

Throat: No sore throat, hoarseness or dysphagia.

- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- 🛮 Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.

Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.

?

- Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post void dribbling.
- Musculoskeletal: No joint pain. back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties.

Endocrine: No polyuria, polydypsia, heat intclerance, cold intolerance, diabetes. hot flushes or hair loss.

Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.

- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
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Constitutional: Well - developed, well - nourished, appearing appropriate for the age, no acute distress.

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Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation (PERRLA).

2 Ears: External ear canals patert without inflammation. Tympanic membranes intact with normal light reflex and landmarks.

- 🗈 Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.
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 Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.

Cardiovascular: Heart has regular rate and rhythm, no murmur.

· GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.

Rectal: Deferred/not done.

② Genitalia: Deferred/not done.

Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.

• Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.

2 Psychiatric: An emotionally stable person with no mood and affect disorders.

Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment

Assessment:

1. F32.9 - Major depressive disorder, single episode, unspecified

2. Z23 - Encounter for immunization

Plan

Plan:

Hep B# given 3.

Cont Pristiq 50 mg a day. RTO Oct for PE.

Background

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History Social History

Social History He is. Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. Occupation is a Owns for IT. Reviewed.

Family History

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - polycythemia uncle: ca. Reviewed.

Allergies

Allergies:

• NKDA.

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Imaging 11.28.2018

Findings

FINDINGS: The abdominal aorta shows atherosclerotic change of the distal abdominal aorta.

AP and transverse diameters are as follows: The proximal abdominal aorta measures $2.0 \times 1.8 \text{ cm}$. The mid abdominal aorta measures $1.5 \times 1.6 \times 1.6 \times 1.8 \times 1$

Assessment

IMPRESSION: Atherosclerotic change of the distal abdominal aorta without evidence of aneurysm

Procedure Details

TECHNIQUE: Grayscale imaging of the abdominal aorta was performed.

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Imaging 11.28.2018

Findings

FINDINGS: The abdominal aorta shows atherosclerotic change of the distal abdominal aorta. AP and transverse diameters are as follows. The proximal abdominal aorta measures 2.0 x 1.8 cm. The mid abdominal aorta measures 1.5 x 1.6 cm. The distal abdominal aorta measures 1.5 x 1.4 cm. The right common iliac artery measures 0.8 x 0.9 cm. The left common iliac artery measures 0.9 x 0.9 cm.

Assessment

IMPRESSION: Atherosclerotic change of the distal abdominal aorta without evidence of aneurysm

Procedure Details

TECHNIQUE: Grayscale imaging of the abdominal aorta was performed.

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PROGRESS NOTES 11.20.2018

Vital Signs

Vital Signs: Respiratory Rate: 18 per min, BP: 120/80 mmHg, Pulse Ox: 96 %, Pulse rate: 90 per min, Height: 5 ' 5 ", Weight: 155 lbs and BMI: 25.

Findings

All normal, except as mentioned in HPI. • Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.

- · Skin: No rash, pruritis or ulcers.
- Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.

Ear Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.

Throat: No sore throat, hoarseness or dysphagia.

- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- · Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.

Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post void dribbling.

- Musculoskeletal: No joint pain. back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties.

🛽 Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes. hot flushes or hair loss.

- Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.
- · Extremities: No edema, claudication, nail problems, varicose veins or cramps.All normal, except as mentioned in HPI.
- Constitutional: Well developed, well nourished, appearing appropriate for the age, no acute distress.
- Head: Normocephalic without scalp lesions. No facial asymmetry.

Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation (PERRLA).

Bears: External ear canals patert without inflammation. Tympanic membranes intact with normal light reflex and landmarks.

Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.

Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.

- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable.
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- · Cardiovascular: Heart has regular rate and rhythm, no murmur.

GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.

· Rectal: Deferred/not done.

Genitalia: Deferred/not done

Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.

- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.
- Psychiatric: An emotionally stable person with no mood and affect disorders.

Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

 $\cdot \ \mathsf{Foot} \ \mathsf{Exam} \colon \mathsf{No} \ \mathsf{Diabetic} \ \mathsf{foot} \ \mathsf{examination} \ \mathsf{(regime/therapy)}, \ \mathsf{Sensory} \ \mathsf{testing}, \ \mathsf{motor} \ \mathsf{testing}, \ \mathsf{and} \ \mathsf{Pedal} \ \mathsf{pulse} \ \mathsf{taking}.$

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

This document contains private information – any unlawful disclosure is prohibited

Assessment

Assessment:

1. F32.9 - Major depressive disorder, single episode, unspecified

2. Z23 - Encounter for immunization

3. E78.5 - Hyperlipidemia, unspecified

Plan

Plan:

Hep B# 2 given.

Stop Lexapro. mo. Hep B# 3 due in 5

Pristiq 50 mg a day.

2 To discuss calcif with cardio.

Background

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

Social History He is Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. Occupation is a for Reviewed.

Family History

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - polycythemia uncle: ca. Reviewed.

Allergies

Allergies:

• NKDA.

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Visit Note 10.31.2018

(MEHERWAN B JOSHI MD)

Vital Signs

Vital Signs:

Weight: 157 lbs Height: 5 7 2 2

BMI: 24.59 BSA: 1.83

Temperature: 98.1 FBP: 131/80

Pulse: 80Controlling BP:

Diastolic BP: Most recent diastolic blood pressure < 90 mmHg. Systolic BP: Most recent systolic blood pressure < 140 mmHg.

BMI in the normal range.

Findings

*** GENERAL: (-) fever.

SKIN: (-) rash.

EYES: (-) changes in vision.

RESPIRATORY: (-) cough, (-) wheezing,

GASTROINTESTINAL: (-) abdominal pain, (-) rectal bleeding.

GENITOURINARY: (-) dysuria. HEMATOLOGIC: (-) bleeding.

LYMPHATIC: (-) lymph node enlargement. PERIPHERAL VASCULAR: (-) varicose veins.

NEUROLOGIC: (-) seizures.

*** Head & Neck: Normocephalic, Pupil equal. Carotid upstroke Brisk, Thyroid exam Normal

CVS: -S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6 SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. FAINT

DIASTOLIC MURMUR

OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE. NO NECK VEIN DISTENTION. NO BRUIT OR MURMUR IS HEARD OVER THE BACK IN THE INTERSCAPULAR AREA. Respiratory: Trachea central, Symmetrical Bilateral air entry, No crepitation, no Wheezing

Abdomen: - Soft, Non tender, Bowel sound heard, No guarding, no rigidity, No organomegaly. NO EXPANSILE A PULSATILE MASSES IN THE

ABDOMEN. Extremities: No pitting pedal edema, No cyanosis, no clubbing, No Rash, No erythema. No sign of DVT in upper & lower extremities. Vascular: Symmetrical Radial Pulses, Symmetrical Dorsalis pedis pulses, No carotid bruit

Neuro: Awake and Alert to time, place and person. Power and tone Normal. Cranial nerve II to XII normal.

EKG. SINUS RHYTHM. NO ISCHEMIC CHANGES

Assessment

Diagnosis:

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Assessment and Plan

Plan:

*** 1.). **DYSPNEA**. DOES NOT HAVE ONGOING DYSPNEA NOW BUT HAS

DECREASED HIS OVERALL ACTIVITY LEVEL AND HAS BECOME MUCH MORE SEDENTARY. I HAVE REQUESTED HIM TO MAKE THERAPEUTIC LIFESTYLE CHANGES. GRADED EXERCISE PROGRAM ALSO DISCUSSED IN DETAIL.

2.). HYPERTENSIVE CARDIOVASCULAR DISEASE. BLOOD PRESSURE TODAY WAS

130/80. HE HAS STOPPED TAKING TELMISARTAN. I DISCUSSED IN DETAIL WITH HIM ABOUT MY CONCERNS ABOUT ABDOMINAL AORTIC ANEURYSM SPECIALLY

IF THERE WAS CALCIFICATION IN THE ABDOMINAL AORTA THERE WAS PICKED UP ON X - RAY. HE IS A NONSMOKER. FOR NOW WILL GET AN ULTRASOUND OF THE ABDOMEN AND EVALUATE FOR ANEURYSMAL DILATION. IF THERE IS AN ABDOMINAL AORTIC ANEURYSM I WOULD RECOMMEND GOING BACK ON BLOOD PRESSURE MEDICATIONS. AT THAT TIME HE MAY REQUIRE BETA BLOCKER. HE REQUIRES MUCH MORE AGGRESSIVE BLOOD PRESSURE REDUCTION IF AN ABDOMINAL AORTIC ANEURYSM IS NOTED.

3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. TRIGLYCERIDES ALSO

ARE SIGNIFICANTLY ELEVATED. HAD RECENT REGULAR CHOLESTEROL TEST

DONE SHOWING A TRIGLYCERIDE OF 250. DISCUSSED DIET IN DETAIL. I MIGHT

HAVE TO ADD FENOFIBRATE IF HIS **TRIGLYCERIDES REMAIN ELEVATED**. FOR NOW CONTINUE WITH CRESTOR 10 MG ONCE A DAY. HAS NO MYALGIAS. IMPORTANCE OF COMPLIANCE WITH MEDICATIONS AND DIET HIGHLIGHTED.4.). **DIABETES MELLITUS**. HIS AIC LEVELS ARE MILDLY ELEVATED. DOES NOT

REQUIRE MEDICATIONS BUT AT THIS TIME HIS CARDIOVASCULAR RISK IS AT A HIGHER LEVEL AND THIS WAS DISCUSSED WITH HIM. ALSO DISCUSSED ABOUT THE CHANGE IN TARGETS OF HIS CHOLESTEROL AND BLOOD PRESSURE. IMPORTANCE OF WEIGHT LOSS AND GRADED EXERCISE PROGRAM HIGHLIGHTED.

5.). BORDERLINE TESTOSTERONE LEVELS. CLINICALLY DOES NOT HAVE ANY

SYMPTOMS OF HYPOGONADISM. REQUESTED TO FOLLOW UP WITH HIS

PRIMARY DOCTOR. TOTAL OF 60 MINUTES WAS SPENT IN EVALUATING AND MANAGING THIS PATIENT. I DISCUSSED IN DETAIL ABOUT HIS NEW MEDICATIONS AND ALTERNATIVE OPTIONS. FURTHERMORE I HAVE DISCUSSED HORMONAL HYPERTENSION.

Background

Medical History:

*** HYPERTENSIVE CARDIOVASCULAR DISEASE HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Social History

Social History: Patient is a non smoker.

Family History

Family History:

*** STRONG FAMILY HISTORY OF PREMATURE CORONARY ARTERY DISEASE WITH HIS FATHER HAVING CORONARY DISEASE IN HIS 50S.

Allergies

Allergy: No Known Drug Allergies

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PROGRESS 10.18.2018

Vital Signs

2 Vital Signs: BP: 112/74 mmHg, Pulse rate: 82 per min, Height: 5 ' 5 ", Weight: 155 lbs and BMI: 25. 79.

Findings

All normal, except as mentioned in HPI. 🛭 Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence.

Skin: No rash, pruritis or ulcers.

• Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.

- · Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.
- Throat: No sore throat, hoarseness or dysphagia.
- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.
- · Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.
- Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post void dribbling.
- Musculoskeletal: No joint pain. back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties.

Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes. hot flushes or hair loss.

2 Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.

• Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.

Extremities: No edema, claudication, nail problems, varicose veins or cramps.All normal, except as mentioned in HPI.

- Constitutional: Well developed, well nourished, appearing appropriate for the age, no acute distress.
- · Head: Normocephalic without scalp lesions. No facial asymmetry.

2 Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation (PERRLA).

Ears: External ear canals patert without inflammation. Tympanic membranes intact with normal light reflex and landmarks.

- Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polyps or other lesions. No septal deviation.
- · Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental hygiene. Gingiva pink without hypertrophy.
- Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable.
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.
- Cardiovascular: Heart has regular rate and rhythm, no murmur.

🛮 GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.

- Rectal: Deferred/not done.
- · Genitalia: Deferred/not done.
- Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.
- Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.

Psychiatric: An emotionally stable person with no mood and affect disorders.

· Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment

Assessment:

1. E78.2 - Mixed hyperlipidemia

2. Z23 - Encounter for immunization

3. E55.9 - Vitamin deficiency

D, unspecified

4. R73.9 - Hyperglycemia, unspecified

5. R80.8 - Other proteinuria

Plan

Plan:

• Hep B# 1 given.

RTO 1 mo for Hep B# 2.

2 Low Carb diet, fish oil, tree nuts. Vit D 1000 iu a day. Cardio eval for calcif seen in Abdom Aorta. 2 PT for hip and back pain.

Background

History.

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

Social History He is Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. FamilyReviewed Occupation is a Reviewed.

Family History

HistoryMom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - polycythemia uncle: ca. Reviewed.

Allergies

Allergies:

NKDA.

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PROGRESS NOTES 10.04.2018

Vital Signs

Vital Signs: Respiratory Rate: 20 per min, BP: 120/80 mmHg, Temperature: 98 ° F, Pulse rate: 64 per min, Height: 5 ' 5 ", Weight: 155 lbs and BMI : 25. 79.

Findings

© Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence. Skin: No rash, pruritis or ulcers.

Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses parets 16

Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo. Throat: No sore throat, hoarseness or dysphagia.

• Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.

🛮 Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.

Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.

Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post void dribbling.

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Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes. hot flushes or hair loss.

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Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.

Extremities: No edema, claudication, nail problems, varicose veins or cramps.

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☑ Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable.

Π

• Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.

Cardiovascular: Heart has regular rate and rhythm, no murmur.

GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.

 \cdot Rectal: Deferred/not done.

Genitalia: Deferred/not done.

[?]

Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.

Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.

Psychiatric: An emotionally stable person with no mood and affect disorders.

Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment for **depression** in last 2 weeks:

- Little interest or pleasure in doing things: Not at all (0).
- Feeling down, depressed, or hopeless: Not at all (0).
- Trouble falling or staying asleep, or sleeping too much: Not at all (0).

2 Feeling tired or having little energy: Not at all (O).

- Poor appetite or overeating: Not at all (0).
- Feeling bad about yourself or that you are a failure or have let yourself or your family down: Not at all (0). Trouble concentrating on things, such as reading the newspaper or watching television: Not at all (0).
- Moving or speaking so slowly that other people could not have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual: Not at all
- Thoughts that you would be better off dead, or of hurting yourself: Not at all (0).
- . Problem (s) interfering with work/social activities: Not difficult at all.

Assessment

Assessment

- 1. Z00.00 Encounter for general adult medical examination without abnormal findings
- 2. Z23 Encounter for immunization

Plan

Plan:

EKG WNL

PFT WNL.

FBW done.

- Flu shot given. . X Ray L/S and Left Hip.
- Cardio eval.

Background

Past Medical History Positive for **Sleep Apnea**: not using c pap High Lipid. Reviewed

Social History

Social History He is Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. Occupation is a Reviewed.

Family History

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - polycythemia uncle: ca. Reviewed.

Allergies

Allergies:

NKDA.

Go To Source Document | Go To Abstract

Diagnostic Procedure 10.04.2018

Vital Signs

Height 5 1 Weight BMI 25.8

Findings

Smoker
Asthma NO BTPS (IN/EX) 1.02
Test Results Ycl EV1 is \$ 3 % Predicted
Pre - Test Parameter Best Trial1# Pred % Pred
FVC [L] 2.69 2.89 3.03 95
FEV1 [L] 2.28 2.28 2.46 93
FEV1 /FVC
[%] 791 79.1 80.7 98
PEF [L/minj 207.1 207.1 " 451.3 46
FEF25-75
2.03 2.03 2.97
[L/s] 69
FETIS] 3.91 3.91

FIVC [L] 2.57 85 2.57 3.03 115.9

PIF [L/min] 115 9

Go To Source Document

EKG 10.04.2018

Vital Signs

: - - T

Findings

PR 45 22 39

Go To Source Document

Imaging 10.04.2018

Findings

FINDINGS:

Bones/Joint Spaces: There are mild degenerative changes in the left hip.

Soft tissues/Other: Within normal limits.

Assessment

IMPRESSION:

Left hip: Mild degenerative changes.

Procedure Details

TECHNIQUE: 2 views of the left hip were obtained.

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Imaging 10.04.2018

Findings

FINDINGS:

Vertebral body height: Preserved.

Alignment: Normal. Disk Spaces: Preserved. Pars/Facets: Normal.

Other: There are mild degenerative changes. There is mild calcification in the abdominal aorta.

Assessment

IMPRESSION:

Mild degenerative changes lumbar spine.

Procedure Details

TECHNIQUE: 5 views of the lumbar spine were obtained.

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PROGRESS NOTES 07.23.2018

Vital Signs

• Vital Signs: Respiratory Rate: 18 per min, BP: 130/88 mmHg, Height: 5 ' 5 ", Weight: 155 lbs and BMI: 25. 79.

Findings

Constitutional: No fever, chills, recent weight loss, recent weight gain, fatigue, malaise, headache and snoring or daytime somnolence. Skin: No rash, pruritis or ulcers.

· Eyes: No diplopia, blurred vision, pain, redness, discharge, vision change, glasses or contacts.

Ear/Nose: No tinnitus, otalgia, hearing loss, rasal congesion, rhinorrhea, epistaxis, facial pain or vertigo.

Throat: No sore throat, hoarseness or dysphagia.

- Respiratory: No cough, sputum, hemoptysis, wheezing or shortness of breath.
- 🛚 Cardiovascular: No PND, orthopnea, angina, palpitation, edema, claudication, chest pain, dyspnea, PVD or syncope.

Gastrointestinal: No dysphagia, reflux, nausea, constipation, hematochezia, melena, diarrhea, bloody stool, flatulence, pain, anorexia, dyspepsia, vomiting or fecal incontinence.

- Genitourinary: No dysuria, hematuria. nocturia, urgency, incontinence, urethral discharge, decreased libido, erection difficulties, lump in testicles, peris discharge, sore or penis or post void dribbling.
- Musculoskeletal: No joint pain. back pain, weakness, falls or limited movement.
- Neurology: No weakness of extremities, headache, giddiness, numbness, tingling, tremor, confusion memory loss, mood changes, seizures, trouble walking or speech difficulties.
- · Endocrine: No polyuria, polydypsia, heat intolerance, cold intolerance, diabetes. hot flushes or hair loss.
- 2 Psychiatric: No anxiety, depression, hallucination, delusions, aggressive behavior, wandering, crying or stress.
- Hematologic/Lymphatic: No bruises, bleeding or lymphadenopathy.

Extremities: No edema, claudication, nail problems, varicose veins or cramps.

Constitutional: Well - developed, well - nourished, appearing appropriate for the age, no acute distress.

• Head: Normocephalic without scalp lesions. No facial asymmetry.

- Eyes: Conjunctivae and sclerae moist without jaundice or suffusion. Pupils appear equal, round, reactive to light and accomodation (PERRLA). I Ears: External ear canals patert without inflammation. Tympanic membranes intact with normal light reflex and landmarks.
- Nose: External nares are patent. Mucosa is pink without discharge, hypertrophy, polimps or othardesions. No septal deviation.

Mouth/throat: Oral Mucosa pink without lesions. Tongue normal in size. Good dental eme. Othgiva pink without hypertrophy.

- •• Neck/Lymphatic: Neck is supple with full range of motion. No anterior cervical, posterior cervical, occipital or supraclavicular nodes palpable
- Respiratory: Lungs are clear to auscultation and percussion. Breath sounds are equal.

2 Cardiovascular: Heart has regular rate and rhythm, no murmur.

GI Exam: Abdomen is soft and non tender. No masses or hernias are evident and bowel sounds are normal and active.

Rectal: Deferred/not done.Genitalia: Deferred/not done.

?

Neurology: Higher functions normal. Motor and sensory components and cranial nerves intact. No abnormal reflexes.

Musculoskeletal/Spine: No deformity or tenderness of joints and spine. Full range of motion noted.

2 Psychiatric: An emotionally stable person with no mood and affect disorders.

· Skin: Warm, dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment

Assessment:

1. M54.2 - Cervicalgia

Plan

Plan:

Reassure.

2 Rest.

Heating pads to neck area. · Nsaid prn . Flexeril 5mg po hs prn. Neck xray. improvement mri neck/PT for neck.

If no

•

Rto 3 weeks. •

mouse

Background

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Social History

Social History He is Does not consume alcohol. Does not smoke. Never chews tobacco. Reviewed 3 kids. Occupation Reviewed.

Family History

Family History

Mom: age 75 healthy. Dac: age 78 choles, heart disease uncle: ca. Reviewed.

Allergies

Allergies:

NKDA

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TRANSTHORACIC ECHOCARDIOGRAM REPORT

08.28.2017

(Trinitas Regional Medical Center)

Vital Signs

Height: 65.0 in Weight: 153.0 lb BP: 125/74 mmHg

Findings

 $2\mbox{D}$ AND \mbox{M} - \mbox{MODE} MEASUREMENTS (normal ranges within parentheses):

Left Ventricle: Normal Aorta/Left Atrium: Normal

IVSd (2D): 1.31 cm (0.7-1.1) Aortic Root (Mmode): 3.10 cm (2.4-3.7) LVPWD (2D): 1.25 cm (0.7-1.1) AoV Cusp Separation: 2.00 cm (1.5-2.6)

LVIDd (2D): 2.51 cm (3.4-5.7) Left Atrium (Mmode): 3.10 cm (1.9-4.0)

LVIDS (2D): 1.38 cm

LV FS (2D): 45.0 % (> 25 %) Right Ventricle: LV EF (2D): 78.4 % (> 50 %) RVd (2D): 2.31 cm LV SYSTOLIC FUNCTION BY 2D PLANIMETRY (MOD):

EF - A4C View: 56.2 % EF - A2C View: 52.7 % EF - Biplane: 55.0 %

LV DIASTOLIC FUNCTION:

MV Peak E: 0.73 m/s E/e ' Ratio: 6.00 MV Peak A: 0.73 m/s Decel Time: 197 msec

E/A Ratio: 0.99

SPECTRAL DOPPLER ANALYSIS (where applicable):

Mitral Valve:

MV Max Vel: 0.71 m/s MV P1/2 Time: 57.13 msec MV Mean Grad: 1.0 mmHg MV Area, PHT: 3.85 cm²

Aortic Valve:

AoV Max Vel: 1.21 m/s AoV Peak PG: 5.9 mmHg AoV Mean PG: 3.0 mmHg

LVOT Vmax: 0.94 m/s LVOT VTI: 0.174 m LVOT Diameter:

Tricuspid Valve and PA/RV Šystolic Pressure: TR Max Velocity: RA Pressure: 3 mmHg RVSP/PASP:

Pulmonic Valve:

PV Max Velocity: 0.71 m/s PV Max PG: 2.0 mmHg PV Mean PG: 1.0 mmHg

PHYSICIAN INTERPRETATION: Left Ventricle: The left ventricular chamber size is decreased. Ventricular wall thickness is mildly increased. Global LV systolic function was normal. Left ventricular ejection fraction, by visual estimation, is 60 to 65 %. **Spectral Doppler** shows normal pattern of LV diastolic filling. Normal LV filling pressures. Right Ventricle: The right ventricular size is normal. RV wall thickness is normal. Global RV systolic function is normal. Left Atrium: The left atrium is normal in size.

