Date/Time	Source	Facts	Notes
		Cerebrovascular Accident	
02/10/2017	St. Peters Hospital. Aaron Seth, MD. Neurology	Found lying down unconscious by wife. Right-sided weakness and aphasia. Seen in ED, CXR showed cardiomegaly and diffuse interstitial prominence suggestive of interstitial edema. Retrocardiac atelectasis or infiltrate. A small left effusion is difficult to exclude. Hypoventilation. CT head at ED showed focal left frontal area of encephalomalacia and cortical loss c/w infarction of indeterminate age. Platelets 125 (150-400), creatinine 1.41 (0.72-1.25), eGFR 58 (>60), glucose 130 (70-105). Dx as acute ischemic left MCA stroke. Medflighted to hospital. Admitted. Acute ischemic, left MCA stroke. Carotid artery stenosis with cerebral infarction 8 weeks ago. Global aphasia. Right sided weakness (flaccid paralysis). Tissue plasminogen activator administered. Dysphagia due to recent stroke. CT angiogram neck and CT angiogram cerebral showed complete occlusion of the left internal carotid artery just distal to carotid bifurcation. Reconstitution is seen of the supraclinoid ICA, likely via contralateral circulation by the anterior communicating artery. Right frontal and occipital encephalomalacia. CT brain perfusion maps showed large penumbra in the left ACA/MCA territory with artifactual core at the site of frontal encephalomalacia. The delayed filling of the left ACA/MCA territories and diffuse increase in mean transit time throughout left ACA/MCA territories is c/w occlusion of the left internal carotid artery, which reconstitutes the supraclinoid segment, likely from contralateral circulation via anterior communicating artery. No evidence of acute infarction. CT head showed the lateral margin of the left lentiform nuclear is not well visualized and could represent an area of ischemic injury/infarction. No acute intracranial hemorrhage. Left occipital and left frontal lobe encephalomalacia. Mild global cerebral parenchymal volume loss seen. CXR showed mild enlargement of cardiac silhouette. Curvilinear lucency along the left lung apex is felt to be projectional, likely related to outside skin rather than true pneumothorax.	
02/11/2017	Microworld Laboratory	Swallow exam with within normal limits. CT head showed stable findings compared with the prior study with a focal region of brain encephalomalacia involving the left frontal operculum cortex and a smaller lesion involving the left medial occipital lobe. No new findings seen. Platelet 126. PT 15.1 (12-14.7).	
02/12/2017	Rad-science Radiology	Cranial nerve exam showed mild right facial droop. Right hemiparesis and global aphasia. Platelet 125. Failed swallow study. CT showed old infarcts in the left frontal operculum and left occipital pole. No acute intracranial process identified.	
02/13/2017	St. Peters Hospital. Gary Brent, MD. Neurology	Motor strength 5/5 on the left and 2/5 on the right. HbA1c 5.6%. Platelets 138. LE venous duplex exam showed no evidence of DVT in the bilateral common femoral, femoral, popliteal, posterior tibial or peroneal veins. Dysarthria due to recent stroke. Memory	

		dysfunction. Cognitive dysfunction due to recent stroke. Impaired mobility and ADLs.	
02/14/2017	Microworld Laboratory	Platelets 140. Motor strength 5.5 on left, 3/5 RUE and 2/5 RLE. Decreased balance and decreased gait. Started with PT.	
02/15/2017	Maryland Hospital Dr. Shaun Dillon, M.D. Internal Medicine.	Diarrhea, suspected ileus. Abdomen x-ray showed no acute abnormalities. Changes in the right side of the bony pelvis c/w Paget's disease. Discharged with Dx of left MCA stroke (mostly embolic in etiology) and left ICA occlusion.	
03/03/2017	Dalton Creek Hospital Sally Jones, MS, Speech Therapist.	Underwent PT, OT and speech therapy. Discharged function status: Maximum assistance with walking, minimal assistance with stairs. Supervision with wheelchair, chair, bed, toilet, grooming. Transitioned to SNF to complete stroke rehab.	
04/11/2017	Dalton Creek Hospital Sally Jones, MS, Speech Therapist.	Post rehab no dysphagia. Minimal right arm and leg weakness	
05/05/2017	St. Peters Hospital. Gary Brent, MD. Neurology	Right sided weakness improved significantly with PT. No new deficit since discharge. Neurological exam showed slightly dysarthric speech. Slightly increased muscle tone on right. Antalgic gait. 4+/5 strength on right.	
05/26/2017	St. Peters Hospital. Gary Brent, MD. Orthopedic	Right foot drop. Need AFO orthosis. Some weakness on right ankle dorsiflexion.	
		Prostate Cancer unknown stage	
06/01/2004.	Maryland Hospital Dr. Peter Cox Urology.	Open radical prostatectomy	
08/18/2015	Maryland Hospital Dr. Peter Cox Urology.	History of prostate cancer 10 years ago. Side effects as erectile dysfunction, Hx of penile implant. Urinalysis showed trace blood. Last PSA was <0.04	Need more details for status of prostate cancer.
04/25/2017	Maryland Hospital Dr. Peter Cox Urology.	Some nocturia.	
		Atrial Fibrillation	
02/11/2017	Pasadena Community Health Center Joseph Burton, M.D. Cardiology	In AFib when admitted. EKG showed atrial fibrillation. Echo showed EF of 60% without evidence of clot or PFO.	
02/12/2017	Pasadena Community Health Center Joseph Burton, M.D. Cardiology	EKG showed AF. Borderline criteria for LVH with repolarization abnormality.	
02/14/2017	Pasadena Community Health Center	Echo showed LV size normal. Normal systolic function. Estimated EF 60%. Wall thickness was mildly to moderately increased. Trileaflet aortic valve, mild to	No workup for 2018. Disease

