Progress Notes

Signed Sep 9, 2026

Progress Notes by Zachary Zuzek, MD at 9/9/2026 1:55 PM

SANGER HEART & VASCULAR INSTITUTE

Primary Cardiologist: Santhosh Reddy Devarapally, MD

Hospital Summary
66 yr F PMH morbid obesity, long standing persistent Afib (eliquis), HTN, OSA, T2DM, Chronic HFpEF, RV failure, and severe pulm HTN presents w/ volume overload. BNP notably 1100 and Cr increased form BL to 4.7. Pt was started on lasix gtt but developed hypotension and was subsequently started on epi for RV support.

24 Hour Events:
- Net negative 3.14L on lasix gtt
- Pall care discussion with patient; wants all therapies
- Consulted nephro; not a dialysis candidate given multiple comorbidities and not advanced therapy candidate

Assessment/Plan
#Cardiogenic shock
#RV failure
#Severe TR
#Pulmonary HTN
- Initial lactate 5.7-->1.6
- TTE shows low normal LVEF and reduced RV function w/ severe dilation, severe TR
- Discussed with advanced heart failure service and she is not a good candidate for T MCS. If she does not improve, only option is palliative care and hospice discussion.
- Maintain epi for RV support and to assist with diuresis; wean as able

#Atrial fibrillation
- Maintain amio for rate control, unable to BB/CCB as would worsen RV failure
- Eliquis for AC

#AKI on CKD
- Likely in setting of cardiorenal syndrome
- Maintain IV diuresis as above

- Not a dialysis candidate per nephro given multiple comorbidities and not advanced therapy candidate

#IDA
- Hgb 6.7 with MCV 75 and TSAT 5%
- IV iron, pharmacy assiting

#Obstructive sleep apnea on CPAP
#Obesity hypoventilation syndrome
#Morbid obesity
#Former tobacco use
- CPAP per PCC

<u>Cardiovascular Problem List Overview</u>
RHF / PH / OSA / BMI 49
-Echo 9/2024: LVEF 65%. Mild-mod RVE, mild-mod RVSD. IVS flattened. Mod-sev TR. PASP 88 mmHg
Severe pulmonary hypertension
COPD - Home O2
Chronic kidney disease
Persistent AFIB
-DCCV 2022, not durable
Obstructive sleep apnea
Paroxysmal ATACH
Chronic iron deficiency anemia
Morbidly obese, BMI 48.8

Allergies
Flecainide, Iodinated contrast media, Latex, Nsaids (non-steroidal anti-inflammatory drug), and Spironolactone

Medications
Prescriptions Prior to Admission

Medications Prior to Admission

Medication	Sig
• allopurinol (ZYLOPRIM) 100 mg tablet	Take 1 tablet (100 mg total) by mouth daily. (Patient taking differently: Take 200 mg by mouth at bedtime.)
• AMIODarone (PACERONE) 200 mg tablet	Take 1 tablet (200 mg total) by mouth daily. **MUST KEEP FOLLOW UP APPOINTMENT 9-4-26 FOR ANY FURTHER REFILLS**
• apixaban (Eliquis) 5 mg tab	Take 1 tablet (5 mg total) by mouth 2 (two) times a day.
• ascorbic acid (VITAMIN C) 500 mg tablet	Take 500 mg by mouth daily.

• cholecalciferol (VITAMIN D3) 1,000 unit (25 mcg) tablet	Take 1,000 Units by mouth daily.
• coenzyme Q-10 10 mg capsule	Take 100 mg by mouth daily.
• cyanocobalamin-cobamamide 5,000-100 mcg subl	Take 1 tablet by mouth daily.
• ferrous gluconate 324 mg (38 mg iron) tablet	Take 37.5 mg of iron by mouth daily.
• gabapentin (NEURONTIN) 300 mg capsule	Take 1 capsule (300 mg total) by mouth at bedtime. As needed (Patient taking differently: Take 300 mg by mouth continuous as needed. As needed)
• krill-om-3-dha-epa-phospho-ast 1,000-170-50-80 mg cap	Take 1 each by mouth daily.
• magnesium oxide 400 mg tab tablet	Take 400 mg by mouth nightly.
• metFORMIN (GLUCOPHAGE) 500 mg tablet	Take 2 tablets (1,000 mg total) by mouth in the morning and 2 tablets (1,000 mg total) in the evening. Take with meals.
• metoprolol TARTRATE (LOPRESSOR) 25 mg tablet	Take 1 tablet (25 mg total) by mouth every 12 (twelve) hours. **Please attend appt 9/4/26 for further refills**
• potassium CHLORIDE (KLOR-CON) 10 mEq ER tablet	Take 20 mEq by mouth 2 (two) times a day.
• pramoxine HCl (CERAVE ITCH RELIEF TOP)	Apply 1 Application topically as needed (itching).
• torsemide (DEMADEX) 20 mg tablet	Take 4 tablets (80 mg total) by mouth daily. Start this dosing (8-29) after holding Torsemide for 48 hours
• VITAMIN K2 ORAL	Take 1 each by mouth daily.

Review of Systems
All other systems reviewed and are negative.

Physical Exam
General: obese female in no acute distress, chronically ill appearing, communicates well on NC
Neuro: AAOx3, no gross motor or sensory deficits
HEENT: PEERLA, EOMI, jvd +
CV: S1, S2, no rubs, murmurs, gallops
Pulm: CTAB, no wheezing, rhonchi, or rales
GI: +bs, soft, non tender, non distended

Skin: no rashes, lesions, or ulcers
Ext: 1-2+ BL LE edema, warm to touch

Last Recorded Vitals
Blood pressure 103/89, pulse **(!) 129**, temperature 97.7 °F (36.5 °C), temperature source Oral, resp. rate 17, height 1.575 m (5' 2"), weight 99.5 kg (219 lb 6.4 oz), SpO2 96%.

Labs
Results from last 7 days

Lab	Units	09/09/26 0731	09/09/26 0014	09/08/26 1603	09/06/26 1254	09/05/26 2245
WHITE BLOOD CELL COUNT	10*3/uL	5.57	6.73	6.79	< >	5.27
HEMOGLOBIN	g/dL	**6.7***	**6.7***	**6.9***	< >	**7.9***
HEMATOCRIT	%	**22***	**22***	**23***	< >	**26***
PLATELET COUNT	10*3/uL	313	343	352	< >	**475***
SODIUM	mmol/L	137	136	134	< >	--
POTASSIUM	mmol/L	3.6	**3.4***	**3.2***	< >	--
CHLORIDE	mmol/L	**95***	**94***	**92***	< >	--
CO2	mmol/L	27	28	26	< >	--
ANION GAP	mmol/L	15	14	**16***	< >	--
GLUCOSE	mg/dL	**178***	**129***	**208***	< >	--
BUN	mg/dL	**96***	**103***	**111***	< >	--
EGFR	mL/min/1.73m2	**15***	**13***	**12***	< >	--
CALCIUM	mg/dL	9.2	9.4	9.1	< >	--
BNP	pg/mL	--	--	--	--	**1,086***
TROPONIN HS	ng/L	--	--	--	--	**20***

< > = values in this interval not displayed.