GOWANI MEDICAL ASSOCIATES MDPA
7224 Stone Rock Circle, Orlando, Florida 32819
Phone: 407-345-4999 Fax: 407-352-6450

Sherali Gowani, MD. F.A.C.C
Interventional Cardiology and Peripheral Vascular Disease
Board Certified in Cardiovascular Disease
Board Certified in Nuclear Cardiology
Board Certified in Cardiovascular Tomography

Dowdy III, George L
75 Y old Male,DOB:10/18/1945
Account Number: 118814
7702 Angelina View Ct, Mt. Dora, FL-32757-7151
Home: 407-739-6491
Referring: Stephen Tang, MD

09/22/2021 **Vascular clinic visit: Sherali Gowani, MD. F.A.C.C**

Current Medications

Taking
- Losartan Potassium 50 mg tablet 1 tab(s) orally once a day
- hydrochlorothiazide-triamterene 25 mg-37.5 mg capsule 1 cap(s) orally once a day
- verapamil 180 mg/24 hours capsule, extended release 1 cap(s) orally twice a day
- atorvastatin 40 mg tablet 1 tab(s) orally once a day (at bedtime)
- fenofibrate 160 mg tablet 1 tab(s) orally once a day
- Plavix 75 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY
- Vein Formula capsule 1 Cap PO Daily
- Hyland's Leg Cramps sublingual tablet
- Juxta Circaid Legging 20 mmHg - 30 mmHg compression therapy as directed use daily
- metFORMIN 500 mg tablet, extended release 1 tab(s) orally once a day
- Humalog 100 units/mL solution 0 subcutaneously
- Tandem X2 insulin pump
- tamsulosin 0.4 mg capsule 1 cap(s) orally once a day
- gabapentin 100 mg capsule 1 cap(s) orally 3 times a day
- pantoprazole 40 mg delayed release tablet 1 tab(s) orally once ever other day
- fluticasone nasal 50 mcg/inh spray 1 spray(s) intranasally prn

Reason for Appointment

1. 75 year old male who presents here today for a cardiac follow up.

History of Present Illness

Cardiovascular Assessment:

This is a 75 year old male with a medical history of coronary artery disease, hypertension, left ventricular diastolic dysfunction, hyperlipidemia, Chronic Kidney Disease Stage II, Sjogren's, bilateral osteoarthritis, and diabetes.

The patient reported lower extremity discomfort. He will have aching and pain in the legs which is worse with exertion and improves with cessation of activity. He also has some night time cramping. Visually there are some varicose and spider veins with trace bilateral edema. Arterial doppler noted trace to mild atherosclerotic plaquing which risk factor modification and medical therapy is recommended. His symptoms have been occurring with an increased pattern which are compromising his lifestyle. He underwent a venous reflux study which noted the left great saphenous vein is dilated at 8.20 m and is demonstrating severe reflux. The reflux is from the saphenofemoral junction to the distal calf region with a reflux time of 2622 ms. The right small saphenous vein is dilated measuring 4.3 mm and has 3482 ms of reflux, representing severe insufficiency. Patient's VCSS score places him at 9 and CEAP C 3. He has been using OTC analgesics, Vein Formula which has micronized purified flavonoid fraction properties, weight reduction, a daily exercise plan, and wearing compression therapy daily since June; however, remains symptomatic which is effecting ADLS such as carrying groceries to and from the car, cleaning the house, or even walking short distances without having to stop to rest. Visually the left leg is larger when compared to the right. His left thigh measures 17 in, calf 15 in, and ankle 10 in. Right thigh measures 16 in, calf 10 in, and ankle 6 in. Prior to scheduling the

- Pro Air HFA Inhaler 2 Puffs inhaler PRN
- ZyrTEC 10 mg tablet 1 tab(s) orally once a day
- Triamcinolone Acetonide Topical 0.1% paste as directed
- cyclobenzaprine 5 mg tablet 1 tab(s) orally 3 times a day
- Lancet
- multi vitamins 1 tab QD
- Laxative Gentle Suppositories 10 mg suppository 1 SUPP(s) rectally once a day
- Dexcom G6 blood-glucose transmitter