Right Atrium: The right atrium is normal in size.

Pericardium: There is no evidence of pericardial effusion. Mitral Valve: There is **trace mitral valve regurgitation**. Tricuspid Valve: Trace **tricuspid regurgitation** present.

Aortic Valve: The aortic valve is normal. No evidence of aortic valve regurgitation.

Pulmonic Valve: The pulmonary valve is normal.

Aorta: The aortic root, ascending aorta and aortic arch are all structurally normal, with no evidence of dilitation or obstruction.

Pulmonary Artery: The pulmonary artery is not well seen.

Venous: Pulmonary veins were the pulmonary veins were not well visualized in this study. The inferior vena cava and hepatic vein were not well visualized in this study.

Assessment

Summary:

- 1. Left ventricular ejection fraction, by visual estimation, is 60 to 65 %.
- 2. Normal global left ventricular systolic function.
- 3. Mild concentric left ventricular hypertrophy.
- 4. The left ventricular chamber size is decreased.
- 5. Ventricular wall thickness is mildly increased.
- 6. Trace tricuspid regurgitation.
- 7. The inferior vena cava and hepatic vein were not well visualized in this study.

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Visit Note 08.09.2017

(MEHERWAN B JOSHI MD)

Vital Signs

Vital Signs: Weight: 153 lbs Height: 5 ' 7 " BMI: 23.96BSA: 1.81 Temperature: 97.3 F BP: 129/97

Pulse: 70

Findings

*** GENERAL: (-) fever.

SKIN: (-) rash.

EYES: (-) changes in vision.

RESPIRATORY: (-) cough, (-) wheezing,

GASTROINTESTINAL: (-) abdominal pain, (-) rectal bleeding.

GENITOURINARY: (-) dysuria. HEMATOLOGIC: (-) bleeding.

LYMPHATIC: (-) lymph node enlargement. PERIPHERAL VASCULAR: (-) varicose veins.

NEUROLOGIC: (-) seizures.

*** Head & Neck: Normocephalic, Pupil equal. Carotid upstroke Brisk, Thyroid exam Normal

CVS: S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6 SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. FAINT

DIASTOLIC MURMUR

OF **PULMONIC INSUFFICIENCY**. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE. NO NECK VEIN DISTENTION. NO BRUIT OR MURMUR IS HEARD OVER THE BACK IN THE INTERSCAPULAR AREA. Respiratory: Trachea central, Symmetrical Bilateral air entry, No crepitation, no Wheezing Abdomen: - Soft, Non tender, Bowel sound heard, No guarding, no rigidity, No organomegaly

Extremities: No pitting pedal edema, No cyanosis, no clubbing, No Rash, No erythema. No sign of DVT in upper & lower extremities. Vascular: Symmetrical Radial Pulses, Symmetrical Dorsalis pedis pulses, No carotid bruit

Neuro: Awake and Alert to time, place and person. Power and tone Normal. Cranial nerve II to XII normal.

EKG. SINUS RHYTHM. NO ISCHEMIC CHANGES

Assessment

Diagnosis:

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Assessment and Plan

Plan.

*** 1.). DYSPNEA. THE PATIENT HAS NEW ONSET MARKED DECREASE IN

EXERTIONAL TOLERANCE. THIS MAY BE SECONDARY TO **UNCONTROLLED DIASTOLIC HYPERTENSION** THAT WAS NOTED, AT THIS TIME I AM GOING TO CHECK A 2D ECHO TO EVALUATE LV SYSTOLIC AND DIASTOLIC PHYSIOLOGY.

ALSO EVALUATE PULMONARY PRESSURES.

2.). DIASTOLIC HYPERTENSION. BLOOD PRESSURE WAS MEASURED IN BOTH

ARMS AND WAS MEASURED A FEW TIMES THROUGHOUT THE APPOINTMENT.

PERSISTENTLY HAS DIASTOLIC PRESSURES ABOVE 95. WILL START HIM ON

TELMISARTAN 40 MG ONCE A DAY. DISCUSSED IN DETAIL ABOUT MEDICATION. ALTERNATIVES AND INTERACTIONS WERE ALSO DISCUSSED. CURRENTLY HE IS NOT TAKING ANY MEDICATIONS THAT WOULD AFFECT HIS RENIN ALDOSTERONE SYSTEM AND WILL CHECK A PLASMA RENIN ACTIVITY AND A SERUM ALDOSTERONE LEVEL BEFORE STARTING TELMISARTAN. ALSO CHECK THYROID LEVELS.

3.). HYPERLIPIDEMIA. HE HAS **MIXED HYPERLIPIDEMIA**. DISCUSSED LAB

RESULTS IN DETAIL. GOOD CONTROL OF HER LDL. TRIGLYCERIDES ARE STILL

SLIGHTLY ELEVATED AT 170. THIS WAS A TRULY FASTING SAMPLE. IN THE PAST

HE WAS ON LOVAZA WHICH HAS BEEN DISCONTINUED. CONTINUE ON FISH OIL. DIET COUNSELED IN DETAIL. CONTINUE CRESTOR. NO MYALGIAS.

4.). ${\bf DEPRESSION}$. I SUSPECT THE PATIENT DOES HAVE MULTIPLE FAMILY

ISSUES WHICH HIS MAKING HIM MORE DEPRESSED. HE IS ALSO HAVING HARD TIME COPING WITH THAT. HE HAS **ANHEDONIA**. ALSO IS DEVELOPING AMOTIVATIONAL SYNDROME. I AM GOING TO CHECK HIS THYROID FUNCTION. WILL ALSO START HIM ON LEXAPRO 10 MG ONCE A DAY. MEDICATION WAS DISCUSSED IN DETAIL INCLUDING OPTIONS, SIDE EFFECTS AND INTERACTIONS. TOTAL OF 60 MINUTES WAS SPENT IN EVALUATING AND MANAGING THIS PATIENT. I DISCUSSED IN DETAIL ABOUT HIS NEW MEDICATIONS AND ALTERNATIVE OPTIONS. FURTHERMORE I HAVE DISCUSSED HORMONAL HYPERTENSION.

Background

Medical History: *** DIASTOLIC HYPERTENSION

HYPERLIPIDEMIA (MIXED)

Social History

Social History: Patient is a non smoker. 1

Family History

Family History: *** NO PREMATURE CORONARY ARTERY DISEASE OR SUDDEN CARDIAC DEATH IN THE FAMILY

Allergies

Allergy: No Known Drug Allergies

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Lab Report 08.09.2017

Lab Results 08/17/17 05:20 PM 08/10/17 PATIENTS RESULTS TEST NAME WITHIN RANGE OUT OF RANGE REFERENCE RANGE UNITS Report Status: FINAL NONFASTING **** THYROIDS **** FREE T4 0.89 0.611.12 ng/dL Patients with high serum biotin levels will have falsely elevated results, TSH 3RD GENERATION 1.791 0.340-4.410 uIU/mL **** HORMONES ** ** TESTOSTERONE TOTAL 159.74 150-684 ng/dL NO RANGES ESTABLISHED FOR MALES BELOW 18 AND OVER 66 YEARS OLD NO RANGES ESTABLISHED FOR FEMALES BELOW 21 AND OVER 73 YEARS OLD PLEASE NOTE: THE UNITS FOR TOTAL TESTOSTERONE WAS CHANGED TO ng/dL TESTO FREE CALCULATED 58.00 % REFERENCE RANGE: Males 20-50 years 24.3-110.2 % Females 20-46 years 0.65-10.93 % Post - menopausal females 47-91 years 0.23-6.80 7 FAI (Free Androgen Index (%) = FTI (Free Testosterone calculated NO RANGES ESTABLISHED FOR MALES BELOW 20 AND OVER 50 YEARS OLD. NO RANGES ESTABLISHED FOR FEMALES BELOW 20 AND OVER 46 YEARS OLD. SEX HORMONE BINDING GLOB 9.6 nmol/L REFERENCE RANGE: Males 20-50 years 13.3-89.5 nmol/L Females 20-46 years 18.2-135.5 nmol/L Post - menopausal females 47-91 years 16.8-125.2 nmol/L NO RANGES ESTABLISHED FOR MALES BELOW 20 AND OVER 50 YEARS OLD. NO RANGES ESTABLISHED FOR FEMALES BELOW 20 AND OVER 91 YEARS OLD. Other Tests reported: 02/10/17 21:47 Aldolase 4.2 1.5-8.1 UL REFERENCE INTERVAL: Aldolase Access complete set of age-and/or gender - specific reference inter als this test in the ARUP aboratory Test Directory (aruplab.com). Performed by ARUP Laboratories, 500 chipeta Way, SLC, UT 84108 800-522-2787 www.aruplab.com, Julio Delgado, MD, Lab. Director reported: 08/16/17 22:06 Renin Activity, Plasma 0.456 0.167-5.380 ng/mL/

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This test was developed and its performance characteristics

