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**Medical Chronology - Disability Case Review**

Date	Provider	Exhibit Number	Fact Text
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  AAAA MMM, PA  XXYX ZZZZ, M.D.	5F pg. 97-99 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Low back pain. Status post cervical fusion. <u>Assessment</u> Fracture, stenosis, sciatica. <u>Plan</u> X-ray of cervical and lumbar spine. MRI of lumbar spine without contrast. Started Neurontin 300mg.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  AAAA MMM, PA  XXYX ZZZZ, M.D.	5F pg. 94-96 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Low back pain. Status post cervical fusion. Persistent numbness and tingling in her left arm with mild onset of posterior neck discomfort. MRI of the lumbar spine reveals a prominent superior endplate Schmorl's node at L3. There is mild degenerative disc disease without evidence of significant stenosis. <u>Assessment</u> Sciatica, degenerative disc disease, radiculitis, cervicalgia. <u>Plan</u> Changed Neurontin 300mg. Start Ultram 50mg.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  XXYX ZZZZ, M.D.	5F pg. 91-93 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Cervical stenosis, radiculitis, cervicalgia, sciatica, low back pain. <u>Plan</u> Started Naproxen 500mg.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  AAAA MMM, PA  XXYX ZZZZ, M.D.	5F pg. 89-90 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Recheck of low back pain. MRI of the cervical spine reveals a stable cervical fusion at C6-7. There is a moderate disc protrusion at C5-6 resulting in moderate left foraminal stenosis. There is a spur noted at C6-7 also resulting in mild foraminal compromise. <u>Assessment</u> Cervical stenosis, radiculitis <u>Plan</u> Referred for left-sided C5-6 epidural steroid injections.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  XXYX ZZZZ, M.D.	5F pg. 87-88 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Recheck for lower back pain. Pain preceded by trauma (fell on MM/DD/YYYY). Persistent neck pain radiation to the left upper extremity. Numbness and tingling in the left arm that is persistent. Post cervical fusion approximately 5 years ago. Recently had the lumbar injection, which helped tremendously. <u>Assessment</u> Radiculitis, cervicalgia <u>Plan</u>

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			Continue conservative care. Recommended anterior cervical discectomy and fusion.
MM/DD/YYYY	ABCD Orthopaedics  XXYX ZZZZ, M.D.	5F pg. 86 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Cervicalgia <u>Plan</u> Cervical collar.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  XXYX ZZZZ, M.D.	5F pg. 85 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Follow up for radiculitis. <u>Plan</u> Started Medrol pak 4mg.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  AAAA MMM, PA  MMMM DDDD, M.D.	5F pg. 83-84 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Postoperative follow-up visit for neck. Cervical Spine X-ray reveals a stable cervical fusion at C5-C6 and C6. Instrumentation appears intact and without hardware difficulty. <u>Assessment</u> Radiculitis, cervicalgia <u>Plan</u> Started Cyclobenzaprine 10mg.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  XXYX ZZZZ, M.D.	5F pg. 81-82 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Postoperative follow-up visit for neck. Cervical Spine X-ray demonstrates a stable adjacent level fusion. She has good graft incorporation at C5-6. <u>Plan</u> Physical therapy.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  XXYX ZZZZ, M.D.	5F pg. 79-80 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Postoperative follow-up visit for the neck. Cervical Spine X-ray demonstrates a stable revision cervical fusion at C5-6 above her previous fusion. <u>Plan</u> Started Skelaxin 800mg, Mobic 15mg.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  XXYX ZZZZ, M.D.	5F pg. 77-78 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Postoperative follow-up visit for the neck. Cervical Spine X-ray showed stable revision cervical fusion. <u>Assessment</u> Cervical spinal fusion, cervicalgia <u>Plan</u> PT evaluation.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's	5F pg. 75-76 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Postoperative follow-up visit for neck, complicated with shoulder pain. Some persistent upper back and posterior neck discomfort.