Medication List reviewed and reconciled with the patient

Past Medical History

12/04/2019 CTA- Coronary Artery Disease-mild / Aortic atherosclerosis.
1990 Hypertensive Cardiovascular Disease: Left Ventricular Diastolic Dysfunction.
06/2021 Venous Insufficiency (CEAP C3) Reflux: LGSV & RSSV.
04/28/2021 Peripheral Arterial Disease.
1970 Osteoarthritis.
1985 Diabetes Type II w peripheral neuropathy..
1985 Hyperlipidemia.
1945 Heart Murmur.
Chronic Kidney Disease - Stage II.
2018 Minor Esophageal ulcer on endoscopy..
Sjogren's, bilateral.
Arthritis.
Peripheral Neuropathy.
DIAGNOSTIC TESTING NUCLEAR STRESS TEST: 10/17/2018 Negative.
DIAGNOSTIC TESTING CORONARY CTA: 12/04/2019 Mixed plaque deposition in the proximal and mid segments of the LAD with luminal narrowing less than 25%. LCX and RCA has scattered mild calcific plaque with luminal narrowing of less than 25%. Total calcium score 100. EF 65%..
DIAGNOSTIC TESTING ECHOCARDIOGRAM: 10/09/2020 EF 64%, grade I DD, trace MR/TR/PR, RVSP 24 -> 10/16/2018 EF 65%, grade I DD.
DIAGNOSTIC TESTING ARTERIAL DOPPLER: 04/28/2021 Trace - Mild. Rest ABI's are unreliable due to medial calcinosis. Stress ABI R 1.20 / L 1.20 .

Surgical History

patient for EVRA, I will consider a CTV for assessment of possible May thurner syndrome and thrombotic or non thrombotic tissue disease pattern that may be obstructing the venous return. CT venography is effective for detecting Iliac vein compression syndrome. As iliac vein stenosis approaches closure of up to half the diameter of the normal vein, the incidence of venous thrombosis and clinical symptoms greatly increase. Iliac vein compression with a venous cross-sectional narrowing of > 50% is considered clinically significant. Iliac vein compression syndrome was diagnosed with iliac vein compression complicated with chronic venous disease.

He was recently seen at Waterman Hospital for Regeneron treatment and two weeks later, he tested negative for COVID-19.

MIPS :

BP Education FIRST HYPERTENSIVE BP READING FOLLOW-UP PLAN: **Follow-up 1 month**, LIFESTYLE RECOMMENDATION: **Lifestyle education**.

Vital Signs

Wt **242**, Ht 65.5, BMI **39.65**, HR **75**, RR **18**, BP **130/80**, Temp **97.4**

Patient was asked if they have experienced any Covid-19 related symptoms including fever,dry cough, tiredness, aches and pains, sore throat or diarrhea and patient declines having felt any of these symptoms in the last 2 week. They further denied having travelled out side the county within the same time frame.

Examination

General examination:

General appearance: No apparent distress, well built and nourished.
HEENT unremarkable.
Oral cavity: Pink & moist.
Neck, thyroid : supple, no lymphadenopathy.
Heart: PMI in 5th intercostal space to midclavicular line, normal S1S2, there is systolic murmur grade 1-2/6 in the right and left sternal border. There is no click, diastolic murmur or gallop rhythm noted..
Lungs: good air entry bilaterally, clear to auscultation.
Abdomen: soft, NT/ND, BS present.
Neurologic exam: No focal or generalized deficit noted.
Skin: normal, no rash, good skin turgor, moist, warm.
Peripheral pulses: normal (2+) bilaterally.
Extremities: spider veins noted, varicose veins noted, bilateral edema noted.

Assessments

1. Venous insufficiency (chronic) (peripheral) - I87.2 (Primary)
2. Coronary artery Disease with other forms of angina pectoris - I25.118
3. Hypertensive heart disease w/o heart failure - I11.9
4. Obesity, unspecified - E66.9

Treatment

12/02/2015 Spinal Surgery
Right arm Radial Tunnel Release 2017
RH Trig finger 4 & 5 release 2017
Lumbar Fusion 2015
LH Trig finger 4 and 5 2014
LH Trigger finger 2013
Left Shoulder Arthoroscopic -Rotator Cuff 2011
RH Trigger Finger 2009
Rt Shoulder Arthroscopic - Roatator Cuff 2006
LH Carpel Tunnel 2002
RH Carpal Tunnel 1999
Lt Knee Arthroscopoic 1995
Lt Arm Nerve release 1987
Wisdom Teeth 1975
Rt Clubfoot Surgery 1950/60

Family History

Father: deceased 76 yrs, diagnosed with Heart Disease
Mother: deceased 75 yrs

Social History

Smoking Patient is a **nonsmoker**.
Exercise: yes, Three times a weeks, does flixiblity exercise..
Caffeine: Couple of cups of coffee a day..
Alcohol Screen How often did you have a drink containing alcohol in the past year? **never (o points)**, Points **0**, Interpretation **Negative**.
no Alcohol.

