

Brief Summary/Flow of Events

04/19/XXXX– Visited ER for Chest pain- Diagnosis: Unstable angina. Catheterization showed 80-85% in RCA, 40% and 60% lesion elsewhere. Procedure performed: Proximal posterior left ventricular branch with a total of **two Cypher drug eluting stents**. **04/20/XXXX**- Discharged home.



11/09/XXXX – Complaints of chest pain. Unstable angina. Procedure performed: **Multi vessel stenting (right posterolateral coronary artery - Cypher stent, LAD diagonal- Taxus stent and LAD stenting- Taxus stent)**. **11/10/XXXX**- Discharged home



11/16/XXXX-11/18/XXXX - Chest pain status post stenting. Catheterization (**11/17/XXXX**)demonstrated a hazy, disrupted area in proximal stent margin of the LAD. Procedure performed: **Stent placement to the proximal LAD**.



12/26/XXXX - Chest pain, suspected unstable angina. Procedure performed: Left heart catheterization, coronary arteriography, left ventriculography. Widely patent stent sites noted.

Detailed Chronology

DATE	PDF REF	PROVIDER	OCCURRENCE/TREATMENT	COMMENTS/ DEVIATIONS FROM STANDARDS
04/19/XXXX	925-928	XXXX Medical Center	Emergency Department report- History and assessment: <i>Illegible notes</i> Time: 1030 hrs Chief complaint: Chest pain Onset: Saturday (04/16/XXXX) Treatment prior to arrival: ASA twice daily. Illness/injury: Chest pain. Saturday while doing ____ work, stopped with rest increased with work. ____ 04/18/XXXX. EKG normal. ____ at work ____ positive chest pain and numbness to right arm, positive for shortness of breath ____	<i>Possible unstable angina or episodes of chronic stable angina. It is also important to note that he has no rest angina.</i>
04/19/XXXX	932-937, 1000	XXXX Medical Center Lisa XXXX, M.D.	Cardiac catheterization report: Indication for study: Chest pain Clinical summary: Presents with unstable angina.	<i>This patient had low risk unstable angina for which cardiac catheterization study was not warranted.</i>

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			<p>Procedure performed: Left heart catheterization, coronary angiogram, and stent to an 80% proximal posterior left ventricular branch.</p> <p>Stent procedure: The patient had a #6 French JR4 guiding catheter with side holes used to engage the right coronary artery. A long balance middle weight wire was used to wire into the PLV and we direct stented this with a 3.0x23 mm Cypher and a more distal overlapping 3.0x 13 mm Cypher. The patient had an excellent angiographic result with TIMI 3 flow and 0% residual stenosis.</p> <p>Findings: The patient is status post successful stenting of his proximal posterior left ventricular branch with a total of two Cypher drug eluting stents.</p> <p>Comment: Aspirin- 325 mg a day indefinitely Plavix- 75 mg a day for a minimum of 3 months</p>	<p><i>Posterolateral branch can be stented if large (>2mm) and patient has high risk features, otherwise it is usually not stented, especially if it is the single vessel involved and also that the fact that he had only low risk unstable angina.</i></p>
05/06/XXXX	1334	<p>Cardiology Care XXXX</p> <p>G. Johnson XXXX, M.D., F.A.C.C.</p>	<p>Echocardiography/Doppler/color flow report: Indication: CAD, history PE, Dyspnea On Exertion(DOE)</p> <p>Conclusions:</p> <ol style="list-style-type: none"> 1. Normal left ventricular function with an ejection fraction of 67 % 2. Mild dilated left atrium. 3. Mild mitral insufficiency. 4. Mild tricuspid insufficiency. 5. Trace pulmonic insufficiency. 6. Mild pulmonary hypertension. 	<p><i>This findings probably due to hypertension and smoking related chronic bronchitis or old pulmonary thrombus</i></p>
06/15/XXXX	1338	<p>Cardiology Care XXXX</p> <p>G. Johnson</p>	<p>Exercise treadmill test report: Indication: CAD, abnormal EKG</p> <p>Conclusion:</p>	<p><i>This test should be ideally carried before the first angiography in this patient. Radionuclide test on same day is negative.</i></p>

