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# LODI MEMORIAL HOSPITAL ADMISSION HISTORY & PHYSICAL

DATE 03/22/2010

PRIMARY CARE DOCTOR Edmund A. Freund, MD stroke

CHIEF COMPLAINT Altered mental status.

HISTORY OF PRESENT ILLNESS A 67-year-old white female, history of congestive heart failure, ejection fraction of 25%, was brought in by family member with a complaint of altered mental status, described as decreased memory, confused, disoriented, and does not engage in conversation, per sister. According to the sister, the last time she was found to have normal mentation was Friday when she talked to the patient, and then she did not talk to her on Sunday, but then today the sister called her roommate to go and get the patient because she was still in her room sleeping, which was not usual for her. Then the sister started to talk to the patient and found that her memory decreased significantly. She kept repeating questions and did not remember what was going on and what she did with her sister before Saturday. The patient did not engage in conversation much, and she did not remember the date, the time, where she was, and kept asking her sister for these things. Thus, it made the sister worried and that is why the sister told the roommate to bring the patient to the hospital for further evaluation.

The patient graduated from college with her history degree, but then worked in a retail store. Per the sister, the patient was usually previously very sharp and they enjoyed talking with each other pretty much and was very opinionated about everything, but now it seems like she does not have any opinion for anything. The patient presented to the ED with elevated blood pressure; otherwise, unremarkable and was found to have a right hemianopsia. Then, she got a CT of the head done without contrast that showed developing left temporal ischemic CVA, and that is the reason why the patient was consulted by hospitalist service for further evaluation and management. The patient was given aspirin 325 mg 1 tab p.o. x1 in the ER and then hospitalist service was consulted.

REVIEW OF SYSTEMS

CONSTITUTIONAL: The patient denies any fever, chills, tiredness, or

CARDIOVASCULAR: No chest pain. No shortness of breath. No palpitations.

PHT.MONARY: No hemoptysis. No shortness of breath.

GI: No nausea or vomiting. No diarrhea.

GU: No dysuria. No frequency, urgency.

EXTREMITIES: No edema.

V021223581 M053082 PARVIN MARY JEAN F 03/16/43 Nauven Bao Q MD Att. Dr. 1 03/22/10 PTII Bao Q Nguyen, MD Dict. Dr.

3.22-10

# LODI MEMORIAL HOSPITAL ADMISSION HISTORY & PHYSICAL

NEUROLOGICAL: Alert, awake, but the patient is confused, amnestic, incoherent, disoriented, but denies any neurological deficits. Denies any visual changes except for incidental finding by ED attending in the ER.

All other review of systems were reviewed and are negative

### PAST MEDICAL HISTORY

- Cardiovascular disease status post CABG.
- Congestive heart failure with ejection fraction of 25%.
- Diabetes mellitus type 2.
- 4. Stage III chronic kidney disease.
- Hypertension.
- Hypothyroidism.
- Depression and anxiety.

### PAST SURGICAL HISTORY

The patient does not recall what prior surgery she had in the past. However, per sister, the patient knew everything about her surgery before all of this happened. The patient had an ICD placement, CABG in 2004. right wrist surgery, and appendectomy.

#### SOCIAL HISTORY

Denies smoking. Denies drinking. Denies IVDA. The patient is a widow. No children. Currently lives with a roommate and in close contact with her sister by telephone daily.

### FAMILY HISTORY

Reviewed, but not rolevant.

### MEDICATIONS

- Lasix 80 mg 1 tab p.o. daily.
- 2. K-Dur 20 mEq b.i.d.
- Coreg 12.5 mg b.i.d.
- Levoxyl 100 mcg 1 tab p.o. daily.
- Lisinopril 20 mg 1 tab p.o. daily.
- Lovastatin 40 mg 1 tab p.o. daily.
- Omeprazole 20 mg b.i.d.
- Clonidine 0.1 mg b.i.d.
- 9. Plavix 75 mg 1 tab p.o. daily.
- 10. Nitroglycerin p.r.n.
- 11. Novolin N 50 units a.m. and 30 units p.m.
- 12. Novolin R 13 units a.m. and 6 units p.m.
- 13. Vitamin E.
- 14. Multivitamin.

### ALLERGIES SULFA.

V021223581 M053082 PARVIN MARY JEAN F 67 03/16/43 Nguven Ba Att. Dr 1 PTU 03/22/10 Or .: Bao Q Nguyen, MD Dict.

