------TRICUSPID (m/s):----------
TR Severity.....MILD
TR Vel.....2.7
Est PAS (<25 mmHg).....35-39
RA.....6-10
==========
Pulsed wave Doppler and doppler color flow mapping performed.

TECHNICAL QUALITY: Good

AORTIC ROOT AND VALVE:
Normal.

MITRAL VALVE:
Moderate regurgitation is present.

LEFT ATRIUM:
Mildly dilated at 4.5cm.

LEFT VENTRICLE:
LV size is mildly dilated at 6.0cm. LV systolic function is up to moderately reduced. The distal septum and the entire apex are akinetic. There is a large apical mural thrombus present measuring approximately 5.8*2.1cm. The estimated PCWP is <15 mmHg.

ESTIMATED EF: 30-40

RIGHT HEART:
Normal with mild tricuspid regurgitation.

Estimated RA pressure: 6 mmHg
Estimated PASP: 35-39 mmHg
Other: Pacer wire is seen in the right heart.

PERICARDIUM:
No effusion.

INTERPRETED BY:
12916

correct pt verified.
*** This is a preliminary report. The final report will appear on the REPORTS tab in CPRS under PROCEDURES.

/es/ LINDA K KIM
ECHOCARDIOGRAPHER
Signed: 01/24/2007 10:34

P-1/2T (<90 msec).....
MV Area (>2.5 cm2).....
MV Area - 2D (>2.5 cm2).....
PI Severity.....TR-MILD
PA Peak Vel (0.6-0.9).....0.8
------TRICUSPID (m/s):----------
TR Severity.....MILD
TR Vel.....2.5
Est PAS (<25 mmHg).....30
RA.....0-5
==========

Pulsed wave Doppler and doppler color flow mapping performed.

TECHNICAL QUALITY: Fair-Good

AORTIC ROOT AND VALVE:
Normal.

MITRAL VALVE:
At least mild-moderate regurgitation is present.

LEFT ATRIUM:
Appears mildly dilated at 4.5*5.9cm.

LEFT VENTRICLE:
LV size is dilated at 6.7cm. LV systolic function is least moderately reduced. The distal septum and the entire apex are akinetic. There is an apical mural thrombus present measuring approximately 1.2*5.0cm.
The estimated PCWP is <15 mmHg.

ESTIMATED EF: 30-35

RIGHT HEART:
Normal with mild tricuspid regurgitation.

Estimated RA pressure: 0-5 mmHg
Estimated PASP: 30 mmHg
Other: A catheter is seen in the right heart.

PERICARDIUM:
No effusion.

OTHER:
Since the prior report of 1/07, LV size has increased from 6.0cm to 6.7cm. LV systolic function is probably unchanged. Previously noted apical thrombus is again noted. The size of the thrombus, however, has decreased from 2.1*5.8cm to 1.2*5.0cm (stated above in LEFT Ventrical)

Estimated RA pressure: 0-5 mmHg
Estimated PASP: 29 mmHg
Other: A catheter is seen in the right heart.

PERICARDIUM:
No effusion.

OTHER:
Since the prior report of 9/08, LV size has decreased from 6.7cm to 6.2cm. The overall systolic function may have increased from moderate(+) to mild-moderate. Previously noted apical thrombus is again noted. The size of the thrombus, however, may have increased from 1.2*5.0cm to 1.7*5.6cm.

INTERPRETED BY:
12916

correct pt verified.
*** This is a preliminary report. The final report will appear on the REPORTS tab in CPRS under PROCEDURES.

/es/ LINDA K KIM
ECHOCARDIOGRAPHER
Signed: 09/04/2009 09:53

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LOCAL TITLE: CORRESPONDENCE-LETTER
STANDARD TITLE: LETTERS
DATE OF NOTE: SEP 01, 2009@12:03 ENTRY DATE: SEP 01, 2009@12:03:36
AUTHOR: HELTON,CHRISTINA M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** CORRESPONDENCE-LETTER Has ADDENDA ***

DEPARTMENT OF VETERANS AFFAIRS
VA Puget Sound Health Care System

Seattle Division
1660 South Columbian Way
Seattle, WA 98108-1597

American Lal
9600 Vete
Tacoma, WA

Estimated RA pressure: 0-5 mmHg
Estimated PASP: 33 mmHg
Estimated PAEDP: 12 mmHg
Other: A catheter is seen in the right heart.

PERICARDIUM:
No effusion.

OTHER:
Since the prior report of 9/09, probably no significant change. Previously noted apical thrombus is again noted. The size of the thrombus, however, may be smaller at 1.1*5.6cm now vs. 1.7*5.6cm previously.