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	XXYX ZZZZ, M.D.		Cervical Spine X-ray demonstrates a stable revision of cervical fusion C5-6 and C6-7. <u>Assessment</u> Cervicalgia, radiculitis. <u>Plan</u> Electromyography.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  CXXX AAA, M.D.	5F pg. 73-74 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Right foot pain. <u>Assessment</u> Fracture closed metatarsal. <u>Plan</u> Equalizer walker.
MM/DD/YYYY	ABCD Orthopaedics – St. BBBB's  CXXX AAA, M.D.	5F pg. 71-72 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Recheck of right foot 5 <sup>th</sup> metatarsal fracture. Healing fifth metatarsal avulsion fracture. <u>Assessment</u> Follow-up after surgery <u>Plan</u> X-ray of the right foot. ASO ankle brace.
MM/DD/YYYY	ABCD Orthopaedics YZYZ Regional Office  SSSS PPPP, M.D.	5F pg. 69-70 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Left hand numbness and tingling for severe years. <u>Assessment</u> Cubital tunnel syndrome, left, carpal tunnel syndrome of left wrist <u>Plan</u> Given Depo-Medrol into the left carpal tunnel.
MM/DD/YYYY	ABCD Orthopaedics YZYZ Regional Office  XXYX ZZZZ, M.D.	5F pg. 67-68 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Chronic lumbar back pain <u>Assessment</u> Low back pain, bursitis of the right hip. <u>Plan</u> Given Depo-Medrol 40mg injection at the hip. Started Mobic 7.5mg. Restarted Cyclobenzaprine 10mg.
MM/DD/YYYY	ABCD Orthopaedics  ABCD XXXX, PT	5F pg. 60-65 of 104	<b>PT treatment (6 sessions)</b> <u>Treatment diagnosis</u> Low back pain <u>Treatment rendered</u> Manual therapy, therapeutic exercise, neuromuscular re-education. <u>Dates of treatment:</u> MM/DD/YYYY, MM/DD/YYYY, MM/DD/YYYY, MM/DD/YYYY, MM/DD/YYYY, MM/DD/YYYY
MM/DD/YYYY	ABCD Orthopaedics YZYZ Regional Office	5F pg. 58-59 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Chronic lumbar back pain. <u>Assessment</u> Bursitis of right hip, cervical spinal fusion, Degenerative disc disease

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	XXYX ZZZZ, M.D.		<u>Plan</u> Given Depo-Medrol 40mg injection at the hip.
MM/DD/YYYY	XXXX Medical Care  XABC, VA CXXX AAA, NP	6F pg. 39-41 of 41	<b>Orthopedic visit</b> <u>Seen for</u> Lumbar pain. No relief from the injection in her lumbar but hip pain is better. <u>Assessment</u> Sacroiliitis, lumbar spondylosis <u>Plan</u> Planned right lumbar medial branch block at L2-L5.
MM/DD/YYYY	XXXX Medical Care  XABC, VA	6F pg. 37-38 of 41	<b>Right lumbar medial nerve branch block injection at L2, L3, L4, L5</b> Procedure report <u>Performed by</u> XXXX XYZX, M.D. <u>Indications</u> Lumbosacral spondylosis <u>Procedure</u> Right lumbar medial nerve branch block injection <u>Levels of medial branch of dorsal rami</u> L2, L3, L4, L5 <u>Return visit</u> Follow up with nurse practitioner in 1 week.
MM/DD/YYYY	XXXX Medical Care  XABC, VA CXXX AAA, NP	6F pg. 35-36 of 41	<b>Orthopedic visit</b> <u>Seen for</u> Lumbar pain. She reports relief from the injection for about 24 hours. Lyrica didn't help. <u>Assessment</u> Lumbar spondylosis. <u>Plan</u> Proceed with right lumbar radiofrequency at L2-L5.
MM/DD/YYYY	XXXX Medical Care  XABC, VA	6F pg. 32-34 of 41	<b>Right medial branch, radiofrequency facet denervation, and Rhizotomy under fluoroscopy at L2, L3, L4, L5</b> Procedure report <u>Performed by</u> XXXX XYZX, M.D. <u>Indication</u> Lumbosacral spondylosis <u>Procedure</u> Right medial branch, radiofrequency facet denervation, and Rhizotomy under fluoroscopy. <u>Level of the medial branch of the dorsal rami</u> L2, L3, L4, L5 <u>Return visit</u> Follow up with nurse practitioner in 5 weeks.
MM/DD/YYYY	XXXX Medical Care	6F pg. 30-31 of 41	<b>Orthopedic visit</b> <u>Seen for</u> Lumbar pain. No relief following her right lumbar radiofrequency was