# 392-10

### LODI MEMORIAL HOSPITAL DISHISSAL SUMMARY

ADMISSION DATE 03/22/2010

DISCHARGE DATE 03/26/2010

PRIMARY CARE PHYSICIAN Edmund Freund, MD

#### ADMISSION DIAGNOSES

- 1. Altered mental status, more likely secondary to left temporal ischemic cerebrovascular accident.
- Acute left temporal ischemic cerebrovascular accident.
- 3. Right hemianopsia.
- Insulin-dependent diabetes mellitus, type 2.
- 5. Hypertension.
- History of chronic kidney disease, stage 3.
- Hypothyroidism.
- 8. Depression, anxiety.

# DISCHARGE DIAGNOSES

- 1. Left temporal ischemic cerebrovascular accident with right hemianopsia and amnesia.
- Diabetes mellitus, type 2, insulin dependent.
- 3. Systolic dysfunction and congestive heart failure, ejection fraction of 30%.
- 4. Hypertension.
- 5. Dyslipidemia.
- History of depression and anxiety.
- 7. Hypothyroidism.
- Chronic kidney disease, stage 3.

PROCEDURES DURING HOSPITALIZATION None.

CONSULTATION DURING HOSPITALIZATION Neurology.

# PERTINENT STUDIES DURING HOSPITALIZATION

- 1. CT of the head without contrast x2 showed left temporal lobe consistent with acute stroke.
- 2. The patient also had bilateral carotid Doppler, showed no significant findings.
- 3. She also had a cardiac echocardiogram done that showed ejection fraction of 30%, but no vegetation, no thrombus.

# BRIEF HISTORY FOR ADMISSION

		M053082	V021223581
		PARVIN, MARY JEAN	
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Att.	Dr.	Nauven Bao Q MD	
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Dict.	Dr.	Bao Q Noven, MD	

# LODI MEMORIAL HOSPITAL DISMISSAL SUMMARY

This is a 67-year-old white female, history of congestive heart failure, ejection fraction of 25%, was brought in by family member with complaint of altered mental status described as For admission this is a 67 years old, white female, history of congestive

For admission this is a 67 years old, white female, history of congestive heart failure, ejection fraction of 25% was brought in by family member because complete complaint of altered mental status described as decreased memory, confused, disoriented, and does not engage in conversation. In the ER the patient got a head CT done and was found to have left temporal lobe CVA with right hemianopsia. For that reason, the patient got admitted to medical floor with telemetry monitor.

### HOSPITAL COURSE

With her clinical presentation, the patient got admitted to a medical floor with telemetry monitor, and she was started on Aggrenox with low-dose aspirin because she was already on Plavix. The patient was also resumed back on her statin as well as her other home medications for her CHF, and she was also added Zetia to her current medications because her cholesterol is not under control. Because of new-onset CVA, the patient got workup with bilateral carotid Doppler described as above, as well as cardiac echocardiogram described as above. The patient was also consulted with Dr. Yao, neurologist, who has no further recommendations, and the patient unable to get MRI done because of she has history of pacemaker. The patient was also evaluated with speech therapist, who recommended therapy 3 to 5 times a week. After being admitted to the hospital and started on new medication, the patient clinically stable and her memory slowly improved over the hospital course, but she still has very bad short-term memory and not back to her baseline mentation. Because of history of diabetes, insulin dependent, and no one at home to help her out except for her sister, who is legally blind, thus she could not help her with insulin subcutaneously, but she is able to do anything else for her. For that reason, the patient was recommended to go to skilled nursing for rehab and diabetic teaching prior to discharge back to home. Otherwise there are no other acute issues for this patient during hospital stay. The patient now deemed to be stable to be transferred to skilled nursing for continuation of rehab.

### DISCHARGE CONDITION

The patient hemodynamically stable, clinically stable. No acute distress. She can speak in full sentences but still has memory deficit.

### DISPOSITION

Skilled nursing and rehabilitation.

### DISCHARGE MEDICATIONS

The patient will be discharged to skilled nursing facility with the following medication.

- 1. Aspirin 81 mg 1 tablet p.o. daily.
- 2. Aggrenox 1 tablet p.o. b.i.d.
- 3. Coreg 12.5 mg 1 tablet p.o. b.i.d.

