

FACSIMILE COVER LETTER

FAX	Date & Time:	05-19-2020 11:20 AM
	Deliver To:	Omar Haqqani
	Fax Number:	19892997269
	From:	Vascular Health Clinics
	Phone:	
	Regarding:	

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VASCULAR HEALTH CLINICS

Patient Name: PAUL BURGESS

MRN#: 2018021310255294

DOB: 05/27/1970

DOS: 11/21/2019

Gender: Male

Provider: Kurt Anderson, DO

Referring Physician: Ronald Gonzales, MD

I had the great pleasure of seeing your patient in vascular surgery clinic today.

Chief Complaint:

Patient is being seen regarding 6 mo follow-up for LLE pain.

History of Present Illness:

Paul comes today to report that he is having more claudication of his left calf with less activity than when last seen. review of his U/S show a trickle flow in the anterior tibial artery. Today he has biphasic flow there vs triphasic in the past, as well as in the peroneal artery, previously triphasic. ABI is 0.9 but there is not one previous to compare to. He is anxious about the leg, having already lost his right lower leg. He continues on Plavix and Xarelto and Lovastatin. It is recommended he be changed to Lipitor 40 mg. He recently had a lumbar MRI to rule out spinal cord disease as a possible cause of his leg and foot pain. .

Review of Systems:

CONSTITUTIONAL: Presents in overall good condition with no complaints of unexpected weight loss or weight gain or unexplained fevers.

EYES: Denies any acute visual changes, eye pain or discharge

ENT: Denies any acute hearing changes. Denies any difficulty swallowing or speaking.

MUSCULOSKELETAL: Admits: Limb pain .

CARDIOVASCULAR: Admits: Leg Claudication LLE.. Denies: Heart Rate is Slow, Heart Rate is Fast, Chest pain, Palpitations and Lower extremity edema.

RESPIRATORY: Denies shortness of breath, dyspnea on exertion, orthopnea, coughing, wheezing, or congestion.

GASTROINTESTINAL: Denies unexpected change in appetite, abdominal pain, nausea, vomiting, or changes in bowel movements.

ENDOCRINE: Patient denies heat or cold intolerance. No report of polydipsia or polyuria.

HEME/LYMPH: There are no symptoms of bleeding tendencies or glandular swelling.

INTEGUMENTARY: No ulceration, induration, rash, or lesions present.

NEUROLOGICAL: Denies dizziness, light-headedness, unilateral weakness, numbness or tingling, difficulty with motor function, or seizure activity

PSYCHIATRIC : Denies depression or anxiety.

GENITOURINARY: Denies any pain or difficulty with urination, denies frequency or incontinence.

VENOUS: No leg pain, swelling, or changes in skin. No visible varicosities.

Past Medical History:

Atherosclerosis of native arteries of extremities with rest pain, left leg On 11/21/2019

Mixed hyperlipidemia On 11/21/2019

Atherosclerosis of native arteries of extremities with intermittent claudication, left leg On 11/21/2019

Inguinal hernia Unknown

Gastro-esophageal reflux disease without esophagitis Unknown

Hyperlipidemia, unspecified Unknown

Peripheral Vascular Disease (PVD) Unknown

Peripheral vascular disease, unspecified On 5/23/2019

Past Surgical History:

Appendectomy Unknown

Embolectomy Unknown

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Inguinal Herniorraphy - Rt Unknown Lt
Inguinal Herniorraphy - Rt Unknown
Orthopedic surgery Unknown
Lung biopsy Unknown
Amputation Unknown BKA

Social History:

Patient used to smoke 2 packs per week
Patient is non drinker.
Activity: Quit in Jan 2018
Single Question Screening: Single question screening-Men-Negative.

Family History:

Blood Clots is Positive in Father.

Immunizatoin:

Patient refused to take immunization
Reason:
Notes:

Allergies:

NKDA.

Medication(s):

amlodipine 5mg tablet (Sig :1)
Plavix Oral Tablet 75 MG 75 MG Tablet (Sig :1 tablet TAKE 1 TABLET BY MOUTH ONE TIME A DAY) 30 Tablet Refill 3
Fenofibrate 54 MG Tablet (Sig :1 tablet once per day) Tablet
Xarelto 20 MG Tablet (Sig :1 tablet once per day) 30 Tablet Refill 8
Gabapentin 100 MG Capsule (Sig :1 capsule every night at bedtime) Capsule
Mevacor 40 MG Tablet (Sig :1 tablet once per day) Tablet
Medications reviewed, reconciled and updated.

