10/20/2020 - Procedure Only in CARDIOLOGY

Reason for Visit

Visit diagnoses:
- HYPERTENSION (HIGH BLOOD PRESSURE)
- EDEMA (SWELLING)

Visit Information

Department

Name	Address	Phone
CARDIOLOGY	10240 PARK MEADOWS DR Lone Tree CO 80124-5425	303-861-3402

Follow-up and Dispositions

Clinical Notes

Progress Notes

Colleen Dynel Campbell, NP at 10/20/2020 1:51 PM

Pt here for echo. I was asked by echo sonographer to talk to pt about his BP. Pt initially declined to have BP taken and then when BP was high (SBP 150s) with automatic cuff he asked for manual cuff. After this BP result was lower (SBP 130s) he asked for the two machines to be set side-by-side to take a picture of them (with his cell phone). He asked echo sonographer to write down BP readings along with her full name and the room they were in. Echo sonographer declined to write down her last name and asked me to see the pt.

I greeted Phil and asked him if he would like me to take his BP manually across the room (in room #14 which I often use for pt care). He asked me to please write down echo sonographer's full name, which I declined to do. He then asked for my pen and the sticky note that his BPs were written on and he wrote down my full name (looking at both my white lab coat and my KP badge). He then asked me for the "paperwork" on the automatic BP machine. I explained that I didn't have that. He asked me to please "pull up" the patient bill of rights so that we could "go over it together" which I declined to do and again offered to take his BP manually for him. I told him that if he was concerned about the care he was receiving he could speak with management or call member services. He asked to see the manual cuff that I would use to take his BP so I took him across the hall to room #14 and showed him. I asked him if he followed with us in Cardiology or only with PCP and he said "I don't like that line of questioning". I told him I would let his PCP know that his BP was high here (only slightly elevated when taken manually by sonographer x 1); he declined my "nice offer" to take his BP and asked if he was free to leave. I pointed him down the hall to the exit and told him to have a nice day at which time he exited our dept.

Colleen D. Campbell, DNP
Nurse Practitioner
Kaiser Permanente
Cardiovascular Services
10/20/2020, 1:59 PM

Electronically signed by Colleen Dynel Campbell, NP at 10/21/2020 9:31 AM

Procedures

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER COMPLETE (Final result)

10/20/2020 - Procedure Only in CARDIOLOGY (continued)

Procedures (continued)

Specimen Information

ID	Type	Source	Collected By
KPCOMC255737099	—	—	10/20/20 1240

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER COMPLETE

Resulted: 10/21/20 1649, Result status: Final result

Order status: Completed
Collected by: 10/20/20 1240
Acknowledged by: Jennifer L McLean, MD on 10/23/20 1230

Filed by: User, Echo In 10/21/20 1649
Resulting lab: CO CARDIOVASCULAR IMAGING INTERFACE

Components

Component	Value	Reference Range	Flag	Lab
REPORT	--	—	—	1335

Result:

Conclusions

Summary
1. Normal left ventricle size and wall thickness. Normal left ventricular systolic function with estimated ejection fraction of 65-70%. No apparent regional wall motion abnormalities. Normal left ventricular diastolic function.
2. Normal right ventricle size and systolic function. Unable to estimate right ventricular systolic pressure.
3. normal atrial sizes. Intact atrial septum.
4. No structural or functional valvular abnormalities of significance.
5. Normal size aortic root and mildly enlarged ascending aorta which measures 4.0 cm.
6. No evidence of pericardial effusion.
No prior studies available for direct comparison.

Findings

Left Ventricle
The left ventricle cavity size is normal.
Normal wall thickness.
Left ventricular systolic function is normal.
Ejection fraction is visually estimated at 65-70%.
No regional wall motion abnormalities.
The left ventricular diastolic function is normal, consistent with normal left ventricular filling pressure.

Left Atrium
The left atrium is normal in size.
The interatrial septum appears intact by 2D and color flow.

Right Ventricle
Normal right ventricular cavity size.
Normal right ventricular systolic function.
Unable to estimate pulmonary arterial systolic pressure due to inadequate tricuspid regurgitation jet.

Right Atrium
Normal right atrial size.
IVC dimension is normal, with > 50% collapse.
Estimated RA pressure is 3 mmHg.

Aortic Valve
Trileaflet aortic valve.
No aortic stenosis.
No aortic regurgitation.

10/20/2020 - Procedure Only in CARDIOLOGY (continued)

Procedures (continued)

Mitral Valve
The mitral valve leaflets are structurally normal.
There is no mitral stenosis.
There is trivial mitral regurgitation.

Pulmonic Valve
The pulmonic valve was not well visualized.
No pulmonic regurgitation present.
No evidence of pulmonic stenosis.

Tricuspid Valve
The tricuspid valve leaflets are structurally normal.
There is no tricuspid stenosis.
There is trivial tricuspid regurgitation.

Miscellaneous
The aortic root is normal in size.
The ascending aorta is dilated by dimension measuring 4.0cm and by size index of 1.8cm/m2.

Pericardial Effusion
No pericardial effusion present.