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PRIMARY CARE PHYSICIAN Edmund Freund, MD

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		PARVIN, MARY	JEAN	
		03/16/43	67	F
Att	Dr.	Nouven Bac Q	MD	
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Dict.	Dr.	03/22/10 Bao Q Now en	. MD	

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		PARVIN, MARY JEAN	
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Dict.	D.	Bao Q Nguyer . MD	
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# LODI MEMORIAL HOSPITAL CONSULTATION REPORT

DATE OF CONSULTATION 03/22/2010

REFERRING PHYSICIAN Bao Nguyen, MD, hospitalist

REASON FOR CONSULTATION
Possible stroke and altered level of consciousness.

#### HISTORY

The patient is a 67-year-old obese Caucasian, right-handed female, who woke up this morning not feeling well. The rest of the day she cannot recall very well. Obvously the patient was brought in by family or friends, that she was not focused, unable to concentrate, and no reported focal weakness, numbness, falls, motor convulsions or seizures. patient was brought in and could not remember much of the day. However, the patient is not comatose. She had a chronic headache, but no significant change with that. She denied dizziness, vertigo, loss of sensation or motor function at this time in the early evening time when I did the consultation. The patient does have remarkable elevation of blood pressure in the 180s/120s on initial admission. However, the patient did not have fevers, chest pain, palpitations or any atrial fibrillation at the initial evaluation. Her head CT without contrast was read as a left temporal lobe linear zone of decreased density is seen suggesting developing stroke. This was compared to the 01/26/2010 study. There is no bleeding, no other abnormalities. The patient told me in January she had headache and this was checked for that reason. She denied any history of stroke or TIA or similar episodes. She denied any epilepsy. At this time, the patient is basically back to normal state, however, she does have problems keeping up her memory, she asked me twice who I was after I repeated telling her I was the consulting neurologist. She cannot tell me her family doctor's name.

On admission, other significant findings included glucose of 247, BUN 24, creatinine 1.19. GFR 45, albumin 3.2. Liver enzymes normal. CBC is basically normal. Sedimentation rate is 24. Urinalysis is remarkable for glucose 500, protein 30, WBC 21-50.

### REVIEW OF SYSTEMS

She stated last night when she went to bed, she was in her normal health state. She did not have any fever, chills, chest pain, palpitations, shortness of breath, cough, depression, anxiety, nausea, vomiting, diarrhea, bloody stools or urine.

### PAST MEDICAL HISTORY

- 1. CVD.
- Congestive heart failure.

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		PARVIN, MARY JEAN	
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Att.	Dr.	Nguyen, Bao Q MD	
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Dict.	Dr.	Weiping Yao, MD	

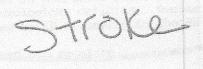
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LODI MEMORIAL HOSPITAL ADMISSION HISTORY & PHYSICAL

DATE 03/22/2010

PRIMARY CARE DOCTOR Edmund A. Freund, MD

CHIEF COMPLAINT Altered mental status.





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GI: No nausea or vomiting. No diarrhea.

GU: No dysuria. No frequency, urgency.

EXTREMITIES: No edema.

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2	975 S. Fairmont • Lodi, CA 95240

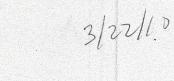


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Lodi Memorial Hospital

975 S. Fairmont Avenue • P.O. Box 3004 • Lodi, California 95241 • 209/334-3411 • 209/368-3745 (fax)

ECHOCARDIOGRAPI	HY REPORT	
PATIENT: Parvin, Mary REF PHYS: B. N. Juyan, M.D.		3082_
DATE OF STUDY: 3/23/10 SEX: F AGE: 6	TAPE #: XC DOB:	03/16/43
TECHNICIAN: MC IP: 304 OP:		
DIAGNOSIS/CLINICAL HISTORY: AMS, CUF		•
CARDIAC DIMENSION - M-MODE  Left Atrium  Aortic Root Diameter  Aortic Cusps Separation  Right Ventricle (diastole)  Left Ventricle (end diastole-LVED)  Left Ventricle (end systole-LVES)  Intervent. Septal Thickness (IVS-ed)  Left Posterior Wall Thickness (LVPW-ed)  Shortening Fraction  HT: 65 WT: 239 68.		ASURED VALUES 4.0 3.6 1.9 6.3 4.6 1.4 1.4 1.4 2.7%
Technician comments:  Technically difficult study.  PHYSICIAN INTERPRETATION:	DOPPLER DATA Max TR Velocity Max TR Gradient  Max AOV Velocity Max AOV Gradient Mean AOV Gradien AVA cm2	
PHISICIAN INIBICIABILITIONS	MV E/A Ratio Max MV Velocity Max MV Gradient Mean MV Gradient PtT MVA (PtT) cm2	0.6 