Vitals:

Wt: 230 (lbs). H: 6 (ft) 2 (in).
T: 98 (*F). RR: 16. Pulse OX: 94 %. The patient pulse is 69 bpm.
Sitting Left-Arm: 148/85. Sitting Right-Arm: 149/87.
BMI: 29.53.
Pain assessment performed. Patient reports pain of (_2_)/10 on Verbal numeric descriptor scale.
Follow up plan documented. .

Physical Examination:

CONSTITUTIONAL: Patient is well developed and well nourished. There is no fever. Right BKA.
CARDIOVASCULAR: Regular rate and rhythm, without murmurs, clicks or rubs.
RESPIRATORY: Clear to auscultation bilaterally. No wheezes, rales, or rhonchi. Symmetrical expansion.
GASTROINTESTINAL: Abdomen is soft, nontender, nondistended in all quadrants. Normoactive bowel sounds. No palpable masses.
ENDOCRINE: There are no findings of thyroid enlargement. There is no evidence of any edema. There are no abnormalities of skin texture. Hair growth appears normal. There are no obvious deformities of the hands and feet.
NEUROLOGICAL: The patient is oriented to time, place and person. No focal deficits. The patient is calm and cooperative.
PSYCHIATRIC : The patient exhibits no evidence of mental instability, mood changes or memory loss. Appropriate affect.
GENITOURINARY: There are no gross abnormalities of the sexual organs. Secondary sexual characters appear to be typical for the gender. Examination is otherwise unremarkable.
HEENT: Normocephalic and atraumatic. Pupils are equal, round and reactive to light. Extraocular movements are intact. Oral mucosa is moist. There is no obvious bleeding in the gum. Oropharynx is without erythema or exudate.
SKIN: No evidence of active or previous ulceration. Warm and dry.
VENOUS: No edema, ulcers, induration, pigmentation and varicose veins.
ARTERIAL: Left dorsalis pedis: doppler only. Left posterior tibial: doppler only.

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Data Reviewed:

Ultrasound Imaging: On 5/23/2019 and findings: Abnormal Duplex appears same or better vs exam in November.

Ultrasound Imaging: On 11/21/2019 and findings: Abnormal LLE - triphasic flow except biphasic at the peroneal and ATA. ABI 0.9.

Procedure Performed:

US - LE artery or bypass graft limited (93926, 6 months 93926 Indication(s) : Peripheral vascular disease, unspecified - I73.9)
LEVEL IV : 99214

Diagnosis:

Peripheral vascular disease, unspecified (I73.9)
Atherosclerosis of native arteries of extremities with intermittent claudication, left leg (I70.212)
Atherosclerosis of native arteries of extremities with rest pain, left leg (I70.222)
Mixed hyperlipidemia (E78.2)

Procedure(s) Ordered:

US - LE artery or bypass graft limited (93926, 6 months 93926 Indication(s) : Peripheral vascular disease, unspecified - I73.9) and Endo - Peripheral (0, 1 months ,
Indications: Worsening of claudication of the LLE, both at rest and with activity.
Indication(s) : Atherosclerosis of native arteries of extremities with intermittent claudication, left leg - I70.212 , Atherosclerosis of native arteries of extremities with rest pain, left leg - I70.222)

Counseling:

Cardiovascular Risk Reduction: Healthier food & Choices, Reduce stress, limit alcohol 1 drink daily, Exercise 30 mins stume/week and Maintain health weight.

Handouts:

Peripheral Artery Disease.

Follow Up:

Recommended: in 6 months.

Plan:

US - LE artery or bypass graft limited and Endo - Peripheral Procedures(s) Ordered.
Paul comes in today for a 6 month vascular check. Today his exam shows no palpable left foot pulse and his U/S has changed with respect to biphasic flow in the ATA and peroneal artery. Clinically his claudication is worsening. We discussed the options at great length and he has opted for an angiogram of the LLE to hopefully improve blood flow to his left calf and foot. I also recommended he change over to Lipitor 40 mg daily in place of Lovastatin, given Lipitor's superiority in plaque reduction. He verbalized understanding and agreement with the plan of care.

Thank you for the opportunity to participate in the care of your patient. Please feel free to contact me with any further questions.

Electronically signed by Kurt Anderson, DO on 11/21/2019 10:18:57 AM.