Allergies

Penicillin: rash
lisinopril: Allergy

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

:
Head and neck Pt denies headache or visual disturbances, denies dizziness or lightheadedness.. ENT Pt denies sinus congestion,nasal congestion,denies hoarseness of voice..
RespiratorySystem Patient denies shortness of breath with exertion,denies orthopnea,denies cough.
Cardiovascular System Pt denies chest pain and palpitation..

1. Venous insufficiency (chronic) (peripheral)
Continue Vein Formula capsule, 1 Cap, PO, Daily
Continue Hyland's Leg Cramps sublingual tablet
Continue Juxta Circaid Legging compression therapy, 20 mmHg - 30 mmHg, as directed, use daily
LAB: Bun/ Creatinine
IMAGING: CT Venography of inferior vena cava: Right and left iliac veins & common femoral veins - with contrast

Notes: As you recall the patient has known venous insufficiency. Visually the left leg is larger when compared to the right. His left thigh measures 17 in, calf 15 in, and ankle 10 in. Right thigh measures 16 in, calf 10 in, and ankle 6 in. Prior to scheduling the patient for EVRA, I will consider a CTV for assessment of possible May thurner syndrome and thrombotic or non thrombotic tissue disease pattern that may be obstructing the venous return. CT venography is effective for detecting Iliac vein compression syndrome. As iliac vein stenosis approaches closure of up to half the diameter of the normal vein, the incidence of venous thrombosis and clinical symptoms greatly increase. Iliac vein compression with a venous cross-sectional narrowing of > 50% is considered clinically significant. Iliac vein compression syndrome was diagnosed with iliac vein compression complicated with chronic venous disease.

2. Coronary artery Disease with other forms of angina pectoris
Continue Losartan Potassium tablet, 50 mg, 1 tab(s), orally, once a day
Continue verapamil capsule, extended release, 180 mg/24 hours, 1 cap(s), orally, twice a day
Continue atorvastatin tablet, 40 mg, 1 tab(s), orally, once a day (at bedtime)
Continue Plavix tablet, 75 mg, TAKE 1 TABLET BY MOUTH ONCE DAILY
Continue fenofibrate tablet, 160 mg, 1 tab(s), orally, once a day
Notes: The patient has coronary artery disease which will be managed with aggressive multi-disciplinary modalities of life-style modification, including exercise, diet and medication. Currently on appropriate medical therapy and is symptom free from any angina. Irrespective of a normal lipid panel, statin is recommended to reduce the inflammation to decelerate plaque buildup. Patient Educated with: http://www.heart.org (http://www.heart.org).

3. Hypertensive heart disease w/o heart failure
Continue hydrochlorothiazide-triamterene capsule, 25 mg-37.5 mg, 1 cap(s), orally, once a day
Notes: According to the 2017 guideline update of the "Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure", for those patient's with a history of chronic kidney disease, diabetes, known stable cardiovascular disease, stroke, TIA, or lacunar stroke, a blood pressure target of less than 130/80 mm Hg is recommended.

Gastrointestinal system Denies nausea,vomiting,diarrhea or constipation. Genito Urinary System Unremarkable. Musculoskeletal System c/o aching, pain, and night time cramping in legs. Neurological System Denies numbness or weakness. Psychological Evaluation Denies h/o depression, anxiety or stress.

4. Obesity, unspecified
Notes: We discussed regular exercise. It increases vagal tone and decreases heart rate and thereby decreases the risk of malignant ventricular arrhythmias and sudden death. Regular exercise may also directly increase coronary artery size, promote collateral vessel development and improve coronary artery vasomotion.Exercise also increases stroke volume, insulin sensitivitiy and HDL as well as lowering triglycerides The American Heart Associated recommends moderate-intensity aerobic physical activity for a minimum of 30 mins 5 days a week or vigorous-intensity activity for a minimum of 20 mins 3 days a week.