** Note: For the full report please use the "View Image" link below to access the Cardiology Application **

View Image (below)

KAISER PERMANENTE thrive

Report Status: Finalized

Transthoracic Echocardiography Report (TTE)

Demographics

Patient Name	RICE PHILIP G	**Gender**	Male
Patient Number	427582802	**Date of Study**	10/20/2020
Visit Number	238305776	**Sonographer**	Jeannine Beaudoin, RDCS
Accession Number	255737099	**Referring Physician**	MCLEAN JENNIFER L MD
Date of Birth	04/25/1953	**Interpreting Physician**	Adam Betkowski MD
Age	67 year(s)	**Nurse**	

Procedure

Type of Study
TTE procedure: ECHO, TTE, COMPLETE.
Procedure Date
Date: 10/20/2020 **Start:** 12:40 PM
Study Location: Echo Lab
Technical Quality: Adequate visualization (images technically difficult to obtain)
Indications: Edema .
Patient Status: Routine

Height:	70 inches	**Weight:**	232.01 pounds	**BSA:**	2.22 m²	**BMI:**	33.29 kg/m²
Rhythm:	Sinus Rhythm	**HR:**	85 bpm	**BP:**	135/80 mmHg		

Conclusions

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Left ventricular systolic function is normal.
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The interatrial septum appears intact by 2D and color flow.

Right Ventricle
Normal right ventricular cavity size.
Normal right ventricular systolic function.

Procedures (continued)

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Report Status: Finalized

Unable to estimate pulmonary arterial systolic pressure due to inadequate tricuspid regurgitation jet.

Right Atrium
Normal right atrial size.
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Pericardial Effusion
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M-Mode/2D Measurements & Calculations

LV Diastolic Dimension:	4.8 cm	**LV Systolic Dimension:**	2.9 cm	**AO Root Dimension:**	3.7 cm
LV FS:	39.6 %	**LV Volume Diastolic:**	72.8 ml	**Ascending Aorta:**	4 cm
LV PW Diastolic:	0.9 cm	**LV Volume Systolic:**	23.7 ml	**LA volume/Index:**	40.3 ml /18m²
Septum Diastolic:	0.9 cm	**LV EDV/LV EDV Index:**	72.8 ml /33 m²	**IVC Inspiration:**	0.43 cm
CO:	6.09 l/min	**LV ESV/LV ESV Index:**	23.7 ml /11 m²	**IVC Expiration:**	1.43 cm
CI:	2.74 l/m*m²	**EF Calculated:**	67.5 %		
LV Area Diastolic:	26.7 cm²	**LV Length:**	7.97 cm		
LV Area Systolic:	15.1 cm²	**LVOT:**	2 cm		

Doppler Measurements & Calculations

MV Peak E-Wave:	59.2 cm/s	**AV Peak Velocity:**	134 cm/s	**LVOT Peak Velocity:**	118 cm/s
MV Peak A-Wave:	71.3 cm/s	**AV Peak Gradient:**	7.18 mmHg	**LVOT Mean Velocity:**	85.3 cm/s
MV E/A Ratio:	0.83	**LVOT VTI:**	22.8 cm	**LVOT Peak Gradient:**	6 mmHg
MV Peak Gradient:	1.4 mmHg			**LVOT Mean Gradient:**	3 mmHg
MV Deceleration Time:	243 msec			**PV Peak Velocity:**	95 cm/s
MV E' Septal Velocity:	7.83 cm/s			**PV Peak Gradient:**	3.61 mmHg
MV E' Lateral Velocity:	8.83 cm/s				

Signature

10/20/2020 - Procedure Only in CARDIOLOGY (continued)

Procedures (continued)

KAISER PERMANENTE thrive

Report Status: Finalized

Electronically signed by Adam Betkowski MD(Interpreting physician) on 10/21/2020 04:49 PM

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1335 - Unknown	CO CARDIOVASCULAR IMAGING INTERFACE	Unknown	Unknown	11/11/10 1508 - Present

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER COMPLETE

Resulted: 10/20/20 1312, Result status: In process

10/20/2020 - Procedure Only in CARDIOLOGY (continued)

Procedures (continued)

Order status: Completed
Collected by: 10/20/20 1240

Filed by: User, Echo In 10/20/20 1313
Resulting lab: CO CARDIOVASCULAR IMAGING INTERFACE

Reviewed by

Jennifer L McLean, MD on 10/28/20 0921

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1335 - Unknown	CO CARDIOVASCULAR IMAGING INTERFACE	Unknown	Unknown	11/11/10 1508 - Present

TRANSTHORACIC ECHO REAL TIME W 2D IMAGE, SPECTRAL AND COLOR FLOW DOPPLER COMPLETE

Resulted: 10/20/20 1312, Result status: In process

Order status: Completed
Collected by: 10/20/20 1240

Filed by: User, Echo In 10/20/20 1312
Resulting lab: CO CARDIOVASCULAR IMAGING INTERFACE

Reviewed by

Jennifer L McLean, MD on 10/28/20 0921

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
1335 - Unknown	CO CARDIOVASCULAR IMAGING INTERFACE	Unknown	Unknown	11/11/10 1508 - Present

Indications

HTN (HYPERTENSION) [I10 (ICD-10-CM)]
EDEMA [R60.9 (ICD-10-CM)]

All Reviewers List

Jennifer L McLean, MD on 10/28/2020 9:21 AM

End of Report