

PATIENT ENCOUNTER HISTORY

Report Date: 7-11-07

PO Box 104
Venango, NE 69169
BD: 1-01-1960

Colglazier Clinic
945 Washington Ave PO Box 97
Grant NE 69140

Dummy, 3

9-22-2006	Surgery Consult PCCH,	Pt has an inguinal hernia
9-21-2006	Cardiology Consult PCCH,	EF is normal at EF of 55%
8-26-2006	CT Abdomen w&wo Cont Critikon,	Normal CT of the abdomen
6-14-2006	Xray Chest Single AP PCCH,	There is a vague parenchymal opacity in the right infrahilar region, likely in the middle lobe on the lateral view. This may be due to a focal area of

END OF REPORT

Medical History Report

Date: 7-11-07

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Date of Birth: 1-01-1960

PO Box 104

Venango, NE 69169

Chronic Illnesses:

Anemia - chronic systemic disease
Ruptured achilles tendon
Sports accident (at school)
Diabetes mellitus IDDM

Allergies:

Chronic Meds:

Sectral 200 mg po 1 BID

Surgeries:

Carotid Endarterectomy (right)
Cholecystectomy (laparoscopic)
Appendectomy
Herniorrhaphy Inguinal (right)
Craniotomy
Hysterectomy (Still has ovaries)
Hysterectomy

Watch Out For:

The great degree.the mouse ran up the clot.

Hospitalizations:

Cardiolyte Stress test
Adenosine Cardiolyte Stress test

Significant Tests:

Chest is clear
Adelaide is soft without masses of

Habits:

Family History:

wwwqqq
her we go
I don't get this
Lanoxin
Cipro
Neurontin
Karon
Clifford

Social History

SMAC and CBC FLOWSHEET

Dummy, 3

PO Box 104
 Venango, NE 69169
 (308) 352-0000

Colglazier Clinic
 945 Washington Ave PO Box 97
 Grant NE 69140
 308-352-2122
 Dr. Clifford R. Colglazier, MD
 Dr. Ruth A. Demmel, MD

SMAC	5-14-2007 9:19 am	3-23-2007 4:54 pm	6-05-2003 1:23 pm	6-04-2003 7:40 am	3-02-2003 6:12 am	2-20-2003 9:01 am	Normals
Sodium			❖ 132	145	143	143	135 - 148
Potassium				4.5		4.4	3.5 - 5.5
Chloride				❖ 112	110	❖ 112	98 - 111
Urea				❖ 34		❖ 24	8 - 23
Creatinine				1.2		1	0.7 - 1.5
Uric Acid				7		❖ 8	2.2 - 7.7
Phosphorus							2.5 - 4.5
Calcium							8.5 - 10.5
Albumin				4	❖ 3		3.5 - 5.1
Total Protein				7	6		6.2 - 8.1
Globulin					2		2.0 - 3.7
A:G Ratio							1.1 - 2.2
Glucose				❖ 120	110	❖ 145	50 - 110
Triglycerides	64						10 - 190
Cholesterol	❖ 235	❖ 261		❖ 235		❖ 250	120 - 220
HDL	72	38					34 - 74
LDL	150	181					70 - 129
LD (LDH)				400			60 - 200
LD (LDH)Dry							313 - 618
AST (SGOT)				❖ 45			0 - 41
ALT (SGPT)				56			0 - 45
Gamma GT			❖ 133				0 - 45
Alk Phosphatase				110	110		50 - 150
Bilirubin, total				1			0.2 - 1.2
Bilirubin, direct							0.0 - 0.3
Bilirubin, indirect							0.2 - 1.2
Free T4	4-13-2004	8-25-2002					0.8 - 2.0
Total T4							5 - 13
TSH	4.3	4					0.3 - 8.0
MISC	11-15-2004 7:17 pm	4-03-2002 11:02 am	3-06-2002 3:12 pm	7-19-2000 10:52 am			
Amylase							5 - 81
HbA1C							4.0 - 6.2
PSA	34	23	11				0 - 4.5
Digoxin							0.8 - 2.0
Theophylline							5 - 15
B-12 level							225 - 1000
CBC	3-11-1999 8:53 am	3-08-1999 4:07 pm					
WBC	4	3.9					4.8-10.8
RBC	❖ 4	❖ 3.9					4.2-5.4
Hgb	4	3.9					12-16
Hct	4	3.9					37-47
MCV	❖ 4	❖ 3.9					82-96
MCH	❖ 4						28-33
MCHC	❖ 4						32-36
RDW	❖ 4						11.5-14.5
Platelet							150-400
ESR	4						0-20