Lab Report 07.29.2017

Lab Results

```
08/02/17 07/29/17 09:30 AM 07/29/17
```

** INTERPRETATIVE INFORMATION **
PARTICLE CONCENTRATION AND SIZE Ct Ros

< - - Lower CVD Risk Higher CVD Risk - ->

PATIENTS RESULTS

```
WITHIN RANGE OUT OF RANGE REFERENCE RANGE UNITS
TEST NAME
Report Status: FINAL
                                                      FASTING
**** ** CHEMISTRY ****
COMPREHENSIVE METABOLIC
SODIUM
                         142
                                                      136-145
                                                                       mmol/..
POTASSIUM
                         4.6
                                                      3.5-5.1
                                                                       mmol/L
                                                                       \mathsf{mmol/L}
CHLORIDE
                         104
                                                      98-107
CARBON DIOXIDE
                         24.0
                                                      17-32
                                                                       mEq/L
GLUCOSE
                                        100 H
                                                      70-99
                                                                       mg/dL.
                                                                       {\rm mg}/{\rm d}L .
BUN
                         12
                                                      7 - 25
CREATININE SERUM
                         0.91
                                                      0.7 -1.3
                                                                       mg/dL
BUN/CREATININE RATIO
                                                      8-28
                                                                       Ratio
                         13
                                                      0.2 - 1.0
BILIRUBIN, Total
                         0.7
                                                                       mg/dL
CALCIUM
                         9.6
                                                      8.6 10.5
                                                                       mg/dL.
                                                      6.6-8.2
PROTEIN TOTAL
                         6.9
                                                                       g/dL
New normal range, effective 6/15/2017
ALBUMIN
                         4.5 3.5-5.7
                                         g/dL
                        34 - 104 UL
ALK. PHOSPHATASE 46
                        24 7-52
21 11 - 39
2.4 1.8-4.0
ALT (SGPT)
AST (SGOT)
                                        U/L
GL0BUL IN
                                        g/dL
                        1.9 0.8-2.7
A/G RATIO
                                        Ratio
GLOMERULAR FILT. RATE 92 > 60
                                        mL/min
If African - American result is: > 60
For African - American patients, the GFR should be adjusted. Fax to Tay
Please multiply the reported value by 1.21
NMR LIPOPROFILE
reported: 08/01/17 11:13
NMR LipoProfile
                        < 1000 nmol/L "
LDL - P 842
LOW < 1000
Moderate 1000 1299
Borderline - High 1300 1599
High 1600 2000
Very High > 2000
LDL - C 42 0-99 mg/dL
Optimal 100
Above optimal 100 12908/02/17 07/29/17 09:30 07/29/17
PATIENTS RESULTS
                                  WITHIN RANGE OUT OF RANGE REFERENCE RANGE UNITS
TEST NAME
**** CHEMISTRY **** (Continued)
Borderline
                        130 159
                        160 189
High
Very high
                        > 189
LDL - C is inaccurate if patient is non - fasting.
                     45 > 39 \text{ mg/dL} "
HDL - C
                     175 H O-149 mg/dl. "
Triglycerides
                    122 100 - 199 mg/dL "
Cholesterol, Total
HDL - P (Total)
                     31.3 > = 30.5 \text{ umol/L}
                     396 < = 527 nmol/L "
Small LDL - P
                     20.5 > > 20.5 nm
LDL Size
```

```
LDL AND HDL PARTICLES Percentile in Reference Population
HDL - P (total) High 75th 50th 25th Low
> 34.9 34.9 30.5 26.7 < 26.7
Small LDL - P Low 25th 50th 75th High
< 117 117 527 839 > 839
LDL Size < - Large (Pattern A) - > < -Small(Pattern B) - >
23.0 20.6 20.5 19.0
Small LDL - P and LDL Size are associated with CVD risk, but not after
LDL - P is taken into account.
These assays were developed and their performance characteristics
determined by LipoScience. These assays have not been cleared by the
US Food and Drug Administration. The clinical utility of these
laboratory values have not been fully established.
LP - IR Score 62 H < = 45
INSULIN RESISTANCE MARKER
             Insulin Sensitive Insulin Resistant -- >
Porcentile in Reference Population
Insulin Resistance Score
LP - IR Score Low 25th 50th 75th High09:30 07/29/17
PATIENTS RESULTS
TEST NAME
                                 WITHIN RANGE OUT OF RANGE REFERENCE RANGE UNITS
*** CHEMISTRY **** (Continued)
< 27 27 45 63 > 63
LP - IR Score is inaccurate if patient is non - fasting.
The LP - IR score is a laboratory developed index that has been
associated with insulin resistance and diabetes risk and should be
used as one component of a physician's clinical assessment. The
LP - IR acore listed above has not been cleared by the US Food and
Drug Administration.
**** INFLAMMATION ****
                                                         0-3.0 mg/L
CRP CARDIO/NEO (HS)
                        < 0.2
Recommended Cardiac
                        risk assessment categories:
LOW < 1.0 mg/L
                        HIGH
AVERAGE 1.0-3.0 mg/L
                                 > 3.0 \text{ mg/L}
LEVELS OF CRP > 10 mg/L SHOULD BE EVALUATED FOR
OTHER NON - CARDIOVASCULAR ORIGINS.
END OF REPORT*) Unless otherwise noted, Fesse Performed at
Lab Carp Burlington, 2447 York Court, Burlington NC 272133361
Director: Wilda F Hancock MD 8007624344
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Physician Encounter 03.06.2017

- MS

Assessment

CLINICAL IMPRESSION: **SYNOVITIS PIP JOINTS** He does no physical therapy or physical exercises whatsoever and he is in a sitting position all day . I think he developed an **Overuse Syndrome of the PIP joints** and I think over the counter anti inflammatories will be sufficient for him. The

lumbar spine films were totally within normal limits.

Plan

I told him to be aware if he notices anything that resembles triggering or numbness and parasthesias and he can contact us on a prn basis.

Background

He had some discomfort in the PIP joints of his left non - dominant hand. MEDICAL HISTORY: The patient's medical, social, surgical history, medications and allergies, as well as review of systems was completed by the patient on the medical history form and was reviewed for this office visit.

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Lab Report

Lab Results

Laboratory Tests and Values/Results:

TSH (06/11/2021) TSH: 2.070 ulU/mL

CBC With Differertial/Platelet (06/11/2021)

WBC: 7.4/hpf RBC: 5.33/hpf Hemoglobin: 15.1 g/dL Hematocrit: 43.9 % MCV: 82 fL MCH: 28.3 pg MCHC: 34.4 g/dL

Platelets: 273 x10E3/uL NEUTROPHILS: 49 % Lymphs: 35 % MONOCYTES: 12 %

Eos: 3 % Basos: 1 %

RDW: 13.2 %

Neutrophils (Absolute): 3.6 x10E3/uL Lymphs (Absolute): 2.6 x10E3/uL Monocytes (Absolute): 0.9 x10E3/uL Eos (Absolute): 0.3 x10E3/uL Baso (Absolute): 0.1 x10E3/uL Immature Granulocytes: 0 % Immature Grans (Abs): 0.0 x10E3/uL Prostate - Specific Ag, Serum (06/11/2021)

Prostate Specific Ag, : 1.2 ng/mL Serum

Hemoglobin A1c (06/11/2021) Hemoglobin A10: 6.3 %

Urinalysis, Routine (06/11/2021) SPECIFIC GRAVITY: 1.021

PH: 6.0

Urine - Color: Yellow
APPEARANCE: Clear
WBC Esterase: Negative/uL
Protein: Trace mg/dL
Glucose: Negative mg/dL
KETONES: Negative mg/dL
Occult Blood: Negative
Bilirubin: Negative

Urobilinogen, Semi - Qn: 0.2 mg/dL

Nitrite, Urine: Negative

H pylori Breath Test (06/11/2021) H pylori Breath Test: Negative Vitamin B12 and Folate (06/11/2021)

Vitamin B12: 1033 pg/mL Folate (Folic Acid),

: 8.1 ng /mL Serum Vitamin D, 25 - Hydroxy (06/11/2021) Vitamin D, 25 - Hydroxy: 22.6 ng/mL FECAL GLOBIN, IMMUNOCHEM (10/11/2018) FECAL : Not Detected GLOBIN IMMUNOCHEM, LIPID PANEL, STANDARD (10/05/2018) CHOLESTEROL, TOTAL: 145 mg/dL HDL CHOLESTEROL: 39 mg/dL CHOLESTEROL/HDL 3.7 calc : RATIO LDL Chol Calc (NIH): 69 mg/dL TRIGLYCERIDES: 283 mg/dL NON HDL: 106 mg/dL (calc) CHOLESTEROLHEP B SURF AB IMMUNITY, QN (10/05/2018) HEPATITIS B SURFACE : < 5 mIU/mL AB, QN URINALYSIS, COMPLETE (10/05/2018) COLOR: Yellow APPEARANCE: Clear SPECIFIC GRAVITY: 1.022 PH: 5.5 GLUCOSE, QL: Negative mg/dL BILIRUBIN, URINE: Negative KETONES: Negative mg/dL **BLOOD:** Negative PROTEIN, TOTAL, QL: Trace mg/dL NITRITE: Negative LEUKOCYTE : Negative **ESTERASE** WBC: None Seen/hpf RBC: None Seen/hpf SQUAMOUS: None Seen cells/hpf EPITHELIAL CELLS BACTERIA: None Seen/hpf HYALINE CASTS: None Seen lpf VITAMIN B12 + FOLATE (10/05/2018) VITAMIN B12, SERUM: 556 pg/mL FOLATE, SERUM: 12.3 ng/mL COMP METAB PANEL (10/05/2018) GLUCOSE: 96 mg/dL SODIUM: 140 mmol/L POTASSIUM: 4.8 mmol/L CHLORIDE: 103 mmol/L CARBON DIOXIDE: 30 mmol/L UREA NITROGEN: 10 mg/dL CREATININE: 0.95 mg/dL BUN/CREATININE RATIO NOTE (calc) CALCIUM: 9.6 mg/dL PROTEIN, TOTAL: 7.1 g/dL ALBUMIN: 4.5 g/dL GLOBULIN, CALCULATED: 2.6 g/dL (calc) A/G RATIO: 1.7 (calc) BILIRUBIN, TOTAL: 0.7 mg/dL ALKALINE : 48 U/L PHOSPHATASE

AST: 16 U/L ALT: 17 U/L EGFR NON AFR : 88 mL/min/1.73m2 AMERICAN

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CBC (INCLUDES DIFF/PLT) (10/05/2018) WBC: 6.1/hpf RBC: 5.04/hpf Hemoglobin: 4.3 g/dL Hematocrit: 43.2 % MCV: 85.8 fL MCH: 28.5 pg MCHC: 33.2 g/dL RDW: 3.6 % PLATELET COUNT: 255 Thous/mcL MPV: 8.3 fL TOTAL NEUTROPHILS, %: 52.8 % TOTAL LYMPHOCYTES, %: 35.9 % MONOCYTES, %: 8.4 % EOSINOPHILS, %: 2.4 % BASOPHILS, %: 0.5 % NEUTROPHILS, ABSOLUTE: 3221 Cells/mcL LYMPHOCYTES, ABSOLUTE: 2190 Cells/mcL MONOCYTES, ABSOLUTE: 512 Cells/mcL EOSINOPHILS, ABSOLUTE: 46 Cells/mcL BASOPHILS, ABSOLUTE: 31 Cells/mcL VITAMIN D, 25 - OH, TOTAL, IA (10/05/2018) Vitamin D, 25 - Hydroxy: 29 ng/mL **PSA, TOTAL** (10/05/2018) PSA TOTAL: 0.9 ng/mLTSH (10/05/2018) TSH 3RD : 1.42 mIU/L **GENERATION** HEPATITIS B SURFACE AB, QN (11/05/2014) **HEPATITIS B SURFACE** : < 5 mIU/mL AB, QN HEPATITIS B SURFACE < 5 mIU/mL AB, QN HAV AB, TOTAL (11/05/2014) HAV AB, TOTAL: Reactive HAV AB, TOTAL: Reactive BLOOD GROUP + RH (11/05/2014) BLOOD GROUP: 0 BLOOD GROUP: 0 RH TYPE: Positive RH TYPE: Positive TSH (08/28/2012) TSH 3RD : 1.67 mIU/L GENERATION **COMP METAB PANEL (08/28/2012)** Glucose, Fasting: 92 mg/dL GLUCOSE: DNR mg/dL SODIUM: 141 mmol/L POTASSIUM: 4.4 mmol/L CHLORIDE: 105 mmol/L CARBON DIOXIDE: 25 mmol/L UREA NITROGEN: 10 mg/dL CREATININE: 0.85 mg/dL BUN/CREATININE RATIO NOTE (calc) CALCIUM: 8.9 mg/dL PROTEIN, TOTAL: 6.7 g/dL ALBUMIN: 4.4 g/dL GLOBULIN, CALCULATED: 2.3 g/dL (calc) A/G RATIO: 1.9 (calc)

EGFR AFRICAN : 103 mL/min/1.73m2 AMERICAN

HEMOGLOBIN AC (10/05/2018) Hemoglobin A10: 5.9 % BILIRUBIN, TOTAL: 0.5 mg/dL

ALKALINE 54 U/L

: PHOSPHATASE

AST: 19 U/L ALT: 23 U/L

EGFR NON AFR

: 101 mL/min/1.73m2

AMERICAN

EGFR AFRICAN

: 117 mL/min/1.73m2

AMERICAN

VITAMIN D, 25 - OH, LC/MS/MS (08/28/2012)

VITAMIN D, 25 - OH,

: 32 ng /mL TOTAL

VITAMIN D, 25 - OH, D3: 32 ng/mL

VITAMIN D, 25 - OH, D2: < 4 ng/mL LIPID PANEL (08/28/2012)

CHOLESTEROL, TOTAL 118 mg/dL

HDL CHOLESTEROL: 35 mg/dL

CHOLESTEROL/HDL

: 3.4 calc

RATIO

LDL Chol Calc (NIH): 35 mg/dL TRIGLYCERIDES: 238 mg/dL

NON HDL

: 83 mg/dL (calc)

CHOLESTEROL

VITAMIN B12, SERUM (08/28/2012) VITAMIN B12, SERUM: 632 pg/mL

TSH (01/30/2012)

TSH 3RD

: 1.12 mIU/L

GENERATION

VITAMIN B12 + FOLATE (01/30/2012)

VITAMIN B12, SERUM: 614 pg/mL

FOLATE, SERUM: > 24.0 ng/mL

LIPID PANEL (01/30/2012)

CHOLESTEROL, TOTAL 160 mg/dL

HDL CHOLESTEROL: 38 mg/dL

CHOLESTEROL/HDL

: 4.2 calc

RATIO

LDL Chol Calc (NIH): 52 mg/dL

TRIGLYCERIDES: 348 mg/dL

COMP METAB PANEL (01/30/2012)

Glucose, Fasting: 92 mg/dL GLUCOSE: DNR mg/dL

SODIUM: 138 mmol/L

POTASSIUM: 4.6 mmol/LCHLORIDE: 101 mmol/L

CARBON DIOXIDE: 24 mmol/L UREA NITROGEN: 11 mg/dL CREATININE: 0.85 mg/dL

BUN/CREATININE RATIO NOTE (calc)

CALCIUM: 9.5 mg/dL PROTEIN, TOTAL: 7.2 g/dL ALBUMIN: 4.6 g/dL

GLOBULIN, CALCULATED: 2.6 g/dL (calc)

A/G RATIO: 1.8 (calc) BILIRUBIN, TOTAL: 0.7 mg/dL

ALKALINE : 60 U/L PHOSPHATASE

AST: 26 U/L ALT: 25 U/L EGFR NON AFR: 102 mL/min/1.73m2

AMERICAN EGFR AFRICAN : 118 mL/min/1.73m2

AMERICAN

CBC (INCLUDES DIFF/PLT) (01/30/2012)

WBC: 6.0/hpf RBC: 5.05/hpf **Hemoglobin**:* 4.7 g/dL Hematocrit: 43.1 %

MCV: 85.3 fL MCH: 29.1 pg MCHC: 34.1 g/dL RDW:* 3.4 %

PLATELET COUNT: 246 Thous/mcL

MPV: 9.4 fL

TOTAL NEUTROPHILS, %: 61.4 % TOTAL LYMPHOCYTES, %: 27.3 % MONOCYTES, %: 8.7 %

MONOCYTES, %: 8.7 % EOSINOPHILS, %: 2.4 % BASOPHILS, %: 0.2 %

NEUTROPHILS, ABSOLUTE: 3684 Cells/mcL LYMPHOCYTES, ABSOLUTE: 638 Cells/mcL MONOCYTES, ABSOLUTE: 522 Cells/mcL EOSINOPHILS, ABSOLUTE: 44 Cells/mcL BASOPHILS, ABSOLUTE:* 2 Cells/mcL

DIFFERENTIAL: An instrument differential was performed.

Go To Source Document

Lab Report

Lab Results

URINALYSIS, COMPLETE (01/30/2012)

COLOR: Yellow APPEARANCE: Clear

GLUCOSE, QL: Negative mg/dL BILIRUBIN, URINE: Negative KETONES: Negative mg/dL SPECIFIC GRAVITY: 1.015

BLOOD: Negative

PH: 7.0

PROTEIN, TOTAL, QL: Negative mg/dL

NITRITE: Negative LEUKOCYTE : Negative

ESTERASE SQUAMOUS : None Seen cells/hpf EPITHELIAL CELLS WBC: None Seen hpf BACTERIA: None Seen hpf

RBC: None Seen/hpf

HYALINE CASTS: None Seen Apf

TRANSITIONAL : DNR cells/hpf EPITHELIAL AMORPHOUS DNR

:/hpf

CRYSTALS CALCIUM OXALATE

: DNR/hpf CRYSTALS

URIC ACID CRYSTALS DNR/hpf

TRIPLE PHOSPHATE

: DNR/hpf

CRYSTALS RENAL TUBULAR

: DNR

/hpf CELLS

CASTS: DNR/pf MUCUS: DNR/pf

CRYSTALS: DNR/hpf

OVAL FAT BODIES: DNR/hpfYEAST: DNR/hpf

SPERM: DNR/hpf TRICHOMONAS: DNR/hpf COMMENT: DNR

PSA, TOTAL (01/30/2012) PSA TOTAL: 0.7 ng/mL

VITAMIN D, 25 - OH, LC/MS/MS (01/30/2012)

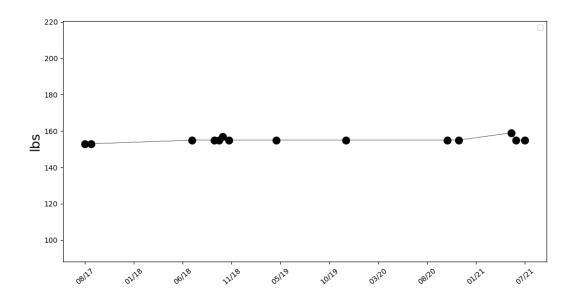
VITAMIN D, 25 - OH,

: 20 ng/mL TOTAL

VITAMIN D, 25 - OH, D3: 20 ng/mL VITAMIN D, 25 - OH, D2: < 4 ng/mL

Go To Source Document

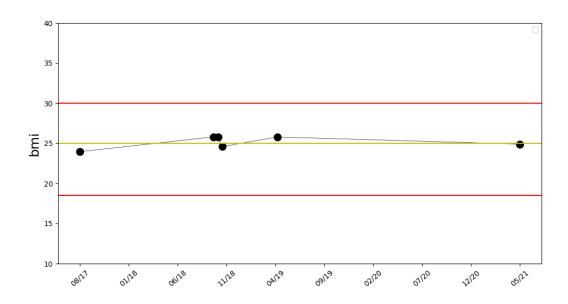
Body Weight



Date	lbs	kg
07.08.2021	155.0	70.3
06.10.2021	155.0	70.3
05.26.2021	159.0	72.1
12.05.2020	155.0	70.3
10.29.2020	155.0	70.3
12.05.2019	155.0	70.3
04.23.2019	155.0	70.3
11.20.2018	155.0	70.3
10.31.2018	157.0	71.2
10.18.2018	155.0	70.3
10.04.2018	155.0	70.3
07.23.2018	155.0	70.3
08.28.2017	153.0	69.4

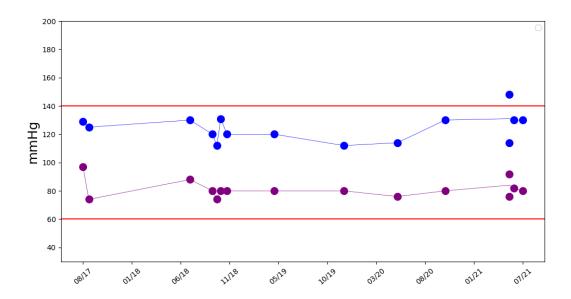
Date	lbs	kg
08.09.2017	153.0	69.4

ВМІ



Date	ВМІ
05.26.2021	24.9
04.23.2019	25.8
10.31.2018	24.6
10.18.2018	25.8
10.04.2018	25.8
08.09.2017	24.0

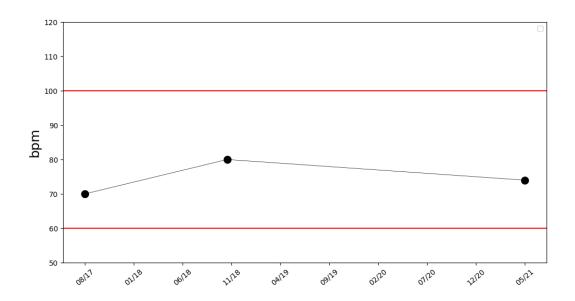
Blood Pressure



Date	Systolic	Diastolic
07.08.2021	130.0	80.0
06.10.2021	130.0	82.0
05.26.2021	148.0	92.0
05.26.2021	114.0	76.0
10.29.2020	130.0	80.0
05.27.2020	114.0	76.0
12.05.2019	112.0	80.0
04.23.2019	120.0	80.0
11.20.2018	120.0	80.0
10.31.2018	131.0	80.0
10.18.2018	112.0	74.0
10.04.2018	120.0	80.0
07.23.2018	130.0	88.0

Date	Systolic	Diastolic
08.28.2017	125.0	74.0
08.09.2017	129.0	97.0

Heart Rate



Date	ВРМ
05.26.2021	74.0
10.31.2018	80.0
08.09.2017	70.0

Providers

Deora Sonia D.O. Family Medicine

NPI Details: 1235134297, DEORA SONIA, D.O.

Speciality: Family Medicine

Address:

10 JEFFERSON PLZ

STE. 100

PRINCETON NJ 085409502

Phone: 7322741274 Fax: 7323550321

Date	Туре	Summary
07.08.2021	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents for a <u>follow-up visit</u> for f/u of <u>results of endoscopy</u> , <u>Echo</u> and <u>stress test</u> . He is diagnosed with <u>hyperlipidemia</u> , <u>vitamin D deficiency</u> , hyperglycemia, and gastro - esophageal reflux disease without esophagitis. He was prescribed Omeprazole and will follow up in 6 months. Go To Transcription Go To Source Document
06.10.2021	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents with <u>acidity, burning sensation</u> , lack of appetite, and <u>hemorrhoids</u> . The patient has <u>shortness</u> of breath, pain in the right leg, other hemorrhoids, gastro - esophageal reflux disease without esophagitis, and <u>chronic back pain</u> . Given referral for <u>Echo Nuc Stress Test</u> , Niero eval for memory testing, and check H pylori. Go To Transcription Go To Source Document
10.29.2020	Physician Encounter Deora, Sonia D.O. Family Medicine	The patient presents for a <u>follow-up visit</u> . The patient has <u>gastro - esophageal reflux</u> <u>disease without esophagitis</u> , other constipation, <u>encounter for immunization</u> , and hyperlipidemia, unspecified. Calcium Coronary Score was ordered and Omeprazole 40 mg was prescribed. Dietary changes, a flu shot, a <u>Cologuard</u> , and <u>colonscopy</u> were recommended. Go To Transcription Go To Source Document
12.05.2019	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents with postnasal drip, <u>coughing</u> , and <u>throat pain</u> . The patient has <u>acute sinusitis</u> , and <u>cough</u> . Prescriptions for Augmentir, Prednisone, and Steam inhalation were given. Go To Transcription Go To Source Document
04.23.2019	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient is here for a hepatitis B shot. He has a diagnosis of <u>major depressive</u> <u>disorder, single episode, unspecified.</u> He was given Pristiq and will return in October for PE. Go To Transcription Go To Source Document
11.20.2018	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents with a history of sleeping a lot, <u>low energy</u> , and <u>snores</u> . The patient has a diagnosis of <u>Major depressive disorder</u> , <u>encounter for immunization</u> , and <u>Hyperlipidemia</u> . Lexapro was stopped and Pristiq 50 mg a day was prescribed. Go To Transcription Go To Source Document
10.04.2018	PROGRESS NOTES Deora, Sonia D.O. Family Medicine	The patient presents for an encounter for general adult medical examination without abnormal findings. He has <u>left back pain</u> , <u>hip pain</u> , and can not bend for 4-5 days. He took Motrin and is scheduled for an <u>EKG</u> , <u>PFT</u> , and a flu shot. Go To Transcription Go To Source Document

Mendu Srinivas M.D. Internal Medicine

NPI Details: 1245235126, MENDU SRINIVAS, M.D.

Speciality: Internal Medicine

Address:

10 JEFFERSON PLZ

STE. 100

PRINCETON NJ 085409542

Phone: 7322741274 Fax: 7323550321

Date	Туре	Summary
07.23.2018	PROGRESS NOTES Mendu, Srinivas M.D. Internal Medicine	The patient presents with pain in the back of the neck. He has mild neck pain since few days. Assessed today with cervicalgia. Advised to rest, heating pads to neck area, Nsaid, Flexeril and neck xray. Rto 3 weeks.
		Go To Transcription Go To Source Document

Herman Martin

Multiple NPI matches found:

1306844899, HERMAN MARTIN M.D., PH.D., Neurological Surgery, IL

1346240777, HERMAN MARTIN MD, Emergency Medicine (Pediatric Emergency Medicine), TN

1841447489, MARTIN HERMAN, Counselor (Mental Health), OR

1902862345, HERMAN MARTIN MD, Psychiatry & Neurology (Neurology), NJ

1770611048, MARTIN HERMAN M.D., Psychiatry & Neurology (Child & Adolescent Psychiatry), GA

1336117209, MARTIN HERMAN LCSW, Social Worker (Clinical), NC

1710924030, HERMAN MARTIN M.D., Orthopaedic Surgery, PA

		Summary
12.30.2021	Progress Notes Herman, Martin MD	The patient presents with a complaint of <u>memory impairment</u> . Over the past several years he has noted <u>memory problem</u> but it is primarily limited to remembering people's names. He does not feel that this is been progressive and he does not associate it with any type of acute event. He works as a as well as well and is not experiencing any difficulties in doing his work. The patient may occasionally misplace something but it has not been a major problem. There is a history of <u>heavy snoring</u> and he was diagnosed with <u>sleep apnea</u> in the past. He states he may get up to 9 hours sleep per night. However, he continues to <u>snore loudly</u> and that there are times when he awakes <u>gasping</u> . Go To Transcription Go To Source Document

Mark Schottenfeld MD Orthopaedic Surgery (Adult Reconstructive Orthopaedic Surgery)