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	XABC, VA CXXX AAA, NP		done 5 weeks ago. <u>Assessment</u> Lumbar spondylosis <u>Plan</u> Prescribed Tizanidine 2mg.
MM/DD/YYYY	XYZ Clinic  JXXD YYY M.D.	4F pg. 5- 6 of 339	<b>Clinic note</b> <u>Seen for</u> Acute bronchitis. Restarted Prednisone 20mg.
MM/DD/YYYY	XYZ Clinic  MMMM PPPP, M.D.	4F pg. 7- 8 of 339	<b>Clinic note</b> <u>Seen for</u> Had a fall 2 weeks ago that led to pain in her right hip shooting to her lower back and toes. Right calf pain, acquired hypothyroidism.
MM/DD/YYYY	BXD SYZ MXM Medical Center  JXXD YYY M.D.	8F pg. 50-54, 141-142, 143-144 of 276	<b>Emergency Department note</b> <b>Duplex lower extremity venous right</b> <b>X-ray of lumbar spine</b> <u>Seen for</u> Lower extremity edema and back pain.  X-ray of lumbar spine <u>Read by</u> TTXX BBB, M.D. <u>Impression</u> Normal study  Duplex lower extremity venous right <u>Read by</u> TTXX BBB, M.D. <u>Impression</u> Negative for DVT.  <u>Plan</u> Valium 5mg, Motrin 600mg.
MM/DD/YYYY	XYZ Clinic  LXXX ABCD, PA-C  JXXD YYY M.D.	4F pg. 9- 10, 326- 327 of 339	<b>Clinic note</b> <b>X-ray of the right foot</b> <u>Seen for</u> Right foot pain. Went to the ER last visit and still having pains.  X-ray of the right foot <u>Read by</u> XXXX XYZX, M.D. <u>Impression</u> Mild soft tissue swelling over the dorsum of the foot. Chronic calcaneal spurs.  <u>Assessment</u> Right foot injury <u>Plan</u>

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			Referred to ABCD XYZX, M.D. (Orthopedic)
MM/DD/YYYY	CXX Hospital JXXD YYY M.D.	4F pg. 268-269 of 339	<b>Orthopedic visit</b> <u>Seen for</u> Pain and injury of right ankle and right foot. <u>Assessment</u> Right foot sprain <u>Plan</u> Carbon footplate.
MM/DD/YYYY	CXX Hospital JXXD YYY M.D.	4F pg. 270-271 of 339	<b>Orthopedic visit</b> <u>Seen for</u> Follow up and pain of right foot and ankle. <u>Assessment</u> Sprain of another ligament of right ankle, right foot sprain. <u>Plan</u> X-ray of the right foot. Physical therapy.
MM/DD/YYYY	XYZ Clinic MXNX BBBB, M.D.	4F pg. 11-13 of 339	<b>Clinic note</b> <u>Seen for</u> Constant pain, fatigue, dizziness, and sweating x 3-4 months. Myalgia entire body. Check labs.
MM/DD/YYYY	MXM Medical Center	4F pg. 329-330 of 339	<b>Bilateral screening mammogram</b> <u>Read by</u> XXXX XYZX, M.D. <u>Impression</u> BI-RADS 1 – negative
MM/DD/YYYY	XYZ Clinic MXNX BBBB, M.D.	4F pg. 14-15 of 339	<b>Clinic note</b> <u>Seen for</u> Discuss lab results. Pain in multiple joints. Myalgia. Fatigue. <u>Plan</u> Referred ABBD XYZX, M.D. (Rheumatology)
MM/DD/YYYY	XYZ Clinic JXXD YYY M.D.	4F pg. 16-17 of 339	<b>Clinic note</b> <u>Seen for</u> Acute upper respiratory infection, throat pain.
MM/DD/YYYY	XYZ Clinic JXXD YYY M.D.	4F pg. 18-19 of 339	<b>Clinic note</b> <u>Seen for</u> Upper respiratory infection of multiple sites, cough, shortness of breath.
MM/DD/YYYY	XYZ Clinic MXNX BBBB, M.D.	4F pg. 20-21 of 339	<b>Clinic note</b> <u>Seen for</u> Upper respiratory infection of multiple sites.
MM/DD/YYYY	XYZ Clinic	4F pg. 22-23 of 339	<b>Clinic note</b> <u>Seen for</u> Asthmatic bronchitis with acute exacerbation