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		XXXX, M.D., F.A.C.C.	<ol style="list-style-type: none"> 1. Negative for chest discomfort. 2. Positive for arrhythmias 3. Positive for ischemic ST-T changes. 4. Nuclear results to be reported separately. 	
11/09/XXXX	725-726, 759	XXXX Medical Center Mark G. XXXX, M.D.	<p>Cardiac catheterization report: Indication for study: Unstable angina.</p> <p>Clinical summary: Patient returns with unstable angina.</p> <p>Procedure performed: Left heart catheterization, coronary arteriography, RCA, LAD and LAD diagonal angioplasty and stenting.</p> <p>Procedure: Blood pressure and oximetry were monitored noninvasively. A #6 French sheath was inserted in the femoral artery. Left heart catheterization was performed using #6 French Judkins catheters.</p> <p>Stent procedure: The existing sheath was exchanged for a #8 French sheath. The right coronary was engaged with a JR4 guiding catheter. The lesion was crossed with a BHW guidewire and a 3.0x23 mm Cypher stent. The resulting dilatation was excellent. There is prominent vasospasm after placement of the stent which was completely relieved with Nitroglycerin.</p> <p>Next the left main coronary was engaged using a JL4 guiding catheter. The lesion in the diagonal was crossed with a BHW guidewire and a 2.5x 23 mm Taxus stent. The resulting dilatation was excellent.</p> <p>Next the lesion was crossed with a BHW guidewire and a 3.0x28 mm Taxus stent. The resulting dilatation was excellent.</p> <p>Findings:</p>	<p><i>Why catheterization was done is not clear.</i></p> <p><i>I feel that they could have used NTG to differentiate vasospasm in the posterolateral branch.</i></p> <p><i>I also feel that the lesion is of both left anterior descending artery and diagonal branch is only 30 to 40 % stenosis and not more.</i></p>

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			<ol style="list-style-type: none"> 1. Multivessel CAD. 2. Successful right posterolateral, LAD diagonal and LAD stenting. <p>Comment: This man with a history of unstable angina underwent multivessel stenting.</p>	<p><i>I feel he has only mild coronary artery disease and probably vasospasm and not multivessel CAD as mentioned.</i></p>
11/17/XXXX	1253-1255, 853	XXXX Medical Center XXXXI D. XXXX M.D.	<p>Cardiac catheterization report: Indication: Chest pain status post stenting.</p> <p>Procedure performed: Coronary angiography, stent placement to the proximal LAD</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Single vessel coronary artery disease. 2. Successful stent placement to the proximal LAD. <p>Comments:</p> <ol style="list-style-type: none"> a. Will remove the patient's sheaths. b. Will continue him on Plavix and Aspirin. c. Will add Procardia XL, 30 mg a day to his medical regimen for spasm prophylaxis. d. Anticipate he will be discharged to home tomorrow. 	<p><i>There is a minimal stenosis (about 20 to 30%) just before the stent to left anterior descending artery and diagonal artery.</i></p> <p><i>Catheterization performed even when the patient does not have any significant symptoms.</i></p>
12/26/XXXX	601-603	XXXX Medical Center Don XXXX M.D.	<p>Visit for chest pain: The patient began experiencing chest pressure radiating down the left arm for the past few days around the Christmas holiday.</p> <p>Review of systems: Non contributory.</p> <p>Physical examination: General: Still having mild chest discomfort.</p>	

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			<p>Impression: Possible unstable angina, with previous history of left anterior descending, left anterior descending diagonal and right coronary artery stent implantation.</p> <p>Plan: Cardiac catheterization.</p>	
12/26/XXXX	1324-1325, 649	<p>XXXX Medical Center</p> <p>Don XXXX, M.D.</p>	<p>Cardiac catheterization report:</p> <p>Indication for study: Suspected unstable angina.</p> <p>Procedure performed: Left heart catheterization, coronary arteriography, left ventriculography.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Wide patency of the right posterior descending coronary stent site. 2. Wide patency of the LAD coronary and LAD diagonal coronary stent site. 3. Resolved spasm at the origin of the LAD diagonal. 4. Normal LV function. <p>Comment: The patient has widely patent stent sites. Coronary spasm is suspected based on response to Nitroglycerin, the presence of the significant coronary spasm during previous interventional procedures and by the fact that narrowing at the origin of the LAD diagonal immediately following LAD stent placement in 11/05 has resolved completely now. The patient therefore will be started on high dose oral and topical nitrates as well as Norvasc. Aspirin and Plavix and high dose Lipitor will be continued.</p>	<p><i>I find all the vessels normal and patent except for the proximal diagonal artery, which as the report has mentioned cleared with nitroglycerin. This means he was having coronary vasospasm.</i></p> <p><i>Here we note that patient is started on nitrates to try control the vasospasm.</i></p>