5. Others
Notes: Patient has been advised to follow with the PCP for all non cardiac care. I recommend the patient keep the log of symptoms such as chest-pain, shortness of breath, palpitation or any relevant cardiac symptoms and call the office, should symptoms occur. The plan and care discussed today was verified with the patient with repeat back protocol.

Preventive Medicine

Smoking Counseling: Smoking Cessation discussed on **09/22/2021 Patient is non smoker**.
Diet Counseling: Diet counseling **Yes Patient's risk factors and disease process discussed in detail and lifestyle modification was discus, sed. I have asked the patient to lose excess weight and achieve normal body weight BMI 18.5 -24.9 kg**.
Education: - Patient education materials given: **Yes**.
CoVid 19: CoVid 19 The patient has been educated that with the risk of COVID-19. The following are CDC General Prevention precautions the patient have been asked to follow: Stay home when you are sick. Avoid contact with people who are sick. Get adequate sleep and eat well-balanced meals. Wash hands often with soap and water- 20 seconds or longer. Dry hands with clean towel or air dry your hands. Avoid touching your eyes, nose, or mouth with unwashed hands or after touching surfaces. Cover your mouth with a tissue or sleeve when coughing or sneezing. Clean and disinfect "high touch" surfaces often. Call before visiting your doctor. The patient has been advised to self monitor for fever, cough, or other respiratory symptoms for 14 days and delay any additional travel plans until no longer sick. .
BMI CARE goal follow up plan: BMI COUNSELLING Above Normal BMI Follow-up **Dietary management education, guidance, and counseling**.

Procedure Codes

G8451 PT W/ABN LVEF INELIG B-BLOC
G9744 Not eligible due to active Dx HTN
G8783 Screening for High BP/ Preventive Care

G8417 BMI >=30 CALCUATE W/FOLLOWUP
G8427 DOC MEDS VERIFIED W/PT OR RE
G9903 Pt scrn tbco id as non user
1036F TOBACCO NON-USER Current

Follow Up
CT venography + follow up

Electronically signed by Sherali Gowani MD,F.A.C.C on 09/22/2021 at 09:55 AM EDT

Sign off status: Completed

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Progress Note: Sherali Gowani, MD. F.A.C.C 09/22/2021

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75 Y old Male,DOB:10/18/1945
Account Number: 118814
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Home: 407-739-6491
Referring: Stephen Tang, MD

06/24/2021 **Follow up test results: Sherali Gowani, MD. F.A.C.C**

Current Medications

Taking
- Plavix 75 mg tablet TAKE 1 TABLET BY MOUTH ONCE DAILY
- Losartan Potassium 50 mg tablet 1 tab(s) orally once a day
- atorvastatin 40 mg tablet 1 tab(s) orally once a day (at bedtime)
- verapamil 180 mg/24 hours capsule, extended release 1 cap(s) orally twice a day
- hydrochlorothiazide-triamterene 25 mg-37.5 mg capsule 1 cap(s) orally once a day
- metFORMIN 500 mg tablet, extended release 1 tab(s) orally once a day
- gabapentin 100 mg capsule 1 cap(s) orally 3 times a day
- tamsulosin 0.4 mg capsule 1 cap(s) orally once a day
- pantoprazole 40 mg delayed release tablet 1 tab(s) orally once ever other day
- fluticasone nasal 50 mcg/inh spray 1 spray(s) intranasally prn
- Pro Air HFA Inhaler 2 Puffs inhaler PRN
- ZyrTEC 10 mg tablet 1 tab(s) orally once a day
- Triamcinolone Acetonide Topical 0.1% paste as directed
- cyclobenzaprine 5 mg tablet 1 tab(s) orally 3 times a day
- Lancet
- multi vitamins 1 tab QD
- Laxative Gentle Suppositories 10 mg suppository 1 SUPP(s) rectally once a day

Reason for Appointment

1. 75 year old male who presents to the office to reivew the results of the venous reflux doppler

History of Present Illness

Cardiovascular Assessment:

This is a 75 year old male with a medical history of coronary artery disease, hypertension, left ventricular diastolic dysfunction, hyperlipidemia, Chronic Kidney Disease Stage II, Sjogren's, bilateral osteoarthritis, and diabetes.