NPI Details: 1538238233, SCHOTTENFELD MARK, MD

Speciality: Orthopaedic Surgery (Adult Reconstructive Orthopaedic Surgery)

Address: 3 PROGRESS ST SUITE 106

EDISON NJ 088201180

Phone: 9082228858 Fax: 9082228857

Date	Туре	Summary
03.06.2017	Physician Encounter Schottenfeld, Mark M.D.	The patient presents with <u>synovitis of theIPP joints</u> . He does no physical therapy or physical exercises whatsoever, he is in a sitting position all day. He thinks he has
	MS	Overuse Syndrome of the PIP joints and OTC anti inflammatories will be sufficient for him.
		Go To Transcription Go To Source Document

Joshi Meherwan M.D. Internal Medicine (Cardiovascular Disease)

NPI Details: 1598938391, JOSHI MEHERWAN, M.D.

Speciality: Internal Medicine (Cardiovascular Disease), Internal Medicine

Address:

715 OLD RARITAN RD EDISON NJ 088201021

Phone: 7324919597 Fax: 9732615142

Date	Туре	Summary
05.26.2021	Visit Note Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease) MEHERWAN B JOSHI MD	The patient presents for evaluation of hyperlipidemia , dyspnea and hyperlipidemia , dyspnea and hetest pain . He complains of shortness of breath with exertion and chest heaviness. Assessed today with <a href="https://exertion.org/exertion.or</td></tr><tr><td>05.08.2021</td><td>Patient Report Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease)</td><td>Go To Transcription Go To Source Document</td></tr><tr><td>05.08.2021</td><td>Patient Report Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease)</td><td>Go To Transcription Go To Source Document</td></tr><tr><td>10.23.2020</td><td>Patient Report Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease)</td><td>Go To Transcription Go To Source Document</td></tr><tr><td>10.31.2018</td><td>Visit Note Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease) MEHERWAN B JOSHI MD</td><td>The patient presents for evaluation of hyperlipidemia , dyspnea , and left.hip.pain . He underwent an X-ray of the left hip, which showed possible calcification of the abdominal aorta. His overall activity level has decreased and his blood pressure has been controlled, however, he has gained some weight and has no shortness of breath or chest pain. He is diagnosed with hypertensive cardiovascular disease, hypertension, and diabetes mellitus. The patient will get an ultrasound of the abdomen and will evaluate for aneurysmal dilatation . Go To Transcription Go To Source Document

Date	Туре	Summary
08.28.2017	TRANSTHORACIC ECHOCARDIOGRAM REPORT Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease) Trinitas Regional Medical Center	The patient presents for a <u>transthoracic echocardiogram</u> due to <u>dyspnea</u> . The study shows the left ventricular <u>ejection fraction</u> , by <u>visual estimation</u> , is 60 to 65 %. There is <u>mild concentric hypertrophy</u> and ventricular wall thickness is mildly increased. Go To Transcription Go To Source Document
08.09.2017	Visit Note Joshi, Meherwan MD Internal Medicine (Cardiovascular Disease) MEHERWAN B JOSHI MD	The patient presents for evaluation of hyperlipidemia , and

Amoroso L Michael Vd

Date	Туре	Summary
11.02.2020	Diagnostic Procedure Vd, Michael L Amoroso	The patient presents for a CT CARDIAC SCORING. Findings show a calcium score of 113 in the left anterior descending coronary artery and 18 in the right coronary artery, which places the patient in the 60th percentile rank. There is a small historycoronary artery, which places the patient in the 60th percentile rank. There is a small historycoronary artery, which places the patient in the 60th percentile rank. There is a small historycoronary artery and 18 in the right coronary artery, which places the patient in the 60th percentile rank. There is a small

Einhorn Robert

Multiple NPI matches found: 1144487737, EINHORN ROBERT DPM, Podiatrist, NY 1558475590, EINHORN ROBERT MD, Pediatrics, IL 1265414999, EINHORN ROBERT MD, Radiology (Diagnostic Radiology), NJ

Date	Туре	Summary
10.04.2018	Imaging Einhorn, Robert MD	The patient presents for a <u>left hip X-ray</u> due to <u>left hip pain</u> for one month. The study shows <u>mild degenerative changes in the left hip.</u> Go To Transcription Go To Source Document

Conditions Reference

Abnormal blood pressure 5 months prior to DOL

See Also: Hypertension

05.26.2021

Elevated Blood Pressure Reading Without Diagnosis Of Hypertension (R03.0) Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Diagnosis: R07.9 Chest pain, unspecified

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified R06.00 Dyspnea, unspecified

Go To Transcription | Go To Source Document

05.27.2020

Elevated Blood Pressure Reading Without Diagnosis Of Hypertension (R03.0) (MEHERWAN B JOSHI MD)

Visit Note

Diagnosis:

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Go To Transcription | Go To Source Document

10.31.2018

Elevated Blood Pressure Reading Without Diagnosis Of Hypertension (R03.0) Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note

Diagnosis:

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Go To Transcription | Go To Source Document

08.09.2017

Elevated Blood Pressure Reading Without Diagnosis Of Hypertension (R03.0) Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Diagnosis:

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Go To Transcription | Go To Source Document

10.18.2018

Other Proteinuria **PROGRESS**

- ... Z23 Encounter for immunization
- 3. E55.9 Vitamin deficiency

D, unspecified

- 4. R73.9 Hyperglycemia, unspecified
- 5. R80.8 Other proteinuria

Go To Abstract | Go To Transcription | Go To Source Document

Aneurysm (suspected) 8 months after DOL

172.8

See Also: Aortic aneurysm (suspected)

10.31.2018 Suspected

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... WAS PICKED UP ON X - RAY. HE IS A NONSMOKER. FOR NOW WILL GET AN ULTRASOUND OF THE ABDOMEN AND EVALUATE FOR ANEURYSMAL DILATION. IF THERE IS AN ABDOMINAL AORTIC ANEURYSM I WOULD RECOMMEND GOING BACK ON BLOOD PRESSURE MEDICATIONS. AT THAT TIME HE MAY REQUIRE ...

Go To Abstract | Go To Transcription | Go To Source Document

Anhedonia 5 months prior to DOL

R45.84

08.09.2017

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... IN THE THINGS THAT HE USUALLY DOES. THINGS THAT USED TO MAKE HIM EXCITED DO NOT EXCITE HIM ANY FURTHER. HE DOES HAVE ANHEDONIA. NO SUICIDAL IDEATION

Go To Transcription | Go To Source Document

Anxiety (suspected) 3 years after DOL

F43.0

12.30.2021 Suspected

Herman, Martin MD **Progress Notes**

... do not think that this gentleman has any type of significant cognitive impairment. His difficulty with remembering names may have to do with some anxiety as well as the depression. Alternatively there may be some element of sleep deprivation as he is not being treated for obstructive sleep ...

Go To Transcription | Go To Source Document

171.9

See Also: Aneurysm (suspected)

10.31.2018 Suspected

Abdominal Aortic Aneurysm (I51.6)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... BACK ON BLOOD PRESSURE MEDICATIONS. AT THAT TIME HE MAY REQUIRE BETA BLOCKER. HE REQUIRES MUCH MORE AGGRESSIVE BLOOD PRESSURE REDUCTION IF AN **ABDOMINAL AORTIC ANEURYSM** IS NOTED.

3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. TRIGLYCERIDES ALSO

ARE SIGNIFICANTLY ELEVATED. HAD RECENT REGULAR CHOLESTEROL ...

Go To Transcription | Go To Source Document

Arthralgia 8 months after DOL

M25.5

See Also: Limb pain

10.18.2018

Hip Joint Pain

PROGRESS

... fish oil, tree nuts. Vit D 1000 iu a day . Cardio eval for calcif seen in Abdom Aorta. PT for **hip** and back **pain**. Go To Transcription | Go To Source Document

Back pain 8 months after DOL

M54

See Also: Pain in spine

06.10.2021

Chronic Back Pain

Deora, Sonia D.O.

PROGRESS NOTES

... eat well. Low appetitie no wt loss, no dysphagia, gas farting, no blood, discomfort and itchy. High insulin levels **chronic back pain**, SOb with steps, cardio sending him for stress an echo, small hole in front of ear shins burning with walking.

Go To Abstract | Go To Transcription | Go To Source Document

05.27.2020

Low Back Pain (M54.5) (MEHERWAN B JOSHI MD)

Visit Note

... doing much better. Has been staying in does. No sick contacts. Has not gained weight. Unable to exercise adequately secondary to **low back pain**. HE HAS HAD CHRONIC LOW BACK PAIN AND HAS AN MRI DONE IN THE PAST. HAS NOT HAD ANY HERNIATED DISC. ... Go To Abstract | Go To Transcription | Go To Source Document

05.27.2020 (Hx)

Chronic Low Back Pain (MEHERWAN B JOSHI MD) Visit Note

... in does. No sick contacts. Has not gained weight. Unable to exercise adequately secondary to low back pain. HE HAS HAD **CHRONIC LOW BACK PAIN** AND HAS AN MRI DONE IN THE PAST. HAS NOT HAD ANY HERNIATED DISC. NO SCIATICA LIKE PAIN. THE PAIN DOES ... Go To Abstract | Go To Transcription | Go To Source Document

10.18.2018

PROGRESS

..., tree nuts. Vit D 1000 iu a day . Cardio eval for calcif seen in Abdom Aorta. 🛭 PT for hip and back pain. Go To Transcription | Go To Source Document

10.04.2018

Deora, Sonia D.O. **PROGRESS NOTES**

History of Present Illness Back pain, can not bend 4-5 days, hip pain, - - left 4-5/10, took motrin and. Go To Abstract | Go To Transcription | Go To Source Document

10.04.2018 (Hx) Reason For Visit

Low Back Pain (M54.5)

Imaging

CLINICAL INDICATION: Low back pain for one month.

Go To Abstract | Go To Transcription | Go To Source Document

Body weight changes 8 months after DOL

05.26.2021 (Hx)

Weight Loss

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... HIS BLOOD PRESSURE.

2.). HYPERTENSIVE CARDIOVASCULAR DISEASE. HE USED TO BE ON

TELMISARTAN. HAD WITHDRAWN IT WHEN HE HAD LOST WEIGHT. BLOOD PRESSURE IS NOW RUNNING HIGH. HAS NOT BEEN CHECKING HIS BLOOD PRESSURE AT HOME. AT THIS TIME COUNSELED IN DETAIL $\,\ldots$

Go To Transcription | Go To Source Document

10.29.2020

Weight Gain

Deora, Sonia D.O.

Physician Encounter

History of Present Illness Constipation for few wks, appetite reduced, wt gain, burning, gas problems, farting,.. Go To Transcription | Go To Source Document

05.27.2020

Weight Loss

(MEHERWAN B JOSHI MD)

... MEDICATIONS. CONTINUE WITH DIETARY CONTROL. WAS ON TELMISARTAN BUT WITH WEIGHT LOSS HAVE BEEN ABLE TO WITHDRAW THIS. CONTINUE WITH EXERCISE AND WEIGHT LOSS AS WELL AS DIETARY SALT REDUCTION.

3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. TRIGLYCERIDES ALSO

ARE SIGNIFICANTLY ELEVATED. ...

Go To Transcription | Go To Source Document

10.31.2018

Weight Gain

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... NO MYALGIAS

HAS BEEN OCCASIONALLY NONCOMPLIANT WITH HIS DIET. HAS STOPPED TAKING BLOOD PRESSURE MEDICINES AS HIS BLOOD PRESSURE HAS BEEN CONTROLLED. HAS GAINED SOME WEIGHT

Calcification of the aorta 8 months after DOL

151.6

10.31.2018 Suspected

Abdominal Aorta Calcification

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... 130/80. HE HAS STOPPED TAKING TELMISARTAN. I DISCUSSED IN DETAIL WITH HIM ABOUT MY CONCERNS ABOUT ABDOMINAL AORTIC ANEURYSM SPECIALLY

IF THERE WAS **CALCIFICATION IN THE ABDOMINAL AORTA** THERE WAS PICKED UP ON X - RAY. HE IS A NONSMOKER. FOR NOW WILL GET AN ULTRASOUND OF THE ABDOMEN AND ...

Go To Abstract | Go To Transcription | Go To Source Document

10.04.2018

Abdominal Aorta Calcification

Imaging

... Alignment: Normal. Disk Spaces: Preserved. Pars/Facets: Normal.

Other: There are mild degenerative changes. There is mild calcification in the abdominal aorta.

Go To Abstract | Go To Transcription | Go To Source Document

Cardiac hypertrophy 5 months prior to DOL

151.7

08.28.2017

Concentric Hypertrophy Of Left Ventricle Joshi, Meherwan MD (Trinitas Regional Medical Center) TRANSTHORACIC ECHOCARDIOGRAM REPORT

- ... ventricular ejection fraction, by visual estimation, is 60 to 65 %.
- 2. Normal global left ventricular systolic function.
- 3. Mild concentric left ventricular hypertrophy.
- 4. The left ventricular chamber size is decreased.
- 5. Ventricular wall thickness is mildly increased.
- 6. Trace tricuspid ...

Go To Abstract | Go To Transcription | Go To Source Document

Chest Heaviness 3 years after DOL

05.26.2021

Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note

..., dyspnea. Today on follow - up he tells me that he has exertional chest pain. Describes it as a 4 on 10 **Heaviness in the CENTER OF THE CHEST.** COMES **WITH EXERTION**. Relieved with rest. Has noticed marked decrease in exertional tolerance. Gets
SHORT OF BREATH WITH MILD TO MODERATE LEVELS OF ACTIVITY ...

Chest pain 3 years after DOL

R07.4

05.26.2021

Chest Pain On Exertion

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Plan:

*** 1.). DYSPNEA. HAS NOTICED MARKED DECREASE IN EXERTIONAL

TOLERANCE **WITH EXERTIONAL CHEST PAIN** AS WELL AS SHORTNESS OF BREATH. RULE OUT ISCHEMIC HEART DISEASE. WILL ALSO CHECK 2D ECHO TO EVALUATE LV SYSTOLIC AS WELL ...

Go To Abstract | Go To Transcription | Go To Source Document

Constipation 2 years after DOL

K59.0

10.29.2020

Deora, Sonia D.O.

Physician Encounter

Assessment:

- 1. K21.9 Gastro esophageal reflux disease without esophagitis
- 2. K59.09 Other constipation
- 3. Z23 Encounter for immunization
- 4. E78.5 Hyperlipidemia, unspecified

Go To Transcription | Go To Source Document

10.29.2020 (Hx)

Deora, Sonia D.O.

Physician Encounter

History of Present Illness Constipation for few wks, appetite reduced, wt gain, burning, gas problems, farting,

Go To Transcription | Go To Source Document

Cough 1 years after DOL

R05

12.05.2019

Deora, Sonia D.O. PROGRESS NOTES

Assessment:

1. J01.30 - Acute sinusitis, unspecified

2. R05 - Cough

Go To Abstract | Go To Transcription | Go To Source Document

Covid-19 infection 2 years after DOL

B34.2

12.30.2021 (Hx)

Herman, Martin MD

Progress Notes

PAST MEDICAL HISTORY:

Hyperlipidemia, recent **Covid infection** and past history of obstructive sleep apnea

12.05.2020

PROGRESS NOTES

Assessment:

- 1. E78.5 Hyperlipidemia, unspecified
- 2. K44.9 Diaphragmatic hernia without obstruction or gangrene
- 3. U07.1 COVID 19
- 4. R06.02 Shortness of breath

Go To Abstract | Go To Transcription | Go To Source Document

Decrease In Appetite 2 years after DOL

10.29.2020

Deora, Sonia D.O.

Physician Encounter

History of Present Illness Constipation for few wks, **appetite reduced**, wt gain, burning, gas problems, farting, Go To Transcription | Go To Source Document

Decreased Activity Level 8 months after DOL

10.31.2018 Low Confidence Score

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Plan:

*** 1.). DYSPNEA. DOES NOT HAVE ONGOING DYSPNEA NOW BUT HAS

DECRÉASED HIS OVERALL ACTIVITY LEVEL AND HAS BECOME MUCH MORE SEDENTARY. I HAVE REQUESTED HIM TO MAKE THERAPEUTIC LIFESTYLE CHANGES. GRADED EXERCISE PROGRAM ALSO DISCUSSED IN DETAIL ...

Go To Abstract | Go To Transcription | Go To Source Document

Degeneration of spine 8 months after DOL

M45-M49.9

10.04.2018

Mild Lumbar Spine Degenerative Changes

Imaging

IMPRESSION:

Mild degenerative changes lumbar spine.

Go To Abstract | Go To Transcription | Go To Source Document

Depression 5 months prior to DOL

F32.9

12.30.2021

Herman, Martin MD

Progress Notes

... does not admit to any change in eating habits. The patient does not admit to any personality change. The patient does admit to **depression**. He has been on an antidepressant for several years. The patient does not admit to delusions or hallucinations. The patient denies ... Go To Transcription | Go To Source Document

04.23.2019

Single Episode Of Major Depression (F32) Deora, Sonia D.O. **PROGRESS NOTES**

Assessment:

1. F32.9 - Major depressive disorder, single episode, unspecified

2. Z23 - Encounter for immunization

Go To Abstract | Go To Transcription | Go To Source Document

11.20.2018

Single Episode Of Major Depression (F32) Deora, Sonia D.O. **PROGRESS NOTES**

Assessment:

1. F32.9 - Major depressive disorder, single episode, unspecified

2. Z23 - Encounter for immunization

3. E78.5 - Hyperlipidemia, unspecified

Go To Abstract | Go To Transcription | Go To Source Document

10.04.2018 (Hx)

Deora, Sonia D.O. **PROGRESS NOTES**

... pulse taking.

Extremities: Presents no findings of cyanosis, clubbing or edema. Pulses are intact and normal.

Assessment for **depression** in last 2 weeks:

- Little interest or pleasure in doing things: Not at all (0).
- Feeling down ...

Go To Transcription | Go To Source Document

08.09.2017 Suspected

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... WHICH HAS BEEN DISCONTINUED. CONTINUE ON FISH OIL. DIET COUNSELED IN DETAIL. CONTINUE CRESTOR. NO MYALGIAS.

4.). **DEPRESSION**. I SUSPECT THE PATIENT DOES HAVE MULTIPLE FAMILY

ISSUES WHICH HIS MAKING HIM MORE DEPRESSED. HE IS ALSO HAVING HARD TIME COPING ...

Go To Transcription | Go To Source Document

Diabetes Mellitus 8 months after DOL

E10-E14.9

05.26.2021

Joshi, Meherwan MD (MEHERWAN B JOSHI MD) **Visit Note**

... CONTINUE WITH

CRESTOR 10 MG DAILY. SMALL PARTICLES ARE STILL HIGH. RECOMMEND

ADDING ZETIA 10 MG DAILY...

4.). DIABETES MELLITUS. HIS A1C LEVELS ARE MILDLY ELEVATED. DOES NOT

REQUIRE MEDICATIONS BUT AT THIS TIME HIS CARDIOVASCULAR RISK IS AT A HIGHER LEVEL ...

Go To Abstract | Go To Transcription | Go To Source Document

05.27.2020

(MEHERWAN B JOSHI MD)

Visit Note

... ALSO ON CRESTOR 10 MG DAILY. DIET REITERATED TO HIM. WILL NEED BLOOD WORK ON NEXT OFFICE VISIT.

4.). DIABETES MELLITUS. HIS AIC LEVELS ARE MILDLY ELEVATED. DOES NOT

REQUIRE MEDICATIONS BUT AT THIS TIME HIS CARDIOVASCULAR RISK IS AT A HIGHER LEVEL ...

Go To Abstract | Go To Transcription | Go To Source Document

10.31.2018

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... WITH CRESTOR 10 MG ONCE A DAY. HAS NO MYALGIAS. IMPORTANCE OF COMPLIANCE WITH MEDICATIONS AND DIET HIGHLIGHTED.4.). DIABETES MELLITUS. HIS AIC LEVELS ARE MILDLY ELEVATED. DOES NOT

REQUIRE MEDICATIONS BUT AT THIS TIME HIS CARDIOVASCULAR RISK IS AT A HIGHER LEVEL ...

Go To Abstract | Go To Transcription | Go To Source Document

Diaphragmatic hernia 2 years after DOL

K44

See Also: Hiatal hernia

12.05.2020

Diaphragmatic Hernia Without Mention Of Obstruction Or Gangrene (K44.9)

PROGRESS NOTES

Assessment:

1. E78.5 - Hyperlipidemia, unspecified

2. K44.9 - Diaphragmatic hernia without obstruction or gangrene

3. U07.1 - COVID - 19

4. R06.02 - Shortness of breath

Go To Abstract | Go To Transcription | Go To Source Document

Diastolic murmurs 5 months prior to DOL

R01.1

See Also: Heart sounds abnormal, Heart valve disease

10.31.2018

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... , Thyroid exam Normal

CVS: -S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6 SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. FAINT

DIASTOLIC MURMUR

OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE. NO NECK VEIN DISTENTION. NO BRUIT OR MURMUR IS HEARD OVER ...

Go To Transcription | Go To Source Document

08.09.2017

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

..., Thyroid exam Normal

CVS: S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6 SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. **FAINT DIASTOLIC MURMUR**

OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE. NO NECK VEIN DISTENTION. NO BRUIT OR MURMUR IS HEARD OVER ...

12.30.2021

Gasping For Breath Herman, Martin MD Progress Notes

... up to 9 hours sleep per night. However he states that he continues to snore loudly and that there are times when he awakes **gasping**.. The patient does not have symptoms of RSBD. Other than this the review of systems is negative. No studies were ...

Go To Abstract | Go To Transcription | Go To Source Document

06.10.2021

Deora, Sonia D.O. PROGRESS NOTES

... appetitie no wt loss, no dysphagia, gas farting, no blood, discomfort and itchy. High insulin levels chronic back pain, **SOb with steps**, cardio sending him for stress an echo, small hole in front of ear shins burning with walking.

Go To Abstract | Go To Transcription | Go To Source Document

05.26.2021

Dyspnea On Exertion Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note