	Joseph Burton, M.D. Cardiology	moderate calcification. Mildly reduced cuspal separation. Mild to moderate AR. Aortic root was moderately dilated (4.8 cm). Moderate mitral valve annular calcification. Left atrium was moderately dilated. Right atrium mildly dilated.	status still active.
		Other Pertinent Findings	
	Maryland Hospital Dr. Shaun Dillon, M.D. Internal Medicine.	***Hypertension***	
02/13/2017		160/72, 161/62, 153/74	
02/14/2017		164/75	
05/05/2017		135/59	
07/31/2017		142/60	
11/22/2017		128/62	
12/21/2017		140/60	
03/28/2018		130/68	
		Elevated glucose levels	
02/10/2017 10/31/2017 03/29/2018	Microworld Laboratory	Glucose 134 (70-110). Glucose 103 (65-100). Glucose 82 (70-99).	Only 3 readings elevated.
		Gastrointestinal	
10/28/2015	Maryland Hospital, Tony Kallis, M.D. gastroenterology	Abdominal pain, bloating. Occasional urge incontinence. Dx of diverticulitis of colon. CBC ordered. Hx of colon polyps at 45.	No records for 2018.
11/16/2017	Maryland Hospital, Tony Kallis, M.D. gastroenterology	Rectal bleeding, blood in morning BM. On Eliquis. Hx of upper GI bleed in the past. Hx of diverticulosis. CBC normal except platelet 148 (150-450).	
11/22/2017	Maryland Hospital, Tony Kallis, M.D. gastroenterology	Rectal bleeding. Diverticulosis on colonoscopy.	
12/14/2017	Maryland Hospital, Tony Kallis, M.D. gastroenterology	Occult blood negative.	
12/21/2017	Maryland Hospital, Tony Kallis, M.D. gastroenterology	Tubular adenoma/colon polyp removed. CBC normal. Stool guaiac negative. No BRB or melena.	
		Chronic Kidney Disease	

02/10/2017 02/16/2017 02/17/2017 04/11/2017 05/25/2017 06/26/2017 07/31/2017 10/31/2017 11/22/2017 12/14/2017 12/21/2017 03/29/2018	Microworld Laboratory	BUN 24 (8-20). BUN 42 (8.4-25.7), creatinine 1.35 (0.72-1.25), eGFR >60 (>60). eGFR 57 (>60) BUN 26 (8-23) Serum creatinine 1.15, eGFR 46.23. Serum creatinine 1.42 (0.8-1.4), eGFR 45.91, BUN 32 (8-23) Chronic kidney disease. BUN 32, creatinine 1.42, eGFR 37.0 under the care of Urology. Chronic kidney disease. Bun 27 (8-23), creatinine 103 (65-100) Serum creatinine 1.28, eGFR 41.25 BUN 26 Serum creatinine 1.28, eGFR 41.44. Serum creatinine 1.28 (0.8-1.4), Bun 23 (8-23)	Staging not available. Records missing for establishing the severity of the condition.
		Degeneration of cervical intervertebral disc	
10/31/2017		Degeneration of cervical intervertebral disc.	
		Polycythemia	
10/28/2015 11/17/2015	Microworld Laboratory	HGB 17.3 (11.5-15.0), HCT 54 (35-45), platelet 120 (130-400). Acquired polycythemia. Secondary polycythemia. HGB 14.5, HCT 44.	Further evaluation required.
11/16/2017	Microworld Laboratory	HGB 14 (13-17.5), HCT 41.6 (39-55).	Latest status unknown