

8/6/2020 10:51 AM

Weight: 196 lb Height: 71 in

Body Surface Area: 2.09 m<sup>2</sup> Body Mass Index: 27.34 kg/m<sup>2</sup>

Pulse: 54 (Regular) Resp.: 16 (Unlabored)

BP: 147/88 (Sitting, Left Arm, Standard)

The patient is a 76 year old male who presents with coronary artery disease. Note for "Coronary artery disease": -

8/6/2020:

The patient is a 76 year old male here today for cardiac consult for his elevated coronary calcium score. He has history of congenital defect of partial absence of pericardium and HTN. He was found to have this in 1972 while in the military. He was found to have left ventricular and pulmonary artery displacement (record now in chart). His EKG due to this shows SR, prwp, and LAD. His coronary calcium score is 822 with majority being in left main artery. It also showed axis of heart pointing posteriorly, unclear if it was reflecting the heart moving further through the pericardial defect. His BP is slightly elevated today 147/88 but states it is usually better at home when he takes it. He has history of prostate cancer as well that is now in remission s/p chemo and radiation. Patient denies any CP, SOB, orthopnea, N/V/D, F/C, palpitations, weakness, PND, numbness, syncope, or dizziness.

#### Chest and Lung Exam

##### Inspection

Shape - Normal. Accessory muscles - No use of accessory muscles in breathing.

##### Auscultation

Breath sounds - Normal. Adventitious sounds - No Adventitious sounds.

#### Cardiovascular

##### Inspection

Jugular vein - Bilateral - Inspection Normal. BP In 2+ Extremities - Not Indicated.

##### Palpation/Percussion

Examination by palpation and percussion reveals - No Thrills.

##### Auscultation

Rhythm - Regular. Heart Sounds - Normal heart sounds. Murmurs & Other Heart Sounds - Auscultation of the heart reveals - No Murmurs. Carotid arteries - No Carotid bruit.

Note: Dear [REDACTED]

I had the pleasure of seeing your patient Mr. [REDACTED] today. He has congenital partial absence of his pericardium. CTA and coronary artery calcium score evaluation done 1 month apart showed he had coronary artery calcifications, calcium score of 800 with majority calcium being in left main artery. He had an echo which was technically limited due to poor visualization. He didn't want a nuclear study, and his treadmill stress test showed frequent ventricular ectopy and ST depressions in the anterior leads. He is still asymptomatic today.

We had an extensive discussion with him and his wife and the risks vs benefits of aspirin and statin therapy in CAD. He is not on statin due to own research that they are harmful. He is also on a "carnivore diet" with his wife because she wants to lose weight. We had a discussion about risk factor modification including diet (plant based), exercise. I also explained the pathogenesis of CAD, he agreed to proceed with a cardiac catheterization to evaluate his coronaries. I discussed the risks vs benefits and alternatives of cardiac cath with him including a 3/1000 risk of stroke, MI or death and he agrees. If left main is obstructive I explained he will need CABG.

I appreciate your support and taking part in his care.

Thank you.

Dr. [REDACTED]