... EXERTIONAL TOLERANCE. GETS SHORT OF BREATH WITH MILD TO MODERATE LEVELS OF ACTIVITY AND HAS TO STOP. HE HAS CHEST PAIN ASSOCIATED WHICH **SHORTNESS OF BREATH WITH EXERTION** ALSO. NO ORTHOPNEA NO PAROXYSM NOCTURNAL DYSPNEA NO FEVERS OR CHILLS

NO LIGHTHEADEDNESS NO DIZZINESS NO SYNCOPE

NO MYALGIAS NO BLEEDING

SENSE OF ...

Go To Abstract | Go To Transcription | Go To Source Document

12.05.2020

PROGRESS NOTES

History of Present Illness COVID +, mild headache, **SOB**, pulse ox 95 % no cough no fever alreacy discussed report with cardio. Go To Abstract | Go To Transcription | Go To Source Document

05.27.2020

(MEHERWAN B JOSHI MD)

Visit Note

Diagnosis:

 $\ensuremath{\mathsf{R03.0}}$ Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 **Dyspnea, unspecified**

Go To Abstract | Go To Transcription | Go To Source Document

10.31.2018

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Plan:

 *** 1.). **DYSPNEA**. DOES NOT HAVE ONGOING DYSPNEA NOW BUT HAS

DECREASED HIS OVERALL ACTIVITY LEVEL AND HAS BECOME MUCH MORE SEDENTARY. I HAVE REQUESTED ...

Go To Abstract | Go To Transcription | Go To Source Document

08.28.2017 Reason For Visit

Joshi, Meherwan MD (Trinitas Regional Medical Center) TRANSTHORACIC ECHOCARDIOGRAM REPORT

Indications: Dyspnea

08.09.2017

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Diagnosis:

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Go To Abstract | Go To Transcription | Go To Source Document

Eyeglasses Wearer 1 years prior to DOL

Z97.3

01.01.2019

Deora, Sonia D.O.

Physician Encounter

... - V: 10/4/18; Last Stress Test: 2011 - + x; Last Echo: 2011 - rx; Last eye exam: **glasses** - 2019. Go To Transcription | Go To Source Document

01.01.2017

Deora, Sonia D.O.

PROGRESS NOTES

... - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - - rx; Last eye exam: <code>glasses</code> - 2017. Go To Transcription | Go To Source Document

01.01.2017

Deora, Sonia D.O.

PROGRESS NOTES

... - V: 10/4/18 ; Last Stress Test: 2011 - rx ; Last Echo: 2011 - - rx ; Last eye exam: <code>glasses</code> - 2017. Go To Transcription | Go To Source Document

01.01.2017

PROGRESS

... - V: 10/4/18 ; Last Stress Test: 2011 - rx ; Last Echo: 2011 - - rx ; Last eye exam: <code>glasses</code> - 2017. Go To Transcription | Go To Source Document

01.01.2017

Mendu, Srinivas M.D. PROGRESS NOTES

... rx given ; Last Phy - V: 1/28/2012 ; Last Stress Test: 2011 ; Last Echo: 2011 ; Last eye exam: <code>glasses</code> - 2017. Go To Transcription | Go To Source Document

01.01.2017

Deora, Sonia D.O. PROGRESS NOTES

... - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - - rx; Last eye exam: <code>glasses</code> - 2017.

Gastroesophageal reflux disease 2 years after DOL

07.08.2021

Deora, Sonia D.O. PROGRESS NOTES

... . E78.5 -, unspecified

2. E55.9 - Vitamin D deficiency, unspecified

3. R73.9 - Hyperglycemia, unspecified

4. K21.9 - Gastro - esophageal reflux disease without esophagitis

Go To Transcription | Go To Source Document

06.10.2021

Deora, Sonia D.O. PROGRESS NOTES

... 2. M79.604 - Pain in right leg M79.605 3. Pain in left leg 4. K64.8 - Other hemorrhoids

5. K21.9 - Gastro - esophageal reflux disease without esophagitis

Go To Transcription | Go To Source Document

10.29.2020

Deora, Sonia D.O. Physician Encounter

Assessment:

1. K21.9 - Gastro - esophageal reflux disease without esophagitis

2. K59.09 - Other constipation

3. Z23 - Encounter for immunization

4. E78.5 - Hyperlipidemia, unspecified

Go To Abstract | Go To Transcription | Go To Source Document

Glucose intolerance 8 months after DOL

R73.0

05.26.2021 (Hx)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note

Medical History:

*** HYPERTENSIVE CARDIOVASCULAR DISEASE

HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Go To Transcription | Go To Source Document

05.27.2020 (Hx)

(MEHERWAN B JOSHI MD)

Visit Note

Medical History:*** HYPERTENSIVE CARDIOVASCULAR DISEASE HYPERLIPIDEMIA (MIXED) **GLUCOSE INTOLERANCE**

Go To Transcription | Go To Source Document

10.31.2018 (Hx)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Medical History:

*** HYPERTENSIVE CARDIOVASCULAR DISEASE

HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Go To Transcription | Go To Source Document

Headache 2 years after DOL

R51

12.05.2020

Mild Headache PROGRESS NOTES

History of Present Illness COVID +, **mild headache**, SOB, pulse ox 95 % no cough no fever alreacy discussed report with cardio. Go To Transcription | Go To Source Document

Heart sounds abnormal 5 months prior to DOL

151.9

See Also: Diastolic murmurs, Heart valve disease

10.31.2018

Tricuspid Regurgitation Murmur Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note

... Pupil equal. Carotid upstroke Brisk, Thyroid exam Normal

CVS: -S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6 **SYSTOLIC MURMUR OF TRICUSPID REGURGITATION**. FAINT DIASTOLIC MURMUR

OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE. NO NECK VEIN DISTENTION. NO BRUIT OR ... Go To Transcription | Go To Source Document

10.31.2018

Faint Atrial Gallop Sound

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

 \dots *** Head & Neck: Normocephalic, Pupil equal. Carotid upstroke Brisk, Thyroid exam Normal

CVS: -S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. **FAINT ATRIAL GALLOP**. 1 X 6 SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. FAINT DIASTOLIC MURMUR

OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE ...

Go To Transcription | Go To Source Document

08.09.2017

Faint Atrial Gallop Sound

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... *** Head & Neck: Normocephalic, Pupil equal. Carotid upstroke Brisk, Thyroid exam Normal

CVS: S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. **FAINT ATRIAL GALLOP**. 1 X 6 SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. FAINT DIASTOLIC MURMUR

OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE ...

Go To Transcription | Go To Source Document

08.09.2017

Tricuspid Regurgitation Murmur Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note ... Pupil equal. Carotid upstroke Brisk, Thyroid exam Normal

CVS: S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6 SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. FAINT DIASTOLIC MURMUR

OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE. NO NECK VEIN DISTENTION. NO BRUIT OR ... Go To Transcription | Go To Source Document

Heart valve disease 5 months prior to DOL

151.9

See Also: Diastolic murmurs, Heart sounds abnormal

10.31.2018

Pulmonary Valve Insufficiency (I37.1)
Joshi, Meherwan MD (MEHERWAN B JOSHI MD)
Visit Note

... Normal

CVS: -S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6 SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. FAINT DIASTOLIC MURMUR

OF PULMONIC INSUFFICIENCY. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE. NO NECK VEIN DISTENTION. NO BRUIT OR MURMUR IS HEARD OVER THE BACK IN ...

Go To Transcription | Go To Source Document

08.28.2017

Trace Mitral Valve Regurgitation Joshi, Meherwan MD (Trinitas Regional Medical Center) TRANSTHORACIC ECHOCARDIOGRAM REPORT

... Atrium: The right atrium is normal in size.

Pericardium: There is no evidence of pericardial effusion. Mitral Valve: There is **trace mitral valve regurgitation**. Tricuspid Valve: Trace tricuspid regurgitation present.

Aortic Valve: The aortic valve is normal. No evidence of aortic valve regurgitation ...

Go To Transcription | Go To Source Document

08.28.2017

Trace Tricuspid Valve Regurgitation Joshi, Meherwan MD (Trinitas Regional Medical Center) TRANSTHORACIC ECHOCARDIOGRAM REPORT

- ... left ventricular hypertrophy.
- 4. The left ventricular chamber size is decreased.
- 5. Ventricular wall thickness is mildly increased.
- ${\bf 6.} \ \textbf{Trace tricuspid regurgitation}.$
- 7. The inferior vena cava and hepatic vein were not well visualized in this study.

Go To Transcription | Go To Source Document

08.28.2017

Tricuspid Valve Insufficiency
Joshi, Meherwan MD (Trinitas Regional Medical Center)
TRANSTHORACIC ECHOCARDIOGRAM REPORT

Pericardium: There is no evidence of pericardial effusion. Mitral Valve: There is trace mitral valve regurgitation. Tricuspid Valve: Trace **tricuspid regurgitation** present.

Aortic Valve: The aortic valve is normal. No evidence of aortic valve regurgitation.

Pulmonic Valve: The pulmonary valve ... Go To Transcription | Go To Source Document

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08.09.2017

Pulmonary Valve Insufficiency (I37.1) Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... CVS: S1 NORMAL S2 PHYSIOLOGICALLY SPLIT. FAINT ATRIAL GALLOP. 1 X 6 SYSTOLIC MURMUR OF TRICUSPID REGURGITATION. FAINT DIASTOLIC MURMUR

OF **PULMONIC INSUFFICIENCY**. PMI 5TH INTERCOSTAL SPACE ANTERIOR AXILLARY LINE. NO NECK VEIN DISTENTION. NO BRUIT OR MURMUR IS HEARD OVER THE BACK IN ...

Go To Transcription | Go To Source Document

Heartburn 3 years after DOL

R12

06.10.2021 Reason For Visit

Deora, Sonia D.O. PROGRESS NOTES

Chief Complaints/Reason for Visit Acidity, burning sansation, hemmoroids ds.

Go To Abstract | Go To Transcription | Go To Source Document

Hemorrhoids 3 years after DOL

184

07.08.2021

Deora, Sonia D.O. PROGRESS NOTES

History of Present Illness High hgalc and low d **hemorrhoid banding** Dr. Bingru Xie, endoscopy on Sat. Echo and stress test pnd, high lipid. Go To Transcription | Go To Source Document

06.10.2021

Other Hemorrhoids Deora, Sonia D.O. PROGRESS NOTES

... . R06.02 - Shortness of breath

2. M79.604 - Pain in right leg

M79.605 3. Pain in left leg

4. K64.8 - Other hemorrhoids

5. K21.9 - Gastro - esophageal reflux disease without esophagitis

Go To Abstract | Go To Transcription | Go To Source Document

Hiatal hernia 2 years after DOL

See Also: Diaphragmatic hernia

11.02.2020

Vd, Michael L Amoroso

Diagnostic Procedure

... 131. This places the patient in the 60th percentile rank.

The imaged portions of the lungs appear unremarkable. There is a small **hiatal hernia**. Note: This patient has received 0 CT studies and 0 Myocardial Perfusion studies within our network over the previous 12 month period ...

07.08.2021

Deora, Sonia D.O. PROGRESS NOTES

Assessment:

Hyperlipidemia

- 1. E78.5 -, unspecified
- 2. E55.9 Vitamin D deficiency, unspecified
- 3. R73.9 Hyperglycemia, unspecified
- 4. K21.9 Gastro esophageal reflux disease without esophagitis

Go To Transcription | Go To Source Document

10.18.2018

PROGRESS

- \dots . E78.2 Mixed hyperlipidemia
- 2. Z23 Encounter for immunization
- 3. E55.9 Vitamin deficiency

D, unspecified

- 4. R73.9 Hyperglycemia, unspecified
- 5. R80.8 Other proteinuria

Go To Transcription | Go To Source Document

Hyperinsulinism 3 years after DOL

E34.9

06.10.2021

Deora, Sonia D.O. PROGRESS NOTES

... sensation, cant eat well. Low appetitie no wt loss, no dysphagia, gas farting, no blood, discomfort and itchy. **High insulin levels** chronic back pain, SOb with steps, cardio sending him for stress an echo, small hole in front of ear shins burning ...

Go To Transcription | Go To Source Document

Hyperlipidemia 5 months prior to DOL

E78.5

See Also: Lipids abnormal

12.30.2021 (Hx)

Herman, Martin MD

Progress Notes

PAST MEDICAL HISTORY:

Hyperlipidemia, recent Covid infection and past history of obstructive sleep apnea

Go To Transcription | Go To Source Document

07.08.2021

Other Hyperlipidemia (E78.4) Deora, Sonia D.O. PROGRESS NOTES

Assessment:

Hyperlipidemia

- 1. E78.5 -, unspecified
- 2. E55.9 Vitamin D deficiency, unspecified
- 3. R73.9 Hyperglycemia, unspecified
- 4. K21.9 Gastro esophageal reflux ...

Go To Abstract | Go To Transcription | Go To Source Document

05.26.2021

Hypertriglyceridemia

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

- ... PRESSURE. MAY REINSTITUTE MEDICATION DEPENDING ON THE RESULTS OF HIS HOME LOG.
- 3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. TRIGLYCERIDES ALSO

ARE SIGNIFICANTLY ELEVATED. HAS NOT BEEN COMPLIANT WITH HIS FISH OIL. I HAVE EXPLAINED TO HIM THAT HE MUST TAKE FISH OIL 2 G TWICE ...

Go To Abstract | Go To Transcription | Go To Source Document

05.26.2021

Other Hyperlipidemia (E78.4)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Diagnosis: R07.9 Chest pain, unspecified

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Go To Abstract | Go To Transcription | Go To Source Document

05.26.2021

Mixed Hyperlipidemia (E78.2)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

- ... HOME ABOUT BLOOD PRESSURE. MAY REINSTITUTE MEDICATION DEPENDING ON THE RESULTS OF HIS HOME LOG.
- 3.). HYPERLIPIDEMIA. HE HAS **MIXED HYPERLIPIDEMIA**. TRIGLYCERIDES ALSO

ARE SIGNIFICANTLY ELEVATED. HAS NOT BEEN COMPLIANT WITH HIS FISH OIL. I HAVE EXPLAINED TO HIM THAT HE MUST \dots

Go To Abstract | Go To Transcription | Go To Source Document

05.26.2021 (Hx)

Mixed Hyperlipidemia (E78.2)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Medical History:

*** HYPERTENSIVE CARDIOVASCULAR DISEASE

HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Go To Abstract | Go To Transcription | Go To Source Document

12.05.2020

Other Hyperlipidemia (E78.4)

PROGRESS NOTES

Assessment:

- $1.\ \mathsf{E78.5} \textbf{Hyperlipidemia, unspecified}$
- 2. K44.9 Diaphragmatic hernia without obstruction or gangrene
- 3. U07.1 COVID 19
- 4. R06.02 Shortness of breath

Go To Abstract | Go To Transcription | Go To Source Document

11.02.2020 (Hx)

Vd, Michael L Amoroso Diagnostic Procedure

HISTORY: Hyperlipidemia

10.29.2020

Other Hyperlipidemia (E78.4)

Deora, Sonia D.O.

Physician Encounter

- ... Gastro esophageal reflux disease without esophagitis
- 2. K59.09 Other constipation
- 3. Z23 Encounter for immunization
- 4. E78.5 Hyperlipidemia, unspecified

Go To Transcription | Go To Source Document

05.27.2020

Hypertriglyceridemia

(MEHERWAN B JOSHI MD)

Visit Note

- CONTINUE WITH EXERCISE AND WEIGHT LOSS AS WELL AS DIETARY SALT REDUCTION.
- 3.). HYPERLIPIDEMIA. HE HAS MIXED HYPERLIPIDEMIA. TRIGLYCERIDES ALSO

ARE SIGNIFICANTLY ELEVATED. HAD RECENT REGULAR CHOLESTEROL TEST

DONE SHOWING A TRIGLYCERIDE OF 250. DISCUSSED DIET IN DETAIL. HE IS TOLERATING OMEGA 3 FATTY ...

Go To Abstract | Go To Transcription | Go To Source Document

05.27.2020

Mixed Hyperlipidemia (E78.2)

(MEHERWAN B JOSHI MD)

Visit Note

- ... TO WITHDRAW THIS. CONTINUE WITH EXERCISE AND WEIGHT LOSS AS WELL AS DIETARY SALT REDUCTION.
- 3.). HYPERLIPIDEMIA. HE HAS **MIXED HYPERLIPIDEMIA**. TRIGLYCERIDES ALSO

ARE SIGNIFICANTLY ELEVATED. HAD RECENT REGULAR CHOLESTEROL TEST

DONE SHOWING A TRIGLYCERIDE OF 250. DISCUSSED DIET IN DETAIL. ...

Go To Abstract | Go To Transcription | Go To Source Document

05.27.2020

Other Hyperlipidemia (E78.4)

(MEHERWAN B JOSHI MD)

Visit Note

Diagnosis:

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Go To Abstract | Go To Transcription | Go To Source Document

05.27.2020 (Hx)

Mixed Hyperlipidemia (E78.2)

(MEHERWAN B JOSHI MD)

Visit Note

 ${\sf Medical\; History:} {\tt ****} \; {\sf HYPERTENSIVE\; CARDIOVASCULAR\; DISEASE}$

HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Go To Abstract | Go To Transcription | Go To Source Document

11.20.2018

Other Hyperlipidemia (E78.4)

Deora, Sonia D.O.

PROGRESS NOTES

Assessment:

- 1. F32.9 Major depressive disorder, single episode, unspecified
- 2. Z23 Encounter for immunization
- 3. E78.5 Hyperlipidemia, unspecified

10.31.2018

Mixed Hyperlipidemia (E78.2)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

.... HE REQUIRES MUCH MORE AGGRESSIVE BLOOD PRESSURE REDUCTION IF AN ABDOMINAL AORTIC ANEURYSM IS NOTED.

3.). HYPERLIPIDEMIA. HE HAS **MIXED HYPERLIPIDEMIA**. TRIGLYCERIDES ALSO

ARE SIGNIFICANTLY ELEVATED. HAD RECENT REGULAR CHOLESTEROL TEST

DONE SHOWING A TRIGLYCERIDE OF 250. DISCUSSED DIET IN DETAIL. ...

Go To Abstract | Go To Transcription | Go To Source Document

10.31.2018

Other Hyperlipidemia (E78.4)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Diagnosis:

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Go To Abstract | Go To Transcription | Go To Source Document

10.31.2018

Hypertriglyceridemia

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... HAD RECENT REGULAR CHOLESTEROL TEST

DONE SHOWING A TRIGLYCERIDE OF 250. DISCUSSED DIET IN DETAIL. I MIGHT

HAVE TO ADD FENOFIBRATE IF HIS **TRIGLYCERIDES REMAIN ELEVATED**. FOR NOW CONTINUE WITH CRESTOR 10 MG ONCE A DAY. HAS NO MYALGIAS. IMPORTANCE OF COMPLIANCE WITH MEDICATIONS AND DIET HIGHLIGHTED ...

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10.31.2018 (Hx)

Mixed Hyperlipidemia (E78.2)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Medical History:

*** HYPERTENSIVE CARDIOVASCULAR DISEASE

HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Go To Abstract | Go To Transcription | Go To Source Document

10.18.2018

Mixed Hyperlipidemia (E78.2)

PROGRESS

Assessment:

1. E78.2 - Mixed hyperlipidemia

2. Z23 - Encounter for immunization

3. E55.9 - Vitamin deficiency

D, unspecified

4. R73.9 - Hyperglycemia, unspecified

5 ...

Go To Abstract | Go To Transcription | Go To Source Document

08.09.2017

Other Hyperlipidemia (E78.4)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Diagnosis:

R03.0 Elevated blood - pressure reading, without diagnosis of hypertension

E78.5 Hyperlipidemia, unspecified

R06.00 Dyspnea, unspecified

Go To Abstract | Go To Transcription | Go To Source Document

08.09.2017

Mixed Hyperlipidemia (E78.2)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... PLASMA RENIN ACTIVITY AND A SERUM ALDOSTERONE LEVEL BEFORE STARTING TELMISARTAN. ALSO CHECK THYROID LEVELS.

3.). HYPERLIPIDEMIA. HE HAS **MIXED HYPERLIPIDEMIA**. DISCUSSED LAB

RESULTS IN DETAIL. GOOD CONTROL OF HER LDL. TRIGLYCERIDES ARE STILL

SLIGHTLY ELEVATED AT 170. THIS WAS A ...

Go To Abstract | Go To Transcription | Go To Source Document

08.09.2017 (Hx)

Mixed Hyperlipidemia (E78.2)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Medical History: *** DIASTOLIC HYPERTENSION

HYPERLIPIDEMIA (MIXED)

Go To Abstract | Go To Transcription | Go To Source Document

Hypertension 5 months prior to DOL

110-115.9

See Also: Abnormal blood pressure

05.26.2021

High Blood Pressure

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

...

2.). HYPERTENSIVE CARDIOVASCULAR DISEASE. HE USED TO BE ON

TELMISARTAN. HAD WITHDRAWN IT WHEN HE HAD LOST WEIGHT. **BLOOD PRESSURE IS NOW RUNNING HIGH**. HAS NOT BEEN CHECKING HIS BLOOD PRESSURE AT HOME. AT THIS TIME COUNSELED IN DETAIL ABOUT DIET. WILL MAINTAIN A LOG ...

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05.26.2021

Hypertensive Heart Disease (I11)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... A ROLE. HIGHLIGHTED THE IMPORTANCE OF CHECKING HIS BLOOD PRESSURE REGULARLY AND GETTING A LOG OF HIS BLOOD PRESSURE.

2.). HYPERTENSIVE CARDIOVASCULAR DISEASE. HE USED TO BE ON

TELMISARTAN. HAD WITHDRAWN IT WHEN HE HAD LOST WEIGHT. BLOOD PRESSURE IS NOW RUNNING HIGH. ...

Go To Abstract | Go To Transcription | Go To Source Document

05.26.2021 (Hx)

Hypertensive Heart Disease (I11)
Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Medical History:

*** HYPERTENSIVE CARDIOVASCULAR DISEASE

HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

05.27.2020

Hypertensive Heart Disease (I11) (MEHERWAN B JOSHI MD)

Visit Note

Complaints/HPI: *** Follow - up for evaluation of **hypertensive cardiovascular disease**, mixed hyperlipidemia, dyspnea. Tele audiovisual conference visit in view of the current COVID 19 situation. Patient explained in detail and ...

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05.27.2020 (Hx)

Hypertensive Heart Disease (I11) (MEHERWAN B JOSHI MD)

Visit Note

Medical History:*** HYPERTENSIVE CARDIOVASCULAR DISEASE

HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Go To Abstract | Go To Transcription | Go To Source Document

10.31.2018

Hypertensive Heart Disease (I11)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Complaints/HPI: **** Follow - up for evaluation of **hypertensive cardiovascular disease**, mixed hyperlipidemia, dyspnea. WAS COMPLAINING OF LEFT HIP PAIN. HAD AN X - RAY OF THE LEFT HIP DONE. ...

Go To Abstract | Go To Transcription | Go To Source Document

10.31.2018 (Hx)

