



Newberg Office
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CLINIC NOTE

PATIENT: [REDACTED]
DATE: [REDACTED]
DOB: 01/21/1931

REFERRING PHYSICIAN: [REDACTED]

S: [REDACTED]

O: **HT:** 62" tall. **WT:** 154 lbs. **BMI:** 28, which is reasonably stable. **BP:** 156/88. **HR:** 96 with frequent atrial ectopics. **NECK:** Her CVP is normal. There are no hemodynamically significant carotid bruits even over the surgical site of her carotid endarterectomy. **LUNGS:** Clear. **CARDIOVASCULAR:** Reveals a regular rhythm with a soft 1/6 aortic sclerosis murmur, otherwise unremarkable S1 and S2. Unremarkable PMI. **ABDOMEN:** Shows no organomegaly or ascites. Good bowel tones. No tenderness. **EXTREMITIES:** No peripheral cyanosis, clubbing or edema. There is chronic venostasis change. **NEUROLOGIC:** No localizing signs. Mental status, motor, sensory and cranial nerves are normal.

- A:**
- 1) Stable ASHD, status post three-vessel CABG with stable grafts and minor proximal trapped anatomy of the left main diagonal branch system with preserved LV systolic function and very mild chronic angina.
 - 2) ASPVD, status post bilateral carotid disease, postop.
 - 3) Cataracts.
 - 4) Old GI bleed.

- P:**
- 1) We will ask her to resume atenolol at half a tablet a day which would be 12.5 mg.
 - 2) Monitor things clinically.
 - 3) We would ask her to come back as well for nuclear exercise physiology because of her underlying coronary artery disease to be repeated at our main office, first week of February 2008. She will be holding her atenolol that day only.

[REDACTED]
T: 11/30

cc: [REDACTED]