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	JXXD   YYY M.D.		<u>Plan</u> Start Fluticasone-Salmeterol 113/14mcg/act, prednisone 20mg, Benzonatate 100mg. Referred to JJJJ QQQ, M.D. (pulmonary disease).
MM/DD/YYYY	XYZ Clinic  MXNX BBBB, M.D.	4F   pg. 24-25 of 339	<b>Clinic note</b> <u>Seen for</u> Persistent right low back pain x 14 years, since MVA 2004. Right anterior hip pain. <u>Assessment</u> Acute right-sided low back pain, acute right hip pain, obesity. <u>Plan</u> Start Diclofenac Sodium 50mg.
MM/DD/YYYY	XZYX Hospital XABC, VA  CXDF   XXX, M.D.	4F   pg. 180-187 of 339	<b>Emergency Department note</b> <u>Seen for</u> Fall on outstretched hand. <u>Diagnosis</u> Closed radial head fracture, right elbow fracture, left ankle sprain.
MM/DD/YYYY	ABCD Orthopaedics  YZYZ Regional Office  MXNX BBBB, M.D.	5F   pg. 56-57 of 104	<b>Orthopedic visit</b> <u>Seen for</u> Right elbow pain and left ankle pain. <u>Assessment</u> Closed displaced fracture of head of right radius, moderate ankle sprain, left <u>Plan</u> Start PT. Continue ice and pain control as needed
MM/DD/YYYY	XZYX Hospital XABC, VA  BCAD   LLLL, M.D.	4F   pg. 188-194, 196 of 339	<b>Emergency Department note</b> <u>Seen for</u> Asthma exacerbation. <u>Procedure</u> X-ray of chest <u>Read by</u> XXXX XZYX, M.D. <u>Impression</u> Negative
MM/DD/YYYY	ABCD Primary care  XYZ Clinic  JXXD   YYY M.D.	4F   pg. 26-27 of 339	<b>Clinic note</b> <u>Seen for</u> Asthmatic bronchitis <u>Plan</u> Started Ipratropium-Albuterol. Restarted Benzonatate.
MM/DD/YYYY	ABCD Primary care  XYZ Clinic	4F   pg. 28-29 of 339	<b>Clinic note</b> <u>Seen for</u> Asthmatic bronchitis. Back strain. <u>Plan</u> Start Hydrocodone-Acetaminophen 5-325mg. Add Naproxen.

