Progress Notes

Signed Sep 10, 2026

Progress Notes by Zachary Zuzek, MD at 9/10/2026 10:38 AM

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, T2D Chronic HFpEF, RV failure, and severe pulm HTN presents w/ volume overload. BN notably 1100 and Cr increased from BL to 4.7. Pt has improved on epi and lasix gtt; however, ongoing discussion with patient and family regarding goals of care unders she is not an advanced therapy or dialysis candidate.

24 Hour Events:
- Net negative 1.9L over 24hrs
- Bolus and Increase lasix gtt to 20cc/hr
- Give 1 unit PRBC given low Hgb

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 T
- Discussed with advanced heart failure service and she is not a good candidate for 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
- Give 1 unit PRBC 09/10 for Hgb 6.3

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

Cardiovascular Problem List Overview
RHF / PH / OSA / BMI 49
-Echo 9/2024: LVEF 65%. Mild-mod RVE, mild-mod RVSD. IVS flattened. Mod-s
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
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)	Take 1,000 Units by mouth daily.

tablet	
• 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 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 96/69, pulse **(!) 137**, temperature 97.9 °F (36.6 °C), temperature so
Axillary, resp. rate **(!) 23**, height 1.575 m (5' 2"), weight 98.7 kg (217 lb 9.6 oz), SpO

Labs

Results from last 7 days

Lab	Units	09/10/26 0949	09/10/26 0041	09/09/26 1621	09/09/26 0731	09/09/26 0014	09/06/26 1254	09 22
WHITE BLOOD CELL COUNT	10*3/uL	--	6.24	--	5.57	6.73	< >	5.
HEMOGLOBIN	g/dL	--	**6.3***	--	**6.7***	**6.7***	< >	**7.**
HEMATOCRIT	%	--	**21***	--	**22***	**22***	< >	**2(**
PLATELET COUNT	10*3/uL	--	301	--	313	343	< >	**4**
SODIUM	mmol/L	141	139	138	137	136	< >	--
POTASSIUM	mmol/L	3.5	4.1	3.8	3.6	**3.4***	< >	--
CHLORIDE	mmol/L	99	100	**97***	**95***	**94***	< >	--
CO2	mmol/L	27	27	27	27	28	< >	--
ANION GAP	mmol/L	15	12	14	15	14	< >	--
GLUCOSE	mg/dL	**149***	108	**138***	**178***	**129***	< >	--
BUN	mg/dL	**77***	**87***	**90***	**96***	**103***	< >	--
EGFR	mL/min/1.73m2	**16***	**15***	**16***	**15***	**13***	< >	--
CALCIUM	mg/dL	9.5	9.3	9.3	9.2	9.4	< >	--
BNP	pg/mL	--	--	--	--	--	--	**1,**
TROPONIN HS	ng/L	--	--	--	--	--	--	**2(**

< > = values in this interval not displayed.