INTERPRETED BY:
12916

correct pt verified.
*** This is a preliminary report. The final report will appear on the REPORTS tab in CPRS under PROCEDURES.

/es/ LINDA K KIM
ECHOCARDIOGRAPHER
Signed: 08/20/2010 16:20

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LOCAL TITLE: NURSING PROGRESS NOTE
STANDARD TITLE: NURSING NOTE
DATE OF NOTE: AUG 05, 2010@10:40 ENTRY DATE: AUG 05, 2010@10:41:15
AUTHOR: SAULS,KELLY L EXP COSIGNER:
URGENCY: STATUS: COMPLETED

*** NURSING PROGRESS NOTE Has ADDENDA ***

Vet would like a consult for his annual Echocardiogram, due to he has a large thrombus in his heart, pt gets it yearly. PCP to put in consult for echo.

/es/ Kelly L Sauls, RN
RN, PCMH
Signed: 08/05/2010 10:44

Receipt Acknowledged By:
08/05/2010 17:22 /es/ Manuel A. Ramirez, MMSc, PAC
Healthcare Provider

08/06/2010 ADDENDUM STATUS: COMPLETED

Since the prior report of 8/10, previously noted large apical mural thrombus is no longer present. A small throumbus within trabeculation cannot be ruled out. There are no other significant changes.

INTERPRETED BY:
12916

correct pt verified.
*** This is a preliminary report. The final report will appear on the REPORTS tab in CPRS under PROCEDURES.

/es/ LINDA K KIM
ECHOCARDIOGRAPHER
Signed: 09/22/2011 10:41

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LOCAL TITLE: CARDIOLOGY PACEMAKER/DEFIBRILLATOR TELEPHONE F/U
STANDARD TITLE: CARDIOLOGY TELEPHONE ENCOUNTER NOTE
DATE OF NOTE: SEP 21, 2011@15:58 ENTRY DATE: SEP 21, 2011@15:58:37
AUTHOR: DOUGHERTY,CYNTHIA M EXP COSIGNER:
URGENCY: STATUS: COMPLETED

REMOTE TRANSMISSION FOLLOW-UP REPORT

Name: Latoski, Anthony
Date: 9/14/2011 04:19 PM

Support VAMC: VA-Seattle
Follow-up VAMC: VA-Seattle

Next transmission scheduled on: Tuesday, December 13, 2011

Comment: Unscheduled Tx: Normal

DEVICE AND LEAD INFORMATION

Pulse Generator
Model: Guidant T180 Vitality DR HE
Serial#: 205004
Implant date: 4/28/2006

STANDARD TITLE: CARDIOLOGY OUTPATIENT NOTE
DATE OF NOTE: DEC 02, 2011@11:00 ENTRY DATE: DEC 04, 2011@22:46:57
AUTHOR: WALLACE,CRAIG P EXP COSIGNER:
URGENCY: STATUS: COMPLETED

FOLLOWUP APPOINTMENT

PATIENT NAME: Anthony Latoski

SUBJECTIVE:
I last saw the patient in November of 2010. He continues to feel very well. He denies any chest pain, pressure or shortness of breath. He continues to get his ICDs checked and there have been no therapies given.

He continues warfarin for history of a left mural thrombus.

OBJECTIVE:
GENERAL: The patient is alert and in no acute distress. VITAL SIGNS: Blood pressure today 127/79, pulse 58 and regular, weight 211 pounds.

IMAGING:
September 22: An echocardiogram was done. This showed an EF of between 35 and 45% essentially unchanged from its previous. However, there was no thrombus seen although, they could not completely rule out a small thrombus in the distal anterior septum.

ASSESSMENT AND PLAN:
1. History of coronary artery disease with multiple stents in the LAD in 2006. Symptoms are stable, functional, class I.
2. Ischemic cardiomyopathy with an AICD placed. The patient is convinced that he has been able to increase his EF and dissolve his clots by visualization and he would like to know whether he could his device removed. We had a long conversation about the reasons for an ICD. I strongly encouraged him to think long and hard about this although, I told him that there was a potential for deactivating the device if he wished, but he should discuss this with Dr. Dougherty in the ICD Clinic. In regards to the history of the mural thrombus, I strongly suggested that he continue warfarin as we could not completely rule out the existence of a clot and I thought that the risk of warfarin was certainly far below the risk of recurrent clots.

I would like to see him back in one year for followup.

AL2916/565958/CW
NJB/CMTS