Xrays and Consults

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<i>Date:</i>	<i>Test Site:</i>	<i>Test Name:</i>	<i>Edited Brief Impression:</i>
9-22-2006	Surgery Consult PCCH,	Pt has an inguinal hernia	
9-21-2006	Cardiology Consult PCCH,	EF is normal at EF of 55%	
8-26-2006	CT Abdomen w&wo Cont Critikon,	Normal CT of the abdomen	
6-14-2006	Xray Chest Single AP PCCH,	There is a vague parenchymal opacity in the right infrahilar region, likely in the middle lobe on the lateral view. This may be due to a focal area of right middle lobe pneumonia, however I would recommend follow up films in 10-14 days to insure this resolves. if this finding persists, additional evaluation with CT may be beneficial, as an underlying parenchymal nodule cannot be excluded,	

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CARDIOLOGY

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6-22-2006 Cardiac Angiogram PCCH
(catheterization)

HISTORY OF PRESENT ILLNESS

Gray comes in today for his annual appointment to discuss the results of his fasting lipid panel and an exercise stress test, performed earlier today. Gray has known coronary artery disease and is status post coronary artery bypass surgery. He has had no recurrence of angina since surgery. His only complaint is problems with sleeplessness, often awakening at 3:00 a.m. or so from sleep.

The exercise stress test documented good exercise capacity with no evidence for myocardial ischemia. His electrocardiogram showed a right bundle branch block conduction abnormality, unchanged from prior ECGs.

The fasting lipid panel also looked quite good, with a total cholesterol down to 152 (HDL = 45, LDL = 85) and triglycerides of 110.

FINAL IMPRESSION:

1. Coronary artery disease, status post previous coronary artery bypass surgery. The patient is currently free of angina, and his exercise stress test was negative for myocardial ischemia.

2. Hyperlipidemia, currently well controlled on generic Zocor. 3. Hypertension - stable on HCTZ and Cozaar.

PLAN: Continue cur-rent medications as prescribed. I will see Graydon back in clinic in one year for followup. A repeat exercise stress test and fasting lipid panel will be obtained prior to that visit.

TODAYS ORDERS:

RTO Lipid Profile/365 days RTO Exercise Treadmill WILLIAM E. MILLER, MD /kc

10-04-2005 Consult Colglazier, Clifford

!!!!!!! CRC Review Medical Letter Weekly !!!!!!!!!!!

!!!! CRC Remember Health Maintenance Guidelines !!!!!

!!!! Asthma - COPD - Diabetes - Asthma Meds !!!!!

2-22-2005 Cardiology Consult PCCH

2-21-2005 Cardiology Consult PCCH

2-01-2002 Treadmill PCCH

12-01-2001 Cardiology Consult PCCH

10-10-2001 Cardiology Consult PCCH
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Mammograms

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12-02-2004	Mammogram Screening, Unilateral PCCH	
2-03-2003	Mammogram PCCH	No mammographic findings to suggest malignancy on this exam.
9-02-2002	MAMMOGRAM PCCH	
4-04-2002	MAMMOGRAM PCCH	
3-05-2002	MAMMOGRAM PCCH	Slight nodularity left breast
3-03-2002	MAMMOGRAM PCCH	
2-02-2002	MAMMOGRAM PCCH	No mammographic findings to suggest malignancy on this exam.
2-02-2001	MAMMOGRAM PCCH	No mammographic findings to suggest malignancy on this exam.

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PAP Summaries

Report Date: 7-11-2007

PO Box 104
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Dummy, 3

7-06-1996

wow

Yes

END OF REPORT