Hypertensive Heart Disease (I11) Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note

Medical History:

*** HYPERTENSIVE CARDIOVASCULAR DISEASE

HYPERLIPIDEMIA (MIXED) GLUCOSE INTOLERANCE

Go To Abstract | Go To Transcription | Go To Source Document

08.09.2017

Hypertensive Heart Disease (I11)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Complaints/HPI: *** Follow - up for evaluation of **hypertensive cardiovascular disease**, mixed hyperlipidemia, dyspnea. PATIENT IS NOTED MARKED DECREASE IN HIS EXERTIONAL TOLERANCE. HE GETS DYSPNEIC VERY EASILY. IN FACT ...

Go To Abstract | Go To Transcription | Go To Source Document

08.09.2017

Ressistant Diastolic Hypertension

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Plan:

*** 1.). DYSPNEA. THE PATIENT HAS NEW ONSET MARKED DECREASE IN

EXERTIONAL TOLERANCE. THIS MAY BE SECONDARY TO **UNCONTROLLED DIASTOLIC HYPERTENSION** THAT WAS NOTED, AT THIS TIME I AM GOING TO CHECK A 2D ECHO TO EVALUATE LV SYSTOLIC AND DIASTOLIC PHYSIOLOGY.

Go To Abstract | Go To Transcription | Go To Source Document

08.09.2017

Diastolic Hypertension

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... I AM GOING TO CHECK A 2D ECHO TO EVALUATE LV SYSTOLIC AND DIASTOLIC PHYSIOLOGY.

ALSO EVALUATE PULMONARY PRESSURES.

2.). **DIASTOLIC HYPERTENSION**. BLOOD PRESSURE WAS MEASURED IN BOTH

ARMS AND WAS MEASURED A FEW TIMES THROUGHOUT THE APPOINTMENT.

PERSISTENTLY HAS DIASTOLIC PRESSURES ABOVE 95 ...

Go To Abstract | Go To Transcription | Go To Source Document

08.09.2017 (Hx)

Diastolic Hypertension
Joshi, Meherwan MD (MEHERWAN B JOSHI MD)
Visit Note

Medical History: *** DIASTOLIC HYPERTENSION

HYPERLIPIDEMIA (MIXED)

Go To Abstract | Go To Transcription | Go To Source Document

Ischaemic heart disease (suspected) 3 years after DOL

120-125.9

05.26.2021 Suspected

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

....). DYSPNEA. HAS NOTICED MARKED DECREASE IN EXERTIONAL

TOLERANCE WITH EXERTIONAL CHEST PAIN AS WELL AS SHORTNESS OF BREATH. RULE OUT **ISCHEMIC HEART DISEASE**. WILL ALSO CHECK 2D ECHO TO EVALUATE LV SYSTOLIC AS WELL AS DIASTOLIC PHYSIOLOGY. BLOOD PRESSURE IS ALSO ELEVATED AT THIS MAY ...

Go To Transcription | Go To Source Document

Lacks energy 9 months after DOL

11.20.2018

Deora, Sonia D.O. PROGRESS NOTES

History of Present Illness Sleeping a lot, low energy, snores,.

Go To Abstract | Go To Transcription | Go To Source Document

Limb pain 8 months after DOL

M79.6

See Also: Arthralgia

06.10.2021

Pain In Left Leg Deora, Sonia D.O. PROGRESS NOTES

Assessment:

1. R06.02 - Shortness of breath

2. M79.604 - Pain in right leg

M79.605 3. Pain in left leg

4. K64.8 - Other hemorrhoids

5. K21.9 - Gastro - esophageal reflux disease without esophagitis

06.10.2021

Pain In Right Leg Deora, Sonia D.O. **PROGRESS NOTES**

Assessment:

1. R06.02 - Shortness of breath

2. M79.604 - Pain in right leg

M79.605 3. Pain in left leg

4. K64.8 - Other hemorrhoids

5. K21.9 - Gastro - esophageal reflux disease without esophagitis

Go To Abstract | Go To Transcription | Go To Source Document

10.31.2018

Left Hip Pain (M25.5)

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Complaints/HPI: **** Follow - up for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea. WAS COMPLAINING OF **LEFT HIP PAIN.** HAD AN X - RAY OF THE LEFT HIP DONE. THIS SHOWED POSSIBLE CALCIFICATION OF THE ABDOMINAL AORTA. DENIES ANY CENTRAL ...

Go To Abstract | Go To Transcription | Go To Source Document

10.04.2018

Left Hip Pain (M25.5) Deora, Sonia D.O. **PROGRESS NOTES**

History of Present Illness Back pain, can not bend 4-5 days, hip pain, - - left 4-5/10, took motrin and. Go To Abstract | Go To Transcription | Go To Source Document

10.04.2018 (Hx) Reason For Visit

Left Hip Pain (M25.5) Einhorn, Robert MD Imaging

CLINICAL INDICATION:

Left hip: Left hip pain for one month.

Go To Abstract | Go To Transcription | Go To Source Document

Lipids abnormal 5 months after DOL

See Also: Hyperlipidemia

07.08.2021

Increased Lipid Deora, Sonia D.O. **PROGRESS NOTES**

... of Present Illness High hgalc and low d hemorrhoid banding Dr. Bingru Xie, endoscopy on Sat. Echo and stress test pnd, high lipid. Go To Transcription | Go To Source Document

07.08.2021 (Hx)

Increased Lipid Deora, Sonia D.O. **PROGRESS NOTES**

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

06.10.2021 (Hx)

Increased Lipid Deora, Sonia D.O. PROGRESS NOTES

Past Medical History

Positive for Sleep Apnea: not using c pap **High Lipid**. Reviewed Go To Transcription | Go To Source Document

10.29.2020 (Hx)

Increased Lipid Deora, Sonia D.O. Physician Encounter

Past Medical History

Positive for Sleep Apnea: not using c pap **High Lipid**. Reviewed Go To Transcription | Go To Source Document

12.05.2019 (Hx)

Increased Lipid Deora, Sonia D.O. PROGRESS NOTES

Past Medical History

Positive for Sleep Apnea: not using c pap **High Lipid**. Reviewed Go To Transcription | Go To Source Document

04.23.2019 (Hx)

Increased Lipid Deora, Sonia D.O. PROGRESS NOTES

Past Medical History

Positive for Sleep Apnea: not using c pap **High Lipid**. Reviewed Go To Transcription | Go To Source Document

11.20.2018 (Hx)

Increased Lipid Deora, Sonia D.O. PROGRESS NOTES

Past Medical History

Positive for Sleep Apnea: not using c pap **High Lipid**. Reviewed Go To Transcription | Go To Source Document

10.18.2018 (Hx)

Increased Lipid PROGRESS

History.

Past Medical History

Positive for Sleep Apnea: not using c pap **High Lipid**. Reviewed Go To Transcription | Go To Source Document

10.04.2018 (Hx)

Increased Lipid Deora, Sonia D.O. PROGRESS NOTES

Past Medical History Positive for Sleep Apnea: not using c pap **High Lipid**. Reviewed Go To Transcription | Go To Source Document

07.23.2018 (Hx)

Increased Lipid Mendu, Srinivas M.D. PROGRESS NOTES

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Go To Transcription | Go To Source Document

Lumbosacral Spine Degenerative Changes 8 months after DOL

10.04.2018

Imaging

EXAM: LUMBOSACRAL SPINE X - RAYS

Go To Transcription | Go To Source Document

Memory disorder 3 years after DOL

R41.3

12.30.2021

Herman, Martin MD

Progress Notes

... on a 10 word retrieval test are superior. I do not think that this gentleman has any type of significant cognitive impairment. His **difficulty with remembering** names may have to do with some anxiety as well as the depression. Alternatively there may be some element of sleep deprivation as ...

Go To Abstract | Go To Transcription | Go To Source Document

Muscle strain (suspected) 10 months prior to DOL

M62.6

03.06.2017 Suspected

Repetitive Strain Syndrome Schottenfeld, Mark M.D. - MS

Physician Encounter

... JOINTS He does no physical therapy or physical exercises whatsoever and he is in a sitting position all day. I think he developed an **Overuse**Syndrome of the PIP joints and I think over the counter anti inflammatories will be sufficient for him. The lumbar spine films were totally within normal limits.

Go To Abstract | Go To Transcription | Go To Source Document

Neck pain 5 months after DOL

M54.2

07.23.2018

Mendu, Srinivas M.D. PROGRESS NOTES

History of Present Illness

Mild neck pain since few days.

No injury .

? slept in a wrong position. No headache, no radiation of pain. No neuropathy ...

Non smoker 8 months after DOL

10.31.2018

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... ABOUT ABDOMINAL AORTIC ANEURYSM SPECIALLY

IF THERE WAS CALCIFICATION IN THE ABDOMINAL AORTA THERE WAS PICKED UP ON X - RAY. HE IS A **NONSMOKER**. FOR NOW WILL GET AN ULTRASOUND OF THE ABDOMEN AND EVALUATE FOR ANEURYSMAL DILATION. IF THERE IS AN ABDOMINAL AORTIC ANEURYSM I ...

Go To Transcription | Go To Source Document

Osteoarthritis 8 months after DOL

M15-M19

10.04.2018

Mild Hip Joints Degenerative Changes (M16)

Einhorn, Robert MD

Imaging

FINDINGS:

Bones/Joint Spaces: There are mild degenerative changes in the left hip.

Soft tissues/Other: Within normal limits.

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Pain in spine 5 months after DOL

M54

See Also: Back pain

07.23.2018

Cervical Spine Pain Mendu, Srinivas M.D. PROGRESS NOTES

Assessment:

1. M54.2 - Cervicalgia

Go To Abstract | Go To Transcription | Go To Source Document

Paresthesia 2 years after DOL

R20.2

06.10.2021

Burning Sensation (R20)

Deora, Sonia D.O.

PROGRESS NOTES

... High insulin levels chronic back pain, SOb with steps, cardio sending him for stress an echo, small hole in front of ear **shins burning with walking**.

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10.29.2020

Burning Sensation (R20)

Deora, Sonia D.O.

Physician Encounter

History of Present Illness Constipation for few wks, appetite reduced, wt gain, burning, gas problems, farting,.

Risk Of Cardiovascular Disease 2 years after DOL

05.27.2020

(MEHERWAN B JOSHI MD)

Visit Note

... VISIT.

4.). DIABETES MELLITUS. HIS AIC LEVELS ARE MILDLY ELEVATED. DOES NOT

REQUIRE MEDICATIONS BUT AT THIS TIME HIS **CARDIOVASCULAR RISK IS** AT A HIGHER **LEVEL** AND THIS WAS DISCUSSED WITH HIM. ALSO DISCUSSED ABOUT THE CHANGE IN TARGETS OF HIS CHOLESTEROL AND BLOOD PRESSURE. IMPORTANCE OF WEIGHT ...

Go To Transcription | Go To Source Document

Sinusitis 1 years after DOL

J32

12.05.2019

Acute Sinusitis (J01) Deora, Sonia D.O. PROGRESS NOTES

Assessment:

1. J01.30 - Acute sinusitis, unspecified

2. R05 - Cough

Go To Abstract | Go To Transcription | Go To Source Document

Sleep apnea syndrome 5 months after DOL

G47.3

See Also: Sleep disorders (suspected)

12.30.2021 (Hx)

Obstructive Sleep Apnea Herman, Martin MD Progress Notes

PAST MEDICAL HISTORY:

Hyperlipidemia, recent Covid infection and past history of obstructive sleep apnea

Go To Abstract | Go To Transcription | Go To Source Document

12.30.2021 Suspected

Obstructive Sleep Apnea Herman, Martin MD Progress Notes

... with some anxiety as well as the depression. Alternatively there may be some element of sleep deprivation as he is not being treated for **obstructive sleep apnea** though this was documented in the past. Consideration was given to formal neuropsychological testing but his screening results are so strong that it ...

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07.08.2021 (Hx)

Deora, Sonia D.O. PROGRESS NOTES

Past Medical History

Positive for **Sleep Apnea**: not using c pap High Lipid. Reviewed

Go To Transcription | Go To Source Document

06.10.2021 (Hx)

Deora, Sonia D.O. **PROGRESS NOTES**

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Go To Transcription | Go To Source Document

12.05.2020 (Hx)

PROGRESS NOTES

History reviewed. Past Medical History Positive for Sleep Apnea: not using c pap High Lipid. Reviewed Go To Transcription | Go To Source Document

10.29.2020 (Hx)

Deora, Sonia D.O.

Physician Encounter

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Go To Transcription | Go To Source Document

12.05.2019 (Hx)

Deora, Sonia D.O.

PROGRESS NOTES

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Go To Transcription | Go To Source Document

04.23.2019 (Hx)

Deora, Sonia D.O.

PROGRESS NOTES

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Go To Transcription | Go To Source Document

11.20.2018 (Hx)

Deora, Sonia D.O.

PROGRESS NOTES

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Go To Transcription | Go To Source Document

10.18.2018 (Hx)

PROGRESS

History.

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Go To Transcription | Go To Source Document

10.04.2018 (Hx)

Deora, Sonia D.O.

PROGRESS NOTES

Past Medical History Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Go To Transcription | Go To Source Document

07.23.2018 (Hx)

Mendu, Srinivas M.D.

PROGRESS NOTES

Past Medical History

Positive for Sleep Apnea: not using c pap High Lipid. Reviewed

Go To Transcription | Go To Source Document

Sleep disorders (suspected) 3 years after DOL

G47

See Also: Sleep apnea syndrome

12.30.2021 Suspected

Sleep Deprivation Herman, Martin MD Progress Notes

.... His difficulty with remembering names may have to do with some anxiety as well as the depression. Alternatively there may be some element **of sleep deprivation** as he is not being treated for obstructive sleep apnea though this was documented in the past. Consideration was given to formal neuropsychological ...

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Snoring 9 months after DOL

R06.83

12.30.2021 (Hx)

Loud Snoring (R06) Herman, Martin MD Progress Notes

... Is independent in basic activities of daily living.. There is not a history of significant head trauma. There is a hx of **heavy snoring**. He states that he was diagnosed as having sleep apnea in the past but decided against treatment. He states he may get ... Go To Abstract | Go To Transcription | Go To Source Document

11.20.2018

Deora, Sonia D.O. PROGRESS NOTES

History of Present Illness Sleeping a lot, low energy, **snores**,. Go To Abstract | Go To Transcription | Go To Source Document

Synovial disorder 10 months prior to DOL

M00-M25.9

03.06.2017

Synovitis

Schottenfeld, Mark M.D. - MS

Physician Encounter

CLINICAL IMPRESSION: **SYNOVITIS PIP JOINTS** He does no physical therapy or physical exercises whatsoever and he is in a sitting position all day . I think he developed an ...

Throat symptoms 1 years after DOL

12.05.2019 Reason For Visit

Pain In Pharynx Deora, Sonia D.O. PROGRESS NOTES

Chief Complaints/Reason for Visit Post nalas drip coughing nd throat pain ds.

Go To Abstract | Go To Transcription | Go To Source Document

Vitamin deficiency 8 months after DOL

E40-E46.9

07.08.2021

Vitamin D Deficiency (E55) Deora, Sonia D.O. PROGRESS NOTES

Assessment: Hyperlipidemia

1. E78.5 -, unspecified

2. E55.9 - Vitamin D deficiency, unspecified

3. R73.9 - Hyperglycemia, unspecified

4. K21.9 - Gastro - esophageal reflux disease without esophagitis

Go To Abstract | Go To Transcription | Go To Source Document

10.18.2018

Vitamin D Deficiency (E55)

PROGRESS

Assessment:

1. E78.2 - Mixed hyperlipidemia

2. Z23 - Encounter for immunization

3. E55.9 - Vitamin deficiency

D, unspecified

4. R73.9 - Hyperglycemia, unspecified

5. R80.8 - Other proteinuria

Go To Abstract | Go To Transcription | Go To Source Document

Well Controlled Blood Pressure 8 months after DOL

10.31.2018

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... DENIES ANY CENTRAL ABDOMINAL PAIN

NO FEVERS NO MYALGIAS

HAS BEEN OCCASIONALLY NONCOMPLIANT WITH HIS DIET. HAS STOPPED TAKING BLOOD PRESSURE MEDICINES AS HIS BLOOD PRESSURE

HAS BEEN CONTROLLED. HAS GAINED SOME WEIGHT

NO CHEST PAIN OR CHEST TIGHTNESS

NO UNDUE SHORTNESS OF BREATH. OVERALL ACTIVITY IS LIMITED AND LIFESTYLE HAS ...

Diagnostic Procedures Reference

Blood Typing Procedure 3 years prior to DOL

11.05.2014

Lab Report

... /mL

AB, QN

HAV AB, TOTAL (11/05/2014) HAV AB, TOTAL: Reactive HAV AB, TOTAL: Reactive

BLOOD GROUP + RH (11/05/2014)

BLOOD GROUP: 0 BLOOD GROUP: 0 RH TYPE: Positive RH TYPE: Positive TSH (08/28/2012)

• • •

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BMI Measurement 8 months after DOL

05.26.2021

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

ROS:

Examination: BMI Screening

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05.27.2020

(MEHERWAN B JOSHI MD)

Visit Note

BMI Screening - Up

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10.31.2018

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

ROS:

Examination:ON CLINICAL EXAMINATIONBMI Screening and Follow - Up:

discussed is

Cardiological follow up 2 years after DOL

See Also: Follow Up

12.05.2020 Referral

PROGRESS NOTES

... day .

Cont Crestor 20 mg a day. Low Fat diet, fish oil, tree nuts, exercise. Dr. Joshi - $\operatorname{cardio} f/u$.

Albuterol prn. 2

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Cologuard 8 months after DOL

07.08.2021 (Hx)

Deora, Sonia D.O. PROGRESS NOTES

...: pfizer april 2021; Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: Cologuard - 2020; Last Phy - V: 10/4/18; Last

Stress Test: 2011 - rx; Last Echo: 2011 - rx ...

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12.05.2020 Reason For Visit

PROGRESS NOTES

Chief Complaints/Reason for Visit F/u ct calcium, cologuard cc (telemed) cc.

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11.09.2020

PATIENT REPORT

Cologuard®

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10.29.2020 Referral

Deora, Sonia D.O.

Physician Encounter

Plan: Calcium Coronary Score. Omeprazole 40 mg a day.

- Dietary changes.
- Flu shot given.

Cologuard

, ref colonscopy.

• Fiber and Chia seeds.

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10.04.2018

Deora, Sonia D.O.

PROGRESS NOTES

... april 2021; Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last

Stress Test: 2011 - rx ; Last Echo: 2011 - rx ; Last ...

See Also: Endoscopy

07.08.2021 (Hx)

Deora, Sonia D.O. **PROGRESS NOTES**

... COVID 19: pfizer april 2021; Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: Cologuard

- 2020; Last Phy - V: 10/4/18; Last

Stress Test: 2011 - rx; Last Echo: 2011 ...

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10.29.2020 Referral

Deora, Sonia D.O.

Physician Encounter

Plan: Calcium Coronary Score. Omeprazole 40 mg a day.

- Dietary changes.
- Flu shot given.

Cologuard

, ref colonscopy.

• Fiber and Chia seeds.

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11.20.2018 Referral

Deora, Sonia D.O. **PROGRESS NOTES**

Exposure None. 2 Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18 ; Last Stress Test: 2011 - rx ; Last Echo: 2011 - - ...

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CT Scan 2 years after DOL

See Also: Follow-up CT

11.02.2020 Report

Vd, Michael L Amoroso Diagnostic Procedure

TECHNIQUE: CT cardiac scor ng exam performed utilizing thin section axial images. One or more of the following dose reduction techniques were used: automated exposure control, adjustment $\,\ldots\,$

Go To Transcription | Go To Source Document

Echocardiography 7 years prior to DOL

07.08.2021

Deora, Sonia D.O. **PROGRESS NOTES**

History of Present Illness High hgalc and low d hemorrhoid banding Dr. Bingru Xie, endoscopy on Sat. Echo and stress test pnd, high lipid. Go To Abstract | Go To Transcription | Go To Source Document

06.10.2021 Referral

Stress Echocardiography

Deora, Sonia D.O.

PROGRESS NOTES

... gas farting, no blood, discomfort and itchy. High insulin levels chronic back pain, SOb with steps, cardio sending him for stress an echo, small hole in front of ear shins burning with walking.

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08.28.2017 Report

Transthoracic Echocardiography Joshi, Meherwan MD (Trinitas Regional Medical Center) TRANSTHORACIC ECHOCARDIOGRAM REPORT TRANSTHORACIC ECHOCARDIOGRAM REPORT

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01.01.2011

Deora, Sonia D.O. **PROGRESS NOTES**

... 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx; Last eye exam: glasses - 2019. Go To Abstract | Go To Transcription | Go To Source Document

01.01.2011

PROGRESS NOTES

... 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Stress Test: 2011 - x; Last Echo: 2011 - rx; Last eye exam: glasses - 2019. Go To Transcription | Go To Source Document

01.01.2011

Deora, Sonia D.O. **PROGRESS NOTES**

... Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx; Last eye exam: glasses - 2017.

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01.01.2011

Deora, Sonia D.O. **PROGRESS NOTES**

... Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - - rx; Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2011

PROGRESS

... Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - - rx; Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2011

Deora, Sonia D.O. PROGRESS NOTES

... Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx; Last eye exam: glasses - 2017.

01.01.2011

Mendu, Srinivas M.D.

PROGRESS NOTES

... Flu Vaccine: 11/4/14; Last Colonoscopy: rx given; Last Phy - V: 1/28/2012; Last Stress Test: 2011; Last Echo: 2011; Last eye exam: glasses - 2017.

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01.01.2011

Deora, Sonia D.O. **PROGRESS NOTES**

... Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx; Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2011

Deora, Sonia D.O. **Physician Encounter**

...; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Stress Test: 2011 - + x; Last

Echo: 2011 - rx; Last eye exam: glasses - 2019.

Go To Transcription | Go To Source Document

01.01.2011

Deora, Sonia D.O. **PROGRESS NOTES**

... 10/29/2020; Last Colonoscopy: Cologuard - 2020; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx; Last eye exam: glasses - 2019.

Go To Abstract | Go To Transcription | Go To Source Document

Electrocardiography 6 years prior to DOL

93005

05.26.2021 Normal Report





EKG

ORS 83 ms Normal Sinus myt QF/QTcBaz 394 % JAS Normal ECG: PR: 46 ms 52 ms RR/PP 824 821 ms P/QRS/T 68 227 degrees

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10.31.2018

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... bruit

Neuro: Awake and Alert to time, place and person. Power and tone Normal. Cranial nerve II to XII normal. **EKG.** SINUS RHYTHM. NO ISCHEMIC CHANGES

Go To Transcription | Go To Source Document

10.04.2018 WNL

Deora, Sonia D.O. **PROGRESS NOTES**

Plan:

EKG WNL

PFT WNL.

FBW done.

- Flu shot given. . X Ray L/S and Left Hip.
- Cardio ...

Go To Abstract | Go To Transcription | Go To Source Document

10.04.2018

Deora, Sonia D.O. PROGRESS NOTES

... Reviewed. NSD x 2.

Exposure None.

Reviewed.COVID 19: phyzer april 2021; Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard ; Last Phy - V: 10/4/18 ; Last

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10.04.2018

PROGRESS NOTES

Surgical History Reviewed. NSD x 2.

None

Reviewed

• Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18;

Go To Transcription | Go To Source Document

10.04.2018

Deora, Sonia D.O. **PROGRESS NOTES**

Surgical History

Reviewed. NSD x 2.

None.

Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test

Go To Transcription | Go To Source Document

10.04.2018

Deora, Sonia D.O. **PROGRESS NOTES**

Surgical History

Reviewed. NSD x 2.

Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test

Go To Transcription | Go To Source Document

10.04.2018

PROGRESS

Surgical History

Reviewed. NSD x 2.

Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test

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10.04.2018

Deora, Sonia D.O. **PROGRESS NOTES** Surgical History

Reviewed. NSD x 2.

Exposure None. Last Tetanus Vaccine: 11/4/14; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test ...

Go To Transcription | Go To Source Document

10.04.2018

Deora, Sonia D.O. Physician Encounter

Surgical History

Reviewed. NSD x 2.

. Reviewed

Last Tetanus Vaccine: 11/4/14; Last **EKG**: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Phy - V: 10/4/18; Last Flu Vaccine: 10/29/2020; Last Phy - V: 10/4/18; Last Phy -

Go To Transcription | Go To Source Document

10.04.2018

Deora, Sonia D.O. PROGRESS NOTES

Surgical History

Reviewed. NSD x 2.

COVID 19: pfizer april 2021; Last Tetanus Vaccine: 11/4/14; Last **EKG**: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: Cologuard - 2020; Last Phy - V: 10/4/18; Last

• • •

Go To Transcription | Go To Source Document

08.09.2017

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... bruit

Neuro: Awake and Alert to time, place and person. Power and tone Normal. Cranial nerve II to XII normal.

EKG. SINUS RHYTHM. NO ISCHEMIC CHANGES

Go To Transcription | Go To Source Document

01.28.2012

Mendu, Srinivas M.D.

PROGRESS NOTES

Surgical History Reviewed. NSD.

Last Tetanus Vaccine: 11/4/14; Last **EKG**: 1/28/2012; Last Flu Vaccine: 11/4/14; Last Colonoscopy: rx given; Last Phy - V: 1/28/2012; Last Stress

Go To Transcription | Go To Source Document

Encounter For Immunization 8 months after DOL

10.29.2020

Deora, Sonia D.O.

Physician Encounter

Assessment:

1. K21.9 - Gastro - esophageal reflux disease without esophagitis

2. K59.09 - Other constipation

3. Z23 - Encounter for immunization

4. E78.5 - Hyperlipidemia, unspecified

04.23.2019

Deora, Sonia D.O. PROGRESS NOTES

Assessment:

1. F32.9 - Major depressive disorder, single episode, unspecified

2. Z23 - Encounter for immunization

Go To Transcription | Go To Source Document

11.20.2018

Deora, Sonia D.O. PROGRESS NOTES

Assessment:

1. F32.9 - Major depressive disorder, single episode, unspecified

2. Z23 - Encounter for immunization

3. E78.5 - Hyperlipidemia, unspecified

Go To Abstract | Go To Transcription | Go To Source Document

10.18.2018

PROGRESS

Assessment:

1. E78.2 - Mixed hyperlipidemia

2. Z23 - Encounter for immunization

3. E55.9 - Vitamin deficiency

D, unspecified

4. R73.9 - Hyperglycemia, unspecified

5. R80.8 - Other proteinuria

Go To Abstract | Go To Transcription | Go To Source Document

10.04.2018

Deora, Sonia D.O. PROGRESS NOTES

Assessment:

1. Z00.00 - Encounter for general adult medical examination without abnormal findings

2. Z23 - Encounter for immunization

Go To Transcription | Go To Source Document

Endoscopy 3 years after DOL

See Also: Colonoscopy

07.08.2021

Deora, Sonia D.O. PROGRESS NOTES

History of Present Illness High hgalc and low d hemorrhoid banding Dr. Bingru Xie, **endoscopy** on Sat. Echo and stress test pnd, high lipid. Go To Transcription | Go To Source Document

07.08.2021 Referral

Deora, Sonia D.O. PROGRESS NOTES

Plan:

Getting endoscopy.

Cont Omeprazole 40 mg a day.

• Vit D weekly.

Lower BS and carbs and sweets.

• F/u ...

Examination of lower limb 1 years after DOL

12.05.2020

Examination Of Foot PROGRESS NOTES

... turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.

Foot Exam: No Diabetic **foot examination** (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking. Extremities: Presents no findings of cyanosis ...

Go To Transcription | Go To Source Document

12.05.2019

Examination Of Foot Deora, Sonia D.O. PROGRESS NOTES

- ..., dry, with good turgor, no abnormal pigmentation, rash or other lesions. Hair is of normal texture and distribution.
- Foot Exam: No Diabetic foot examination (regime/therapy), Sensory testing, motor testing, and Pedal pulse taking.

Go To Transcription | Go To Source Document

Follow Up 5 months prior to DOL

See Also: Cardiological follow up, Follow-up CT

07.08.2021 Reason For Visit

Deora, Sonia D.O. PROGRESS NOTES

Chief Complaints/Reason for Visit F/u of results Rk.

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07.08.2021 Referral

Deora, Sonia D.O. PROGRESS NOTES

Plan:

Getting endoscopy.

Cont Omeprazole 40 mg a day.

• Vit D weekly.

Lower BS and carbs and sweets.

• F/u 6 mo.

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05.26.2021

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Complaints/HPI: *** Follow - up for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea. TODAY ON **FOLLOW - UP** HE TELLS ME THAT HE HAS EXERTIONAL CHEST PAIN. DESCRIBES IT AS A 4 ON 10 HEAVINESS IN THE CENTER OF THE CHEST ...

Go To Transcription | Go To Source Document

10.29.2020 Reason For Visit

Deora, Sonia D.O.

Physician Encounter

Chief Complaints/Reason for Visit

F/u mc.

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05.27.2020

(MEHERWAN B JOSHI MD)

Visit Note

Complaints/HPI: *** Follow - up for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea. Tele audiovisual conference visit in view of the current COVID 19 situation. Patient explained ...

Go To Abstract | Go To Transcription | Go To Source Document

05.27.2020 Referral

(MEHERWAN B JOSHI MD)

Visit Note

... AND GRADED EXERCISE PROGRAM HIGHLIGHTED.

5.). BORDERLINE TESTOSTERONE LEVELS. CLINICALLY DOES NOT HAVE ANY

SYMPTOMS OF HYPOGONADISM. REQUESTED TO **FOLLOW UP WITH HIS PRIMARY DOCTOR**. NO LOSS OF MUSCLE MASS. GOOD MUSCULAR ENDURANCE. NO UNDUE FATIGUE. TOTAL OF45 MINUTES WAS SPENT IN EVALUATING AND MANAGING ...

Go To Abstract | Go To Transcription | Go To Source Document

10.31.2018

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Complaints/HPI: **** Follow - up for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea. WAS COMPLAINING OF LEFT HIP PAIN. HAD AN X - RAY OF THE LEFT ...

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10.31.2018 Referral

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... AND GRADED EXERCISE PROGRAM HIGHLIGHTED.

5.). BORDERLINE TESTOSTERONE LEVELS. CLINICALLY DOES NOT HAVE ANY

SYMPTOMS OF HYPOGONADISM. REQUESTED TO FOLLOW UP WITH HIS

PRIMARY DOCTOR. TOTAL OF 60 MINUTES WAS SPENT IN EVALUATING AND MANAGING THIS PATIENT. I DISCUSSED IN DETAIL ABOUT HIS NEW MEDICATIONS AND ALTERNATIVE ...

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08.09.2017

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

Complaints/HPI: *** Follow - up for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea. PATIENT IS NOTED MARKED DECREASE IN HIS EXERTIONAL TOLERANCE. HE GETS DYSPNEIC VERY EASILY ...

Go To Transcription | Go To Source Document

Follow-up CT 2 years after DOL

See Also: CT Scan, Follow Up

12.05.2020 Reason For Visit

PROGRESS NOTES

Chief Complaints/Reason for Visit $\mathbf{F/u}$ \mathbf{ct} calcium, $\mathbf{cologuard}$ \mathbf{cc} (telemed) \mathbf{cc} .

Hematologic Tests (referral) 2 years after DOL

See Also: Thyroid Function Tests (referral)

05.27.2020 Referral

(MEHERWAN B JOSHI MD)

Visit Note

... DETAIL. HE IS

TOLERATING OMEGA 3 FATTY ACIDS WELL. ALSO ON CRESTOR 10 MG DAILY. DIET REITERATED TO HIM. WILL NEED **BLOOD WORK** ON NEXT OFFICE VISIT.

4.). DIABETES MELLITUS. HIS AIC LEVELS ARE MILDLY ELEVATED. DOES NOT

REQUIRE MEDICATIONS BUT ...

Go To Transcription | Go To Source Document

Imaging of abdomen 8 months after DOL

11.28.2018 Report

Imaging

TECHNIQUE: Grayscale imaging of the abdominal aorta was performed.

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10.31.2018 Referral

US Of Abdomen

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... WAS CALCIFICATION IN THE ABDOMINAL AORTA THERE WAS PICKED UP ON X - RAY. HE IS A NONSMOKER. FOR NOW WILL GET AN **ULTRASOUND OF THE ABDOMEN** AND EVALUATE FOR ANEURYSMAL DILATION. IF THERE IS AN ABDOMINAL AORTIC ANEURYSM I WOULD RECOMMEND GOING BACK ON BLOOD PRESSURE MEDICATIONS. AT ...

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Imaging of aorta 9 months after DOL

75898

See Also: Imaging of blood vessel

11.28.2018 Report

Ultrasound Of Abdominal Aorta

Imaging

EXAM: ABDOMINAL AORTA ULTRASOUND

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11.28.2018 Report

Ultrasound Of Abdominal Aorta

Imaging

EXAM: ABDOMINAL AORTA ULTRASOUND

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See Also: Imaging of aorta

08.28.2017 Report

Doppler Color Flow Joshi, Meherwan MD (Trinitas Regional Medical Center) TRANSTHORACIC ECHOCARDIOGRAM REPORT **Color Flow Doppler**

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Imaging of lower extremity 8 months after DOL

10.31.2018 (Hx)

X-ray Of Left Hip

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

... **** Follow - up for evaluation of hypertensive cardiovascular disease, mixed hyperlipidemia, dyspnea. WAS COMPLAINING OF LEFT HIP PAIN . HAD AN X - RAY OF THE LEFT HIP DONE. THIS SHOWED POSSIBLE CALCIFICATION OF THE ABDOMINAL AORTA.

DENIES ANY CENTRAL ABDOMINAL PAIN

NO FEVERS NO MYALGIAS

HAS BEEN OCCASIONALLY NONCOMPLIANT ...

Go To Abstract | Go To Transcription | Go To Source Document

10.04.2018 Report

X-ray Of Hip Joint Einhorn, Robert MD

Imaging

EXAM: LEFT HIP X - RAYS

Go To Abstract | Go To Transcription | Go To Source Document

10.04.2018 Referral

X-ray Of Left Hip Deora, Sonia D.O. PROGRESS NOTES

Plan:

EKG WNL

PFT WNL.

FBW done.

- Flu shot given. . X Ray L/S and Left Hip.
- Cardio eval.

Go To Transcription | Go To Source Document

Imaging of neck 5 months after DOL

07.23.2018 Referral

X-ray Of Neck Mendu, Srinivas M.D. **PROGRESS NOTES**

Plan:

Reassure.

Rest.

Heating pads to neck area. · Nsaid prn . Flexeril 5mg po hs prn. Neck xray. improvement mri neck/PT for neck.

If no

Rto 3 weeks. •

mouse

Go To Abstract | Go To Transcription | Go To Source Document

07.23.2018 Considered

MRI Of Neck Mendu, Srinivas M.D. **PROGRESS NOTES**

... Reassure.

Rest.

Heating pads to neck area. · Nsaid prn . Flexeril 5mg po hs prn. Neck xray. improvement mri neck/PT for neck.

Rto 3 weeks. •

mouse

Go To Abstract | Go To Transcription | Go To Source Document

Imaging of spine 10 months prior to DOL

10.04.2018 Report

X-ray Of Lumbar Spine

Imaging

COMPARISON: Lumbar spine x - rays 10/4/2018. Go To Transcription | Go To Source Document

10.04.2018 Report

X-ray Of Lumbar Spine

Imaging

COMPARISON: Lumbar spine x - rays 10/4/2018. Go To Transcription | Go To Source Document

10.04.2018 Report

X-ray Of Lumbar Spine

Imaging

TECHNIQUE: 5 views of the lumbar spine were obtained. Go To Abstract | Go To Transcription | Go To Source Document

10.04.2018 Report

X-ray Of Lumbosacral Spine

Imaging

EXAM: LUMBOSACRAL SPINE X - RAYS

Go To Abstract | Go To Transcription | Go To Source Document

03.06.2017 Within normal limits

X-ray Of Lumbar Spine

Schottenfeld, Mark M.D. - MS

Physician Encounter

Radiographs of both the left hand as well as the lumbar spine were within normal limits.

03.06.2017 Within normal limits

X-ray Of Lumbar Spine Schottenfeld, Mark M.D. - MS

Physician Encounter

Radiographs of both the left hand as well as the lumbar spine were within normal limits.

Go To Transcription | Go To Source Document

MRI Scan 2 years after DOL

05.27.2020 (Hx)

(MEHERWAN B JOSHI MD)

Visit Note

... Has not gained weight. Unable to exercise adequately secondary to low back pain. HE HAS HAD CHRONIC LOW BACK PAIN AND HAS AN **MRI** DONE IN THE PAST. HAS NOT HAD ANY HERNIATED DISC. NO SCIATICA LIKE PAIN. THE PAIN DOES NOT GOING TO THE ... Go To Abstract | Go To Transcription | Go To Source Document

Neurologic examination 3 years after DOL

12.30.2021

Cognitive Assessment Herman, Martin MD

Progress Notes

IMPRESSION/PLAN: On **cognitive testing** no abnormalities are found. His test results on a 10 word retrieval test are superior. I do not think that this gentleman ...

Go To Transcription | Go To Source Document

12.30.2021

Word Retrieval Test Herman, Martin MD

Progress Notes

IMPRESSION/PLAN: On cognitive testing no abnormalities are found. His test results on a 10 **word retrieval test** are **superior**. I do not think that this gentleman has any type of significant cognitive impairment. His difficulty with remembering names may have to ... Go To Transcription | Go To Source Document

Neuropsychological tests (considered) 3 years after DOL

12.30.2021 Considered

Herman, Martin MD

Progress Notes

... of sleep deprivation as he is not being treated for obstructive sleep apnea though this was documented in the past. Consideration was given to **formal neuropsychological testing** but his screening results are so strong that it is unlikely that these would be helpful. I do not think any further metabolic ...

Ophthalmic examination 1 years prior to DOL

01.01.2019

Deora, Sonia D.O. PROGRESS NOTES

... Cologuard; Last Phy - V: 10/4/18; Last

Stress Test: 2011 - rx; Last Echo: 2011 - rx; Last eye exam: glasses - 2019.

Go To Transcription | Go To Source Document

01.01.2019

PROGRESS NOTES

... Cologuard; Last Phy - V: 10/4/18; Last Stress Test: 2011 - x; Last Echo: 2011 - rx; Last **eye exam**: glasses - 2019. Go To Transcription | Go To Source Document

01.01.2019

Deora, Sonia D.O. Physician Encounter

 \dots ; Last Phy - V: 10/4/18 ; Last Stress Test: 2011 - + x ; Last

Echo: 2011 - rx ; Last **eye exam**: glasses - 2019. Go To Transcription | Go To Source Document

01.01.2019

Deora, Sonia D.O. PROGRESS NOTES

... 2020 ; Last Phy - V: 10/4/18 ; Last

Stress Test: 2011 - rx; Last Echo: 2011 - rx; Last eye exam: glasses - 2019.

Go To Transcription | Go To Source Document

01.01.2017

Deora, Sonia D.O.

PROGRESS NOTES

... ; Last Phy - V: 10/4/18 ; Last Stress Test: 2011 - rx ; Last Echo: 2011 - - rx ; Last **eye exam**: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2017

Deora, Sonia D.O. PROGRESS NOTES

... ; Last Phy - V: 10/4/18 ; Last Stress Test: 2011 - rx ; Last Echo: 2011 - - rx ; Last **eye exam**: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2017

PROGRESS

... ; Last Phy - V: 10/4/18 ; Last Stress Test: 2011 - rx ; Last Echo: 2011 - - rx ; Last **eye exam**: glasses - 2017. Go To Transcription | Go To Source Document

01.01.2017

Deora, Sonia D.O. PROGRESS NOTES

... ; Last Phy - V: 10/4/18 ; Last Stress Test: 2011 - rx ; Last Echo: 2011 - - rx ; Last **eye exam**: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2017

Mendu, Srinivas M.D.

PROGRESS NOTES

... Last Colonoscopy: rx given; Last Phy - V: 1/28/2012; Last Stress Test: 2011; Last Echo: 2011;

Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2017

Deora, Sonia D.O. **PROGRESS NOTES**

...; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - - rx;

Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

Pulmonary function tests 8 months after DOL

10.04.2018 WNL

Deora, Sonia D.O. **PROGRESS NOTES**

Plan:

EKG WNL

PFT WNL.

FBW done.

- Flu shot given. . X Ray L/S and Left Hip.
- Cardio eval.

Go To Abstract | Go To Transcription | Go To Source Document

Stress test 7 years prior to DOL

93015

07.08.2021

Deora, Sonia D.O.

PROGRESS NOTES

History of Present Illness High hgalc and low d hemorrhoid banding Dr. Bingru Xie, endoscopy on Sat. Echo and stress test pnd, high lipid. Go To Abstract | Go To Transcription | Go To Source Document

01.01.2011

Deora, Sonia D.O.

PROGRESS NOTES

... EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last

Stress Test: 2011 - rx; Last Echo: 2011 - rx; Last eye exam: glasses - 2019.

Go To Transcription | Go To Source Document

01.01.2011

PROGRESS NOTES

... EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Stress Test: 2011 - x; Last Echo: 2011 - rx; Last eye exam: glasses - 2019.

01.01.2011

Deora, Sonia D.O.

PROGRESS NOTES

...; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx;

Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2011

Deora, Sonia D.O.

PROGRESS NOTES

...; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx;

Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2011

PROGRESS

...; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx;

Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2011

Deora, Sonia D.O.

PROGRESS NOTES

...; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx;

Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2011

Mendu, Srinivas M.D.

PROGRESS NOTES

... Last EKG: 1/28/2012; Last Flu Vaccine: 11/4/14; Last Colonoscopy: rx given; Last Phy - V: 1/28/2012; Last Stress Test: 2011; Last Echo: 2011:

Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2011

Deora, Sonia D.O.

PROGRESS NOTES

...; Last EKG: 10/04/18; Last Flu Vaccine: 10/4/2018; Last Colonoscopy: ref; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx:

Last eye exam: glasses - 2017.

Go To Transcription | Go To Source Document

01.01.2011

Deora, Sonia D.O.

Physician Encounter

... EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: ref - Cologuard; Last Phy - V: 10/4/18; Last Stress Test: 2011 - + x; Last Echo: 2011 - rx; Last eye exam: glasses - 2019.

01.01.2011

Deora, Sonia D.O. PROGRESS NOTES

... EKG: 10/04/18; Last Flu Vaccine: 10/29/2020; Last Colonoscopy: Cologuard - 2020; Last Phy - V: 10/4/18; Last Stress Test: 2011 - rx; Last Echo: 2011 - rx; Last eye exam: glasses - 2019.

Go To Abstract | Go To Transcription | Go To Source Document

Thyroid Function Tests (referral) 5 months prior to DOL

See Also: Hematologic Tests (referral)

08.09.2017 Referral

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... IS ALSO HAVING HARD TIME COPING WITH THAT. HE HAS ANHEDONIA. ALSO IS DEVELOPING AMOTIVATIONAL SYNDROME. I AM GOING TO CHECK HIS **THYROID FUNCTION**. WILL ALSO START HIM ON LEXAPRO 10 MG ONCE A DAY. MEDICATION WAS DISCUSSED IN DETAIL INCLUDING OPTIONS, SIDE EFFECTS AND ...

Go To Abstract | Go To Transcription | Go To Source Document

Venipuncture (referral) 2 years after DOL

... Volume: Not Provided Fasting: Yes

Ordered items

