Bumrungrad International HOSPITAL

Name:	Mr. David Scott Pearl		
HN	102019888	Date	03 May 2020
DOB	16 Jan 1963	Age	57 Y 3 M 18 D
Sex	Male		
Physician	Supawat Ratanapo (Dr.)		

Clinical Summary Report

The above patient was seen at Bumrungrad International Hospital on 03 May 2020

Location of visit Heart Center (BIC 14A)

The Following is the summary of his/her clinical information;

Reason(s) for visit:

Clinical Findings

Pertinent History and Physical Findings

Vital Signs

Allergy

- No known

Clinicial Note

- 03 May 2020 - Supawat Ratanapo (Dr.)(35959)

CARDIOLOGY CLINIC NOTE

57 YO American (originally from California) male with strong risk of ASCVD, presented to cardiology clinic today for stress echocardiogram. No new epsiode of pain since last visit.

- He had CAG in USA in 2013
- Hx high CAC 600 in 2013
- He had EKG done at OSH 2/2020 and was dx chest pain secondary to costochondritis.

Family Hx:
Brother passed away from MI at age of 46

Social Hx:
No smoking
No alcohol drinking
NKDA, Hx impotence and had adverse effect from beta-blocker

Current Home Medications:
ASA 81 mg PO daily
Atorvastatin 40 mg PO daily
Losartan 50 mg PO BID.
Amitryptyline 10 mg PO daily

Review of Systems: All other systems were reviewed and are negative, except as noted above.

Physical Examination:
V/S: stable
GA: Full consciousness, awake& alert, not pale, no jaundice.
HEENT: grossly intact. No JVD.
Resp: Normal breath sound, clear both lungs.

CVS: Regular pulse and full, normal S1S2, no S3, no murmur. Normal perfusion. Equal pulse both arms
GI: Soft, not tender.
Ext: No pitting edema. Radial pulse 2+
Neuro: Oriented, CN II-XII grossly intact, no weakness.

Labs& Tests:

EKG 12 leads: NSR, no change from baseline in 5/2019

Stress echocardiogram 3/5/20:
Echocardiogram quality: adequate
Baseline rhythm during exam: sinus rhythm
1. Normal LV size and mild LVH. Normal LV systolic function with LVEF 70-75 % without RWMA.
2. Abnormal LV diastolic function with pseudonormal pattern
3. Normal RV size and function.
4. LAE
5. Calcified AV (likely tricuspid valve) with moderate AS (Vmax 3.37 m/s and mean PG 26.09 mmHg, compared to Vmax 3.11 m/s and mean PG22.69 mmHg in 2019), mild AR, mild MR, trace TR.
6. RVSP= 31 mmHg
7. No pericardial effusion.
8. Normal great vessel size and no dissection seen
9. No thrombus, vegetation, and foreign object were noted.

Stress Echocardiogram

1. Immedated post stress echo was performed with adequate image quality and views
2. Achieved 85% predicted maximal HR. METs = 14.8 exercise time = 13 minutes on Bruce protocol.
3. Brief self terminated PSVT at 163 bpm at the peak exercise.
4. Hyperdynamic response to all myocardial segments without regional WMA.

Impression:

1. Atypical chest pain at Lt lower side of chest
2. Progressive (moderate) AS
3. High ASCVD risk
4. HLP
5. HTN
6. PSVT
7. Hx impotence and had adverse effect from beta-blocker
8.? Dyspepsia
9. Anxiety

Plan& Recommendations:

- Recommend to discuss with Psy about discontinue Amitryptyline.
- Recommend to have lab test every 6 months.
- Continue ASA , atorvastatin, and losartan
- PPI trial for 2 weeks
- Observe for chest pain
- Home BP monitoring
- All questions have been answered to the patient. I have discussed diagnosis and plan with the patient, who agreed and voiced understanding.
- Follow up echocardiogram in 1 year in Cardiology clinic.

Supawat Ratanapo, MD, FACC, FSCAI
Cardiologist/ Interventional Cardiologist

Physician's Name Supawat Ratanapo (Dr.) License No. 35959

Bumrungrad International HOSPITAL

Name:	Mr. David Scott Pearl		
HN	102019888	Date	29 Apr 2020
DOB	16 Jan 1963	Age	57 Y 3 M 18 D
Sex	Male		
Physician	Supawat Ratanapo (Dr.)		

Clinical Summary Report

The above patient was seen at Bumrungrad International Hospital on 29 Apr 2020

Location of visit Heart Center (BIC 14A)

The Following is the summary of his/her clinical information;

Reason(s) for visit:

Clinical Findings

Pertinent History and Physical Findings

Vital Signs

Temperature	36.4	Celsius
Heart Rate	59	bt/min
Respirations	20	bt/min
Systolic/Diastolic BP	145/ 80	mmHg

Allergy

- No known

Clinicial Note

- 29 Apr 2020 - Supawat Ratanapo (Dr.)(35959)

CARDIOLOGY CLINIC NOTE

57 YO American (originally from California) male with strong risk of ASCVD, presented to cardiology clinic today for intermittent Lt lower side chest pain twice since yesterday. The pain is sharp and brief. No clear association with exertion or position. No SOB, diaphoresis, or palpitation. He is now chest pain free.

- He had CAG in USA in 2013
- Hx high CAC 600 in 2013
- He had EKG done at OSH 2/2020 and was dx chest pain secondary to costochondritis.

Family Hx:
Brother passed away from MI at age of 46

Social Hx:
No smoking
No alcohol drinking
NKDA

Current Home Medications:
Atorvastatin 40 mg PO daily
Losartan 50 mg PO daily
Amitryptyline prn

Review of Systems: All other systems were reviewed and are negative, except as noted above.

Physical Examination:

V/S: stable
GA: Full consciousness, awake& alert, not pale, no jaundice.
HEENT: grossly intact. No JVD.
Resp: Normal breath sound, clear both lungs.
CVS: Regular pulse and full, normal S1S2, no S3, no murmur. Normal perfusion. Equal pulse both arms
GI: Soft, not tender.
Ext: No pitting edema. Radial pulse 2+
Neuro: Oriented, CN II-XII grossly intact, no weakness.

Labs& Tests:

EKG 12 leads: NSR, no change from baseline in 5/2019

Impression:

1. Atypical chest pain at Lt lower side of chest
2. Hx of mild-moderate AS
3. High ASCVD risk
4. HLP
5. HTN

Plan& Recommendations:

- Recommend Stress echocardiogram to r/o ischemia
- Start ASA 81 mg PO daily
- Stop amitryptyline
- Observe for chest pain
- Home BP monitoring
- All questions have been answered to the patient. I have discussed diagnosis and plan with the patient, who agreed and voiced understanding.
- Follow up with stress echocardiogram result

Thank you for consultation. If there is any question or concern, please feel free to notify.

Supawat Ratanapo, MD, FACC, FSCAI
Cardiologist/ Interventional Cardiologist

Physician's Name Supawat Ratanapo (Dr.) License No. 35959