The patient reported lower extremity discomfort. He will have aching and pain in the legs which is worse with exertion and improves with cessation of activity. He also has some night time cramping. Visually there are some varicose and spider veins with trace bilateral edema. Arterial doppler noted trace to mild atherosclerotic plaquing which risk factor modification and medical therapy is recommended. His symptoms have been occurring with an increased pattern which are compromising his lifestyle. Patient's CEAP (Clinical Etiology Anatomy Pathophysiology) classification places him at C3; therefore, he was scheduled for a venous reflux study which notes the left great saphenous vein is dilated at 8.20 m and is demonstrating severe reflux. The reflux is from the saphenofemoral junction to the distal calf region with a reflux time of 2622 ms. The right small saphenous vein is dilated measuring 4.3 mm and has 3482 ms of reflux, representing severe insufficiency. He would be a good candidate for endovenous radio frequency ablations; however, he has been advised to use compression therapy and will re evaluate in 3 months. If symptoms continue, will consider endovenous radio frequency ablations. Patient has asked to continue OTC analgesics as needed. S/E of analgesic abuse advised. Weight reduction and a daily exercise plan with a walking goal of 45-60 minutes prior to onset of claudication pain (if any) then rest until the pain subsides and repeat the cycle. Patient is recommended to use

- Humalog 100 units/mL solution o subcutaneously
- Tandem X2 insulin pump
- Dexcom G6 blood-glucose transmitter
- fenofibrate 160 mg tablet 1 tab(s) orally once a day

Medication List reviewed and reconciled with the patient

Past Medical History

12/04/2019 CTA- Coronary Artery Disease-mild / Aortic atherosclerosis.
1990 Hypertensive Cardiovascular Disease: Left Ventricular Diastolic Dysfunction.
06/2021 Venous Insufficiency (CEAP C3) Reflux: LGSV & RSSV.
04/28/2021 Peripheral Arterial Disease.
1970 Osteoarthritis.
1985 Diabetes Type II w peripheral neuropathy..
1985 Hyperlipidemia.
1945 Heart Murmur.
Chronic Kidney Disease - Stage II.
2018 Minor Esophageal ulcer on endoscopy..
Sjogren's, bilateral.
Arthritis.
Peripheral Neuropathy.
DIAGNOSTIC TESTING NUCLEAR STRESS TEST: 10/17/2018 Negative.
DIAGNOSTIC TESTING CORONARY CTA: 12/04/2019 Mixed plaque deposition in the proximal and mid segments of the LAD with luminal narrowing less than 25%. LCX and RCA has scattered mild calcific plaque with luminal narrowing of less than 25%. Total calcium score 100. EF 65%..
DIAGNOSTIC TESTING ECHOCARDIOGRAM: 10/09/2020 EF 64%, grade I DD, trace MR/TR/PR, RVSP 24 -> 10/16/2018 EF 65%, grade I DD.
DIAGNOSTIC TESTING ARTERIAL DOPPLER: 04/28/2021 Trace - Mild. Rest ABI's are unreliable due to medial calcinosis. Stress ABI R 1.20 / L 1.20 .

Surgical History

12/02/2015 Spinal Surgery
Right arm Radial Tunnel Release 2017
RH Trig finger 4 & 5 release 2017
Lumbar Fusion 2015
LH Trig finger 4 and 5 2014
LH Trigger finger 2013

Vein Formula vitamin which has a micronized purified flavonoid fraction in it's properties. Patient is also recommended to try Hyland's leg cramps which is an over the counter natural relief of stiffness, pains in limbs, joints and legs, and cramps in calves, feet and legs.

Lower Extremity Venous Reflux Doppler:

Lower extremity Venous Reflux doppler and Duplex Exam done at Gowani Medical Associates on 06/14/2021

Findings:

Great Saphenous Vein: No evidence of superficial venous reflux noted in the right great saphenous vein. The left great saphenous vein is dilated at 8.20 m and is demonstrating severe reflux. The reflux is from the saphenofemoral junction to the distal calf region with a reflux time of 2622 ms.

Small Saphenous Vein: The right small saphenous vein is dilated measuring 4.3 mm and has 3482ms ms of reflux, representing severe insufficiency. No evidence of superficial venous reflux noted in the left small saphenous vein.

Deep Systems: There is spontaneous, phasic, augmented flow, all vessels are compressible and no luminal thrombus is seen. There is no DVT identified bilaterally.

MIPS :

BP Education PRE-HYPERTENSIVE FOLLOW-UP PLAN: **Patient follow-up planned and scheduled**, LIFESTYLE RECOMMENDATION: **Lifestyle education**.