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	JXXD    YYY M.D.		
MM/DD/YYYY	ABCD Primary care  XYZ Clinic  RRRR    SSSS, PA-C	4F    pg. 30-31, 331    of 339	<p><b>Clinic note</b>  <b>X-ray of right ribs/chest</b>  <u>Seen for</u>  Rib pain on the right side. Two separate falls, one on 03/15 and one on 03/28. Went to the ER after the first fall and was diagnosed with a right elbow fracture and ankle sprain. Did not seek evaluation after more recent fall. Starts PT tomorrow for his elbow and ankle. Worsening right mid back and flank pain. Landed on the right side during 2<sup>nd</sup> fall.</p> <p>X-ray of right ribs/chest  <u>Read by</u>  XXXX XYZX, M.D.  <u>Impression</u>  Negative exam.</p> <p><u>Plan</u>  Splint with coughing, Tylenol/Ibuprofen for pain.</p>
MM/DD/YYYY	ABCD Orthopaedics  ABCD    XXXX, PT  GGG    RRRR, DPT, ATC  LLLL    PPPP, LPTA, CMT	5F    pg. 42-46, 49-50, 54-55    of 104	<p><b>PT treatment (8 sessions)</b>  <u>Treatment diagnosis</u>  Acute left ankle pain, right elbow pain, closed displaced fracture of the head of the right radius with routine healing.  <u>Treatment rendered</u>  Manual therapy, therapeutic exercise, ultrasound  <u>Dates of treatment:</u>    MM/DD/YYYY,    MM/DD/YYYY,  MM/DD/YYYY, MM/DD/YYYY, MM/DD/YYYY, MM/DD/YYYY,  MM/DD/YYYY, MM/DD/YYYY</p>
MM/DD/YYYY	ABCD Orthopaedics  MXNX    BBBB, M.D.	4F    pg. 275-278 of 339	<p><b>Orthopedic visit</b>  <u>Seen for</u>  Right elbow and left ankle pain. Seen recently after a fall where she sustained an impacted radial head fracture. Been treated conservatively and notes recurrent falls that occurred recently. He landed on his right elbow. X-rays of the right elbow done today showed evidence of her impacted radial head fracture with approximately 3 mm of impaction. X-rays of the right wrist including a scaphoid view and 3 views done today show no evidence of acute fracture. Mild degenerative changes were noted.</p> <p><u>Assessment</u>  Closed displaced fracture of head of right radius with routine healing, right elbow pain, acute left ankle pain, De Quervain's tenosynovitis of right.</p> <p><u>Plan</u>  Continue PT. Have a thumb spica wrist splint that she will wear at this time.</p>



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MM/DD/YYYY	ABCD Primary care XYZ Clinic  JXXD YYY M.D.	4F pg. 32-33, 333-334, 335-336 of 339	<p><b>Clinic note</b></p> <p><b>X-ray of lumbar spine</b></p> <p><b>X-ray of thoracic spine</b></p> <p><u>Seen for</u>            Acute bilateral thoracic back pain, and lumbar back pain.</p> <p>X-ray of lumbar spine</p> <p><u>Read by</u>            XXXX XYZX, M.D.</p> <p><u>Impression</u>            Mild arthritic changes.</p> <p>X-ray of thoracic spine</p> <p><u>Read by</u>            XXXX XYZX, M.D.</p> <p><u>Impression</u>            No acute bony abnormality.</p> <p><u>Plan</u>            Referred to XXXX XYZX, M.D. (Orthopedic). Start Cyclobenzaprine 10mg.</p>
MM/DD/YYYY	ABCD Orthopaedics  MXNX BBBB, M.D.	4F pg. 279-281 of 339	<p><b>Orthopedic visit</b></p> <p><u>Seen for</u>            Right elbow pain. X-rays of the right elbow showed evidence of her impacted radial head fracture with no changes since her previous X-rays. X-ray of right wrist including a scaphoid view 3 views done previously show no evidence of acute fracture. Mild degenerative changes were noted. X-ray of the left ankle done previously shows no evidence of acute fracture or displacement.</p> <p><u>Assessment</u>            Closed displaced fracture of the head of the right radius with routine healing</p> <p><u>Plan</u>            Continue PT.</p>
MM/DD/YYYY	ABCD Orthopaedics  MXNX BBBB, M.D.	4F pg. 282-284 of 339	<p><b>Orthopedic visit</b></p> <p><u>Seen for</u>            Right elbow pain. X-ray of their right elbow showed evidence of an impacted radial head fracture with no changes since her previous X-rays.</p> <p><u>Plan</u>            Continue physical therapy.</p>
MM/DD/YYYY	ABCD Orthopaedics  MXNX BBBB, M.D.	4F pg. 285-288 of 339	<p><b>Orthopedic visit</b></p> <p><u>Seen for</u>            Right elbow pain. X-ray of his right elbow showed evidence of an impacted radial head fracture with no changes since her previous X-rays.</p> <p><u>Assessment</u>            Right shoulder impingement, closed displaced fracture of head of the</p>