```
05.08.2021 Referral
Joshi, Meherwan MD
Patient Report
... Volume: Not Provided Fasting: Yes
Ordered Items
NMR LipoProfile + Lipids ; CMP12 + 8AC ; C - Reactive Protein, Cardiac ; Venipuncture ; Handwritten Order
TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB
NMR LipoProfile + Lipids
                                              01
LDL Particle Number
LDL - PA 833 nmol/..
Go To Transcription | Go To Source Document
05.08.2021 Referral
Joshi, Meherwan MD
Patient Report
... Volume: Not Provided Fasting: Yes
Ordered Items
NMR LipoProfile + Lipids ; CMP12 + 8AC ; C - Reactive Proten, Cardiac ; Venipuncture ; Handwritten Order
TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB
NMR Lipoprofile + Lipids
                                              01
LDL Particle Number
LDL - PA 833 nmol/...
Go To Transcription | Go To Source Document
10.23.2020 Referral
Joshi, Meherwan MD
Patient Report
```

NMR LipoProfile + Lipids ; CMP12 + 8AC ; C - Reactive Protein, Cardiac ; Venipuncture ; Handwritten Order

TESTS RESULT FLAG UNITS REFERENCE INTERVAL LAB
NMR LipoProfile + Lipids
LDL Particle Number 01
LDL - PA 794 nmol/...

Go To Transcription | Go To Source Document

X-ray 10 months prior to DOL

11.28.2018 (Hx) Abnormal Report Reason For Visit

Imaging

CLINICAL INDICATION: Previous abnormal findings on **X - ray**.

Go To Transcription | Go To Source Document

11.28.2018 (Hx) Abnormal Report Reason For Visit

Imaging

CLINICAL INDICATION: Previous abnormal findings on X - ray.

Go To Transcription | Go To Source Document

10.31.2018

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... IN DETAIL WITH HIM ABOUT MY CONCERNS ABOUT ABDOMINAL AORTIC ANEURYSM SPECIALLY IF THERE WAS CALCIFICATION IN THE ABDOMINAL AORTA THERE WAS PICKED UP ON **X - RAY**. HE IS A NONSMOKER. FOR NOW WILL GET AN ULTRASOUND OF THE ABDOMEN AND EVALUATE FOR ANEURYSMAL DILATION. IF THERE IS ...

Go To Transcription | Go To Source Document

03.06.2017 Within normal limits

Schottenfeld, Mark M.D. - MS

Physician Encounter

Radiographs of both the left hand as well as the lumbar spine were within normal limits.

Go To Transcription | Go To Source Document

03.06.2017 Within normal limits

Schottenfeld, Mark M.D. - MS

Physician Encounter

Radiographs of both the left hand as well as the lumbar spine were within normal limits.

Therapeutic Procedures Reference

Dietetic procedures 5 months prior to DOL

05.26.2021 Referral

Sodium Diet Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note

Gram Sodium Diet

Go To Transcription | Go To Source Document

12.05.2020 Referral

Fat-restricted Diet PROGRESS NOTES

Plan:

ASA 81 mg a day .

Cont Crestor 20 mg a day. Low Fat diet, fish oil, tree nuts, exercise. Dr. Joshi - cardio f/u.

Albuterol prn. 2

Go To Abstract | Go To Transcription | Go To Source Document

05.27.2020 Referral

Sodium Diet (MEHERWAN B JOSHI MD) Visit Note

Careplan:

(1) 2 Gram Sodium Diet

Go To Transcription | Go To Source Document

10.31.2018 Referral

Sodium Diet Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note

Gram Sodium Diet

Go To Transcription | Go To Source Document

10.18.2018 Referral

Carbohydrate Restricted Diet PROGRESS

Plan:

• Hep B# 1 given.

RTO 1 mo for Hep B# 2.

☑ Low Carb diet, fish oil, tree nuts. Vit D 1000 iu a day . Cardio eval for calcif seen in Abdom Aorta. ☑ ...
Go To Abstract | Go To Transcription | Go To Source Document

08.09.2017

Fasting

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

... . DISCUSSED LAB

RESULTS IN DETAIL. GOOD CONTROL OF HER LDL. TRIGLYCERIDES ARE STILL SLIGHTLY ELEVATED AT 170. THIS WAS A TRULY **FASTING** SAMPLE. IN THE PAST

HE WAS ON LOVAZA WHICH HAS BEEN DISCONTINUED. CONTINUE ON FISH OIL. DIET COUNSELED IN DETAIL. \dots

Go To Transcription | Go To Source Document

08.09.2017 Referral

Sodium Diet

Joshi, Meherwan MD (MEHERWAN B JOSHI MD)

Visit Note

 \dots Discontinued By Other MD: LOVAZA 1 GM CAPSULE GRAM Discontinued By Other MD: ZETIA 10 MG TABLET

Careplan:

(1) 2 Gram Sodium Diet

Go To Transcription | Go To Source Document

Plastic surgical procedures 3 years after DOL

12.30.2021 (Hx)

Rhinoplasty Herman, Martin MD Progress Notes PAST SURGICAL HISTORY:

RhinoplastyRADIOLOGIC STUDIES: No results found.

EEG:

None

Go To Transcription | Go To Source Document

Splints (referral) 3 years after DOL

06.10.2021 Referral

Deora, Sonia D.O. PROGRESS NOTES

... Test.

Omeprazole

40 mg a day.

• Niero eval for memory testing.

GI if not better.

Check H pylori . Stretchinf of shin splints.

· Anusol HC, SITZ bath.

Medications Reference

Title	RxNorm	Dates
Acid Esters Omega	484348	08.09.2017
Adrenergic Beta Antagonists		10.31.2018
Albuterol / Salbutamol	435	12.05.2020
Anti Inflammatory Agents		03.06.2017
Antidepressive Agents		12.30.2021
Antihypertensive Agents		10.31.2018
Aspirin	1191	12.05.2020 05.26.2021
Aspirin 81 Mg	315431	05.26.2021
Desvenlafaxine	734064	12.30.2021
Desvenlafaxine 50 MG	790287	05.27.2020 05.26.2021
Desvenlafaxine Succinate 50 MG	1874558	10.29.2020 12.05.2020 06.10.2021 07.08.2021
Escitalopram 10 Mg Oral Tablet	349332	07.23.2018 10.04.2018 10.18.2018 11.20.2018
Escitalopram 20 MG	353383	05.26.2021
Fenofibrate	8703	10.31.2018
Fish Oils	4419	08.09.2017 05.26.2021
Flexeril	224954	07.23.2018
Ganglioside GM1		08.09.2017 05.26.2021
Hydrocortisone	5492	07.08.2021
Ibuprofen	202488	10.04.2018
Isoniazid	6038	12.05.2019
Lariam	202989	12.05.2019
Levofloxacin 500 MG	317403	08.09.2017 10.31.2018 05.27.2020 05.26.2021

Title	RxNorm	Dates
Lexapro	352741	08.09.2017 10.31.2018 11.20.2018 05.27.2020 05.26.2021
Lovaza	278346	08.09.2017
Nonsteroidal Anti-inflammatory Drug NSAID		07.23.2018
Omega 3 Fatty Acids	4301	05.27.2020 10.29.2020 12.05.2020 06.10.2021 07.08.2021
Omeprazole 40 MG	317451	10.29.2020 06.10.2021 07.08.2021
Prednisone	8640	12.05.2019
Pristiq	711372	11.20.2018 04.23.2019 12.05.2019
Rosuvastatin	301542	08.09.2017 10.31.2018 05.27.2020 12.05.2020 05.26.2021 12.30.2021
Rosuvastatin Calcium 10 MG Oral Tablet [Crestor]	859749	07.23.2018 10.04.2018 10.18.2018 11.20.2018 04.23.2019 12.05.2019
Rosuvastatin Calcium 20 MG Oral Tablet	859751	10.29.2020 12.05.2020 06.10.2021 07.08.2021
S-1 Antimetabolite Agent		12.05.2019
Telmisartan	73494	08.09.2017 10.31.2018 05.27.2020 05.26.2021
Telmisartan 40 MG	316764	08.09.2017 05.26.2021
Triamcinolone Acetonide Cream		10.29.2020 12.05.2020 06.10.2021 07.08.2021
Vitamin D	11253	07.08.2021
Vitamin D 1000 UNT		10.18.2018
Zetia	353099	08.09.2017 05.26.2021

Family History Reference

Coronary heart disease (FHx)

125.1

See Also: Heart Disease (FHx)

05.26.2021

Premature Coronary Artery Atherosclerosis (FHx) Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note

.... THE PAIN DOES NOT RADIATE. RISK FACTORS INCLUDE DIABETES MELLITUS, HYPERTENSIVE HEART DISEASE, HYPERLIPIDEMIA AND AN EXTREMELY STRONG FAMILY HISTORY OF **PREMATURE CORONARY ARTERY DISEASE**. Go To Transcription | Go To Source Document

05.27.2020

Premature Coronary Artery Atherosclerosis (FHx) (MEHERWAN B JOSHI MD)

Visit Note

Family History:

*** STRONG FAMILY HISTORY OF **PREMATURE CORONARY ARTERY DISEASE** WITH HIS FATHER HAVING CORONARY DISEASE IN HIS 50S. Go To Transcription | Go To Source Document

10.31.2018

Premature Coronary Artery Atherosclerosis (FHx) Joshi, Meherwan MD (MEHERWAN B JOSHI MD) Visit Note

Family History:

*** STRONG FAMILY HISTORY OF **PREMATURE CORONARY ARTERY DISEASE** WITH HIS FATHER HAVING CORONARY DISEASE IN HIS 50S. Go To Transcription | Go To Source Document

Heart Disease (FHx)

151.9

See Also: Coronary heart disease (FHx)

07.08.2021

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, **heart disease**, blood cancer - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

06.10.2021

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, **heart disease**, blood cancer - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

12.05.2020

PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, **heart disease**, blood cancer - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

10.29.2020

Deora, Sonia D.O.

Physician Encounter

Family History

Mom: age 75 healthy dad: age 78 choles, **heart disease**, blood cancer - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

12.05.2019

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, **heart disease**, blood cancer - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

04.23.2019

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, **heart disease**, blood cancer - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

11.20.2018

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, **heart disease**, blood cancer - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

10.18.2018

PROGRESS

HistoryMom: age 75 healthy dad: age 78 choles, **heart disease**, blood cancer - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

10.04.2018

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, **heart disease**, blood cancer - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

07.23.2018

Mendu, Srinivas M.D. PROGRESS NOTES

Family History

Mom: age 75 healthy. Dac: age 78 choles, heart disease uncle: ca. Reviewed.

07.08.2021

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, **blood cancer** - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

06.10.2021

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, **blood cancer** - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

12.05.2020

PROGRESS NOTES

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10.29.2020

Deora, Sonia D.O. Physician Encounter

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Mom: age 75 healthy dad: age 78 choles, heart disease, **blood cancer** - - polycythemia uncle: ca. Reviewed. Go To Transcription | Go To Source Document

12.05.2019

Deora, Sonia D.O. PROGRESS NOTES

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04.23.2019

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Deora, Sonia D.O. PROGRESS NOTES

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Polycythemia (FHx)

07.08.2021

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - **polycythemia** uncle: ca. Reviewed. Go To Transcription | Go To Source Document

06.10.2021

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - **polycythemia** uncle: ca. Reviewed. Go To Transcription | Go To Source Document

12.05.2020

PROGRESS NOTES

Family History

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10.29.2020

Deora, Sonia D.O. Physician Encounter

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - **polycythemia** uncle: ca. Reviewed. Go To Transcription | Go To Source Document

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Deora, Sonia D.O. PROGRESS NOTES

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PROGRESS

HistoryMom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - **polycythemia** uncle: ca. Reviewed. Go To Transcription | Go To Source Document

10.04.2018

Deora, Sonia D.O. PROGRESS NOTES

Family History

Mom: age 75 healthy dad: age 78 choles, heart disease, blood cancer - - **polycythemia** uncle: ca. Reviewed. Go To Transcription | Go To Source Document

Blood Profile

Complete blood count			
Title	Date	Value	Cited Status
White blood cell count	06.11.2021	7.40 cells/HPF	
Red blood cell count	06.11.2021	5.33 cells/HPF	
Hemoglobin measurement	06.11.2021	15.10 g/dL	
Hematocrit measurement	06.11.2021	43.90 %	
MCV measurement	06.11.2021	82.00 fL	
MCH measurement	06.11.2021	28.30 pg	
MCHC measurement	06.11.2021	34.40 g/dL	
RDW measurement	06.11.2021	13.20 %	
Platelet count	06.11.2021	273.00 10^3/μL	
Absolute neutrophil count	06.11.2021	49.00 %	
Absolute lymphocyte count	06.11.2021	35.00 %	
Absolute monocyte count	06.11.2021	0.90 10^3/μL	
Absolute eosinophil count	06.11.2021	3.00 %	
Absolute basophil count	06.11.2021	1.00 %	
Neutrophil percentage measurement	10.05.2018	52.80 %	
Lymphocyte percentage measurement	10.05.2018	35.90 %	
Monocyte percentage measurement	10.05.2018	8.40 %	
Eosinophil percentage measurement	10.05.2018	2.40 %	
Basophil percentage measurement	10.05.2018	0.50 %	

Chemistry panel			
Title	Date	Value	Cited Status
Glucose measurement	05.08.2021	97.00	
HbA1c measurement	06.11.2021	6.30 %	
BUN measurement	05.08.2021	10.00 mg/dL	
Creatinine measurement	05.08.2021	0.90 mg/dL	
eGFR measurement	05.08.2021	93.00	
BUN/Creatinine ratio	10.23.2020	0.90	
Total bilirubin measurement	05.08.2021	0.40 mg/dL	
AST measurement	05.08.2021	23.00 IU/L	
ALT measurement	05.08.2021	29.00 IU/L	
AST/ALT ratio			
GGT measurement	05.08.2021	26.00 IU/L	
ALP measurement	05.08.2021	56.00 IU/L	
CDT measurement			
Total protein measurement	05.08.2021	6.90 g/dL	
Albumin measurement	05.08.2021	4.50 g/dL	
Globulin measurement	05.08.2021	2.40	
Lipid panel			
Title	Date	Value	Cited Status
Total cholesterol measurement	05.08.2021	138.00 mg/dL	
LDL cholesterol measurement	05.26.2021	833.00	
HDL cholesterol measurement	05.26.2021	37.00	

Title	Date	Value	Cited Status
Cholesterol/HDL ratio measurement	10.05.2018	3.70	
LDL/HDL ratio measurement			
Triglycerides measurement	05.26.2021	214.00	

FI	ectro	lvtes
El	ectro	lvtes

Title	Date	Value	Cited Status
Sodium measurement	05.08.2021	142.00 mmol/L	
Potassium measurement	05.08.2021	4.60 mmol/L	
Calcium measurement	05.08.2021	9.30 mg/dL	
Chloride measurement	05.08.2021	104.00 mmol/L	

Blood gas analysis

Title	Date	Value	Cited Status
Blood CO2 partial pressure measurement	10.05.2018	30.00 mmol/L	
Arterial CO2 partial pressure measurement			
Venous CO2 partial pressure measurement			
Blood O2 partial pressure measurement			
Arterial blood PO2 measurement			
Venous blood PO2 measurement			

Serology				
Title	Date	Value	Cited Status	
HIV screen				
Hepatitis C antibody measurement				
Hormones				
			ev. Lev.	
Title	Date	Value	Cited Status	
TSH measurement	06.11.2021	2.07		
T3 measurement				
T4 measurement				
Cardiac markers				
Title	Date	Value	Cited Status	
BNP measurement				
NT-proBNP measurment				
Troponin measurement				
Tumor markers				

. a.mer manners			
Title	Date	Value	Cited Status
PSA measurement	06.11.2021	1.20 ng/mL	

Urine Profile

Urinalysis			
Title	Date	Value	Cited Status
Urinalysis	06.11.2021		negative
Urine glucose measurement	06.11.2021		negative
Urine protein measurement	06.11.2021		abnormal
Urine albumin measurement			
Urine creatinine measurement			
Microalbuminuria measurement			
Urine albumin/creatinine ratio measurement			
Urine protein/creatinine ratio measurement			
Urine microalbumin/creatinine ratio measurement			
Urine leukocyte measurement	06.11.2021		negative
Urine hemoglobin measurement			
Urine RBC measurement	10.05.2018		negative
Urine granular cast measurement			
Urine hyaline cast measurement	10.05.2018		negative
Urine specific gravity measurement			
Urine temperature measurement			
Urine drugs			

Title	Date	Value	Cited Status
Urine beta blockers measurement			
Urine nicotine measurement			
Urine cotinine measurement			
Urine diuretic agents measurement			
Urine cocaine measurement			
Urine cannabinoids measurement			

Full Lab Results List

25-hydroxy vitamin D measurement				
Date	Value	Units	Cited Status	
06.11.2021	22.60	ng/mL		
10.05.2018	29.00	ng/mL		

Absolute basophil count				
Date	Value	Units	Cited Status	
06.11.2021	1.00	%		
06.11.2021	0.10	10^3/uL		
10.05.2018	31.00	cells/uL		
01.30.2012	2.00	cells/uL		

Absolute eosinophil count				
Date	Value	Units	Cited Status	
06.11.2021	3.00	%		
06.11.2021	0.30	10^3/uL		
10.05.2018	46.00	cells/uL		
01.30.2012	44.00	cells/uL		

Absolute lymphocyte count				
Date	Value	Units	Cited Status	
06.11.2021	35.00	%		
06.11.2021	2.60	10^3/uL		
10.05.2018	2190.00	cells/uL		

Date	Value	Units	Cited Status
01.30.2012	638.00	cells/uL	

Absolute monocyte count				
Date	Value	Units	Cited Status	
06.11.2021	0.90	10^3/uL		
10.05.2018	512.00	cells/uL		
01.30.2012	522.00	cells/uL		

Absolute neutrophil count				
Date	Value	Units	Cited Status	
06.11.2021	49.00	%		
06.11.2021	3.60	10^3/uL		
10.05.2018	3221.00	cells/uL		
01.30.2012	3684.00	cells/uL		

Albumin measurement				
Date	Value	Units	Cited Status	
05.08.2021	4.50	g/dL		
10.23.2020	4.70	g/dL		
10.05.2018	4.50	g/dL		
07.29.2017	4.50	g/dL		
08.28.2012	4.40	g/dL		
01.30.2012	4.60	g/dL		

Albumin to globulin ratio measurement				
Date	Value	Units	Cited Status	
05.08.2021	1.90	-		
10.23.2020	2.40	-	high	
10.05.2018	1.70	-		
07.29.2017	1.90	ratio		
08.28.2012	1.90	ratio		
01.30.2012	1.80	-		

Aldolase measurement				
Date	Value	Units	Cited Status	
08.09.2017	4.20	μL		

ALP measurement			
Date	Value	Units	Cited Status
05.08.2021	56.00	IU/L	
10.23.2020	55.00	IU/L	
10.05.2018	48.00	U/L	
07.29.2017	46.00	μL	
08.28.2012	54.00	U/L	
01.30.2012	60.00	U/L	

ALT measurement			
Date	Value	Units	Cited Status
05.08.2021	29.00	IU/L	

Date	Value	Units	Cited Status
10.23.2020	25.00	IU/L	
10.05.2018	17.00	U/L	
07.29.2017	24.00	μL	
08.28.2012	23.00	U/L	
01.30.2012	25.00	U/L	

AST measurement			
Date	Value	Units	Cited Status
05.08.2021	23.00	IU/L	
10.23.2020	22.00	IU/L	
10.05.2018	16.00	U/L	
07.29.2017	21.00	U/L	
08.28.2012	19.00	U/L	
01.30.2012	26.00	U/L	

Basophil percentage measurement				
Date	Value	Units	Cited Status	
10.05.2018	0.50	%		
01.30.2012	0.20	%		

Blood CO2 partial pressure measurement				
Date	Value	Units	Cited Status	
10.05.2018	30.00	mmol/L		
07.29.2017	24.00	mEq/L		

Date	Value	Units	Cited Status
08.28.2012	25.00	mmol/L	
01.30.2012	24.00	mmol/L	
Blood occult stool test			
Date	Value	Units	Cited Status
06.11.2021	negative	-	
BUN measurement			
Date	Value	Units	Cited Status
05.08.2021	10.00	mg/dL	
10.23.2020	9.00	mg/dL	
10.05.2018	10.00	mg/dL	
07.29.2017	12.00	-	
08.28.2012	10.00	mg/dL	
01.30.2012	11.00	mg/dL	
BUN/Creatinine ratio			
Date	Value	Units	Cited Status
10.23.2020	0.90	-	
07.29.2017	13.00	ratio	
Calcium measurement			
Date	Value	Units	Cited Status
05.08.2021	9.30	mg/dL	
10.23.2020	9.30	mg/dL	

Date	Value	Units	Cited Status
10.05.2018	9.60	mg/dL	
07.29.2017	9.60	-	
08.28.2012	8.90	mg/dL	
01.30.2012	9.50	mg/dL	

Chloride measurement				
Date	Value	Units	Cited Status	
05.08.2021	104.00	mmol/L		
10.23.2020	103.00	mmol/L		
10.05.2018	103.00	mmol/L		
07.29.2017	104.00	mmol/L		
08.28.2012	105.00	mmol/L		
01.30.2012	101.00	mmol/L		

Cholesterol/HDL ratio measurement				
Date	Value	Units	Cited Status	
10.05.2018	3.70	-		
08.28.2012	3.40	-		
01.30.2012	4.20	-		

Creatinine measurement				
Date	Value	Units	Cited Status	
05.08.2021	0.90	mg/dL		
10.23.2020	0.99	mg/dL		

Date	Value	Units	Cited Status
10.05.2018	0.95	mg/dL	
08.28.2012	0.85	mg/dL	
01.30.2012	0.85	mg/dL	

CRP measurement			
Date	Value	Units	Cited Status
05.08.2021	0.48	mg/L	
10.23.2020	0.15	mg/L	

eGFR measurement				
Date	Value	Units	Cited Status	
05.08.2021	93.00	-		
05.08.2021	108.00	-		
10.23.2020	83.00	-		
10.23.2020	96.00	-		
10.05.2018	103.00	mL/min/1.73m2		
08.28.2012	117.00	mL/min/1.73m2		
01.30.2012	102.00	mL/min/1.73m2		
01.30.2012	118.00	mL/min/1.73m2		

Eosinophil percentage measurement				
Date	Value	Units	Cited Status	
10.05.2018	2.40	%		
01.30.2012	2.40	%		

Fasting glucose measurement				
Date	Value	Units	Cited Status	
08.28.2012	92.00	mg/dL		
01.30.2012	92.00	mg/dL		
folate serum				
Date	Value	Units	Cited Status	
10.05.2018	12.30	ng/mL		
01.30.2012	24.00	ng/mL		
Folic acid measurement				
Date	Value	Units	Cited Status	
06.11.2021	8.10	ng/mL		
Free thyroxine measurem	ent			
Date	Value	Units	Cited Status	
08.09.2017	0.89	ng/dL		
GGT measurement				
Date	Value	Units	Cited Status	
05.08.2021	26.00	IU/L		
10.23.2020	23.00	IU/L		
Globulin measurement				
Globulin measurement Date	Value	Units	Cited Status	

Date	Value	Units	Cited Status
10.23.2020	2.00	g/dL	
10.05.2018	2.60	g/dL	
08.09.2017	9.60	nmol/L	
07.29.2017	2.40	g/dL	
08.28.2012	2.30	g/dL	
01.30.2012	2.60	g/dL	

Glucose measurement			
Date	Value	Units	Cited Status
05.08.2021	97.00	-	
10.23.2020	103.00	mg/dL	high
10.05.2018	96.00	mg/dL	
07.29.2017	-	-	high

H Pylori breath test				
Date	Value	Units	Cited Status	
06.11.2021	negative	-		

HbA1c measurement				
Date	Value	Units	Cited Status	
06.11.2021	6.30	%		
05.26.2021	-	-	high	
10.05.2018	5.90	%		

HDL cholesterol measurement			
Date	Value	Units	Cited Status
05.26.2021	37.00	-	
05.26.2021	590.00	-	
05.08.2021	37.00	mg/dL	low
05.08.2021	30.80	umol/L	
10.23.2020	30.90	umol/L	
10.23.2020	36.00	mg/dL	low
10.05.2018	39.00	mg/dL	
07.29.2017	45.00	mg/dL	
07.29.2017	31.30	umol/L	
08.28.2012	35.00	mg/dL	
01.30.2012	38.00	mg/dL	

Hematocrit measurement				
Date	Value	Units	Cited Status	
06.11.2021	43.90	%		
10.05.2018	43.20	%		
01.30.2012	43.10	%		

Hemoglobin measurement				
Date	Value	Units	Cited Status	
06.11.2021	15.10	g/dL		
10.05.2018	4.30	g/dL		
01.30.2012	4.70	g/dL	abnormal	

Hepatitis A virus measurement					
Date	Value	Units	Cited Status		
11.05.2014	positive	-			

Hepatitis B surface antibody measurement					
Date	Value	Units	Cited Status		
10.05.2018	5.00	mIU/mL			
11.05.2014	5.00	mIU/mL			

night Sellshivity C-Reactive Protein Measurement					
Date	Value	Units	Cited Status		
07.29.2017	0.20	mg/L			

Lactate dehydrogenase measurement					
Date	Value	Units	Cited Status		
05.08.2021	171.00	IU/L			
10.23.2020	153.00	IU/L			

LDL cholesterol measurement				
Date	Value	Units	Cited Status	
05.26.2021	833.00	-		
05.26.2021	590.00	-		
05.08.2021	19.90	-	low	
05.08.2021	66.00	mg/dL		
05.08.2021	833.00	nmol/L	low	
05.08.2021	833.00	nmol/L		

Date	Value	Units	Cited Status	
10.23.2020	20.00	-	low	
10.23.2020	794.00	nmol/L		
10.23.2020	51.00	mg/dL		
10.05.2018	69.00	mg/dL		
07.29.2017	20.50	-		
07.29.2017	42.00	mg/dL		
08.28.2012	35.00	mg/dL		
01.30.2012	52.00	mg/dL		

LDL small measurement					
Date	Value	Units	Cited Status		
05.08.2021	590.00	nmol/L	high		
10.23.2020	561.00	nmol/L	high		
07.29.2017	396.00	nmol/L			

LDL-P Illeasurement			
Date	Value	Units	Cited Status
07.29.2017	842.00	nmol/L	

Leukocyte esterase measurement				
Date	Value	Units	Cited Status	
10.05.2018	negative	-		
01.30.2012	negative	-		

Lymphocyte percentage measurement				
Date	Value	Units	Cited Status	
10.05.2018	35.90	%		
01.30.2012	27.30	%		

MCH measurement			
Date	Value	Units	Cited Status
06.11.2021	28.30	pg	
10.05.2018	28.50	pg	
01.30.2012	29.10	pg	

MCHC measurement					
Date	Value	Units	Cited Status		
06.11.2021	34.40	g/dL			
10.05.2018	33.20	g/dL			
01.30.2012	34.10	g/dL			

MCV measurement				
Date	Value	Units	Cited Status	
06.11.2021	82.00	fL		
10.05.2018	85.80	fL		
01.30.2012	85.30	fL		

Monocyte count

Date	Value	Units	Cited Status
06.11.2021	12.00	%	

Monocyte percentage measurement				
Date	Value	Units	Cited Status	
10.05.2018	8.40	%		
01.30.2012	8.70	%		

MPV measurement			
Date	Value	Units	Cited Status
10.05.2018	8.30	fL	
01.30.2012	9.40	fL	

Neutrophil percentage measurement				
Date	Value	Units	Cited Status	
10.05.2018	52.80	%		
01.30.2012	61.40	%		

Non HDL cholesterol measurement				
Date	Value	Units	Cited Status	
10.05.2018	106.00	mg/dL		
08.28.2012	83.00	mg/dL		

Phosphate measurement			
Date	Value	Units	Cited Status
05.08.2021	3.90	mg/dL	

Date	Value	Units	Cited Status
10.23.2020	3.50	mg/dL	
plasma renin activity			
Date	Value	Units	Cited Status
08.09.2017	0.46	ng/mL/hr	
Platelet count			
Date	Value	Units	Cited Status
06.11.2021	273.00	10^3/uL	
10.05.2018	255.00	-	
01.30.2012	246.00	-	
Potassium measurement			
Date	Value	Units	Cited Status
05.08.2021	4.60	mmol/L	
10.23.2020	4.80	-	
10.05.2018	4.80	mmol/L	
07.29.2017	4.60	mmol/L	
08.28.2012	4.40	mmol/L	
01.30.2012	4.60	mmol/L	
PSA measurement			
Date	Value	Units	Cited Status
06.11.2021	1.20	ng/mL	

RDW measurement				
Date	Value	Units	Cited Status	
06.11.2021	13.20	%		
10.05.2018	3.60	%		
01.30.2012	3.40	%	abnormal	

Red blood cell count				
Date	Value	Units	Cited Status	
06.11.2021	5.33	cells/HPF		
10.05.2018	5.04	cells/HPF		
01.30.2012	5.05	cells/HPF		

Serum creatinine measurement				
Date	Value	Units	Cited Status	
07.29.2017	0.91	mg/dL		

Serum vitamin B12 measurement				
Date	Value	Units	Cited Status	
10.05.2018	556.00	pg/mL		
08.28.2012	632.00	pg/mL		
01.30.2012	614.00	pg/mL		

Sodium measurement			
Date	Value	Units	Cited Status
05.08.2021	142.00	mmol/L	
10.23.2020	140.00	mmol/L	

Date	Value	Units	Cited Status
10.05.2018	140.00	mmol/L	
07.29.2017	142.00	-	
08.28.2012	141.00	mmol/L	
01.30.2012	138.00	mmol/L	

specific gravity urinalysis				
Date	Value	Units	Cited Status	
06.11.2021	1.02	-		
10.05.2018	1.02	-		
01.30.2012	1.01	-		

Squamous Epithelial Cell Count				
Date	Value	Units	Cited Status	
10.05.2018	negative	cells/HPF		

third generation thyroid stimulating hormone assay				
Date	Value	Units	Cited Status	
10.05.2018	1.42	mU/L		
08.09.2017	1.79	uIU/mL		
08.28.2012	1.67	mU/L		
01.30.2012	1.12	mU/L		

Total bilirubin measurement

Date	Value	Units	Cited Status
05.08.2021	0.40	mg/dL	
10.23.2020	0.50	mg/dL	
10.05.2018	0.70	mg/dL	
07.29.2017	0.70	mg/dL	
08.28.2012	0.50	mg/dL	
01.30.2012	0.70	mg/dL	

Total cholesterol measurement				
Date	Value	Units	Cited Status	
05.08.2021	138.00	mg/dL		
05.08.2021	137.00	-		
10.23.2020	123.00	mg/dL		
10.23.2020	124.00	mg/dL		
10.05.2018	145.00	mg/dL		
07.29.2017	122.00	mg/dL		
08.28.2012	118.00	mg/dL		
01.30.2012	160.00	mg/dL		

Total protein measurement				
Date	Value	Units	Cited Status	
05.08.2021	6.90	g/dL		
10.23.2020	6.70	g/dL		
10.05.2018	7.10	g/dL		
10.05.2018	-	mg/dL	abnormal	

Date	Value	Units	Cited Status
07.29.2017	6.90	g/dL	
08.28.2012	6.70	g/dL	
01.30.2012	7.20	g/dL	

Total PSA			
Date	Value	Units	Cited Status
10.05.2018	0.90	ng/mL	
01.30.2012	0.70	ng/mL	

Total Testosterone Measurement				
Date	Value	Units	Cited Status	
08.09.2017	159.74	ng/dL		

Triglycerides measurement			
Date	Value	Units	Cited Status
05.26.2021	214.00	-	
05.08.2021	216.00	mg/dL	high
05.08.2021	214.00	mg/dL	high
10.23.2020	225.00	mg/dL	high
10.23.2020	231.00	mg/dL	high
05.27.2020	250.00	-	
10.31.2018	-	-	high
10.31.2018	250.00	-	
10.05.2018	283.00	mg/dL	

Date	Value	Units	Cited Status
08.09.2017	170.00	-	high
07.29.2017	175.00	-	high
08.28.2012	238.00	mg/dL	
01.30.2012	348.00	mg/dL	

TSH measurement			
Date	Value	Units	Cited Status
06.11.2021	2.07	-	

Uric acid measurement			
Date	Value	Units	Cited Status
05.08.2021	6.60	mg/dL	
10.23.2020	5.50	mg/dL	

Urinalysis			
Date	Value	Units	Cited Status
06.11.2021	negative	-	
10.05.2018	negative	-	
01.30.2012	negative	-	

Urinalysis for bacteria			
Date	Value	Units	Cited Status
10.05.2018	negative	cells/HPF	
01.30.2012	negative	НРБ	

Urine bilirubin test			
Date	Value	Units	Cited Status
10.05.2018	negative	-	
Urine epithelial cells mea	surement		
Date	Value	Units	Cited Status
01.30.2012	negative	cells/HPF	
Urine glucose measureme	ent		
Date	Value	Units	Cited Status
06.11.2021	negative	mg/dL	
10.05.2018	negative	mg/dL	
01.30.2012	negative	mg/dL	
Urine hyaline cast measur	rement		
Date	Value	Units	Cited Status
10.05.2018	negative	LPF	
01.30.2012	negative	-	
Urine ketones measurement			
Date	Value	Units	Cited Status
06.11.2021	negative	mg/dL	
10.05.2018	negative	mg/dL	

mg/dL

01.30.2012

negative

Urine leukocyte measurement			
Date	Value	Units	Cited Status
06.11.2021	negative	-	
10.05.2018	negative	cells/HPF	
01.30.2012	negative	HPF	
Urine nitrite			
Date	Value	Units	Cited Status
06.11.2021	negative	-	
Urine pH measurement			
Date	Value	Units	Cited Status
06.11.2021	6.00	-	
10.05.2018	5.50	-	
01.30.2012	7.00	-	
Urine protein measureme	nt		
Date	Value	Units	Cited Status
06.11.2021	-	mg/dL	abnormal
01.30.2012	negative	mg/dL	
Urine RBC measurement			
Date	Value	Units	Cited Status
10.05.2018	negative	cells/HPF	

HPF

negative

01.30.2012

Urine urobilinogen measurement			
Date	Value	Units	Cited Status
06.11.2021	0.20	mg/dL	

Vitamin B12 measurement			
Date	Value	Units	Cited Status
06.11.2021	1033.00	pg/mL	

Vitamin D measurement			
Date	Value	Units	Cited Status
08.28.2012	32.00	ng/mL	
08.28.2012	4.00	ng/mL	
01.30.2012	20.00	ng/mL	
01.30.2012	4.00	ng/mL	

White blood cell count			
Date	Value	Units	Cited Status
06.11.2021	7.40	cells/HPF	
10.05.2018	6.10	cells/HPF	
01.30.2012	6.00	cells/HPF	

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