Vital Signs

Wt **249**, Ht 65.5, BMI **40.80**, HR **70**, RR **18**, BP **128/78**, Temp **97.5**

Patient was asked if they have experienced any Covid-19 related symptoms including fever,dry cough, tiredness, aches and pains, sore throat or diarrhea and patient declines having felt any of these symptoms in the last 2 week. They further denied having travelled out side the county within the same time frame.

Examination

General examination:

General appearance: No apparent distress, well built and nourished.
HEENT unremarkable.
Oral cavity: Pink & moist.
Neck, thyroid : supple, no lymphadenopathy.
Heart: PMI in 5th intercostal space to midclavicular line, normal S1S2, there is systolic murmur grade 1-2/6 in the right and left sternal border. There is no click, diastolic murmur or gallop rhythm noted..
Lungs: good air entry bilaterally, clear to auscultation.
Abdomen: soft, NT/ND, BS present.
Neurologic exam: No focal or generalized deficit noted.
Skin: normal, no rash, good skin turgor, moist, warm.
Peripheral pulses: normal (2+) bilaterally.
Extremities: spider veins noted, varicose veins noted, bilateral edema noted.

Left Shoulder Arthoroscopic -Rotator Cuff 2011
RH Trigger Finger 2009
Rt Shoulder Arthroscopic - Roatator Cuff 2006
LH Carpel Tunnel 2002
RH Carpal Tunnel 1999
Lt Knee Arthroscopoic 1995
Lt Arm Nerve release 1987
Wisdom Teeth 1975
Rt Clubfoot Surgery 1950/60

Family History

Father: deceased 76 yrs, diagnosed with Heart Disease
Mother: deceased 75 yrs

Social History

Smoking Patient is a **nonsmoker**.
Exercise: yes, Three times a weeks, does flixiblity exercise..
Caffeine: Couple of cups of coffee a day..
Alcohol Screen How often did you have a drink containing alcohol in the past year? **never (0 points)**, Points **0**, Interpretation **Negative**.
no Alcohol.

Allergies

Penicillin: rash
lisinopril: Allergy

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

:
Head and neck Pt denies headache or visual disturbances, denies dizziness or lightheadedness.. ENT Pt denies sinus congestion,nasal congestion,denies hoarseness of voice..
RespiratorySystem Patient denies shortness of breath with exertion,denies orthopnea,denies cough.
Cardiovascular System Pt denies chest pain and palpitation..
Gastrointestinal system Denies nausea,vomiting,diarrhea or constipation. Genito Urinary System Unremarkable.
Musculoskeletal System c/o aching, pain, and night time

Assessments

1. Venous insufficiency (chronic) (peripheral) - I87.2 (Primary)
2. Coronary artery Disease with other forms of angina pectoris - I25.118
3. Hypertension - I10
4. Hyperlipidemia, unspecified - E78.5
5. Obesity, unspecified - E66.9
6. Diabetes mellitus II w/o complications - E11.9

Treatment

1. Venous insufficiency (chronic) (peripheral)
Start Vein Formula capsule, 1 Cap, PO, Daily, 60, 60, Refills 5
Start Hyland's Leg Cramps sublingual tablet
Start Juxta Circaid Legging compression therapy, 20 mmHg - 30 mmHg, as directed, use daily, 2, Refills 0
Notes: There is a significant amount of reflux noted in the right short saphenous vein and left great saphenous vein which endovenous radio frequency ablations is recommended; however, he has been advised to use compression therapy and will re evaluate in 3 months. If symptoms continue, will consider endovenous radio frequency ablations. He has been advised to continue OTC analgesics, Vein Formula which has micronized purified flavonoid fraction properties, weight reduction, a daily exercise plan, and wearing compression therapy daily. Patient is also recommended to try Hyland's leg cramps which is an over the counter natural relief of stiffness, pains in limbs, joints and legs, and cramps in calves, feet and legs. Patient Educated with: Compression Therapy.pdf (Compression Therapy.pdf).

2. Coronary artery Disease with other forms of angina pectoris
Continue Plavix tablet, 75 mg, TAKE 1 TABLET BY MOUTH ONCE DAILY
Continue Losartan Potassium tablet, 50 mg, 1 tab(s), orally, once a day
Continue verapamil capsule, extended release, 180 mg/24 hours, 1 cap(s), orally, twice a day
Notes: The patient has coronary artery disease which will be managed with aggressive multi-disciplinary modalities of life-style modification, including exercise, diet and medication. Currently on appropriate medical therapy and is symptom free from any angina. Irrespective of a normal lipid panel, statin is recommended to reduce the inflammation to decelerate plaque buildup.