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			right radius with routine healing. <u>Plan</u> Given Depo-Medrol 80mg/2ml injection in the right shoulder.
MM/DD/YYYY	ABCD Primary care XYZ Clinic  MMMM TTTT, CRNP	4F pg. 34-35 of 339	<b>Clinic note</b> <u>Seen for</u> Pain in the right leg, neck pain, and lower back. Fatigue, sensation of fluttering. <u>Assessment</u> Intermittent palpitations, leg edema.
MM/DD/YYYY	ABCD Primary care XYZ Clinic  MMMM TTTT, CRNP	4F pg. 36-37 of 339	<b>Clinic note</b> <u>Seen for</u> Acute torticollis, Herpes Zoster without complications <u>Plan</u> Start Valtrex 1 gm.
MM/DD/YYYY	ABCD Primary care XYZ Clinic  MMMM TTTT, CRNP	4F pg. 38-39 of 339	<b>Clinic note</b> <u>Seen for</u> Herpes Zoster without complications, post-herpetic neuralgia. <u>Plan</u> Gabapentin at night for pain.
MM/DD/YYYY	ABCD Primary care XYZ Clinic  MMMM TTTT, CRNP	4F pg. 40-41 of 339	<b>Clinic note</b> <u>Seen for</u> Post herpetic neuralgia, nausea, Herpes Zoster without complications. <u>Plan</u> Start Tramadol 50mg. Restarted Zofran 4mg. Increase Gabapentin to 2 tablets 3 times a day.
MM/DD/YYYY	BXD SYZ MXM Medical Center  ABCD XYZ, M.D.	8F pg. 44-49, 38-39, 82-83, 118-119 of 276	<b>Emergency Department note</b> Admission MM/DD/YYYY Discharge MM/DD/YYYY  <b>Left heart catheterization, coronary artery angiography, left ventriculography, PCI, and stenting of the right coronary artery at 3 sites.</b> <b>Electrocardiogram</b> <b>X-ray of chest</b> <u>Seen for</u> Acute STEMI involving the right coronary artery  <u>Procedures</u> <u>MM/DD/YYYY</u> X-ray of chest <u>Read by</u> JJJJ BBBB, M.D. <u>Impression</u> Normal study.

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			<p>Electrocardiogram</p> <p><u>Impression</u>                      Sinus rhythm with 2<sup>nd</sup> degree AV block (Mobitz I). ST elevation is considered an inferior injury or acute infarct. Acute MI/STEMI. Consider right ventricular involvement in the acute inferior infarct. When compared with the EKG of MM/DD/YYYY, Sinus rhythm is now with 2nd-degree AV block (Mobitz I) ST elevation now present in Inferior leads.</p> <p>Left heart catheterization, coronary artery angiography, left ventriculography, PCI, and stenting of the right coronary artery at 3 sites.</p> <p><u>Preoperative/postoperative diagnosis</u>                      Acute ST elevation inferior wall myocardial infarction, coronary atherosclerosis.</p> <p><u>Conclusion</u>                      Evolving inferior wall ST-elevation myocardial infarction. Severe multivessel coronary artery atherosclerosis. Basal inferior wall hypokinesis with left ventricular ejection fraction estimated at 45-55%. Subtotal thrombotic occlusion of the right coronary artery, treated with angioplasty and stenting. A total of Resolute drug-eluting stents in the right coronary artery are proximal, mid, and distal. Successful PCI and stenting of the circumflex artery extending into the marginal branch. Resolute drug-eluting stent (DES).</p> <p><u>MM/DD/YYYY:</u> Discharged to home. Follow up in 2 weeks. Start Tylenol 325mg, Aspirin 81mg, Zetia 10mg, Brilinta 90mg.</p>

TRIVENI HEALTH