3. Hypertension
Continue hydrochlorothiazide-triamterene capsule, 25 mg-37.5 mg, 1 cap(s), orally, once a day
Notes: According to the 2017 guideline update of the "Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure", for those patient's with a history of chronic kidney disease, diabetes, known

cramping in legs. Neurological System Denies numbness or weakness. Psychological Evaluation Denies h/o depression, anxiety or stress.

stable cardiovascular disease, stroke, TIA, or lacunar stroke, a blood pressure target of less than 130/80 mm Hg is recommended.

4. Hyperlipidemia, unspecified
Continue atorvastatin tablet, 40 mg, 1 tab(s), orally, once a day (at bedtime)
Continue fenofibrate tablet, 160 mg, 1 tab(s), orally, once a day
Notes: I have spoken with the patient and asked the patient to see the PCP so that PCP can follow and manage the LDL to goal.

5. Obesity, unspecified
Notes: We discussed regular exercise. It increases vagal tone and decreases heart rate and thereby decreases the risk of malignant ventricular arrhythmias and sudden death. Regular exercise may also directly increase coronary artery size, promote collateral vessel development and improve coronary artery vasomotion.Exercise also increases stroke volume, insulin sensitivitiy and HDL as well as lowering triglycerides The American Heart Associated recommends moderate-intensity aerobic physical activity for a minimum of 30 mins 5 days a week or vigorous-intensity activity for a minimum of 20 mins 3 days a week.

6. Diabetes mellitus II w/o complications
Continue metFORMIN tablet, extended release, 500 mg, 1 tab(s), orally, once a day
Notes: Patient's Diabetes is managed and followed by PCP. Patient has been advised of strict diet control and meticulous control of Hg A1c. We also discussed cardiac impact of Diabetes Mellitus on cardiovascular health.

7. Others
Notes: Patient has been advised to follow with the PCP for all non cardiac care. I recommend the patient keep the log of symptoms such as chest-pain, shortness of breath, palpitation or any relevant cardiac symptoms and call the office, should symptoms occur. The plan and care discussed today was verified with the patient with repeat back protocol.

Preventive Medicine

Smoking Counseling: Smoking Cessation discussed on **06/24/2021 Patient is non smoker**.
Diet Counseling: Diet counseling **Yes Patient's risk factors and disease process discussed in detail and lifestyle modification was discus, sed. I have asked the patient to lose excess weight and achieve normal body weight BMI 18.5 -24.9 kg**.
Education: - Patient education materials given: **Yes**.
CoVid 19: CoVid 19 The patient has been educated that with the risk of COVID-19. The following are CDC General Prevention precautions the patient have been asked to follow: Stay home when you are sick. Avoid contact with people who are sick. Get adequate sleep and eat

well-balanced meals. Wash hands often with soap and water- 20 seconds or longer. Dry hands with clean towel or air dry your hands. Avoid touching your eyes, nose, or mouth with unwashed hands or after touching surfaces. Cover your mouth with a tissue or sleeve when coughing or sneezing. Clean and disinfect "high touch" surfaces often. Call before visiting your doctor. The patient has been advised to self monitor for fever, cough, or other respiratory symptoms for 14 days and delay any additional travel plans until no longer sick. .
BMI CARE goal follow up plan: BMI COUNSELLING Above Normal BMI Follow-up **Dietary management education, guidance, and counseling**.

Procedure Codes

G9744 Not eligible due to active Dx HTN
G8783 Screening for High BP/ Preventive Care
G8950 Pre HTN reading in Doc & FU
G8754 Most recent DBP < 90 mmHg
G8752 Most recent SBP < 140 mmgh
G8417 BMI >=30 CALCUATE W/FOLLOWUP
G8427 DOC MEDS VERIFIED W/PT OR RE
G9903 Pt scrn tbco id as non user
1036F TOBACCO NON-USER Current

Follow Up

3 Months stocking compliance

Electronically signed by Sherali Gowani MD,F.A.C.C on 06/24/2021 at 10:42 AM EDT

Sign off status: Completed

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